



## 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"/> City: _____	<input type="checkbox"/> Zip Code: _____
	<input type="checkbox"/> Dental Hygiene	State: _____	

<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"/> Military by Reciprocity (\$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"/> Specialty License by Cred. [Dentists w/o NV license] (\$1325) <input type="checkbox"/> Specialty License by App. [ONLY Dentists w/ NV license] (\$125) <small>(If applying for a specialty license without a NV general dentist license, application fee is \$1,325)</small>	
<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 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> \$ _____   Permit No.: _____ (choose one): <input type="checkbox"/> General Anesthesia   <input type="checkbox"/> Moderate Sedation <input type="checkbox"/> Site Permit	
<b>Permit Reinspection/Reevaluation:</b> \$ _____ (choose one): <input type="checkbox"/> Administration Permit Reevaluation (\$500) <input type="checkbox"/> Site Permit Reinspection (\$350)	

<b>Infection Control Inspection</b>	
<input type="checkbox"/> Infection Control Inspection (\$250)   Re-inspection Fee (\$150)	
<b>Miscellaneous Fees</b>	
<input type="checkbox"/> NRS Booklet (\$3) x <u>SOLD OUT</u>   <input type="checkbox"/> NAC Booklet (\$3) x <u>SOLD OUT</u> <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>Request for Certificate Fees</b> <input type="checkbox"/> Wall Certificate (\$25) <input type="checkbox"/> Name Change Fee - New Wall Certificate (\$25) <input type="checkbox"/> DH Local Anesthesia/N2O Permit (\$25) <input type="checkbox"/> 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.: _____ PHE Certificate (\$25)	
<b>Other:</b> _____	

Name on Credit Card:	Method of Payment: Credit (a 3% surcharge will be assessed)   <input type="checkbox"/> Debit	Total Amount Authorized:
Credit Card Billing Address:	Credit Card Number: _____ - _____ - _____ - _____	
Ste. No.: _____ City: _____ State: _____ Zip Code: _____	Exp. Date: _____ - _____	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](mailto:nsbde@dental.nv.gov)