



# 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

## 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: Home: \_\_\_\_\_ / Cell: \_\_\_\_\_

**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