

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

NOTIFICATION OF NAME CHANGE

to practice dentistry/dental hygiene (circle one) in the state of Nevada and hold license number I have I have assumed the name of, based on the, based on the	l,			hereby certify I am cu	rrently licensed
issued under the name of	Last Name	First	Middle		·
assumed the name of	to practice dentistry/den	tal hygiene (circle one	e) in the state of	Nevada and hold license	number
assumed the name of	issued under the name of	f			I have
following (check one): Court Order Dissolution of Marriage* Marriage Certificate Naturalization Other (specify) Signature Date		Last Name	First	Middle	
following (check one): Court Order Dissolution of Marriage* Marriage Certificate Naturalization Other (specify) Signature Date	assumed the name of				, based on the
Dissolution of Marriage* Marriage Certificate Naturalization Other (specify) Date		Last Name	First	Middle	
Marriage Certificate Naturalization Other (specify) Signature	following (check one):	Court Order			
Naturalization		☐ Dissolution of M	larriage*		
Other (specify) Signature Date		Marriage Certificate			
Signature Date		Naturalization			
Signature Date		Other			
			(specify)		
Current Mailing Address	Signature			Date	
Current Mailing Address					
	Current Mailing Address				
	J				
Current Phone	Current Phone				
	Fmail				

The following information and documentation must be received in the Board office prior to recognition of name change:

- 1. Completed and signed Notification of Name Change form
- 2. Copy of legal document allowing the name change (i.e., marriage certificate, court order, divorce decree, etc.). If providing a copy of a divorce decree, the only pages required for submission are the first page (showing the names of the Petitioner/Defendant) and the page outlining the name change.
- 3. Non-refundable fee in the amount of \$25 for a new wall certificate