



Nevada State Board of Dental Examiners

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NOTIFICATION OF NAME CHANGE

I, _____ hereby certify I am currently licensed
Last Name First Middle
to practice dentistry/dental hygiene (circle one) in the state of Nevada and hold license number _____,

issued under the name of _____ . I have
Last Name First Middle

assumed the name of _____, based on the
Last Name First Middle

- following (check one):
- Court Order
 - Dissolution of Marriage*
 - Marriage Certificate
 - Naturalization
 - Other _____
(specify)

Signature _____ Date _____

Current Mailing Address _____

Current Phone _____

Email _____

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