



# Nevada State Board of Dental Examiners

2651 N. Green Valley Pkwy, Ste. 104  
Henderson, NV 89014  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

## DENTAL HYGIENE LIMITED LICENSE RENEWAL – JULY 1, 2024 – JUNE 30, 2025

### READ THIS FORM CAREFULLY

**YOUR NEVADA DENTAL HYGIENE LIMITED LICENSE RENEWAL IS COMPLETE UPON THE BOARD'S PHYSICAL RECEIPT OF ALL REQUIRED INFORMATION NO LATER THAN JULY 01, 2024. INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED.**

**FOR DENTAL HYGIENE LIMITED LICENSE RENEWAL:** Complete this form with all questions answered, affidavit signed, renewal fee in the appropriate amount, and attest to current CPR certification dates and required number of continuing education hours.

**\$200**

Last:	First:	Middle:	License Number:
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Pursuant to NAC 631.150, all licensees are required to keep the Board informed of their current address(es). Changes to any address must be reported to the Board office in writing (or updated online) within thirty days of such change. All addresses are treated individually.

**IF YOU HAVE MORE THAN ONE OFFICE, PLEASE LIST ANY OTHERS ON A SEPARATE SHEET INCLUDING LICENSED DENTIST NAME.**

Name/Practice Name/DBA:		Office Address:		
City:	State:	Zip Code:	Office Telephone:	Office Fax:
<input type="checkbox"/> Select if the Practice Address is your mailing address				
Home Address:		Email:		
City:	State:	Zip Code:	Home Telephone:	Cell Phone:
<input type="checkbox"/> Select if the Home Address is your mailing address				

### REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE – NRS 622.240

All licensees **MUST** complete this section, regardless of license status. Please select **One** option:

**IF YOU HAVE MORE THAN ONE, PLEASE LIST ANY ADDITIONAL BUSINESS LICENSES ON A SEPARATE SHEET INCLUDING BUSINESS LICENSE NUMBER, STREET ADDRESS, CITY, STATE, AND ZIP CODE.**

<input type="checkbox"/> I do <b>NOT</b> have a Nevada business license number.				
<input type="checkbox"/> I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.				
<input type="checkbox"/> I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.				
Name of Business:				
Business license number:	Street Address:	City:	State:	Zip Code:
<b>The Nevada State Board of Dental Examiners is not the arbiter of determining whether a licensee needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <a href="http://nvsos.gov/">http://nvsos.gov/</a>.</b>				

### CPR CERTIFICATION

New CPR dates: Begin: MM / YYYY End: MM / YYYY

**By selecting this box, I hereby affirm and attest that I have inserted valid dates of CPR certification on this form for a course taken with an actual administration demonstration by me that was not completed online. I understand that all certifications for CPR issued by certified instructors must be maintained for a minimum of three years and may be audited by the Board pursuant to NAC 631.177.**

## REPORT OF MILITARY SERVICE

<b>Have you ever served in the military?</b> <i>(If yes, you must answer the questions below)</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Date of Service:</b> From: MM / DD / YYYY to MM / DD / YYYY		<b>Military Occupation Specialty/Specialties:</b>			
<b>BRANCH OF SERVICE</b>					
Army/Army Reserve	<input type="checkbox"/>	Marine Corps/Marine corps Reserve	<input type="checkbox"/>	Navy/Navy Reserve	<input type="checkbox"/>
Air Force/ Air Force Reserve	<input type="checkbox"/>	Coast Guard/Coast Guard Reserve	<input type="checkbox"/>	National Guard	<input type="checkbox"/>
<b>IF YOU HAVE SERVED MORE THAN ONE MILITARY BRANCH OF SERVICE, PLEASE LIST ANY MILITARY SERVICE ON A SEPARATE SHEET INCLUDING DATE OF SERVICE, MILITARY OCCUPATION SPECIALTY/SPECIALTIES AND BRANCH OF SERVICE.</b>					
Have you ever served on active duty in the Armed Forces of the United State and separated from such service under conditions other than dishonorable?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been assigned to duty for a minimum of six (6) continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the Unites States and separated from such service under conditions other than dishonorable?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

## CONTINUING EDUCATION

**NRS 631.342 requires all licensees fulfill a mandated four (4) hour continuing education course in "terrorism" to be completed within two (2) years after receiving licensure in this state. The state mandated course is in addition to your required CE hours. If certificate is not on file with the Board, you must provide a copy of the certificate of attendance to receive credit for this "terrorism" course.**

**By selecting this box, I hereby affirm and attest that I have completed the required hours of continuing education with recognized providers. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three years and may be audited by the Board pursuant to NAC 631.177. In addition to the required CE hours, pursuant to NRS 631.342. I affirm that I have fulfilled a mandated four (4) hour continuing education course in "terrorism" to be completed within two (2) years after receiving licensure in this state.**

## AFFIDAVIT

**I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2023 – June 30, 2024:**

1.	Have you had any claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension, revocation or probation of a license issued by this agency or another licensing jurisdiction during the period of July 1, 2023 to June 30, 2024? (If yes, please provide a written statement outlining the facts.)	Yes <input type="checkbox"/>		No <input type="checkbox"/>
2.	Are you subject to court order for the support of one or more children (i.e. do you have a child support order?)? <b><i>(If yes, you MUST answer question (a) below):</i></b> Are you in compliance with the court order or a plan approved by the District Attorney or other public agency enforcing the order for the payment or the amount owed pursuant to the court order for the support of one or more children? <b><i>(IF YOU ARE NOT IN COMPLIANCE, YOU MUST PROVIDE WRITTEN NOTIFICATION)</i></b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
(a)		Yes <input type="checkbox"/>		No <input type="checkbox"/>
3.	Have you complied with the provisions of NRS 631 and NAC 631 (Nevada Governing Laws)?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
4.	Do you continue to meet all the licensing requirements pursuant to NRS 631.271?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
5.	Do you have any addictions which would impair your practice of dentistry/dental hygiene pursuant to NRS 631 and NAC 631?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
6.	Do you utilize laser radiation in the performance of your practice of dentistry/dental hygiene? <b><i>(If yes, you MUST answer question (a) below):</i></b> (a) Have you submitted appropriate certification to the Board pursuant to NAC 631.033 and NAC 631.035?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
(a)		Yes <input type="checkbox"/>		No <input type="checkbox"/>
7.	Do you utilize local anesthesia and/or Nitrous Oxide in the performance of your practice of dental hygiene? <b><i>(If yes, you MUST answer question (a) below):</i></b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>

(a)	I am properly permitted to administer local anesthesia and/or Nitrous Oxide and am currently in compliance with NAC 631.210.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	I attest by checking "yes", I am aware of the mandatory requirement to report child abuse and neglect in accordance with the laws of the State of Nevada.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**By signing below, I hereby affirm and attest, that I have answered the above questions truthfully, accurately, and by me personally, the licensee so named on this form and so stating, under penalties of perjury, that all answers provided herein are provided willfully. I further state that I authorize and empower the Nevada State Board of Dental Examiners or its agents, staff, or appointed authority to contact any person, firm, service, agency, entity, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my license renewal application and affidavit.**

*Licensee*  
*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_



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## CREDIT CARD AUTHORIZATION FORM

<b>Name of Person Requesting:</b>		<b>Mailing Address (where to mail document requested):</b>	
<b>Telephone Number:</b> ( ) -		_____	
<b>NV License Number:</b>	<input type="checkbox"/> Dental <input type="checkbox"/> Dental Hygiene	<b>Suite No.:</b> _____	<b>City:</b> _____
		<b>State:</b> _____	<b>Zip Code:</b> _____

Dental Licensure Application Fees	
<input type="checkbox"/> License by Exam – WREB (\$1200)	
<input type="checkbox"/> License by Exam – ADEX (\$1200)	
<input type="checkbox"/> License by Endorsement (\$1200)	
<input type="checkbox"/> Specialty License by Credential (\$1200)	
<input type="checkbox"/> Geographically Restricted (\$600)	
<input type="checkbox"/> Limited License – Faculty / Resident (\$125)	
<input type="checkbox"/> Limited Licensed for Supervision (\$100)	
<input type="checkbox"/> Restricted License (\$125)	
<input type="checkbox"/> Military by Reciprocity (\$1200)	
<input type="checkbox"/> Specialty License by App [NV licensed Dentist only] (\$125) <i>(If applying for a general dental license &amp; specialty license concurrently, application fee will be \$1325)</i>	

Dental Hygiene Licensure Application Fees	
<input type="checkbox"/> Licensure by Exam – WREB (\$600)	
<input type="checkbox"/> Licensure by Exam – ADEX (\$600)	
<input type="checkbox"/> Licensure by Endorsement (\$600)	
<input type="checkbox"/> Geographically Restricted (\$150)	
<input type="checkbox"/> Limited License (\$125)	
<input type="checkbox"/> Military by Reciprocity (\$600)	

Dental Hygiene Permit Application Fees	
<input type="checkbox"/> Local Anesthesia Permit (\$25)	
<input type="checkbox"/> Nitrous Oxide Permit (\$25)	

License Renewal Fees	
<input type="checkbox"/> Active Status \$ _____	
<input type="checkbox"/> Inactive Status \$ _____	
<input type="checkbox"/> Retired Status \$ _____	
<input type="checkbox"/> Disabled Status \$ _____	
<input type="checkbox"/> Limited License \$ _____	
<input type="checkbox"/> Restricted License \$ _____	
<input type="checkbox"/> License Reactivation (\$300)	

Dental Anesthesia Permit Fees	
<b>Permit Application:</b> \$ _____ (choose below):	
<input type="checkbox"/> General Anesthesia Administrator Permit (\$750)	
<input type="checkbox"/> Moderate Sedation Administrator Permit (\$750)	
<input type="checkbox"/> Pediatric Moderate Sedation Administrator Permit (\$750)	
<input type="checkbox"/> Site Permit (\$500)	
<b>Renewal:</b> \$ _____   Permit No.: _____	
(choose one): <input type="checkbox"/> General Anesthesia   <input type="checkbox"/> Moderate Sedation <input type="checkbox"/> Site Permit	
<b>Permit Re-Inspection:</b> \$ _____	
(choose one): <input type="checkbox"/> Administration Permit Re-inspection (\$500) <input type="checkbox"/> Site Permit Re-inspection (\$350)	

Reinstatement of License Fees	
<input type="checkbox"/> Suspended (\$300)   <input type="checkbox"/> Revoked (\$500)	

Request for Duplicate Certificate Fees	
<input type="checkbox"/> Duplicate Wall Certificate (\$25)	
<input type="checkbox"/> Name Change Fee - New Wall Certificate (\$25)	
<input type="checkbox"/> Duplicate DH Local Anesthesia/N2O Permit (\$25)	
<input type="checkbox"/> Duplicate Dental Anesthesia Permit (\$25 each)	
(Select below):	
<input type="radio"/> GA Admin. Permit No.: _____	
<input type="radio"/> Mod. Sedation Admin. Permit No.: _____	
<input type="radio"/> Peds Mod. Sed Admin. Permit No.: _____	
<input type="radio"/> Site Permit No.: _____	

Infection Control Inspection	
<input type="checkbox"/> Initial Infection Control Inspection (\$250)	

Miscellaneous Fees	
<input type="checkbox"/> NRS Booklet (\$3) x _____	
<input type="checkbox"/> NAC Booklet (\$3) x _____	
<input type="checkbox"/> Returned Check Fee (\$25)	
<input type="checkbox"/> Change of Address Fine (\$50)	
<input type="checkbox"/> Civil Penalty \$ _____	
<input type="checkbox"/> Investigation Costs \$ _____	
<input type="checkbox"/> Continuing Education Provider Fee: (1 <sup>st</sup> Hour = \$150 / each additional hour = \$50) Total Hours: _____ Total Fee: \$ _____	

<b>Other:</b> _____
_____
_____

<b>Name on Credit Card:</b>	<b>Method of Payment:</b> <input type="checkbox"/> MasterCard   <input type="checkbox"/> Visa   <input type="checkbox"/> Discover	<b>Total Amount Authorized:</b> \$ _____
<b>Credit Card Billing Address:</b>	<b>Credit Card Number:</b>	
<b>Ste. No.:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____	<b>Exp. Date:</b> _____ - _____ <b>Security Code:</b> _____	

Purchaser's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* THERE IS A 7 to 15 BUSINESS DAY PROCESSING PERIOD FOR ALL REQUESTS\*\***

Form accepted by mail or fax (see the top of the page), or email PDF to [nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov)