

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 TEMPORARY DENTAL LICENSE APPLICANT

I,	, hereby apply for a temporary dental license pursuant to
	emorandum dated July 14, 2020. I have been unable to take and
	ense requirements set forth in said Memorandum. I understand lys after the Governor rescinds the declared state of emergency
licensed dentist with no less than five years' $\boldsymbol{\varepsilon}$, DDS/DMD, is currently a Nevada- experience as a licensed dentist and said doctor has agreed to me I practice under a temporary dentist license. Said doctor is ddress:
Office Name:	
Street Address:	
City / State / Zip:	
Office Telephone:	
	scheduled dental clinical examination. The exam name (ADEX scheduled dental clinical examination is as follows: Printed Name of Applicant
	Signature of Applicant
State of)) ss: County of)	
Signed and sworn to (or affirmed) before me by	
on, 2020. (Date)	(Name of Applicant)
	Notary Public
	My Commission Expires: