

**NEVADA STATE BOARD OF DENTAL EXAMINERS**

2651 N. Green Valley Parkway, Suite 104

Las Vegas, NV 891014

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) \_\_\_\_\_

FULL MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

**APPLICATION FOR REVIEW PANEL MEMBER**

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

**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. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):  
\_\_\_\_\_

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name: \_\_\_\_\_

Office (1) address: \_\_\_\_\_

Office (1) telephone: \_\_\_\_\_

Office (2) name: \_\_\_\_\_

Office (2) address: \_\_\_\_\_

Office (2) telephone: \_\_\_\_\_

SIGNATURE OF LICENSEE \_\_\_\_\_

DATE \_\_\_\_\_