



# NEVADA STATE BOARD OF DENTAL EXAMINERS

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## DENTIST AND LIMITED LICENSE RENEWAL INSTRUCTIONS SHEET

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## I. Introduction

Please utilize this guide to complete renewal applications for the Nevada State Board of Dental Examiners (NSBDE).

Please note online renewal is now available to DENTAL LICENSEES (including Active, Inactive, Retired, Disabled, Limited Licensees) who were licensed BEFORE January 1, 2023. If you were licensed after January 1, 2023, you must submit a paper renewal application.

Paper renewal applications may be downloaded from the Board's website <https://dental.nv.gov/> (Nevada State Board of Dental Examiners).

## II. 2025 Due Dates

PAPER RENEWALS	
Due Date:	11:59 PM MONDAY, <b>JUNE 30, 2025</b>
To be deemed received on time, the paper form must be complete, all questions answered correctly (no deficient or conflicting information), supporting documentation submitted if applicable, fees paid, signature affixed and physically received in the Board office. <u>Renewal applications must be postmarked by or before the license expiration date.</u>	

ONLINE RENEWALS	
Due Date:	11:59 PM MONDAY, <b>JUNE 30, 2025</b>
To be deemed received on time, the online renewal process must be complete prior to the deadline.	

**If applications are postmarked or received after 7/1/2025, a \$300.00 suspended license fee will be assessed to your license in addition to your renewal fees.**

## III. Fees

BIENNIAL RENEWAL FEES			
<b>IF YOU ARE RENEWING YOUR APPLICATION PAST THE DATE AS REQUIRED PER NRS 631.330 YOU SHALL BE ASSESSED A SUSPENDED LICENSE FEE <u>IN ADDITION</u> TO YOUR RENEWAL FEE</b>			
<b>DENTIST</b>			
<input type="checkbox"/> General Dentist	\$600.00	<input type="checkbox"/> Specialty Dentist	\$600.00
<input type="checkbox"/> Restricted Geographical Dentist	\$600.00		
<input type="checkbox"/> Inactive General Dentist	\$200.00	<input type="checkbox"/> Retired/Disabled Dentist	\$50.00
<b>DENTAL HYGIENIST</b>			
<input type="checkbox"/> Registered Dental Hygienist	\$300.00	<input type="checkbox"/> Restricted Geographical	\$300.00
<input type="checkbox"/> Inactive Registered Dental Hygienist	\$50.00	<input type="checkbox"/> Retired/Disabled Dental Hygienist	\$50.00
<b>DENTAL THERAPIST</b>			
<input type="checkbox"/> Dental Therapist	\$600.00	<input type="checkbox"/> Restricted Geographical	\$600.00

<input type="checkbox"/> Inactive Dental Therapist	\$50.00	<input type="checkbox"/> Retired/Disabled Dental Therapist	\$50.00
<b>EXPANDED FUNCTION DENTAL ASSISTANT</b>			
<input type="checkbox"/> EFDA	\$600.00	<input type="checkbox"/> Restricted Geographical	\$600.00
<input type="checkbox"/> Inactive EFDA	\$50.00	<input type="checkbox"/> Retired/Disabled EFDA	\$50.00
<b>ADDITIONAL FEES</b>			
<input type="checkbox"/> Reinstatement Fee	\$300.00	<input type="checkbox"/> Revoked Reinstatement Fee	\$500.00
<input type="checkbox"/> <b>Suspended License</b>	<b>\$300.00</b>		
<b>OPTIONAL REQUEST FEES</b>			
<input type="checkbox"/> Duplicate Wall Cert	\$25.00	Quantity: _____	<input type="checkbox"/> Name Change
			\$25.00

<b>ANNUAL RENEWAL FEES</b>			
<b>IF YOU ARE RENEWING YOUR APPLICATION PAST THE DATE AS REQUIRED PER NRS 631.271 YOU SHALL BE ASSESSED A SUSPENDED LICENSE FEE <u>IN ADDITION</u> TO YOUR RENEWAL FEE</b>			
<b>DENTIST</b>			
<input type="checkbox"/> Limited License Dentist	\$200.00	<input type="checkbox"/> Restricted License	\$100.00
<input type="checkbox"/> Inactive General Dentist	\$200.00	<input type="checkbox"/> Retired/Disabled Dentist	\$50.00
<b>DENTAL HYGIENIST</b>			
<input type="checkbox"/> Limited License	\$200.00		
<input type="checkbox"/> Inactive Registered Dental Hygienist	\$50.00	<input type="checkbox"/> Retired/Disabled Dental Hygienist	\$50.00
<b>DENTAL THERAPIST</b>			
<input type="checkbox"/> Limited License	\$200.00		
<input type="checkbox"/> Inactive Dental Therapist	\$50.00	<input type="checkbox"/> Retired/Disabled Dental Therapist	\$50.00
<b>EXPANDED FUNCTION DENTAL ASSISTANT</b>			
<input type="checkbox"/> Limited License	\$200.00		
<input type="checkbox"/> Inactive EFDA	\$50.00	<input type="checkbox"/> Retired/Disabled EFDA	\$50.00
<input type="checkbox"/> Reinstatement Fee	\$300.00	<input type="checkbox"/> Revoked Reinstatement Fee	\$500.00
<input type="checkbox"/> <b>Suspended License</b>	<b>\$300.00</b>		
<b>OPTIONAL REQUEST FEES</b>			
<input type="checkbox"/> Duplicate Wall Cert	\$25.00	Quantity: _____	<input type="checkbox"/> Name Change
			\$25.00

#### IV. Payments

Payment MUST BE remitted at the time of renewal.

For PAPER RENEWALS, applicants will indicate what fees they are paying for via the payment authorization form. Applicants may utilize credit/debit cards or check/money order to make payments. Acceptable card brands are: Discover, MasterCard or Visa.

For ONLINE RENEWALS, fees will automatically append to your account upon the selection of the desired status type and MUST be paid via credit/debit card. Acceptable card brands are: Discover, MasterCard or Visa.

## **V. Paper Renewals**

Visit the Board's website (Nevada State Board of Dental Examiners) to access renewal forms. Please refer to the following sections to determine which sections of the renewal form (digital and paper) must be completed.

## **VI. Online Renewals**

When accessing the Board's website (Nevada State Board of Dental Examiners), select '2025 Dental License Renewal'. On the screen titled '2025 Dental License Renewal', click on the link titled 'Click here to access the online renewal portal'. The system will direct you to the renewal portal log-in screen. If you have completed a past renewal online, you will need to have access to your username and password you used previously. Enter your username (email) and password to log-in to your account.

## **VII. License Status**

### **7.A Active Status**

If you are renewing an ACTIVE status, you are required to complete ALL SECTIONS of the renewal form including, Nevada Business License, CPR Certification, Continuing Education, Dental Auxiliaries (all dentists, specialists, and limited licensed dentists) and Affidavit.

You are required to renew your Administering Permit and/or Site Permit at the same time you renew your active dental license. To renew your Administering Permit and/or Site Permit, complete the Anesthesia Application alongside your renewal application.

Once your ACTIVE dental license and administering and/or site permit(s) are successfully renewed, your new permit certificate(s) with extended validity dates will be issued.

### **7.B Inactive, Retired, or Disabled**

If you are renewing an INACTIVE, RETIRED or DISABLED status, you are required to complete ALL SECTIONS of the renewal form including, Nevada Business License and Affidavit.

### **7.C Status Change**

ACTIVE ➡ INACTIVE, RETIRED or DISABLED

If you currently hold an ACTIVE license, and wish to change your licensure status to INACTIVE, RETIRED or DISABLED you may proceed with your renewal through the

ONLINE RENEWAL PORTAL or through the renewal form. If you are using the ONLINE RENEWAL PORTAL, please select the desired status change when prompted for the “status type”.

In addition, you must comply with the CE requirement and retain your certificates for 3 years after each renewal deadline. Continuing education hours are not required once your license status has changed to inactive, retired, or disabled status (effective July 1st), but are required for the period you held the active license. Please contact the Board office if you have questions regarding this statutory requirement.

INACTIVE, RETIRED or DISABLED ➡ ACTIVE

However, if you currently hold an INACTIVE, RETIRED or DISABLED license status and wish to change your status to ACTIVE, you CANNOT change your licensure status through the renewal process. You will need to renew at your current status (inactive, retired or disabled) AND complete the License Status Change application. The License Status Change application may be downloaded from the Board’s website at Nevada State Board of Dental Examiners.

## VIII. Renewal Application Instructions

### 8.A Licensing

This section MUST BE COMPLETED by ALL applicants. You must select the type of license you are applying for.

- If your license is at an ACTIVE status, you must provide the most recent date of activation.
- If your license is INACTIVE, RETIRED or DISABLED, provide your current license status.

### 8.B Contact Information – Addresses

This section MUST BE COMPLETED by ALL applicants. You are required to update your current addresses pursuant to NAC 631.150.

If you are using the ONLINE RENEWAL PORTAL your current home address is pre-populated. Changes that need to be made (new address, phone number, etc.) may be updated directly over the incorrect information. The system will save the updated information at the time the renewal is processed. Your current office addresses will appear in a table. Whether you have one (1) or multiple practice locations, the system will require you to select one (1) of the locations as a PRIMARY office address by selecting the check box. Once all addresses are correct/current, the system will require you to select whether you want your residence address or primary office address as your mailing address by selecting the check box.

Alternatively, applicants may also complete the Address Change Form.

### 8.C Nevada Business License

This section MUST BE COMPLETED by ALL applicants, regardless of whether you hold a Nevada business license. The Nevada State Controller's Office requires the Nevada State Board of Dental Examiners to collect and report business license information. Select the applicable answer to your situation.

If you hold a Nevada business license, you are required to submit the business license number, the business name and address assigned to that specific business license. The business license number is NOT your dental license number. It is the business license number assigned to you by the Secretary of State.

### 8.D CPR Certification

This section MUST BE COMPLETED by ACTIVE renewal applicants. You will need to enter valid beginning and expiration dates of current CPR certification. **You will not be able to complete the renewal process without valid certification.** 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.

### 8.E Continuing Education

This section MUST BE COMPLETED by ACTIVE renewal applicants. All ACTIVE renewal applicants MUST complete the following:

- **BIO-TERRORISM COURSE:** ALL licensees MUST complete the state-mandated bioterrorism course within two (2) years of initial licensure. This course is part of your continuing education requirement.
- **CONTINUING EDUCATION ATTESTATION:** Regardless of a BIENNIAL OR ANNUAL renewal method, you will be required to attest you have completed the required number of hours of continuing education for your license type.

Pursuant to Nevada Administrative Code 631.177(2), CE certificates must be maintained by the licensee for three (3) years and are subject to audit.

### For Biennial License Renewals ONLY

Completion of forty (40) hours during the period of July 1, 2023, through June 30, 2025; four (4) hours of which must be in the subject of Infection Control. For licensees who hold a Nevada controlled substance permit (DEA), two (2) of the continuing education hours must be in the subject of misuse and abuse of controlled substances, the prescribing of opioids or addiction. If

you hold an Anesthesia administration permit, please be aware you are required to submit (6) six anesthesia continuing education units.

#### **For Annual License Renewals (Limited Licenses) ONLY**

Completion of twenty (20) hours during the year you held an active license; two (2) hours of which must be in the subject of Infection Control. For dental limited license holders who hold a Nevada controlled substance permit, you are required to complete two (2) hours of training in the misuse and abuse of controlled substances, the prescribing of opioids and addiction.

#### **8.F Dental Auxiliaries**

This section MUST BE COMPLETED by ACTIVE renewal applicants. Pursuant to NAC 631.260, each licensee who employs any person, other than a dentist(s) or dental hygienist(s), to assist him or her with radiographic procedures shall include with his or her application for renewal, a certified statement containing the name of each person so employed, his or her position and the date he or she began to assist.

Further, each licensee shall attest that each employee has received the following:

1. Adequate instruction concerning radiographic procedures and is qualified to operate radiographic equipment as required pursuant to subsection 3 of NAC 459.5 52 H;
2. Training in cardiopulmonary resuscitation at least every 2 years while so employed;
3. A minimum of 4 hours of continuing education in infection control every 2 years while so employed; &
4. Before beginning such employment, a copy of this chapter and chapter 631 of NRS in paper or electronic format

Regardless of the renewal method you choose (online/paper), you will need the following information for reporting/certifying each auxiliary staff member who assists with the above-mentioned procedures:

- Employee Name
- Title
- Date Began Assisting

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.

## 8.G Public Health (for Public Health Dental Hygienists ONLY)

This section should ONLY be completed by Dental Hygienists applying for a Public Health Endorsement (PHE). If you are a Dental Hygienist and you are applying for a Public Health Endorsement, this section MUST BE COMPLETED.

If you are NOT a Dental Hygienist DO NOT COMPLETE this section.

If you are a Dental Hygienist and are NOT applying for a Public Health Endorsement, DO NOT COMPLETE this section.

The expiration date of your PHE coincides with the expiration date of your hygiene license. You must indicate whether you wish to renew the PHE by checking the appropriate check box.

**Regardless of whether you renew or not, you are required to report the total number of each procedure provided/completed through your PHE.** Enter the number of each procedure completed on the corresponding line/field. This number should be the sum of all like-procedures completed through all programs which you provide public health dental hygiene services. If you did not provide a particular service/procedure, enter the number zero -0- on the corresponding line/field.

In addition, PHE holders must certify that all persons they supervise, except other licensed dental hygienists, to assist in radiographic and infection control procedures, are qualified to assist in such procedures. Regardless of the renewal method you choose (online/paper), you will need the following information for reporting/certifying each auxiliary staff member who assists with radiographic and infection control procedures:

- Employee Name
- Title
- Date Began Assisting

You will also need to check the box attesting to holding current malpractice insurance coverage for services performed through all public health programs.

## 8.H Affidavits

### 8.H.1 Active Status Dates

This section **MUST BE COMPLETED** by **ACTIVE** renewal applicants. Provide the active dates for your license to attest to the questions below it in the affidavit section.

If you are INACTIVE, RETIRED or DISABLED this section will not be on your application.



### **8.H.2 Claims/Complaints/Convictions/Suspension/Revocation/Probations**

This section MUST BE COMPLETED by ALL applicants. 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.

- A 'No' answer indicates that you have no claims, malpractice complaints, felonies, misdemeanor convictions, or suspension/revocation/probation of a license against you
- A 'Yes' answer indicates you have at least one (1) or more claims, malpractice complaints, felonies, misdemeanor convictions, or suspension/revocation/probation of a license against you. If yes, provide a written statement attached and attach official documentation to your paper renewal or uploaded to the online portal.

### **8.H.3 Child Support**

This section MUST BE COMPLETED by ALL applicants. This question MUST be answered even if you DO NOT HAVE CHILDREN.

- If you have zero (0) children:
  - Answer 'No' and question (a) should be left blank
- If you have one (1) or more children and DO NOT have a court order for child support:
  - Answer 'No' and question (a) should be left blank
- If you have one (1) or more children AND HAVE at least one (1) or more court order(s) for child support:
  - Answer 'Yes' and proceed to answer (a)
    - If you are in compliance with the ALL child support court order(s), answer 'Yes' to (a)
    - If you are NOT in compliance with one (1) or more child support court orders, answer 'No' to (a). Provide a written statement and attach official documentation to your paper renewal or upload them to the online portal

### **8.H.4 NRS 631 and NAC 631 Compliance**

This section MUST BE COMPLETED by ALL applicants. 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 are compliant with the Nevada statutes and regulations
- A 'No' answer indicates you are NOT compliant and will require you to provide a written statement attached to your paper renewal or uploaded to the online portal

### **8.H.5 Addictions**

This section MUST BE COMPLETED by ACTIVE renewal applicants. 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.
- A 'No' answer indicates you do not have any addictions that would impair your practice of dentistry/dental hygiene.

If you are **INACTIVE, RETIRED** or **DISABLED** this section will not be on your application.

### **8.H.6 Laser Radiation**

This section MUST BE COMPLETED by ACTIVE renewal applicants.

- If you **DO NOT USE** Laser(s):
  - Answer 'No' and question (a) should be left blank
- If you **USE** Laser(s) **AND** have previously provided certification to the Board:
  - Answer 'Yes' to question 5 and proceed to question (a).
    - Answer 'Yes' if the appropriate certification is on file with the Board office; question (a) may automatically be selected on the renewal portal
- If you **USE** Laser(s) **AND HAVE NOT** previously submitted certification to the Board:
  - Answer 'Yes' to this question and proceed to question (a)
    - Answer 'No' to question (a). Provide a written statement with your paper renewal or uploaded to the online portal.

If you are **INACTIVE, RETIRED** or **DISABLED** this section will not be on your application.

### **8.H.7 Neuromodulator Injections**

This section MUST BE COMPLETED by ACTIVE renewal applicants.

- If you **DO NOT INJECT** Botox or dermal/soft-tissue fillers:
  - Answer 'No' and question (a) should be left blank
- If you **DO INJECT** Botox or dermal/soft-tissue fillers:
  - Answer 'Yes' and proceed to question (a)
    - A 'Yes' answer to question (a) will require you to provide your certificate to your paper renewal or uploaded to the online portal

- A ‘No’ answer to question (a) necessitates that the applicant MUST NOT administer injectables until they have filed certification with the NSBDE

If you are INACTIVE, RETIRED or DISABLED this section will not be on your application.

#### **8.H.8 Mandated Reporter**

This section MUST BE COMPLETED by ACTIVE renewal applicants. As a licensee, you will be asked if you are aware of the requirement to report child abuse and neglect.

If you are INACTIVE, RETIRED or DISABLED this section will not be on your application.

#### **8.H.9 Anomalous Occurrence**

This section MUST BE COMPLETED by ACTIVE renewal applicants. If you experience dental anomalies in your practice, you MUST report them to the NSBDE in writing.

If you are INACTIVE, RETIRED or DISABLED this section will not be on your application.

#### **8.H.10 Controlled Substance Permit**

This section MUST BE COMPLETED by ACTIVE renewal applicants.

- If you DO NOT hold a Nevada controlled substance permit:
  - Answer ‘No’ and questions (a) and (b) should be left blank
- If you DO HOLD a Nevada controlled substance permit:
  - Answer ‘Yes’ and proceed to question (a).
    - If you answer ‘No’ to question (a), you will not be able to renew online (or on paper) until you have conducted the required Prescription Monitoring Program (PMP) annual self-queries. Applicants may go to <https://bop.nv.gov/links/PMP/> for more information on how to complete this self-query.
    - If you answer ‘Yes’ to question (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.
    - If you answer ‘Yes’ to question (a), check the box for question (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.

If you are INACTIVE, RETIRED or DISABLED this section will not be on your application.

#### **8.H.11 Active License Status Change**

This section is ONLY on the INACTIVE/RETIRED/DISABLED application. This section should be COMPLETED IF the renewal applicant meets one (1) of the following requirements:

- If an ACTIVE licensee wants to renew their license AND change their status to INACTIVE, RETIRED or DISABLED
  - Answer 'Yes' to this question
- If an INACTIVE, RETIRED or DISABLED licensee is renewing their INACTIVE, RETIRED or DISABLED license status
  - Answer 'No' to this question

If you are using the ACTIVE LICENSE RENEWAL FORM (BIENNIAL) this section will not be on your application.

### **IX. Confirmation of Renewal/Pocket Receipt**

Once all requirements are complete, you will receive a digital POCKET RECEIPT/CARD via email. This card is no longer sent by mail. The digital copy is the only copy you will receive. The title of the email that is sent to you is '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.

### **X. Board Contact Information**

If you have any questions related to the process that are not answered within this document, you may contact an employee with the NSBDE through the following means:

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

Phone: 702-486-7044

In-Person Appointment: 2651 N Green Valley Pkwy, Ste 104, Henderson, NV 89014