



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

APPLICATION FOR SITE PERMIT FOR PEDIATRIC MODERATE SEDATION

(Mark an "X" on the type of pediatric moderate sedation the administrator permits holds)

The administrator holds a Pediatric Moderate Sedation permit for General Anesthesia: _____

The administrator holds a Pediatric Moderate Sedation Permit for Pediatric Specialty: _____

NAME OF OWNER/LICENSEE: _____ LICENSE NO: _____

SITE NAME & LOCATION ADDRESS: _____

SITE PHONE NUMBER: (_____) _____ SITE FAX NUMBER: (_____) _____

Do you hold a Pediatric Moderate Sedation Administration Permit? YES _____ NO _____

ANY SPECIFIC DAY YOU PREFER TO BE SCHEDULED FOR THE INSPECTION: _____

I hereby acknowledge, I must only allow administration of pediatric moderate sedation to patients who are 12 years of age or younger unless the Board has issued this location a separate moderate sedation site permit for the administration of moderate sedation to patients 13 years of age or older or this site permit is issued to a Pediatric Specialty dentist who holds a Pediatric Specialty Moderate Sedation Permit.

I must always maintain at the above location the require emergency drugs, equipment, and records of patients pursuant to NAC 631.2227, NAC 631.2229, and NAC 631.2231.

*I further acknowledge I will be present at the scheduled pediatric moderate sedation site inspection. If I am unavailable to be present at the site inspection, I will arrange to have the person identified as the licensee administering the **PEDIATRIC MODERATE SEDATION** be present in my absence.*

I hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of OWNER/LICENSEE

Date

NOTE: Please return this form and payment of \$500.00 for the site inspection/application fee.



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

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