

**NEVADA STATE BOARD OF DENTAL EXAMINERS**  
2651 N Green Valley Parkway Suite 104  
Henderson, NV 89014  
(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) \_\_\_\_\_

FULL MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

**APPLICATION FOR INFECTION CONTROL (IC) 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 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 below (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

5. 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):

\_\_\_\_\_

6. 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** \_\_\_\_\_