



Nevada State Board of Dental Examiners

2651 N Green Valley Parkway Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046 • nsbde@dental.nv.gov

PUBLIC RECORDS LIST OF LICENSEES REQUEST FORM

<p>Name of Person Requesting:</p> <p>_____</p> <p>Contact Telephone Number:</p> <p>(____) _____</p> <p>Email Address: _____:</p>	<p>Payment Method: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Check</p> <p>Name on Credit Card: _____</p> <p>Credit Card Billing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Card Number:</p> <p>_____ - _____ - _____ - _____</p> <p>Exp. Date: _____ Security Code: _____ Amt: \$ _____</p>
--	---

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