



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: _____

LICENSURE STATUS CHANGE REQUEST

LICENSURE STATUS CHANGE REQUESTS ARE COMPLETE UPON THE BOARD'S PHYSICAL RECEIPT OF ALL REQUIRED INFORMATION AND NECESSARY PAYMENT. INCOMPLETE AND ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.

A. CURRENT LICENSURE

PROVIDE YOUR CURRENT LICENSURE STATUS IN THE STATE OF NEVADA

CURRENT LICENSE STATUS

☐ Active ☐ Inactive ☐ Retired ☐ Disabled ☐ Revoked

CURRENT LICENSE TYPE

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

B. CONTACT INFORMATION

1. First Name:	Middle Name:	Last Name:	License No:
2. Email Address:		Cell Phone Number:	Alt Phone Number:
3. Residence Street Address:			Apt/Ste:
4. City:	State:	Zip Code:	
<input type="checkbox"/> Mailing Address is the same as Residence Address			
5. Mailing Address:			Apt/Ste:
6. City:	State:	Zip Code:	

C. LICENSE STATUS CHANGE REQUEST

REQUESTED LICENSE STATUS

Select the box you are requesting to update your current license status to:

☐ Active (Reactivation) ☐ Inactive ☐ Retired ☐ Disabled

If your license is currently at an ACTIVE status, provide the date your license became active and the date your license expires:

Active Licensure Dates:	Begin: MM/ DD/ YYYY	Expiration: MM/ DD/ YYYY
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If your license is currently at a NON-ACTIVE status (INACTIVE/RETIRED/DISABLED/REVOKED), provide the date your license became that status:

Non-Active Licensure Dates:	Begin: MM/ DD/ YYYY
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D. REINSTATEMENT

ONLY COMPLETE IF YOU WANT TO CHANGE YOUR CURRENT LICENSE STATUS TO ACTIVE

A fee of \$300.00 will be assessed to change an INACTIVE or RETIRED/DISABLED license to ACTIVE.

A fee of \$500.00 will be assessed to REVOKED licenses IN ADDITION to the renewal fee (the renewal fee cost will vary upon selecting an ACTIVE or Non-Active (INACTIVE or RETIRED/DISABLED license)

By selecting this box, I hereby affirm and attest that I have completed the requisite continuing education hours per my ☐ license type (as detailed below) within the previous 12 months AND have attached proof of completion with this application

Dentists: 20 continuing education hours with at least 10 hours being live-instruction and 2 hours being in infection-control

Dental Hygienists: 15 continuing education hours with at least 7.5 hours being live-instruction and 2 hours being in infection-control

Dental Therapists: 18 continuing education hours with at least 9 hours being live-instruction and 2 hours being in infection-control

EFDAs: 2 continuing education hours being in infection-control

Provide your employment history during the period of your non-active (INACTIVE, RETIRED/DISABLED, or REVOKED license) license status below:

Employment History 1

Employer Name:

Street Address:

City

State

Zip Code

Start Date:

End Date

Employment History 2

Employer Name:

Street Address:

City

State

Zip Code

Start Date:

End Date

Employment History 3			
Employer Name:			
Street Address:	City	State	Zip Code
Start Date:	End Date		
<i>*If your employment history during the period of your non-active license status exceeds the spaces provided above, please provide on an additional sheet of paper and attach to application.</i>			
<input type="checkbox"/> By selecting this box, I hereby affirm I have attached proof of CPR certification (<i>online certification is NOT accepted</i>)			
Select the box to the left of the option that applies to you and ATTACH the supplementary information needed:			
<input type="checkbox"/> During the time my Nevada license was INACTIVE, RETIRED, OR REVOKED, I maintained an ACTIVE license and practiced <u>OUTSIDE</u> the State of Nevada. <div style="margin-left: 40px;"> <input type="checkbox"/> 1. Self-query report from the National Practitioner Data Bank. (no later than 90 days from application date) <input type="checkbox"/> 2. Provide a certification letter(s) confirming good standing and no pending actions on your license from each state board where you practice <input type="checkbox"/> 3. Report all claims of unprofessional conduct or professional incompetence against him or her or any violation of the law which he or she may have committed, including administrative disciplinary charges brought by any other jurisdiction. Attach supporting documentation and written explanation. <input type="checkbox"/> 4. Report any civil or criminal liabilities in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession. Attach supporting documentation and written explanation. <input type="checkbox"/> 5. Report any peer review appearances, attach supporting documentation and written explanation </div>			
<input type="checkbox"/> My license has been on INACTIVE, RETIRED, or REVOKED status for <u>LESS THAN</u> two (2) years AND I have NOT held an active license or practice outside the State of Nevada. <div style="margin-left: 40px;"> <input type="checkbox"/> 1. Submit a notarized petition for reinstatement. </div>			
<input type="checkbox"/> I have had a license on INACTIVE, RETIRED, or REVOKED status for <u>GREATER THAN</u> two (2) years AND have NOT held an active license or practiced outside the State of Nevada.* <p style="margin-left: 40px;"><i>*The Board may prescribe additional examinations be completed prior to reinstatement</i></p> <div style="margin-left: 40px;"> <input type="checkbox"/> 1. Submit a notarized petition for reinstatement. </div>			
<input type="checkbox"/> My license is at a DISABLED status.* <p style="margin-left: 40px;"><i>*If your license is at a DISABLED status, the Board may prescribe additional examinations be completed prior to reinstatement</i></p> <div style="margin-left: 40px;"> <input type="checkbox"/> 1. Submit a notarized petition for reinstatement. <input type="checkbox"/> 2. Submit to the Board a statement signed by a licensed physician setting forth that you are able, mentally and physically, to practice dentistry </div>			

E. APPLICANT ATTESTATIONS	
1. By selecting this box, I affirm that I am in compliance with the reporting requirements regarding service of claims or complaints of malpractice, felony or misdemeanor convictions, the suspension, revocation or probation of my license by another licensing jurisdiction or child support order (if applicable) pursuant to NAC 631.155 and NRS 631.225. If not previously reported, FULL DISCLOSURE OF EACH SUCH CASE MUST BE ENCLOSED WITH THIS APPLICATION.	<input type="checkbox"/>

2. By selecting this box , I authorize and empower the Nevada State Board of Dental Examiners or its agent to contact any person, firm, service, agency, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my application to reactivate my inactive/retired license based upon this affidavit. I acknowledge I have a continuing responsibility to update all information contained in this application until such time as the Board takes action on this application. Failure of an applicant to update the information prior to final action of the Board is grounds for subsequent disciplinary action.	<input type="checkbox"/>
3. By selecting this box , I understand that I must renew my ACTIVE, INACTIVE, RETIRED/DISABLED license before the renewal deadline to maintain the status of my license. Failure to renew by the deadline will cause the license to go into suspended status. Licensee will incur a suspension fee of \$300.00 in addition to the renewal fee for the license status (INACTIVE, RETIRED/DISABLED) to reinstate license. Failure to renew your license within the 12-month suspension period will automatically cause your license to go into REVOKED status. Upon reinstating a REVOKED license, a licensee will need to submit a fee of \$500.00 in addition to the renewal fees for the INACTIVE, RETIRED/DISABLED, or ACTIVE status license.	

F. STATUS CHANGE FEES			
Those whose license is in REVOKED status must pay the revoked fee in addition to the renewal fee for the requested license type.			
REINSTATEMENT FEES (applies to all license types)			
<input type="checkbox"/> Reinstatement Fee for Inactive/Retired/Disabled Status			\$300.00
<input type="checkbox"/> Reinstatement Fee for Revoked Status			\$500.00
DENTAL RENEWAL FEES			
<input type="checkbox"/> Active General Dentist	\$600.00	<input type="checkbox"/> Active Specialty Dentist	\$600.00
<input type="checkbox"/> Active Restricted Geographical	\$600.00	<input type="checkbox"/> Active Limited License Dentist	\$200.00
<input type="checkbox"/> Active Restricted Dental License	\$100.00		
<input type="checkbox"/> Inactive Dentists (ALL)	\$200.00	<input type="checkbox"/> Retired/Disabled Dentist	\$50.00
DENTAL HYGIENIST RENEWAL FEES			
<input type="checkbox"/> Active Dental Hygienist	\$300.00	<input type="checkbox"/> Active Restricted Geographical	\$300.00
<input type="checkbox"/> Active Limited License	\$200.00		
<input type="checkbox"/> Inactive Dental Hygienist (ALL)	\$50.00	<input type="checkbox"/> Retired/Disabled Dental Hygienist	\$50.00
DENTAL THERAPIST RENEWAL FEES			
<input type="checkbox"/> Active Dental Therapist	\$600.00	<input type="checkbox"/> Active Restricted Geographical	\$600.00
<input type="checkbox"/> Active Limited License	\$200.00		
<input type="checkbox"/> Inactive Dental Therapist (ALL)	\$50.00	<input type="checkbox"/> Retired/Disabled Dental Therapist	\$50.00
EXPANDED FUNCTION DENTAL ASSISTANT RENEWAL FEES			
<input type="checkbox"/> Active EFDA	\$600.00	<input type="checkbox"/> Active Limited License	\$200.00
<input type="checkbox"/> Inactive EFDA (ALL)	\$50.00	<input type="checkbox"/> Retired/Disabled EFDA	\$50.00
OPTIONAL REQUEST			
<input type="checkbox"/> Name Change	\$25.00		

	<p>CONTINUE TO PAGE 5 AND SIGN AND ATTEST TO THE APPLICATION TO COMPLETE APPLICATION. APPLICATIONS THAT ARE NOT SIGNED ARE NOT COMPLETE AND WILL NEED TO BE RESUBMITTED.</p>	
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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:



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) (If applying for a general dental license & specialty license concurrently, application fee will be \$1325)

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="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.:

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