Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

OFFICE USE ONLY	
Date Received:	
Payment Amount:	
Staff Initials:	

BIENNIAL RETIRED/DISABLED DENTAL HYGIENE LICENSE RENEWAL – JULY 1, 2020 – JUNE 30, 2022

READ THIS FORM CAREFULLY

RENEWAL OF YOUR NEVADA DENTAL LICENSE IS COMPLETE UPON THE BOARD'S PHYSICAL RECEIPT OF ALL REQUIRED INFORMATION NO LATER THAN JUNE 30, 2020: INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED.

FOR RETIRED/DISABLED HYGIENE RENEWAL: Complete this form with all questions answered, affidavit Signed, and submit with renewal fee in the appropriate amount.

☐ **RETIRED $50**
☐ **DISABLED $50**

Last:	***First:***	***Middle:***	***License Number:***

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:***

☐ Select if the Practice Address is your mailing address

Home Address:		***Email:***		
City:	***State:***	***Zip Code:***	***Home Telephone/Cell:***	***Home Fax:***

☐ 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 ZIPCODE.

☐ I do **NOT** have a Nevada business license number.

☐ 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.

☐ 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:***

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: http://nvsos.gov/.

REPORT OF MILITARY SERVICE

Have you ever served in the military? ***(if yes, you must answer the questions below)*** **Yes** ☐ **No** ☐

Date of Service: ***From:*** ***to***	***Military Occupation Specialty/Specialties:***

BRANCH OF SERVICE

Army/Army Reserve	☐	Marine Corps/Marine corps Reserve	☐	Navy/Navy Reserve	☐
Air Force/ Air Force Reserve	☐	Coast Guard/Coast Guard Reserve	☐	National Guard	☐

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.

AFFIDAVIT

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2018 – June 30, 2020:

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, 2018 to June 30, 2020. (If yes, please provide a written statement outlining the facts.)	**Yes** ☐	**No** ☐
2.	Are you subject to court order for the support of one or more children (i.e. do you have a child support order?)? ***(If yes, you MUST answer question (a) below):***	**Yes** ☐	**No** ☐
	(a) 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? ***(IF YOU ARE NOT IN COMPLIANCE, YOU MUST PROVIDE WRITTEN NOTIFICATION)***	**Yes** ☐	**No** ☐
3.	Have you conducted practice within the provisions of NRS 631 and NAC 631?	**Yes** ☐	**No** ☐

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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RENEWAL PAYMENT FORM

CREDIT CARD AUTHORIZATION

RENEWAL FEES MAY BE PAID BY VISA, MASTERCARD, DISCOVER CARD, CHECK, OR MONEY ORDER.

FOR PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

CHARGE RENEWAL FEE OF **$:** _____ ***TO***

PLEASE CIRCLE ONE: **VISA** **MASTERCARD** **DISCOVER CARD**

CREDIT CARD NUMBER: _____ ***EXP DATE:*** _____

NAME ON CARD: _____ ***SECURITY CODE:*** _____

BILLING ADDRESS FOR CREDIT CARD: _____

_____

_____

Telephone: _____

SIGNATURE: _____

FOR PAYMENT BY CHECK / MONEY ORDER, MAKE PAYABLE TO: **NEVADA STATE BOARD OF DENTAL EXAMINERS**

INCLUDE ALL FEES