



## Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046  
nsbde@dental.nv.gov

### GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Office Site Permit ☐

Check box if you are  
applying for a Site Permit  
for this same office  
location as well

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Dental Practice Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

\_\_\_\_\_ Office Fax: \_\_\_\_\_

#### DENTAL EDUCATION

University/  
College: \_\_\_\_\_

Location: \_\_\_\_\_

Dates attended:      /      /      Degree Earned:  
                                 to      \_\_\_\_\_  
                                 /      /

#### SPECIALTY EDUCATION

University /  
College: \_\_\_\_\_

Location: \_\_\_\_\_

Dates attended:      /      /      Degree Earned:  
                                 to      \_\_\_\_\_  
                                 /      /

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

**QUESTION SECTION:**

**HAVE YOU:**

1) Completed one (1) year advanced training in Anesthesiology? \_\_\_\_ Yes \_\_\_\_ No

Where: \_\_\_\_\_ When: \_\_\_\_\_

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology?

\_\_\_\_ Yes \_\_\_\_ No

Where: \_\_\_\_\_ When: \_\_\_\_\_

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? \_\_\_\_ Yes \_\_\_\_ No

Where: \_\_\_\_\_ When: \_\_\_\_\_

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I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued 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 general 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 the 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.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_



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## CREDIT CARD

## AUTHORIZATION FORM

<b>Name of Person Requesting:</b>		<b>Mailing Address (where to mail document requested):</b>	
<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) <i>(If applying for a general dental license &amp; specialty license concurrently, application fee will be \$1325)</i>

<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)