



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

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: _____ License No: _____

Address: _____

City, State, Zip Code: _____ Home Phone: _____

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, timeline, 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: _____

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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