



Nevada Board of Dental Examiners

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(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

PETITION FOR REVIEW OF CRIMINAL HISTORY

Name: _____ Date: _____
Address: _____ Suite No.: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Email: _____

In the matter of the petition for review of criminal history:

This request is to determine if the person's criminal history will disqualify the person from obtaining a license.

Please submit any additional supporting documentation with the petition form

Note: If you require additional space, you may attach separate pages to the petition form.

Signature: _____ Date of Request: _____

Fee for Review: \$50.00