



# 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

## CREDIT CARD

## AUTHORIZATION FORM

<b>Name of Person Requesting:</b>		<b>Mailing Address (where to mail document requested):</b>	
<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> _____

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 &amp; specialty license concurrently, application fee will be \$1325)</i>	

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)	

Dental Anesthesia Permit Fees	
<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)	

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)	

<b>Renewal:</b> \$ _____   Permit No.: _____
(choose one): <input type="checkbox"/> General Anesthesia   <input type="checkbox"/> Moderate Sedation
<input type="checkbox"/> Site Permit

Reinstatement of License Fees	
<input type="checkbox"/> Suspended (\$300)   <input type="checkbox"/> Revoked (\$500)	

<b>Permit Re-Inspection:</b> \$ _____
(choose one): <input type="checkbox"/> Administration Permit Re-inspection (\$500)
<input type="checkbox"/> Site Permit Re-inspection (\$350)

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="checkbox"/> GA Admin. Permit No.: _____	
<input type="checkbox"/> Mod. Sedation Admin. Permit No.: _____	
<input type="checkbox"/> Peds Mod. Sed Admin. Permit No.: _____	
<input type="checkbox"/> Site Permit No.: _____	

Infection Control Inspection Fee	
<input type="checkbox"/> Initial Infection Control Inspection (\$250)	

<b>Other:</b> _____
_____
_____

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 <sup>st</sup> Hour = \$150 / each additional hour = \$50)	
Total Hours: _____ Total Fee: \$ _____	

<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)