NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
nsbde@dental.nv.gov
Phone (702) 486-7044 | (800) DDS-EXAM | Fax (702) 486-7046

Wall Certificate Request Form

To ensure your certificate is sent to your preferred address and that the Board has your most current contact information, complete and return the *Wall Certificate Request Form* by email, mail, or fax. Duplicate certificates may be ordered. Your wall certificate will be mailed within 2–14 business days or can be picked up in person.

NAME_____ License No _____

PRIMARY OFFICE Name _____

Street Address _____

City/State/Zip _____

Office Phone _____ Office Fax _____

[ ] Correspondence Address – PUBLIC RECORD

ADDITIONAL OFFICE Name (including out of state offices) _____

Address _____

City/State/Zip _____

Office Phone _____ Office Fax _____

***HOME Address**_____

*City/State/Zip _____ *Home Phone _____

* Email _____ *Cell Phone _____

[ ] Correspondence Address – PUBLIC RECORD

Submit my certificate to: [ ] Primary Office [ ] Home Address [ ] I will pick up in- person

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Duplicate Wall Certificate Request

Quantity ($25.00 each): _____ (submit payment form, check, or money order)

_____

Licensee Signature Date

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

CREDIT CARD AUTHORIZATION FORM

Name of Person Requesting:	**Mailing Address (where to mail document requested):**
Telephone Number: ( )_____-_____	Suite No.:_____ City:_____
NV License Number: ☐ Dental ☐ Dental Hygiene	State:_____ Zip Code:_____

Dental Licensure Application Fees

- ☐ License by Exam – WREB ($1200)
- ☐ License by Exam – ADEX ($1200)
- ☐ License by Endorsement ($1200)
- ☐ Military by Reciprocity ($1200)
- ☐ Geographically Restricted ($600)
- ☐ Limited License – Faculty / Resident ($125)
- ☐ Limited Licensed for Supervision ($100)
- ☐ Restricted License ($125)
- ☐ Specialty License by Cred. [Dentists w/o NV license] ($1325)
- ☐ Specialty License by App. [ONLY Dentists w/ NV license] ($125)
  (If applying for a specialty license without a NV general dentist license, application fee is $1,325)

Dental Anesthesia Permit Fees

Permit Application: $_____ (choose below):
- ☐ General Anesthesia Administrator Permit ($750)
- ☐ Moderate Sedation Administrator Permit ($750)
- ☐ Pediatric Moderate Sedation Administrator Permit ($750)
- ☐ Site Permit ($500)

Renewal: $_____ | Permit No.: _____
(choose one): ☐ General Anesthesia | ☐ Moderate Sedation ☐ Site Permit

Permit Re-Inspection: $_____
(choose one): ☐ Administration Permit Re-inspection ($500) ☐ Site Permit Re-inspection ($350)

Infection Control Inspection

- ☐ Initial Infection Control Inspection ($250)

Miscellaneous Fees

☐ ~~NRS Booklet ($3)~~ x ____ SOLD OUT	☐ ~~NAC Booklet ($3)~~ x ____ SOLD OUT
☐ Returned Check Fee ($25)	☐ Change of Address Fine ($50)
☐ Civil Penalty $_____	☐ Investigation Costs $_____

☐ Continuing Education Provider Fee:
(1st Hour = $150 / each additional hour = $50)
Total Hours:_____ Total Fee: $ _____

Dental Hygiene Licensure Application Fees

- ☐ Licensure by Exam – WREB ($600)
- ☐ Licensure by Exam – ADEX ($600)
- ☐ Licensure by Endorsement ($600)
- ☐ Geographically Restricted ($150)
- ☐ Limited License ($125)
- ☐ Military by Reciprocity ($600)

Dental Hygiene Permit Application Fees

- ☐ Local Anesthesia Permit ($25)
- ☐ Nitrous Oxide Permit ($25)

License Renewal Fees

- ☐ Active Status $ _____
- ☐ Inactive Status $ _____
- ☐ Retired Status $ _____
- ☐ Disabled Status $ _____
- ☐ Limited License $ _____
- ☐ Restricted License $ _____
- ☐ License Reactivation ($300)

Reinstatement of License Fees

☐ Suspended ($300) | ☐ Revoked ($500)

Request for Duplicate Certificate Fees

- ☐ Duplicate Wall Certificate ($25)
- ☐ Name Change Fee - New Wall Certificate ($25)
- ☐ Duplicate DH Local Anesthesia/N2O Permit ($25)
- ☐ Duplicate Dental Anesthesia Permit ($25 each)
  (Select below):
  - ○ GA Admin. Permit No.:_____
  - ○ Mod. Sedation Admin. Permit No.: _____
  - ○ Peds Mod. Sed Admin. Permit No.: _____
  - ○ Site Permit No.:_____

Other: _____

Name on Credit Card:	**Method of Payment:** ☐ MasterCard | ☐ Visa | ☐ Discover	**Total Amount Authorized:** $ _____
Credit Card Billing Address: _____ Ste. No.:_____ City:_____ State:_____ Zip Code:_____	**Credit Card Number:** _____-_____-_____-_____ Exp. Date:_____- _____ Security Code:_____	

Purchaser's Signature:_____ **Date:**____/____/____

**** THERE IS A 7 to 15 BUSINESS DAY PROCESSING PERIOD FOR ALL REQUESTS****

Form accepted by mail or fax (see the top of the page), or email PDF to nsbde@dental.nv.gov