

**NEVADA STATE BOARD OF DENTAL EXAMINERS**

2651 N Green Valley Parkway, Suite 104,

Henderson, Nevada 89014

[nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov)

Phone(702) 486-7044 | (800) DDS-EXAM | Fax (702)486-7046

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

**BIENNIAL INACTIVE/RETIRED/DISABLED LICENSE RENEWAL****July 1, 2025 – June 30, 2027**

**RENEWAL OF YOUR NEVADA DENTAL LICENSE IS COMPLETE UPON THE BOARD'S PHYSICAL RECEIPT OF ALL REQUIRED INFORMATION NO LATER THAN THE DATE REQUIRED PER NRS 631.330. INCOMPLETE OR ILLEGIBLE RENEWAL APPLICATIONS WILL NOT BE PROCESSED.**

**A. LICENSE TYPE****LICENSE TYPE**

Dentistry License	<input type="checkbox"/> General Dentist	<input type="checkbox"/> Specialty Dentist	<input type="checkbox"/> Restricted Geographical
Dental Hygiene Licenses:	<input type="checkbox"/> Registered Dental Hygienist	<input type="checkbox"/> Restricted Geographical	
Dental Therapist:	<input type="checkbox"/> Dental Therapist	<input type="checkbox"/> Restricted Geographical	
Expanded Function Dental Assistant (EFDA):	<input type="checkbox"/> EFDA	<input type="checkbox"/> Restricted Geographical	

**LICENSE STATUS**

License Status:	<input type="checkbox"/> Inactive	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled
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**B. CONTACT INFORMATION**

First Name:	Middle Name:	Last Name:	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 via the Address Change Form (or updated online) within thirty (30) days of such change. Please complete and submit the Address Change Form located on the front page of the NSBDE website. All addresses are treated individually.

**IF YOU WORK AT OR OWN MORE THAN ONE (1) OFFICE, LIST OTHERS ON A SEPARATE SHEET INCLUDING THE LICENSED DENTIST NAME.**

Name/Practice Name/DBA:		Office Address:		
City:	State:	Zip Code:	Office Phone:	Office Fax:
<input type="checkbox"/> Mailing Address is the same as Practice Address				
Home Address:		Apt/Ste:	Email Address:	
City:	State:	Zip Code:	Office Phone:	Office Fax:
<input type="checkbox"/> Mailing Address is the same as Home Address				

### C. REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE – NRS 622.240

All licensees **MUST** complete this section, regardless of license status. Please select **ONE (1)** option:

**IF YOU HAVE MORE THAN ONE (1), LIST ADDITIONAL BUSINESS LICENSES ON A SEPARATE SHEET INCLUDING BUSINESS LICENSE NUMBER, STREET ADDRESS, CITY, STATE, AND ZIP CODE.**

☐ 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 and contracts can be found on the Secretary of State's website at: <https://www.nvsilverflume.gov/home>.**

### 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 ☐ 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? Yes ☐ No ☐

**(IF YOU ARE NOT IN COMPLIANCE, YOU MUST PROVIDE WRITTEN NOTIFICATION)**

3. Have you complied with the provisions of NRS 631 and NAC 631 (Nevada Governing Laws)? Yes ☐ No ☐

4. Are you changing your Active license status to Inactive/Retired or Disabled status? **(If yes, you MUST attest below):** Yes ☐ No ☐

☐ **By selecting this box,** I hereby affirm and attest that I have completed the required hours of continuing education with recognized providers during the time that my license was active. 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. In addition to the required CE hours, pursuant to NRS 631.342. I affirm that I have fulfilled a mandated four (4) hour continuing education course in "terrorism to be completed two (2) years after receiving licensure in this state.



**CONTINUE TO PAGE 3 AND SIGN AND ATTEST TO THE APPLICATION TO COMPLETE APPLICATION. APPLICATIONS THAT ARE NOT SIGNED ARE NOT COMPLETE AND WILL NEED TO BE RESUBMITTED.**



<b>E. RENEWAL FEES</b>			
<b>IF YOU ARE RENEWING YOUR APPLICATION PAST THE DATE AS REQUIRED PER NRS 631.330 YOU SHALL BE ASSESSED A SUSPENDED LICENSE FEE IN ADDITION TO YOUR RENEWAL FEE</b>			
<b>DENTIST</b>			
<input type="checkbox"/> Inactive General Dentist	\$200.00	<input type="checkbox"/> Retired/Disabled Dentist	\$50.00
<input type="checkbox"/> Suspended License	\$300.00		
<b>DENTAL HYGIENIST</b>			
<input type="checkbox"/> Inactive Registered Dental Hygienist	\$50.00	<input type="checkbox"/> Retired/Disabled Dental Hygienist	\$50.00
<input type="checkbox"/> Suspended License	\$300.00		
<b>DENTAL THERAPIST</b>			
<input type="checkbox"/> Inactive Dental Therapist	\$50.00	<input type="checkbox"/> Retired/Disabled Dental Therapist	\$50.00
<input type="checkbox"/> Suspended License	\$300.00		
<b>EXPANDED FUNCTION DENTAL ASSISTANT</b>			
<input type="checkbox"/> Inactive EFDA	\$50.00	<input type="checkbox"/> Retired/Disabled EFDA	\$50.00
<input type="checkbox"/> Suspended License	\$300.00		
<b>OPTIONAL REQUEST FEES</b>			
<input type="checkbox"/> Name Change	\$25.00		

By signing below, I hereby affirm and attest, that I have answered the above questions truthfully, accurately, and by my 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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## 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

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

<b>Dental Licensure Application Fees</b>
<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) (If applying for a general dental license & specialty license concurrently, application fee will be \$1325)

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

<b>Infection Control Inspection</b>
<input type="checkbox"/> Initial Infection Control Inspection (\$250)

<b>Miscellaneous Fees</b>	
<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 <sup>st</sup> Hour = \$150 / each additional hour = \$50) Total Hours: Total Fee: \$	

<b>Dental Hygiene Licensure Application Fees</b>
<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)

<b>Dental Hygiene Permit Application Fees</b>
<input type="checkbox"/> Local Anesthesia Permit (\$25)
<input type="checkbox"/> Nitrous Oxide Permit (\$25)

<b>License Renewal Fees</b>
<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)

<b>Reinstatement of License Fees</b>
<input type="checkbox"/> Suspended (\$300)   <input type="checkbox"/> Revoked (\$500)

<b>Request for Duplicate Certificate Fees</b>
<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="radio"/> GA Admin. Permit No.: <input type="radio"/> Mod. Sedation Admin. Permit No.: <input type="radio"/> Peds Mod. Sed Admin. Permit No.: <input type="radio"/> Site Permit No.:

<b>Other:</b>

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

**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](mailto:nsbde@dental.nv.gov)