



NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
nsbde@dental.nv.gov
Phone (702) 486-7044 | (800) DDS-EXAM | Fax (702) 486-7046

OFFICE USE ONLY

Date Received: _____
Payment Amount: _____
Staff Initials: _____

ANESTHESIA ADMINISTRATIVE PERMIT RENEWAL APPLICATION

A. CONTACT INFORMATION

First Name:	Middle Name:	Last Name:	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 (30) days of such change. All addresses are treated individually.				
PROVIDE THE ADDRESS OF THE PRACTICE YOU ARE APPLYING FOR AN ANESTHESIA PERMIT BELOW. IF YOU ARE APPLYING FOR MORE THAN ONE (1) OFFICE, LIST OTHERS ON A SEPARATE SHEET				
Name/Practice Name/DBA:		Office Address:		
City:	State:	Zip Code:	Office Phone:	Office Fax:

B. ADMINISTRATOR PERMIT RENEWAL

<input type="checkbox"/> General Anesthesia	<input type="checkbox"/> Moderate Sedation (13+)	<input type="checkbox"/> Moderate Sedation (<13)	<input type="checkbox"/> Pediatric Moderate Sedation
Permit Numbers: _____	Permit Numbers: _____	Permit Numbers: _____	Permit Numbers: _____
New ACLS dates: MM/YYYY MM/YYYY	New ACLS dates: MM/YYYY MM/YYYY	New PALS dates: MM/YYYY MM/YYYY	New PALS dates: MM/YYYY MM/YYYY
<input type="checkbox"/> I attest that I have completed the required completion of a 6-hour continuing education every two (2) years related to anesthesia or sedation – applicable to the type of permit you hold pursuant to NAC 631.2256. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three (3) years and be audited by the Board pursuant to NAC 631.177			

C. ANESTHESIA SITE PERMIT RENEWAL

ENTER PERMIT NUMBERS YOU WISH TO RENEW

Site Permit No: _____	Site Permit No: _____	Site Permit No: _____	Site Permit No: _____
Site Permit No: _____	Site Permit No: _____	Site Permit No: _____	Site Permit No: _____
Site Permit No: _____	Site Permit No: _____	Site Permit No: _____	Site Permit No: _____

D. AFFIDAVIT

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2023 – June 30, 2025:

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, 2025? (If yes, provide a written statement outlining the facts)	Yes <input type="radio"/> No <input type="radio"/>
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): 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="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>
3.	Have you complied with the provisions of NRS 631 and NAC 631 (Nevada Governing Laws)?	Yes <input type="radio"/> No <input type="radio"/>
4.	Do you have any addictions which would impair your practice of dentistry pursuant to NRS 631 or NAC 631?	Yes <input type="radio"/> No <input type="radio"/>
5.	Do you utilize laser radiation in the performance of your practice of dentistry? (If yes, you MUST answer question (a) below): a) Have you submitted appropriate certification to the Board pursuant to NAC 631.933 and NAC 631.035?	Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>
6.	Do you inject neuromodulators that are derived from clostridium botulinum, dermal and soft tissue fillers to your patients? (If yes, you MUST answer question (a) below): a) Have you completed a board approved certification course to inject neuromodulator that is derived from clostridium botulinum, dermal and soft tissue fillers pursuant to NAC 631.257? (If yes, you must submit certification documents with renewal)	Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>
7.	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="radio"/> No <input type="radio"/>
8.	I attest by checking "Yes", I will self report any anomaly occurrence during the practice of dentistry.	Yes <input type="radio"/> No <input type="radio"/>
9.	Do you have a valid controlled substance permit with the Nevada State Board of Pharmacy? (If yes, you MUST answer question (a) and (b) below): a) Have you conducted a minimum of one self-query annually: Date of 1 st report MM/ DD/ YYYY Date of 2 nd report: MM/ DD/ YYYY DEA No. _____ b) <input type="checkbox"/> By selecting this box , I hereby affirm and attest that I have completed the required two (2) hours of continuing education with a recognized provider for the abuse and misuse of controlled substances. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three (3) years and may be audited by the Board pursuant to NAC 631.177.	Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>

E. FEES

RENEWAL PERMITS

<input type="checkbox"/> Administrator Permit (per person)	\$200.00	Quantity: _____
<input type="checkbox"/> Site Permit (per location)	\$200.00	Quantity: _____

PERMIT RE-INSPECTION

<input type="checkbox"/> Administration Re-inspection	\$500.00	<input type="checkbox"/> Site Re-inspection	\$350.00
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OPTIONAL REQUEST FEES		
<input type="checkbox"/> Duplicate Anesthesia Permit	\$25.00	Quantity: _____
<input type="checkbox"/> Duplicate DH Local Anesthesia/N20 Permit	\$25.00	Quantity: _____
<input type="checkbox"/> Name Change	\$25.00	

By signing below, I hereby request an Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer anesthesia, deep sedation, or moderate sedation ONLY at the address(es) provided in this application and within the limitations of my specific anesthesia permit. If I wish to administer anesthesia, deep sedation, or moderate sedation at another location, I understand that each site must be inspected and issued a site permit. My anesthesia permit allows only me to administer general anesthesia, deep sedation, or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of anesthesia.

I hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Licensee Signature:

Date:



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

CREDIT CARD

AUTHORIZATION FORM

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

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 & specialty license concurrently, application fee will be \$1325)</i>

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

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 st Hour = \$150 / each additional hour = \$50) Total Hours: Total Fee: \$	

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)

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="checkbox"/> GA Admin. Permit No.: <input type="checkbox"/> Mod. Sedation Admin. Permit No.: <input type="checkbox"/> Peds Mod. Sed Admin. Permit No.: <input type="checkbox"/> Site Permit No.:

Other:

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

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