

## DENTAL LIMITED LICENSE RENEWAL INSTRUCTION SHEET

**LIMITED DENTAL LICENSEES** must complete and submit the paper renewal application. Paper renewal applications may be downloaded from the Board's website.

*Limited licenses for supervision of live-patient continuing education courses renew on the annual anniversary date of the original license issue date and are specifically excluded from this renewal process.*



**PAPER RENEWALS ARE DUE:**

BY 11:59 PM **THURSDAY, JUNE 30, 2022**

To be deemed received on time, the paper form must be complete, all questions answered correctly (no deficient or conflicting information), supporting documentation submitted if applicable, fees paid, signature affixed and physically received in the Board office. Postmarked date is not accepted for physical receipt.

**\*\*ANY INCOMPLETE RENEWALS WILL BE RETURNED\*\***

**Pursuant to statute, NO TIME EXTENSIONS ARE GIVEN for late, incorrect or incomplete filings.**

**THERE ARE NO EXCEPTIONS.**

Failure to renew your license by the deadline will result in the automatic suspension of your license pursuant to NRS 631.330. The fee to reinstate a suspended license is **\$300.00** in addition to accumulated license renewal fees.

### **RENEWAL FEES**

Current license renewal fees are listed below

**Limited Dental Fee: \$200.00 annual**

Payment **MUST BE** remitted at the time of renewal. The credit cards accepted for payment are Discover, MasterCard and Visa or Personal check.

### **LICENSE STATUS**

#### **ACTIVE STATUS**

If you are renewing in an **active status** beginning July 1, 2022, you are required to complete ALL SECTIONS of the renewal form including, Nevada Business License, CPR Certification, Military Service, Continuing Education, Dental Auxiliaries (limited licensed dentists) and Verification. Refer to the individual sections below for an explanation of your answer options. The Anesthesia Permit and Site Permit sections are only required if you currently have an applicable permit on file with the Board office.

### **ADDRESS SECTIONS**

#### **HOME AND OFFICE ADDRESSES**

You are required to update your current addresses pursuant to NAC 631.150. Your current home address is pre-populated. Changes that need to be made (new address, phone number, etc.) may be updated directly over the incorrect information. The system will save the updated information at the time the renewal is processed. Your current office addresses will appear in a table. Should any additions (i.e.-office name, office telephone, etc.) be needed, you must click the pencil icon to edit the information. Should an address no longer be current for you (i.e.-office is now a previous employer), you must click the trashcan icon to delete the information from your renewal. If you need to add a practice location, click the 'Add Office Address' button. Whether you have one (1) or multiple practice locations, the system will require you to select one (1) of the locations as a **PRIMARY** office address (check box). Once all addresses are correct/current, the system will require you to select whether you want your residence address or primary office address as your correspondence (mailing) address (check box).

### **NEVADA BUSINESS LICENSE**

This section **MUST BE COMPLETED**, regardless of whether or not you hold a Nevada business license. The Nevada State Controller's Office requires the Nevada State Board of Dental Examiners to collect and report business license information. Select the applicable answer to your situation. If you hold a Nevada business license, you are required to submit the business license number, the business name and address assigned to that specific business license. The business license number is NOT your dental license number. It is the business license number assigned to you by the Secretary of State.

## MILITARY SERVICE

This section **MUST BE COMPLETED**, regardless of whether or not you have served in the military. All four (4) questions **MUST BE ANSWERED**, including the supplemental branch information (service dates, military occupation and branch name). It is recommended for you to have your military information readily available to proceed with licensure renewal. The Nevada Department of Veteran's Affairs requires the Nevada State Board of Dental Examiners collect and report military service information.

## CONTINUING EDUCATION REQUIREMENTS

### ANNUAL LICENSE RENEWALS (Limited Licenses)

Completion of twenty (20) hours during the period of July 1, 2021 through June 30, 2022; two (2) hours of which must be in the subject of Infection Control. For dental limited license holders who hold a Nevada controlled substance permit, you are required to complete two (2) hours of training in the misuse and abuse of controlled substances, the prescribing of opioids and addiction.

### BIO-TERRORISM COURSE

ALL licensees **MUST** complete the state-mandated bioterrorism course within two (2) years of initial licensure (THIS INCLUDES ACTIVE AND INACTIVE LICENSEES). This course is *in addition* to your required continuing education requirement.

### CONTINUING EDUCATION VERIFICATION

For your ANNUAL renewal, you will be required to list all courses completed and the required number of hours of continuing education for your license type.

### CE CERTIFICATES

Pursuant to Nevada Administrative Code 631.177(2), CE certificates must be maintained by the licensee for three (3) years and are subject to audit.

## CPR CERTIFICATION

For your ANNUAL renewal you will need to provide valid beginning and expiration dates of current CPR certification. You will not be able to complete the renewal process without valid certification. Any course of instruction taken for required CPR certification must be taught by a certified instructor (live-instruction). Credits earned for CPR are specifically excluded from the number of hours of continuing education required for license renewal (Nevada Administrative Code 631.173, subsection 3). Online certification/recertification will NOT be accepted. You must retain a copy of your certification for three (3) years as it will be subject to audit pursuant to Nevada Administrative Code 631.177.

## Verification

### ACTIVE STATUS

**ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED** by all licensees choosing an **ACTIVE** status. See explanations below:

**QUESTION 1** – This question pertains to claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension/revocation/probation of a license issued by this agency or another licensing jurisdiction. If you answer 'yes', be prepared to provide a written statement attached to your paper renewal or uploaded to the online portal.

**QUESTION 2 - CHILD SUPPORT** – This question **MUST** be answered even if you **DO NOT HAVE** CHILDREN, based on your scenario below:

- **NO Children** - Answer 'no' and question 2(a) should be left blank (on paper renewal);

- **HAVE Children AND HAVE a court order for child support** - Answer 'yes' and then answer 2(a) 'yes' if you are in compliance with the court order or answer 'no' if you are not in compliance with the court order;

- **HAVE Children AND DO NOT HAVE a court order for child support** – Answer 'no' and question 2(a) should be left blank (on paper renewal)

**QUESTION 3 - CHAPTER 631 OF NRS AND NAC** - As a licensee, you will be asked if you have complied with the provisions of NRS 631 and NAC 631, which are the Nevada statutes and regulations pertaining to dentistry and dental hygiene. A 'yes' answer to this question indicates you are compliant with the Nevada statutes and regulations. A 'no' answer indicates you are NOT compliant and will require you to provide a written statement attached to your paper renewal or uploaded to the online portal.

**QUESTION 4 - EMPLOYMENT CONTRACT** - This question MUST be answered: A 'yes' answer will require you to attach a copy of your current contract to the renewal. A 'no' answer would require a written statement explaining why.

**QUESTION 5 - HISTORY OF ADDICTION(S)** - This question asks if you have any addictions which would impair your practice of dentistry/dental hygiene. A 'yes' answer to this question will require you to provide a written statement attached to your paper renewal or uploaded to the online portal.

**QUESTION 6 - CERTIFICATION OF LASER USE** - This question MUST be answered:  
- DO NOT USE Laser - Answer 'no' and question 5(a) should be left blank (on paper renewal);  
- USE Laser AND have previously provided certification to the Board - Answer 'yes' to both question 5 and question 5(a). If the appropriate certification is on file with the Board office, question 5(a) may automatically be selected. Any questions regarding this, contact the Board office;  
- USE Laser AND HAVE NOT previously submitted certification to the Board - Answer 'yes' to this question, answer 'no' to question 5(a) AND upload a copy of your laser certification to the renewal portal.

**QUESTION 7 - BOTOX AND DERMAL/SOFT TISSUE FILLERS** - This question asks if you inject botox and/or dermal/soft-tissue fillers:  
- DO NOT INJECT botox or dermal/soft-tissue fillers - Answer 'no' and question 6(a) should be left blank (on paper renewal);  
- DO INJECT botox or dermal/soft-tissue fillers - A 'yes' answer will require an answer to question 6(a). A 'yes' answer to question 6(a) will bring up a document upload box for you to upload your botox certificate. A 'no' answer to question 6(a) will populate a message indicating you must not administer injectibles until you have filed certification with the Board.

**QUESTION 8 - CHILD ABUSE AND NEGLECT** - As a licensee, you will be asked if you are aware of the requirement to report child abuse and neglect. A 'no' answer will require you to complete and submit the paper renewal to the Board office.

**QUESTION 9 - CONTROLLED SUBSTANCE PERMIT** - If you do not hold a Nevada controlled substance permit, you will answer 'no' to question 9. If you DO HOLD a Nevada controlled substance permit, you will need to answer 'yes' to question 9, answer question 9(a). If you answer 'no' to question 9(a), you will not be able to renew online (or on paper) until you have conducted the required annual self-querie. If you answer 'yes' to question 9(a), you must provide the remaining requested information (report date, and DEA number). One (1) report is required for each year of the renewal period. Check the box for question 9(b) if you have completed the required continuing education hours in the subject of misuse and abuse of controlled substances. If you have not completed the required continuing education and leave the box blank, you will not be able to renew online (or on paper) until you are compliant.

### **CONFIRMATION OF RENEWAL / POCKET RECEIPT**

Once all requirements are complete, you will receive an additional email confirming your successful renewal and will include a digital a **POCKET RECEIPT/CARD**. This card is no longer sent by mail. The digital copy is the only copy you will receive. The title of the email that is sent to you is 'License Renewal Approval' and the pocket receipt/card will be attached as a PDF. Be sure to check your 'Junk' or 'Spam' folders for the payment receipt and confirmation of renewal emails.

### **CONTACT THE BOARD OFFICE WITH ALL QUESTIONS**

(702) 486-7044  
(800) DDS EXAM  
[nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov)