

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

**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)

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_