



Nevada State Board of Dental Examiners
 6010 S. Rainbow Blvd., Bldg A, Ste. 1 • Las Vegas, NV 89118
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

EXAM / LICENSE VERIFICATION ORDER FORM

Name of Person Requesting: _____

Contact Telephone Number: _____

Mailing address to which the document is to be sent:

Entity / Office / Individual Name: _____

Street Address: _____

City, State and Zip Code: _____

LICENSE TYPE: **Dentist - License No:** _____

Dental Hygienist - License No: _____

VERIFICATION TYPE: **License Verification (including applicable permits) - \$25.00***

Nevada Clinical Examination Verification - \$25.00*

(If examination and license verifications are requested together, the total fee is \$25 for both verifications)

Make note on line below of special Instructions for returning document (if any):

Payment Method:

Check / Money Order

Order Total: \$_____

Credit Card - MasterCard / Visa / Discover

Order Total: \$_____

Name on Credit Card: _____

Card Number: _____ - _____ - _____ - _____

Exp. Date: _____ / _____ Security Code: _____

Credit Card Billing Address: _____

City, State and Zip Code: _____

Purchasers Signature: _____

Date: _____

Request forms are accepted:

By mail to the address at the top of the page, by fax to (702) 486-7046 or email PDF to nsbde@nsbde.nv.gov