



# Nevada State 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

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

## BIENNIAL INACTIVE DENTAL LICENSE RENEWAL – JULY 1, 2021 - June 30, 2023

### READ THIS FORM CAREFULLY

**RENEWAL OF YOUR NEVADA DENTAL LICENSE IS COMPLETE UPON THE BOARD'S PHYSICAL RECEIPT OF ALL REQUIRED INFORMATION NO LATER THAN JUNE 30, 2021. INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED.**

**FOR INACTIVE LICENSE RENEWAL:** Complete this form with all questions answered, affidavit signed, and renewal fee in the appropriate amount.

**\$200**

Last:	First:	Middle:	License Number:
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Pursuant to NAC 631.150, all licensees are required to keep the Board informed of their current address(es). Changes to any address must be reported to the Board office in writing (or updated online) within thirty days of such change. All addresses are treated individually.

**IF YOU HAVE MORE THAN ONE OFFICE, PLEASE LIST ANY OTHERS ON A SEPARATE SHEET INCLUDING LICENSED DENTIST NAME.**

Name/Practice Name/DBA:		Office Address:		
City:	State:	Zip Code:	Office Telephone:	Office Fax:
<input type="checkbox"/> Select if the Practice Address is your mailing address				
Home Address:		Email:		
City:	State:	Zip Code:	Home Telephone:	Cell Phone:
<input type="checkbox"/> Select if the Home Address is your mailing address				

### REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE – NRS 622.240

All licensees **MUST** complete this section, regardless of license status. Please select **one** option:

**IF YOU HAVE MORE THAN ONE, PLEASE LIST ANY ADDITIONAL BUSINESS LICENSES ON A SEPARATE SHEET INCLUDING BUSINESS LICENSE NUMBER, STREET ADDRESS, CITY, STATE AND ZIPCODE.**

<input type="checkbox"/>	I do <b>NOT</b> have a Nevada business license number.			
<input type="checkbox"/>	I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.			
<input type="checkbox"/>	I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.			
Name of Business:				
Business license number:	Street Address:	City:	State:	Zip Code:

**The Nevada State Board of Dental Examiners is not the arbiter of determining whether a licensee needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>.**

### REPORT OF MILITARY SERVICE

Have you ever served in the military? (if yes, you must answer the questions below)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Service: From: MM/DD/YYYY to MM/DD/YYYY		Military Occupation Specialty/Specialties:	
BRANCH OF SERVICE			
Army/Army Reserve	<input type="checkbox"/>	Marine Corps/Marine corps Reserve	<input type="checkbox"/>
Air Force/ Air Force Reserve	<input type="checkbox"/>	Coast Guard/Coast Guard Reserve	<input type="checkbox"/>
		Navy/Navy Reserve	<input type="checkbox"/>
		National Guard	<input type="checkbox"/>

**IF YOU HAVE SERVED MORE THAN ONE MILITARY BRANCH OF SERVICE, PLEASE LIST ANY MILITARY SERVICE ON A SEPARATE SHEET INCLUDING DATE OF SERVICE, MILITARY OCCUPATION SPECIALTY/SPECIALTIES AND BRANCH OF SERVICE.**

**REPORT OF MILITARY SERVICE Continued**

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**AFFIDAVIT**

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2019 – June 30, 2021:

1. Have you had any claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension, revocation or probation of a license issued by this agency or another licensing jurisdiction during the period of July 1, 2019 to June 30, 2021? (If yes, please provide a written statement outlining the facts)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you subject to court order for the support of one or more children (i.e. do you have a child support order?)? <b>(If yes, you MUST answer question (a) below):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(a) Are you in compliance with the court order or a plan approved by the District Attorney or other public agency enforcing the order for the payment or the amount owed pursuant to the court order for the support of one or more children? <b>(IF YOU ARE NOT IN COMPLIANCE, YOU MUST PROVIDE WRITTEN NOTIFICATION)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you complied with the provisions of NRS 631 and NAC 631 (Nevada Governing Laws)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you changing your Active license status to Inactive status? <b>(If yes, you MUST attest below):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> <b>By selecting this box,</b> I hereby affirm and attest that I have completed the required hours of continuing education with recognized providers during the time that my license was active. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three years and may be audited by the Board pursuant to NAC 631.177. In addition to the required CE hours, pursuant to NRS 631.342. I affirm that I have fulfilled a mandated four (4) hour continuing education course in "terrorism" to be completed two (2) years after receiving licensure in this state.		

**By signing below,** I hereby affirm and attest, that I have answered the above questions truthfully, accurately, and by me personally, the licensee so named on this form and so stating, under penalties of perjury, that all answers provided herein are provided willfully. I further state that I authorize and empower the Nevada State Board of Dental Examiners or its agents, staff, or appointed authority to contact any person, firm, service, agency, entity, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my license renewal application and affidavit.

Licensee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## RENEWAL PAYMENT FORM

### CREDIT CARD AUTHORIZATION

RENEWAL FEES MAY BE PAID BY VISA, MASTERCARD, DISCOVER CARD, CHECK, OR MONEY ORDER.

FOR PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

CHARGE RENEWAL FEE OF \$: \_\_\_\_\_ TO

PLEASE CIRCLE ONE:            VISA            MASTERCARD            DISCOVER CARD

CREDIT CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

BILLING ADDRESS FOR CREDIT CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**FOR PAYMENT BY CHECK / MONEY ORDER**, MAKE PAYABLE TO:

NEVADA STATE BOARD OF DENTAL EXAMINERS