

Nevada State Board of Dental Examiners



2651 N Green Valley Parkway, Ste.104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

Notification of Additional Program through Special Health Endorsement

Licensee Name: _____ License No: _____

Licensee's Mailing Address: _____

Do you have a current special health endorsement? Yes _____ No _____

Name of Additional Program: _____

Address for Additional Program: _____

Telephone Number for Additional Program: _____

Name of Program Director: _____

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****Please note**** You may only provide public health dental hygiene after receiving a special health endorsement approved by the Board, and you may only provide these services at the following: Board approved programs, health care facility, health facility and schools pursuant to NAC 631.210(7). Please verify with the Board office regarding Board approved programs.

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For Office Use:

Verify Program/Facility: _____

Date Licensee's additional program information was updated: _____ by _____