

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

STATEMENT of SUPERVISING DENTIST for TEMPORARY DENTAL LICENSE APPLICANT

I,	, (hereinafter referred to as "Dentist") am aware	
that	, (hereinafter referred to as "Applicant") has applied to	
the Nevada State Board o	of Dental Examiners (hereinafter referred to as "NSBDE") for a Temporary	
Dental License pursuant to the NSBDE's Memorandum dated July 14, 2020 (hereinafter referred to as		
"the Memorandum"). I a	nm further aware that Applicant has informed NSBDE on said Application that	
Dentist has agreed to pro	wide direct supervision to Applicant during any time Applicant practices	
under a temporary dentist license. Dentist hereby agrees to be provide direct supervision to and of the		
Applicant for and during	all times the Applicant is practicing dentistry under any Temporary Dental	
License issued to Applica	ant by NSBDE. Dentist certifies and affirms that Dentist is a currently licensed	
Nevada dentist in good s	tanding with no less than five years' experience as a licensed dentist.	

Dentist states that Dentist has read and is familiar with all the terms and provisions of the Memorandum. Dentist states that Dentist has also read and is familiar with NRS 631.105 which defines "supervision by a dentist" to mean that a dentist is physically present in the office where the procedures being performed by Applicant while these procedures are being performed by Applicant; and that the dentist is capable of responding immediately if any emergency should arise.

Dentist states and agrees that Dentist will immediately notify NSBDE in writing at the above address or any other address designated by NSBDE that Dentist will no longer provide direct supervision to Applicant. Dentist further agrees and states that Dentist will immediately notify NSBDE in writing at the above address or at any other address designated by NSBDE that Applicant is no longer employed by Dentist or by Dentist's employer. Dentist further states and agrees that Dentist will immediately notify NSBDE in writing at the above address or any other address designated by NSBDE that Applicant has endangered the health and/or safety of any patient or that Applicant has violated any provision(s) of NRS 631 or NAC 631. The word "immediately" as used in this paragraph is defined to mean within seventy-two (72) hours of the act, event, incidence, or occurrence that Dentist is required to report to NSBDE.

Dentist agrees to provide direct supervis	sion to Applicant at the following dental office
location(s) in the state of Nevada (must provide	the office name, physical address, city, state, zip and
telephone number for each location. Attach add	litional page if additional space is needed):
Dontist states that the above Statement	of Supervising Dentist for Temporary Dental License
	t Dentist is aware that NSBDE is relying upon Dentist's
statements and representations contained herein	, , ,
statements and representations contained herein	ı.
	Printed Name of Dentist
	Signature of Dentist
State of)) ss:	
County of)	
,	
Signed and sworn to (or affirmed) before me by	(Name of Dentist)
on, 2020.	(Name of Dentist)
(Date)	
Not	tary Public
My	Commission Expires: