



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 LICENSURE FOR INDIVIDUALS WITH TEMPORARY OR RESTRICTED LICENSE DURING COVID 19 EMERGENCY PANDEMIC DENTAL HYGIENE LICENSE CONVERSION JULY 12, 2022 – JUNE 30, 2023

READ THIS FORM CAREFULLY

CONVERSION OF YOUR NEVADA DENTAL HYGIENE LICENSE IS COMPLETE UPON THE BOARD'S PHYSICAL RECEIPT OF ALL REQUIRED INFORMATION NO LATER THAN JUNE 30, 2023: INCOMPLETE CONVERSION APPLICATIONS WILL BE RETURNED.

FOR TEMPORARY RESTRICTED/UNRESTRICTED - DENTAL HYGIENE CONVERSION: Complete this form with all questions answered, verification signed, renewal fee in the appropriate amount, and attest to current CPR certification dates. **\$150**

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.

(Address selected as "Mailing Address" is considered public information)

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:	Home Fax:
<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 ZIPCODE.

<input type="checkbox"/> I do NOT 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:

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 <input type="checkbox"/>	No <input type="checkbox"/>
Date of Service:		Military Occupation Specialty/Specialties:	
From:	to		
BRANCH OF SERVICE			
Army/Army Reserve	<input type="checkbox"/>	Marine Corps/Marine corps Reserve	<input type="checkbox"/>
Air Force/ Air Force Reserve	<input type="checkbox"/>	Coast Guard/Coast Guard Reserve	<input type="checkbox"/>
		Navy/Navy Reserve	<input type="checkbox"/>
		National Guard	<input type="checkbox"/>
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.			

ADDITIONAL - REPORT OF MILITARY SERVICE (All questions must be answered)

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	Yes	No
Have you ever been assigned to duty for a minimum of 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	No
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 United States and separated from such service under conditions other than dishonorable?	Yes	No

NRS 631.342 BIO TERRORISM

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.

CPR CERTIFICATION

New CPR dates: Begin: _____ End: _____

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.

VERIFICATION

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 12,2022 – June 30, 2023:

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 12, 2022 to June 30, 2023. (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?)? (If yes, you MUST answer question (a) below):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(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	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Have you conducted practice to be in compliance with the provisions of NRS 631 and NAC 631 (Nevada Governing Laws)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	Do you have a history of addiction(s) which would impair your practice of dentistry/dental hygiene pursuant to NRS 631 and NAC 631?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

5.	Do you utilize laser radiation in the performance of your practice of dentistry/dental hygiene? <i>(If yes, you MUST answer question (a) below):</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(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"/>
6.	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 verification.

Licensee
Signature: _____

Date: _____



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CONVERSION 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: _____

SIGNATURE: _____

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

INCLUDE ALL FEES