



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: _____

ACTIVE DENTAL HYGIENE LICENSE RENEWAL – JULY 1, 2020 – JUNE 30, 2022

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, 2020: INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED.

FOR ACTIVE DENTAL HYGIENE RENEWAL: Complete this form with all questions answered and affidavit signed, renewal fee in the appropriate amount, and attest to current CPR certification dates and required number of continuing education hours.

\$300

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:	Home Fax:
<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 NOT 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: _____ to _____	Military Occupation Specialty/Specialties:		
BRANCH OF SERVICE			
Army/Army Reserve <input type="checkbox"/>	Marine Corps/Marine corps Reserve <input type="checkbox"/>	Navy/Navy Reserve <input type="checkbox"/>	
Air Force/ Air Force Reserve <input type="checkbox"/>	Coast Guard/Coast Guard 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.			

CONTINUING EDUCATION

NRS 631.342 requires all licensees fulfill a mandated four (4) hour continuing education course in "terrorism" to be completed within two (2) years after receiving licensure in this state. The state mandated course is in addition to your required CE hours. If certificate is not on file with the Board you must provide a copy of the certificate of attendance to receive credit for this "terrorism" course.

☐ By selecting this box, I hereby affirm and attest that I have completed the required hours of continuing education with recognized providers. 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.

CPR CERTIFICATION

New CPR dates: Begin: _____ End: _____

☐ By selecting this box, I hereby affirm and attest that I have inserted valid dates of CPR certification on this form for a course taken with an actual administration demonstration by me that was not completed online. I understand that all certifications for CPR issued by certified instructors must be maintained for a minimum of three years and may be audited by the Board pursuant to NAC 631.177.

FOR PHDHE HYGIENISTS ONLY

PHDHE Expiration Date: _____ Check Box to Renew: ☐ Yes ☐ No

For reporting purposes, please provide the total number of each procedure provided/completed through your Public Health Endorsement (If you did not provide a particular service/procedure, enter the number zero -0- on the corresponding line):

Screening/Assessments: _____ Child Prophylaxis: _____ Sealants: _____ X-rays: _____ Adult Prophylaxis: _____

Adult Root Planing: _____ Fluoride Treatment: _____ Other (OHI, OHP, Oral Retention checks): _____

☐ By selecting this box, I attest that I hold current malpractice insurance coverage for services performed through all public health programs.

Pursuant to NAC 631.260, I certify that all persons I supervise (listed below), except for licensed dental hygienists, to assist in radiographic and infection control procedures, are qualified to assist in such procedures.

EMPLOYEE	TITLE	DATE BEGAN ASSISTING

IF YOU HAVE MORE ASSISTANTS, PLEASE LIST ANY OTHERS ON A SEPARATE SHEET

AFFIDAVIT

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2018 – June 30, 2020:

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, 2018 to June 30, 2020. (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?)? <i>(If yes, you MUST answer question (a) below):</i>	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? <i>(IF YOU ARE NOT IN COMPLIANCE, YOU MUST PROVIDE WRITTEN NOTIFICATION)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Have you conducted practice within the provisions of NRS 631 and NAC 631?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	Do you have a history of addiction(s) which would impair your practice of dentistry/dental hygiene pursuant to NRS 631 and NAC 631?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.	Do you utilize laser radiation in the performance of your practice of dentistry/dental hygiene? <i>(If yes, you MUST answer question (a) below):</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(a) Have you submitted appropriate certification to the Board pursuant to NAC 631.033 and NAC 631.035?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.	I attest by checking "yes", I am aware of the mandatory requirement to report child abuse and neglect in accordance with the laws of the State of Nevada.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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: _____

Telephone: _____

SIGNATURE: _____

FOR PAYMENT BY CHECK / MONEY ORDER, MAKE PAYABLE TO: NEVADA STATE BOARD OF DENTAL EXAMINERS

INCLUDE ALL FEES