



Nevada State Board of Dental Examiners
 6010 S. Rainbow Blvd., Bldg A, Ste. 1 • Las Vegas, NV 89118
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PUBLIC RECORDS LIST OF LICENSEES REQUEST FORM

<p>Name of Person Requesting:</p> <p>_____</p> <p>Contact Telephone Number:</p> <p>(_____) _____ - _____</p> <p>Mailing Address (where to mail CD-ROM):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Payment Method: Master Card _____ Visa _____</p> <p style="text-align: right;">Discover _____ 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>
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At the beginning of each year, a full list of licensees will be made available on the Board's website at <http://dental.nv.gov> at no charge; this request is for a real-time (current) list of all licensees and/or permit holders

<p>LIST TYPE:</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> List of Anesthesia Permit Holders: All Permits 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</p> <p style="text-align: center;">ALL LISTS RETURNED BY USPS MAIL on CD-ROM in EXCEL FORMAT</p>
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Purchasers Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:			
Request Receive Date:	DATE STAMP	Acknowledgement Letter Sent: ____/____/20____	Sent By: <u>Staff Initials</u>
		Date CD-ROM Mailed: ____/____/20____	Sent By: <u>Staff Initials</u>