

NEVADA STATE BOARD OF DENTAL EXAMINERS
6010 S Rainbow Boulevard, Building A, Suite 1
Las Vegas, NV 89118
(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 _____