

NEVADA STATE BOARD OF DENTAL EXAMINERS

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

FULL NAME (please print) _____

FULL MAILING ADDRESS _____

TELEPHONE _____

EMAIL _____ LICENSE No. _____ Permit No. _____

APPLICATION FOR ANESTHESIA EVALUATOR/INSPECTOR

Pursuant to NAC 631.2221, I hereby make application for the part-time position of Anesthesia Evaluator/Inspector.

REQUIREMENTS:

- 1. Must hold an active Nevada dental license;
- 2. Must hold an active Nevada permit to administer moderate sedation or general anesthesia and has practiced moderate sedation or general anesthesia for a minimum of three (3) years preceding your appointment

- 1. Submit a curriculum vitae and any other information you may want considered.
- 2. List any prior experience in the evaluation of dentists using Moderate Sedation or General Anesthesia

- 3. List any prior experience in the administration of Moderate Sedation or General Anesthesia

- 4. Do you have any pending Board complaints against you? YES / NO
- 5. Do you have any history of Board Action(s)? YES / NO
If yes, please describe (attach additional sheet if necessary)

- 6. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry or dental hygiene (attach additional sheet if necessary):

- 7. List of all office addresses in the State of Nevada in which you are currently practicing dentistry or dental hygiene (attach additional sheet if necessary):
Office (1) name: _____
Office (1) address: _____
Office (1) telephone: _____

SIGNATURE OF LICENSEE _____ **DATE** _____