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

APPLICATION FOR INFECTION CONTROL INSPECTOR I hereby make application for the part-time position of Infection Control (IC) Inspector. REQUIREMENTS: 1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the five (5) years preceding the submission of this application; 2. Must hold an active Nevada dental or dental hygiene license 1. Submit a curriculum vitae and any other information you may want considered. 2. List any prior experience pertaining to Infection Control inspections 3. Do you have any pending Board complaints against you? YES / NO 4. Do you have any history of Board Action(s)? YES / NO If yes, please describe (attach additional sheet if necessary)		(702) 400-7044 * Tax (702) 400-7040 * Hisbue@defital.Hv.gov		
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		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 denti hygiene (attach additional sheet if necessary):	6.	======================================		
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):	7.			
Office (1) name:		Office (1) name:		
Office (1) address:		Office (1) address:		
Office (1) telephone:		Office (1) telephone:		

SIGNATURE OF LICENSEE

DATE _____