



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

APPLICATION FOR CONTINUING EDUCATION CREDIT APPROVAL REQUEST SUBMISSION GUIDELINES

Please comply with the following:

I certify that continuing education courses granted Board approval will be conducted as education programs and meet the following requirements:

- 1) Instruction shall be conducted on the same education standards of scholarship and teaching as that required of a true university discipline.
- 2) The course or topic of instruction shall conform to the purpose and method of higher education.
- 3) The provider of a course of study or topic of conversation shall be able to demonstrate to the Board that an opportunity to enroll in such courses of study is available to ALL dental and dental hygiene licensees.

Home study and/or correspondence courses **must** submit with this application all material (i.e., study manuals, worksheets, audio and video) used in the completion of the course. The Nevada State Board of Dental Examiners reserves the right to monitor any and all courses being conducted by an approved provider of continuing education.

In accordance with Nevada Administrative Code (NAC) 631.177(2), each approved continuing education provider **must** furnish a certificate of completion to all Nevada dental and dental hygiene licensees who complete the course. The records concerning Nevada dental and dental hygiene licensees must be kept on file by the provider for a period of at least three (3) years.

FEE: \$150.00 FOR THE FIRST CREDIT HOUR REQUESTED, \$50.00 FOR EACH ADDITIONAL CREDIT HOUR. THIS FEE IS FOR THE PROCESSING AND REVIEW OF YOUR REQUEST FOR PROVIDER APPROVAL AND MUST ACCOMPANY THIS FORM UPON SUBMISSION OF THE REQUEST.

ALL PROVIDER APPROVAL REQUESTS MUST BE SUBMITTED TO THE BOARD FOR REVIEW NO LATER THAN 45 DAYS PRIOR TO THE BEGINNING DATE OF THE COURSE.



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Sponsor Information:

| | | |
|------------------------------|--------|-----------|
| Name: | | |
| Business Address: | | |
| City: | State: | Zip code: |
| Business Telephone: | | |
| Email Address: | | |
| Number of Attendees: | | |
| Hours of Actual Instruction: | | |
| Facility Name: | | |
| Facility Address: | | |
| Date(s) of Course: | | |
| Date of Request: | | |

Sponsor Signature (Digital)

Speaker(s) Information:

| |
|----------------------|
| Biographical Sketch: |
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Course Title:

Course Description:

Learning Objectives:

Outline of Course:

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Approved by:

Number of Hours Approved:

Effective Date or Approval:

Disapproved [Explanation]: