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

OFFICE USE ONLY	
Date Received:	
Payment Amount:	
Staff Initials:	

ANESTHESIA ADMININSTRATIVE PERMIT RENEWAL APPLICATION

A. CONTACT INFORMATION

First Name:	Middle Name:	Last Name:	License Number:

Pursuant to NAC 631.150, all licensees are required to keep the Board informed of their current address(es). Changes to any address must be reported to the Board office in writing (or updated online) within thirty (30) days of such change. All addresses are treated individually.

PROVIDE THE ADDRESS OF THE PRACTICE YOU ARE APPLYING FOR AN ANESTHESIA PERMIT BELOW. IF YOU ARE APPLYING FOR MORE THAN ONE (1) OFFICE, LIST OTHERS ON A SEPARATE SHEET

Name/Practice Name/DBA:	Office Address:

City:	State:	Zip Code:	Office Phone:	Office Fax:

B. ADMINISTRATOR PERMIT RENEWAL

☐ General Anesthesia	☐ Moderate Sedation (13+)	☐ Moderate Sedation (<13)	☐ Pediatric Moderate Sedation
Permit Numbers:_____	Permit Numbers:_____	Permit Numbers:_____	Permit Numbers:_____
New ACLS dates: MM/YYYY MM/YYYY	New ACLS dates: MM/YYYY MM/YYYY	New PALS dates: MM/YYYY MM/YYYY	New PALS dates: MM/YYYY MM/YYYY

☐ I attest that I have completed the required completion of a 6-hour continuing education every two (2) years related to anesthesia or sedation – applicable to the type of permit you hold pursuant to NAC 631.2256. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three (3) years and be audited by the Board pursuant to NAC 631.177

C. ANESTHESIA SITE PERMIT RENEWAL

ENTER PERMIT NUMBERS YOU WISH TO RENEW

Site Permit No:_____	Site Permit No:_____	Site Permit No:_____	Site Permit No:_____
Site Permit No:_____	Site Permit No:_____	Site Permit No:_____	Site Permit No:_____
Site Permit No:_____	Site Permit No:_____	Site Permit No:_____	Site Permit No:_____

D. AFFIDAVIT

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2023 – June 30, 2025:

1. Have you had any claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension, revocation or probation of a license issued by this agency or another licensing jurisdiction during the period of July 1, 2023 to June 30, 2025? (If yes, provide a written statement outlining the facts) — Yes ◯ No ◯

2. Are you subject to court order for the support of one or more children (i.e. do you have a child support order?)? (If yes, you MUST answer question (a) below): — Yes ◯ No ◯

   a) Are you in compliance with the court order or a plan approved by the District Attorney or other public agency enforcing the order for the payment or the amount owed pursuant to the court order for the support of one or more children? (IF YOU ARE NOT IN COMPLIANCE, YOU MUST PROVIDE WRITTEN NOTIFICATION) — Yes ◯ No ◯

3. Have you complied with the provisions of NRS 631 and NAC 631 (Nevada Governing Laws)? — Yes ◯ No ◯

4. Do you have any addictions which would impair your practice of dentistry pursuant to NRS 631 or NAC 631? — Yes ◯ No ◯

5. Do you utilize laser radiation in the performance of your practice of dentistry? (If yes, you MUST answer question (a) below): — Yes ◯ No ◯

   a) Have you submitted appropriate certification to the Board pursuant to NAC 631.933 and NAC 631.035? — Yes ◯ No ◯

6. Do you inject neuromodulators that are derived from clostridium botulinum, dermal and soft tissue fillers to your patients? (If yes, you MUST answer question (a) below): — Yes ◯ No ◯

   a) Have you completed a board approved certification course to inject neuromodulator that is derived from clostridium botulinum, dermal and soft tissue fillers pursuant to NAC 631.257? (If yes, you must submit certification documents with renewal) — Yes ◯ No ◯

7. I attest by checking "yes", I am aware of the mandatory requirement to report child abuse and neglect in accordance with the laws of the State of Nevada. — Yes ◯ No ◯

8. I attest by checking "Yes", I will self report any anomaly occurrence during the practice of dentistry. — Yes ◯ No ◯

9. Do you have a valid controlled substance permit with the Nevada State Board of Pharmacy? (If yes, you MUST answer question (a) and (b) below): — Yes ◯ No ◯

   a) Have you conducted a minimum of one self-query annually: — Yes ◯ No ◯

   Date of 1st report MM/ DD/ YYYY Date of 2nd report: MM/ DD/ YYYY DEA No. _____

   b) ☐ **By selecting this box,** I hereby affirm and attest that I have completed the required two (2) hours of continuing education with a recognized provider for the abuse and misuse of controlled substances. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three (3) years and may be audited by the Board pursuant to NAC 631.177.

E. FEES

RENEWAL PERMITS					
☐	Administrator Permit (per person)	$200.00	Quantity: _____		
☐	Site Permit (per location)	$200.00	Quantity: _____		
PERMIT RE-INSPECTION					
☐	Administration Re-inspection	$500.00	☐	Site Re-inspection	$350.00

OPTIONAL REQUEST FEES			
☐	Duplicate Anesthesia Permit	$25.00	Quantity: _____
☐	Duplicate DH Local Anesthesia/N20 Permit	$25.00	Quantity: _____
☐	Name Change	$25.00	

By signing below, I hereby request an Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer anesthesia, deep sedation, or moderate sedation ONLY at the address(es) provided in this application and within the limitations of my specific anesthesia permit. If I wish to administer anesthesia, deep sedation, or moderate sedation at another location, I understand that each site must be inspected and issued a site permit. My anesthesia permit allows only me to administer general anesthesia, deep sedation, or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of anesthesia.

I hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

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:

Telephone Number: ( )_____-_____

NV License Number: ☐ Dental ☐ Dental Hygiene

Mailing Address (where to mail document requested):

_____

_____

Suite No.:_____ **City:** _____

State:_____ **Zip Code:** _____

Dental Licensure Application Fees

- ☐ License by Exam – WREB ($1200)
- ☐ License by Exam – ADEX ($1200)
- ☐ License by Endorsement ($1200)
- ☐ Specialty License by Credential ($1200)
- ☐ Geographically Restricted ($600)
- ☐ Limited License – Faculty / Resident ($125)
- ☐ Limited Licensed for Supervision ($100)
- ☐ Restricted License ($125)
- ☐ Military by Reciprocity ($1200)
- ☐ Specialty License by App [NV licensed Dentist only] ($125)

(If applying for a general dental license & specialty license concurrently, application fee will be $1325)

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 _____	☐ NAC Booklet ($3) x _____
☐ 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