



Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: _____ License No: _____
Address: _____ Home Phone: _____
City, State & Zip Code: _____
E-mail: _____ Work Phone: _____
Agency Affiliation for Endorsement: _____ Agency Phone: _____
Agency Address: _____
Dental Hygiene Education Institution: _____
Year of Graduation: _____ Degree Received: _____

Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.

Previous Public Health Dental Hygiene Endorsements: _____

Please sign and have notarized:

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSHA guidelines, and maintain malpractice insurance during my endorsement.

Signature: _____ **Date:** _____

(seal) **Notary:** _____ **Date:** _____

Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

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