



Nevada State Board of Dental Examiners

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(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046 • nsbde@dental.nv.gov

PUBLIC RECORDS LIST OF LICENSEES REQUEST FORM

Name of Person Requesting:

Contact Telephone Number:

(____) ____-____

Email Address: _____:

Payment Method: ☐ Master Card ☐ Visa ☐ Discover ☐ Check

Name on Credit Card: _____

Credit Card Billing Address:

Card Number:

____-____-____-____-____-____

Exp. Date: _____ Security Code: _____ Amt: \$ _____

Credit card payments incur a 3% surcharge

LIST TYPE:

- ☐ **List of All Licensees: [Dentists/ Dental Specialists/ Dental Hygienists] \$8.00**

Contains all public information currently on file: name of licensee, contact information (address and telephone number), license information, education, and disciplinary information.

- ☐ **List of Anesthesia Permit Holders: All Permit Types \$4.00**

Contains names of licensees that currently hold a General Anesthesia Administrator Permit/ Moderate Sedation Administrator Permit/Pediatric Moderate Sedation Administrator Permit/Site Permit

ALL LISTS RETURNED BY EMAIL in EXCEL FORMAT

Purchasers Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Request Receive Date: **DATE STAMP**

Acknowledgement Letter Sent: ____/____/20____

Sent By: **Staff Initials**

Date CD-ROM Mailed: ____/____/20____

Sent By: **Staff Initials**