



# 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

## LOCAL ANESTHESIA AND NITROUS OXIDE PERMIT(S)

Pursuant to Nevada Administrative Code (NAC) 631.210(3), dental hygienists may administer local anesthetics and/or nitrous oxide analgesia if they have received certification from the Board to do so.

**IN ORDER TO ADMINISTER LOCAL ANESTHESIA AND/OR NITROUS OXIDE IN NEVADA**, you must apply for, and be granted, a permit for each. To apply for a permit(s), you must return the application for each permit desired including the fees. There is a \$25.00 fee for each permit requested. The application and payment may be received by the Board office in person, via email or mailed.

**Please Note:** To receive a permit, you have your school complete the Certification of Proficiency Form with an official seal. The seal must be visible to be considered a verified document. As primary source verification, the Certification of Proficiency Form shall be returned **only** by the educational institution where you received training. This form is available on our website located within the application packet for Dental Hygienists.

For any course completed post-graduate (meaning after completion of a dental hygiene program), a certified copy of the course syllabus **MUST** also accompany the permit application(s).

Your permit(s) **will not** become effective until all necessary documentation has been received and reviewed by the Board. You **MAY NOT** administer anesthesia until you have been notified by the Board with an official approval letter. Permits will be mailed to your address following the approval of your permit applications. This fee is charged in advance when the application is received. **Permit applications will be processed within 14 business days from the date received.**



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## **APPLICATION FOR LOCAL ANESTHESIA PERMIT**

*(This application must be completed in its entirety)*

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Dental Hygiene School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

## **LOCAL ANESTHESIA TRAINING**

Training Received at: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Type of training received (**mark the appropriate box**):

☐ Undergraduate (during Dental Hygiene Training) Date of Completion: \_\_\_\_\_

☐ Post Graduate (after Dental Hygiene Training) Date of Completion: \_\_\_\_\_

If local anesthesia training was a **POST GRADUATE** course, a certified copy of the course syllabus **MUST** accompany this application for evaluation of the course content by the Board, otherwise certification cannot be granted.

## **SIGNATURE OF APPLICANT**

I certify that the foregoing statements are true and correct and that I have successfully completed the foregoing course.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **SUBMIT THIS APPLICATION WITH THE FOLLOWING:**

*\$25 Application Fee*

*Completed Certification of Proficiency Form*

*Certified Copy of Post-Graduate Course Syllabus, if Applicable*



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## **APPLICATION FOR NITROUS OXIDE-OXYGEN ANALGESIA PERMIT**

*(This application must be completed in its entirety)*

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Dental Hygiene School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

## **NITROUS OXIDE-OXYGEN ANALGESIA TRAINING**

Training Received at: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Type of training received (**mark the appropriate box**):

☐ Undergraduate (during Dental Hygiene Training) Date of Completion: \_\_\_\_\_

☐ Post Graduate (after Dental Hygiene Training) Date of Completion: \_\_\_\_\_

If nitrous oxide-oxygen analgesia training was a **POST GRADUATE** course, a certified copy of the course syllabus **MUST** accompany this application for evaluation of the course content by the Board, otherwise certification cannot be granted.

## **SIGNATURE OF APPLICANT**

I certify that the foregoing statements are true and correct and that I have successfully completed the foregoing course.

\_\_\_\_\_  
Applicant Signature

## **SUBMIT THIS APPLICATION WITH THE FOLLOWING:**

*\$25 Application Fee*

*Completed Certification of Proficiency Form*

*Certified Copy of Post-Graduate Course Syllabus, if Applicable*



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\*May also pay by check or money order

### 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 (\$1325)
<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)