



# Renewal Application Guide

---

NEVADA STATE BOARD OF DENTAL EXAMINERS

**NEVADA STATE BOARD OF DENTAL EXAMINERS**

2651 N Green Valley Parkway, Suite 104,  
Henderson, Nevada 89014

[nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov)

Phone (702) 486-7044 | (800) DDS-EXAM | Fax (702) 486-7046

# Table of Contents

<b>Renewal Application Guide Use</b> .....	<b>2</b>
<b>Renewal Pathways</b> .....	<b>2</b>
<b>Biennial Renewal Application</b> .....	<b>2</b>
Renewal Dates .....	3
Renewal Fees .....	3
License Status.....	3
Renewal Application Overview .....	4
License Type .....	4
Contact Information.....	4
Business License Reporting and Auxiliaries.....	4
CPR Certification .....	5
Continuing Education .....	5
Public Health Endorsed Hygienists .....	5
Affidavit – Active Licensees .....	5
Affidavit – Non-Active Licensees.....	7
Application Signature Validation.....	8
Payment Signature Acknowledgement .....	8
<b>Annual Renewal Application</b> .....	<b>8</b>
Renewal Dates .....	8
Renewal Fees .....	8
Renewal Application Overview.....	9
License Type .....	9
Contact Information.....	9
Business License Reporting and Auxiliaries.....	9
CPR Certification .....	9
Continuing Education .....	10
Affidavit .....	10
Application Signature Validation.....	11
Payment Signature Acknowledgement .....	11
<b>Confirmation of Renewal/Pocket Receipt</b> .....	<b>11</b>
<b>Resources</b> .....	<b>12</b>

# Renewal Application Guide Use

This renewal application guide is provided to assist you with renewing your license within the state of Nevada. Licensure in this state is governed by the Nevada State Board of Dental Examiners (the Board).

## Renewal Pathways

All licensees may renew their license by utilizing one of the below options. To be considered received on time, applications must be complete, with all questions answered accurately (no deficient or conflicting information), all required supporting documentation submitted, applicable fees paid, and a signature affixed. The application must also be received by the Board office by the end of day (11:59 PM). Postmark dates are not accepted as proof of timely receipt.

### Paper/Digital Renewal Application

Digital copies of the renewal application may be found on the Board's website: [Nevada State Board of Dental Examiners](#).

Digital/paper applications may be returned via email to [nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov) or mailed/dropped off to our address at:

**Nevada State Board of Dental Examiners**

Attention: Licensing Department  
2651 N Green Valley Pkwy Ste. 104  
Henderson, NV 89014

### Online Renewal Application

Applicants may choose to renew online through the Board's Licensee Portal: [Nevada State Board of Dental Examiners Portal](#).

The link will direct you to the **renewal portal login screen**. If you have already registered, enter your **username** (the current email on file with the Board) and password to log in.

If you have forgotten your password, select the "**Forgot Password?**" link below the password field.

If you have not yet registered, select "**Click Here to Register**" to create an account.

If you are unable to access the portal even after utilizing the "Forgot password?" and "Click here to Register" button, you may notify the Board staff by submitting a ticket request: [IT Ticket Request](#)

Please note that the online portal is maintained by a third-party vendor and Board staff are unable to expedite or directly assist with technical issues. All technical issues are reported to the vendor and addressed as they are received.

Please be aware that some login or technical issues may take several days to weeks for the vendor to investigate and resolve. If your renewal deadline is approaching, or if the issue persists for more than one (1) week, you are encouraged to use the paper/digital renewal application instead.

## Biennial Renewal Application

Biennial Licensees, Registered Dental Hygienists, may use the below information to aid them in completing their renewal application.

### Renewal Dates

- **Paper/Digital Renewals** are due by 11:59 PM Tuesday, June 30, 2026
- **Online Renewals** are due by 11:59 PM Tuesday, June 30, 2026

### Renewal Fees

Current license renewal fees are listed below:

- Dental Hygienist **Active** Renewal Fee: \$300.00 biennial
- Dental Hygienist **Inactive** Renewal Fee: \$50.00 biennial
- Dental Hygienist **Retired or Disabled** Renewal Fee \$50.00 biennial

### License Status

There are two different Biennial Renewal Applications depending on your License Status

- **Active**
- **Non-Active : Inactive, Retired/Disabled**

If you hold an Active license and wish to change your status to Inactive, Retired, or Disabled, you may do so through the online portal renewal application. To complete the status change online, select the desired license status under “Status Type” at the top of the application.

If you hold an Active license and wish to change your status to Inactive, Retired, or Disabled, you may do so by completing the Non-Active Renewal paper/digital application.

If you hold a Non-Active license (Inactive, Retired, or Disabled) and wish to change your status to Active, you **cannot** do so through the renewal process. You must renew your license at your

current status and submit a separate Reinstatement Application to reactivate your license. The Reinstatement Application is available on the Nevada State Board of Dental Examiners website.

**Please Note:** If you are changing your license status to Non-Active (Inactive, Retired, or Disabled) but held an Active license during the period of July 1, 2024, through June 30, 2026, you must still comply with the Continuing Education (CE) requirements for that period and retain your certificates for three (3) years. CE is not required once your license has transitioned to Non-Active status (effective July 1); however, it is required for any period during which your license was Active.

Please contact the Board office if you have any questions regarding these requirements.

## Renewal Application Overview

The following provides an overview of each section of the Renewal Application to assist you in completing the form.

- License Type - **This section is required**
  - Licensees must select their current license type and the applicable licensing period.  
  
For example, if your license expires on **June 30, 2026** and was active from **July 1, 2024, through June 30, 2026**, you should enter **July 1, 2024** as the start date and **June 30, 2026** as the end date.
  
- Contact Information - **This section is required**
  - Please provide your current contact information in the corresponding fields.
  
- Business License Reporting and Auxiliaries - **This section is required**
  - Select one option indicating your Business License status. If you have a Business License, the Nevada State Controller's Office requires the Board to collect and report this information regardless of whether the business is related to your dental license. You must provide the business license number, as well as the business name and address associated with that license. Please note that the business license number is not your dental license number, but the number issued by the Nevada Secretary of State.
  - If you have a Business License AND are a Dentist, you must complete the Dental Auxiliaries section below. Dental Hygienists, Dental Therapists, and EFDAs do not need to complete the Dental Auxiliaries section even if they have a Business license.
  - Those employed by the University and Community College System of Nevada must identify dental assistants they delegate these duties to pursuant to NAC 631.220 working under their supervision. Written notification from an educational

facility listing all such auxiliaries will be accepted. Please note on any paper renewal form if a letter is to be submitted or is on file with the Board office.

- CPR Certification - **This section is required**
  - Enter your most recent CPR dates and click on the box to attest to the statement. Any course of instruction taken for required CPR certification must be taught by a certified instructor (live instruction). Credits earned for CPR are specifically excluded from the number of hours of continuing education required for license renewal (Nevada Administrative Code 631.173, subsection 3). Online certification/recertification will NOT be accepted. You must retain a copy of your certification for three (3) years as it will be subject to audit pursuant to Nevada Administrative Code 631.177.
  
- Continuing Education - **This section is required**
  - Answer based on whether you have held your Nevada dental professional license for at least two (2) years.
    - Question (a) – attach Screening, Brief Intervention, and Referral to Treatment (SBIRT) certification if you have not already submitted the certification to the Board.
    - Question (b) – attach Bioterrorism certification if you have not already submitted the certification to the Board.
  - You may utilize the table to enter your hours to determine if you have met the CE requirements for your license. You are not required to complete these fields though.
  - Attest to the statement that you have met the CE requirements for your license.
  
- Public Health Endorsed Hygienists - **This section is optional**
  - Select one option indicating your Public Health Endorsed Hygienist status.
  - Indicate if you wish to renew your Public Health Endorsement.
  - If you wish to renew your Public Health Endorsement, you must provide the names of all of the programs you utilized your endorsement at during your licensure period.
  - If you supervised any dental assistants or EFDAs while utilizing your Public Health Endorsement, you must provide the names of all persons supervised while utilizing your endorsement during your licensure period.
  - A report of work completed under the Public Health Endorsement is required pursuant to NAC 631.145. Service/care reports are to be submitted by the Public Health Endorsed Program – not the licensee. Failure of the program to provide this summary may result in the endorsement lapsing. To help ensure your endorsement remains active, you are encouraged to contact your program and request that the summary be submitted in a timely manner.

➤ Affidavit – **Active Licensees** - This section is required

This section is for licensees with an Active License and are renewing their license as Active.

- **Question 1** – This question pertains to claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension/revocation/probation of a license issued by this agency or another licensing jurisdiction. If you answer ‘Yes’, be prepared to provide a written statement attached to your paper renewal or uploaded to the online portal.
- **Question 2** – This question MUST be answered even if you DO NOT HAVE CHILDREN, based on your scenario below:
  - NO Children - Answer ‘No’ and move onto Question 3.
  - HAVE Children AND DO NOT HAVE a court order for child support – Answer ‘No’ and question 2(a) should be left blank (on paper renewal).
  - HAVE Children AND HAVE a court order for child support - Answer ‘Yes’ and then answer 2(a) ‘Yes’ if you are in compliance with the court order or answer ‘No’ if you are not in compliance with the court order.
- **Question 3** – As a licensee, you will be asked if you have complied with the provisions of NRS 631 and NAC 631, which are the Nevada statutes and regulations pertaining to dentistry and dental hygiene. A ‘Yes’ answer to this question indicates you have VIOLATED a Nevada statute and/or regulations and will require you to provide a written statement attached to your renewal or uploaded to the online portal. A ‘No’ answer indicates you are compliant.
- **Question 4** – This question asks if you have any addictions which would impair your practice of dentistry/dental hygiene. A ‘Yes’ answer to this question will require you to provide a written statement attached to your paper renewal or uploaded to the online portal.
- **Question 5** – This question asks whether you use lasers in your dental professional practice.
  - I DO NOT USE Laser - Answer ‘No’ and move on Question 6.
  - I USE Laser - Answer ‘Yes’ and upload a copy of your laser certification to the renewal portal even if you have previously done so.
- **Question 6** – This question asks if you inject botox and/or dermal/soft-tissue fillers:
  - I DO NOT INJECT Botox or dermal/soft-tissue fillers – Answer ‘No’ and move onto Question 7.
  - I DO INJECT Botox or dermal/soft-tissue fillers – A ‘Yes’ answer will require you submit your certification to the Board even if you have previously done so.
- **Question 7** – If you do not hold a Nevada controlled substance permit, you will answer ‘No’ to question 7. If you DO HOLD a Nevada controlled substance permit, you will need to answer ‘Yes’ to question 7, then answer question 7(a). If

you answer 'no' to question 7(a), you will not be able to renew online (or on paper) until you have conducted the required annual self-queries.

If you answer 'Yes' to question 7(a), you must provide the remaining information requested (first report date, second report date and DEA number). One (1) report is required for each year of the renewal period. If you have only been licensed for one (1) year, you may enter the date of your query in both report date fields. Check the box for question 7(b) if you have completed the required continuing education hours in the subject of misuse and abuse of controlled substances.

If you have not completed the required continuing education and leave the box blank, you will not be able to renew online (or on paper) until you are compliant.

- **Question 8** – As a licensee, you will attest that you are aware of the requirement to report child abuse and neglect.
- **Question 9** – As a licensee, you will attest that you understand you must report unusual activity during or close in time to the delivery of services.

➤ Affidavit – **Non-Active Licensees** - This section is required

This section is for licensees with a Non-Active License status (Inactive, Retired, Disabled) and renewing their license as Non-Active.

- **Question 1** – This question pertains to claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension/revocation/probation of a license issued by this agency or another licensing jurisdiction. If you answer 'Yes', be prepared to provide a written statement attached to your paper renewal or uploaded to the online portal.
- **Question 2** – This question MUST be answered even if you DO NOT HAVE CHILDREN, based on your scenario below:
  - NO Children - Answer 'No' and move onto Question 3.
  - HAVE Children AND DO NOT HAVE a court order for child support – Answer 'No' and question 2(a) should be left blank (on paper renewal).
  - HAVE Children AND HAVE a court order for child support - Answer 'Yes' and then answer 2(a) 'Yes' if you are in compliance with the court order or answer 'No' if you are not in compliance with the court order.
- **Question 3** – As a licensee, you will be asked if you have complied with the provisions of NRS 631 and NAC 631, which are the Nevada statutes and regulations pertaining to dentistry and dental hygiene. A 'Yes' answer to this question indicates you have VIOLATED a Nevada statute and/or regulations and will require you to provide a written statement attached to your renewal or uploaded to the online portal. A 'No' answer indicates you are compliant.
- **Question 4** – This question asks whether, as part of this renewal, you are changing your license status from Active to Non-Active.

- CURRENT LICENSE STATUS IS ACTIVE - If your license status is Active at the time you complete this renewal application AND you are using this renewal to renew/change to a status other than Active (Inactive, Retired or Disabled), you must answer 'Yes' to question 4. You will be required to check a box affirming you have completed the required hours of continuing education during the time your license was Active. Once the license is renewed to the new status (Inactive, Retired or Disabled), continuing education hours are not required. The attestation box is required for the online and the paper renewal form.
  - CURRENT LICENSE STATUS IS INACTIVE, REITED OR DISABLED - If at the time you are completing this renewal application, your license status is Inactive, Retired or Disabled, you cannot change your license status back to Active. You must answer 'No' to this question so long as your license status is at a Non-Active status.
- Application Signature Validation - **This section is required**
    - You must sign this section to attest that the information provided within is truthful and accurate to the best of your ability.
  - Payment Signature Acknowledgement - **This section is required**
    - You must sign this section to acknowledge that refunds shall not be granted even if you no longer desire your license to be renewed.

## Annual Renewal Application

Annual Licensees, Limited Dental Hygienists and Restricted Dental Hygienists, may use the below information to aid them in completing their renewal application.

### Renewal Dates

Renewal Expiration dates for annual licenses will vary as it is dependent upon when a licensee receives their license. Annual licenses are valid for 365 days from the date of issuance. Please refer to your pocket card to find your expiration date or reach out to the Board by emailing [nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov) or calling 702-486-7044.

### Renewal Fees

Current license renewal fees are listed below:

- **Limited or Restricted** Dental Hygiene License Fee: \$200.00 annual

## Renewal Application Overview

The following reviews the individual sections of the Renewal Application that you may utilize when completing the renewal application.

- License Type - **This section is required**
  - Licensees must select their current license type and the applicable licensing period.  
  
For example, if your license expires on **June 17, 2026** and was active from **June 17, 2025, through June 17, 2026**, you should enter **June 17, 2025** as the start date and **June 17, 2026** as the end date.
  
- Contact Information - **This section is required**
  - Please provide your current contact information in the corresponding fields.
  
- Business License Reporting and Auxiliaries - **This section is required**
  - Select one option indicating your Business License status. If you have a Business License, the Nevada State Controller's Office requires the Board to collect and report this information regardless of whether the business is related to your dental license. You must provide the business license number, as well as the business name and address associated with that license. Please note that the business license number is not your dental license number, but the number issued by the Nevada Secretary of State.
  - If you have a Business License AND are a Dentist, you must complete the Dental Auxiliaries section below. Dental Hygienists, Dental Therapists, and EFDAs do not need to complete the Dental Auxiliaries section even if they have a Business license.
  - Those employed by the University and Community College System of Nevada must identify dental assistants they delegate these duties to pursuant to NAC 631.220 working under their supervision. Written notification from an educational facility listing all such auxiliaries will be accepted. Please note on any paper renewal form if a letter is to be submitted or is on file with the Board office.
  
- CPR Certification - **This section is required**
  - Enter your most recent CPR dates and click on the box to attest to the statement. Any course of instruction taken for required CPR certification must be taught by a certified instructor (live instruction). Credits earned for CPR are specifically excluded from the number of hours of continuing education required for license renewal (Nevada Administrative Code 631.173, subsection 3). Online certification/recertification will NOT be accepted. You must retain a copy of your certification for three (3) years as it will be subject to audit pursuant to Nevada Administrative Code 631.177.

- Continuing Education - **This section is required**
  - Answer based on whether you have held your Nevada dental professional license for at least two (2) years.
    - Question (a) – attach Screening, Brief Intervention, and Referral to Treatment (SBIRT) certification if you have not already submitted the certification to the Board.
    - Question (b) – attach Bioterrorism certification if you have not already submitted the certification to the Board.
  - You may utilize the table to enter your hours to determine if you have met the CE requirements for your license. You are not required to complete these fields though.
  - Attest to the statement that you have met the CE requirements for your license.
  
- Affidavit - **This section is required**
  - **Question 1** – This question pertains to claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension/revocation/probation of a license issued by this agency or another licensing jurisdiction. If you answer ‘Yes’, be prepared to provide a written statement attached to your paper renewal or uploaded to the online portal.
  - **Question 2** – This question MUST be answered even if you DO NOT HAVE CHILDREN, based on your scenario below:
    - NO Children - Answer ‘No’ and move onto Question 3.
    - HAVE Children AND DO NOT HAVE a court order for child support – Answer ‘No’ and question 2(a) should be left blank (on paper renewal).
    - HAVE Children AND HAVE a court order for child support - Answer ‘Yes’ and then answer 2(a) ‘Yes’ if you are in compliance with the court order or answer ‘No’ if you are not in compliance with the court order.
  - **Question 3** – As a licensee, you will be asked if you have complied with the provisions of NRS 631 and NAC 631, which are the Nevada statutes and regulations pertaining to dentistry and dental hygiene. A ‘Yes’ answer to this question indicates you have VIOLATED a Nevada statute and/or regulations and will require you to provide a written statement attached to your renewal or uploaded to the online portal. A ‘No’ answer indicates you are compliant.
  - **Question 4** – This question asks if you have any addictions which would impair your practice of dentistry/dental hygiene. A ‘Yes’ answer to this question will require you to provide a written statement attached to your paper renewal or uploaded to the online portal.
  - **Question 5** – This question asks whether you use lasers in your dental professional practice.
    - I DO NOT USE Laser - Answer ‘No’ and move on Question 6.
    - I USE Laser - Answer ‘Yes’ and upload a copy of your laser certification to the renewal portal even if you have previously done so.

- **Question 6** – This question asks if you inject botox and/or dermal/soft-tissue fillers:
  - I DO NOT INJECT Botox or dermal/soft-tissue fillers – Answer ‘No’ and move onto Question 7.
  - I DO INJECT Botox or dermal/soft-tissue fillers – A ‘Yes’ answer will require you submit your certification to the Board even if you have previously done so.
- **Question 7** – If you do not hold a Nevada controlled substance permit, you will answer ‘No’ to question 7. If you DO HOLD a Nevada controlled substance permit, you will need to answer ‘Yes’ to question 7, then answer question 7(a). If you answer ‘no’ to question 7(a), you will not be able to renew online (or on paper) until you have conducted the required annual self-queries.

If you answer ‘Yes’ to question 7(a), you must provide the remaining information requested (first report date, second report date and DEA number). One (1) report is required for each year of the renewal period. If you have only been licensed for one (1) year, you may enter the date of your query in both report date fields. Check the box for question 7(b) if you have completed the required continuing education hours in the subject of misuse and abuse of controlled substances.

If you have not completed the required continuing education and leave the box blank, you will not be able to renew online (or on paper) until you are compliant.

- **Question 8** – As a licensee, you will attest that you are aware of the requirement to report child abuse and neglect.
  - **Question 9** – As a licensee, you will attest that you understand you must report unusual activity during or close in time to the delivery of services.
- Application Signature Validation - **This section is required**
    - You must sign this section to attest that the information provided within is truthful and accurate to the best of your ability.
  - Payment Signature Acknowledgement - **This section is required**
    - You must sign this section to acknowledge that refunds shall not be granted even if you no longer desire your license to be renewed.

## Confirmation of Renewal/Pocket Receipt

Once all requirements are complete, you will receive an email confirming your successful renewal and you will be issued a digital POCKET RECEIPT/CARD. This card is not sent by mail; the digital copy is the only copy you will receive.

The title of the email that is sent to you will have the subject title 'License Renewal Approval' and the pocket receipt/card will be attached as a PDF. Be sure to check your 'Junk' or 'Spam' folders for the payment receipt and confirmation of renewal emails.

## Resources

If you have any questions, please contact the Board at:

**Nevada State Board of Dental Examiners**

2651 N Green Valley Pkwy Ste. 104

Henderson, NV 89014

Email: [nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov)

Phone Number:702-486-7044