



Nevada Board of Dental Examiners
 6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PERMANENT FACILITY REGISTRATION FORM

Entity/Facility

Name : _____ **Date:** _____

Address: _____ **Telephone:** _____

Suite No. : _____ **City:** _____ **Fax:** _____

State: _____ **Zip Code:** _____ **Email:** _____

Contact name: _____

Telephone: _____ **Type of Facility:** _____

NEVADA SECRETARY OF STATE BUSINESS REGISTRATION

Nevada Business ID: _____

File Date: _____ **Expiration Date:** _____

(Attach Copy of Nevada Secretary of State Receipt of Registration)

LIVE PATIENT COURSE INFORMATION

Submit a list of all continuing education courses involving live patients with instructor(s):

AFFIDAVIT AND PLEDGE

I, _____, as owner/operator, hereby expressly waive all provisions of the law forbidding any person who has knowledge of or information that is thereby acquired through business with _____ (Facility/Entity Name), consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.

I hereby pledge the following:

- 1) That said facility is a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry
- 2) All courses of continuing education involving live patient will be supervised by dentist licensed in the State of Nevada
- 3) All dentist participants in any course of continuing education live patients are actively licensed as a dentist in another state, territory of the United States, District of Columbia, or Foreign country
- 4) All dentist participants in any course of continuing education involving live patient have provided patient consent treatment authorization, health history and appropriate documentation that said patient has been previously treated by the dentist in the jurisdiction in which the dentist is licensed
- 5) All dentist participants in any course of continuing education involving live patient will only treat said patient(s) during a course of continuing education at the facility and under supervision of a Nevada licensed dentist including those licensed pursuant to NRS 631.2715
- 6) All applicable regulations of the Nevada State Board of Health will be complied with during any course of continuing education involving live patients
- 7) All applicable guidelines concerning infection control from the Center for Disease Control and Prevention will be complied with during any course of continuing education involving live patients
- 8) All applicable provisions of NRS and NAC Chapters 631 as they related to administration of conscious sedation, deep sedation, general anesthesia, and radiographic equipment will be complied with during any course of continuing education involving live patients
- 9) All copies of credentials and applications for each person licensed pursuant to NRS 631.2715 and employed at the facility for inspection by the Nevada State Board of Dental Examiners
- 10) All copies of health records (as defined in NRS 629.021) and documentation of dentists participants in any course of continuing education involving live patients is maintained at the facility for inspection by the Nevada State Board of Dental Examiners
- 11) A Copy of all Nevada dental license for dentist supervising continuing education courses involving live patient are displayed at the facility

I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board pursuant to the registration of the facility owned and operated by an institute or organization providing postgraduate continuing education in dentistry.

I hereby understand and acknowledge that the title of all license issued pursuant to NRS 631.2715 shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.

I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THE REGISTRATION FORM MAYBE GROUNDS FOR INITATED DISCIPLINARY PROCEEDINGS BEFORE THE BOARD.

STATE OF _____

COUNTY OF _____

Signature of Owner
Operator: _____

(NOTARY SEAL)

Date: _____

Signature of Notary: _____