Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

FACT SHEET

APPLICANTS FOR LIMITED LICENSURE FOR SUPERVISION OF LIVE PATIENT CONTINUING EDUCATION COURSES (NRS 631.2715)

Thank you for your interest in applying for a limited licensure to supervise continuing education courses with live patients in the State of Nevada.

Pursuant to NRS 631.2715: The Board shall, without a clinical examination required by NRS 631.240 or 631.300, issue a limited license to a person to supervise courses of continuing education involving live patients at an institute or organization with a permanent facility registered with the Board for the sole purpose of providing postgraduate continuing education in dentistry.

Application:

1. The application form. This form must be complete and notarized.

2. The application fee in the amount of $100.00 (This fee may be remitted in the form of cashiers check, money order, or Mastercard or Visa Charge

3. Certified copy of transcript from a dental school accredited by the Commission on dental Accreditation of the American Dental Association or its successor.

Upon receipt of the completed application fee ($100.00) and certified transcript from a dental school accredited by the Commission on dental Accreditation of the American Dental Association or its successor by the your application will be reviewed by the Secretary-Treasurer to ensure compliance. If the application is found to be in compliance, the Secretary-Treasurer shall instruct the Executive Director to issue the license.

NRS 631.2715 Limited license to supervise certain courses of continuing education.

1. The Board shall, without a clinical examination required by NRS 631.240 or 631.300, issue a limited license to a person to supervise courses of continuing education involving live patients at an institute or organization with a permanent facility registered with the Board for the sole purpose of providing postgraduate continuing education in dentistry if the person has received a degree from a dental school or college accredited by the Commission on Dental Accreditation of the American Dental Association or its successor.

2. A limited license issued pursuant to this section expires 1 year after the date of its issuance and may be renewed annually upon submission of proof acceptable to the Board of compliance with subsection 1 and payment of any fee required pursuant to subsection 3.

3. The Board may impose a fee of not more than $100 for the issuance and each renewal of a limited license issued pursuant to this section.

4. A limited license issued pursuant to this section may be suspended or revoked by the Board if the holder of the limited license:

(a) Has had a license to practice dentistry suspended, revoked or placed on probation in another state, territory or possession of the United States, the District of Columbia or a foreign country;

(b) Has been convicted of a felony or misdemeanor involving moral turpitude; or

(c) Has a documented history of substance abuse.

5. A holder of a limited license issued pursuant to this section shall notify the Board in writing by certified mail not later than 30 days after:

(a) The death of a patient being treated by a dentist under the supervision of the holder of a limited license;

(b) Any incident which:

(1) Results in the hospitalization of or a permanent physical or mental injury to a patient being treated by a dentist under the supervision of the holder of a limited license; and

(2) Occurs while the dentist is treating the patient under the supervision of the holder of a limited license; or

(c) Any event or circumstance described in subsection 4.

(Added to NRS by 2009, 1525)

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APPLICATION FOR NEVADA LIMITED LICENSURE FOR SUPERVISION ($100)

NOTE: *An application is considered complete when the application, all required documents, background information, and fees are on file with the Board office. APPLICATION FEES MUST BE PAID IN ADVANCE AND MAY NOT BE REFUNDED PURSUANT TO NEVADA REVISED STATUTE (NRS) 631.345.*
Please type or print legibly. All questions must be answered. If additional space is needed, attach a separate sheet identifying additional information by Section number. Applicants acknowledge they have a continuing responsibility to update all information contained in this application until such time as the Board takes final 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.

Last:	*First:*	*Middle:*	*Suffix:*

Soc. Security #:	*Age:*	*Male* ☐ *Female* ☐	*Birthdate:*	*Birthplace (City, County, State, & Country):*

Have you ever been known by any other name? **Yes** ☐ **No** ☐

If yes, state in full every other name by which you have been known, the reason therefore, and the inclusive dates so known:

If a married woman, state maiden name:

If a name change was made by court order, attach a CERTIFIED COPY of the court order.

(A) CURRENT ADDRESSES

Current Home Address:	*City:*	*State:*	*Zip code:*

Telephone Residence:	*Telephone Cell:*	*Email address:*

☐ *Select if Home Address is your correspondence address*

Current Practice Address (If any):	*City:*	*State:*	*Zip Code:*

Telephone:	*Fax:*	

☐ *Select if Practice Address is your correspondence address*

(B) PERMANENT FACILITY (at which you will supervise courses)

Name of Facility:	*Address:*

City:	*State:*	*Zip Code:*

(C) EDUCATION & CERTIFICATIONS

Doctoral:	Post Doctoral:
University/ College:	***University/ College:***
City:	***City:***
tate:	***State:***
Years Attended: (month/year) **to**	**Years Attended: (month/year)** **to**
Graduation Date:	**Graduation Date:**
Degree Earned: DDS DMD	**Specialty (MS):**

(D) HISTORY OF IMPAIRMENT

(1)	**Do you now, or have you ever, abused alcohol, other chemical substances, or do you have any medical/mental impairments or emotional condition(s) that would impair your ability to perform as a licensee pursuant to NRS and NAC Chapters 631?** ***(If yes, submit details on separate sheet)***	**Yes** ☐	**No** ☐
(2)	**Do you now, or have you ever had, any contagious or infectious disease(s) that would impair your ability to perform as a licensee pursuant to NRS and NAC Chapters 631?** ***(If yes, submit details on separate sheet)***	**Yes** ☐	**No** ☐

(E) MORAL CHARACTER

1	**Have you ever been arrested, convicted, charged with, entered a plea of nolo contendere or pleaded guilty to the violation of any law [misdemeanor(s) or felony(ies)]?**	**Yes** ☐	**No** ☐

If your answer is 'yes' to the foregoing question (1), furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, case number, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof. You must provide certified copies of any arrest or conviction and/or any plea agreements entered into for any felony(ies) or misdemeanor(s).

(F) STATEMENT OF CHILD SUPPORT

Pursuant to state and federal mandated requirements, I further certify that (CHECK the appropriate box):

1	**I am NOT subject to a court order for the support of one or more children.**	☐
2	**I AM subject to a court order for the support of one or more children and: (*continue to 2a or 2b below*)**	☐
2a	**I am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.**	☐
2b	**I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.**	☐

(G) AFFIDAVIT AND PLEDGE

I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me or who may hereafter attend or examine me from disclosing any knowledge or information that is thereby acquired, and I hereby consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.

The person named as the applicant in the foregoing application and questionnaire, being first duly sworn, deposes and says: I am the applicant for dental licensure referred to; and I have carefully read and understand the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservation of any kind. I further understand I have a continuing obligation to inform the Board should any of my answers since filing this application change prior to the Board issuing my license. In the event I fail to update the answers which have changed since submitting this application, I understand that such failure is ground for revocation of any license issued or denial of the application.

I hereby authorize educational and other institutions, my references (past and present), business and professional associates (past and present), insurance carriers, professional societies, governmental agencies and instrumentalities (local, state, federal or foreign), and independent information gathering services to release to the Nevada State Board of Dental Examiners any information, files or records requested by the Board in connection with the processing of this application.

I hereby pledge myself to the highest standards and ethics in the Practice of Dentistry and further pledge to abide by the laws and regulations pertaining to the practice of dentistry. I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board.

I hereby understand and agree that the title of all licenses shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.

I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THIS APPLICATION ARE GROUNDS FOR REJECTION OF THIS APPLICATION AND THE REVOCATION OF A LICENSE WHICH MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

APPLICANT

_____
Applicant Signature

_____
Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)

Date of Signature (must correspond with notory date)

_____
Applicants Date of Birth (month/day/year)

_____
Social Security Number

NOTORY

State of _____ **County of** _____

The statement on this document are subscribed and sworn before me this

_____ **day of** _____ **,20** _____

_____
Notory Public

_____
My Commission Expires

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NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, _____, designate the Nevada State Baord of Dental Examiners to collect, verify and maintain information, and copies of documents and records that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment, or other privileges.

I request and authorize every person, institution, professional licensing board or any state in which I hold or may have held a license to practice my professional, Joint Commission on National Dental Examinations, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other other documents, concerning my professional qualifications and competence, ethics, character, and other information pertaining to me to the Nevada State Board of Dental Examiners.

I further request and authorize that the requested information, documents and records be sent directly to:

Nevada State Board of Dental Examiners
6010 S Rainbow Blvd., Suite A-1
Las Vegas, NV 89118

I hereby release, discharge, and hold harmless the Nevada State Board of Dental Examiners, or representatives and any person furnshing information, records, or documents of any and all liablilty. I authorize the Nevada State Board of Dental Examiners to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institutions, individual, or any person or groups must be sent directly by such persons to Nevad State Board of Dental Examiners. I understand that Nevada State Board of Dental Examiners will not accept such information, records, or documents forwarded by me.

A photocopy or facsimile of this authorization shall be as valid as the orginal and shall be valid for a period of one (1) year from the date of signature.

APPLICANT

_____
Applicant Signature

_____
Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)

_____
Date of Signature (must correspond with notory date)

_____
Applicants Date of Birth (month/day/year)

_____
Social Security Number

NOTORY

State of _____ **County of** _____

The statement on this document are subscribed and sworn before me this

_____ **day of** _____ **,20** _____

_____
Notory Public

_____
My Commission Expires

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LICENSURE APPLICATION CREDIT CARD PAYMENT AUTHORIZATION FORM

Applicant Name:	**Telephone #: ( ) _____ - _____**

Dental Licensure Application	**Dental Hygiene Licensure Application**
Select Application Type:	**Select Application Type:**
☐ License by Examination – WREB ($1200)	☐ Licensure by Examination – WREB ($600)
☐ License by Examination – ADEX ($1200)	☐ Licensure by Examination – ADEX ($600)
☐ License by Endorsement ($1200)	☐ Licensure by Endorsement ($600)
☐ Specialty License by Credential ($1200)	☐ Geographically Restricted ($150)
☐ Geographically Restricted ($600)	☐ Limited License ($125)
☐ Limited License – Faculty / Resident ($125)	☐ Military by Reciprocity ($600)
☐ Limited Licensed for Supervision ($100)	**Dental Therapy Licensure Application**
☐ Restricted License ($125)	**Select Application Type:**
☐ Military by Reciprocity ($1200)	☐ Licensure by Examination – WREB ($1000)
☐ Specialty License by Application [NV licensed Dentist only] ($125)	☐ Licensure by Examination – ADEX ($1000)
☐ General Dental License AND Specialty License ($1325) *(must select general dental license option above, also)*	☐ Licensure by Endorsement ($500)
	☐ Military by Reciprocity ($1000)
Other/Memo:	

Miscellaneous (optional):
☐ Nevada Revised Statutes (NRS) 631 Booklet ($3)
☐ Nevada Administrative Codes (NAC) 631 Booklet ($3)

Payment Information		
Name on Credit Card:	**Method of Payment:** ☐ MasterCard | ☐ Visa | ☐ Discover	
Credit Card Billing Address:		**Ste. /Apt. No.:**
City:	**State:**	**Zip Code:**

Credit Card Number:	**CVV Code:**	**Expiration Date**	**Amount Authorized:**
__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __	___	MM / 20YY	$

Signature: _____ **Date:** ___/___/___