

STATE OF NEVADA

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**DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF DENTAL EXAMINERS**

**CE PROVIDER APPLICATION**

This application is intended for persons and organizations seeking approval to provide Continuing Education (CE) credits recognized by the Board. Applicants must select one of two pathways based on their organization structure: FOR-PROFIT PROVIDERS, or VOLUNTEER SERVICE/NON-PROFIT PROVIDERS.

Please note that VOLUNTEER SERVICE/NON PROFIT PROVIDERS **only** applies to organizations in which licensed dental professionals offer their services voluntarily, without compensation, to benefit underserved populations or specific community groups.

**Utilize the instructions and checklists below for your corresponding organization type to complete the below application. All sections must be completed to apply for an approved continuing education provider certification. Please note that all proposed continuing education credit hours shall be conducted as educational programs and meet the requirements for their organization structure (FOR-PROFIT or NON-PROFIT).**

Applicants should be mindful to include all items on the below checklist, especially course materials and instructors, with their application as any changes to the course will require the applicant to resubmit their application along with the appropriate reviewal fee.

## **STANDARD (FOR-PROFIT) APPLICANT INSTRUCTIONS**

To apply for approval FOR-PROFIT PROVIDERS shall:

- The provider of a course of study or topic of conversation shall be able to demonstrate to the Board that an opportunity to enroll in such continuing education credit hours is available to **ALL** dental licensees (dentists, dental hygienists, dental therapists, etc)
- Instruction shall be conducted on the same education standards of scholarship and teaching as that required of a true university discipline.
- The course or topic of instruction shall conform to the purpose and method of higher education.

Home study and/or correspondence courses and all material (i.e., study manuals, worksheets, audio and video) used in the completion of the course must be submitted with this application. The Nevada State Board of Dental Examiners reserves the right to monitor any and all courses being conducted by an approved provider of continuing education.

In accordance with Nevada Administrative Code (NAC) 631.177(2), each approved continuing education provider must furnish a certificate of completion to all Nevada professional dental licensees who complete the course. The records concerning Nevada professional dental licensees must be kept on file by the provider for a period of at least three (3) years.

ALL PROVIDER APPROVAL REQUESTS MUST BE SUBMITTED TO THE BOARD FOR REVIEW NO LATER THAN 45 DAYS PRIOR TO THE BEGINNING DATE OF THE COURSE OR SERVICE TO BE CONSIDERED FOR CONTINUING EDUCATION CREDIT.

## **STANDARD (FOR PROFIT) APPLICANT CHECKLIST**

**In addition to the completed application, please provide the following:**

- Resume for **each** speaker/instructor
- Course Syllabus
- All Course Materials and Curriculum that will be presented
- Sample of Course Completion Certificate

## **VOLUNTEER SERVICE/NON-PROFIT APPLICANT INSTRUCTIONS**

To apply for approval VOLUNTEER SERVICE/NON-PROFIT PROVIDERS shall:

- conform to the highest standard of care within the scope of the individual's education, training, and experience in accordance with the ethics of the profession and applicable law.

Home study and/or correspondence courses and all material (i.e., study manuals, worksheets, audio and video) used in the completion of the course must be submitted with this application. The Nevada State Board of Dental Examiners reserves the right to monitor any and all courses being conducted by an approved provider of continuing education.

In accordance with Nevada Administrative Code (NAC) 631.177(2), each approved continuing education provider must furnish a certificate of completion to all Nevada professional dental licensees who complete the course. The records concerning Nevada professional dental licensees must be kept on file by the provider for a period of at least three (3) years.

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## **VOLUNTEER SERVICE/NON-PROFIT APPLICANT CHECKLIST**

**In addition to the completed application, please provide the following:**

- IRS Tax-Exempt Status or Secretary of State Filing to verify non-profit status
- Any affiliations or accreditations
- Organization Objective/Mission Statement
- List of all services that professional dental licensees can be expected to provide at your facility
- Certification that facility where services are performed is in compliance all NRS 631 and NAC 631 statutes
- Sample of Service Hours Completion Certificate



**NEVADA STATE BOARD OF DENTAL EXAMINERS**

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Phone(702) 486-7044 | (800) DDS-EXAM | Fax (702)486-7046

<u>OFFICE USE ONLY</u>	
Date Received:	_____
Payment Amount:	_____
Staff Initials:	_____

**CE PROVIDER APPLICATION**

<b>A. SPONSER INFORMATION</b>				
First Name:	Middle Name:	Last Name:		
Business Name:		Business Address:		
City:	State:	Zip Code:	Office Phone:	Office Fax:
Email Address:				
<input type="checkbox"/> Business Address is the same as Facility Address				
Facility Address:		Apt/Ste:	Email Address:	
City:	State:	Zip Code:	Facility Phone:	

<b>B. CONTINUING EDUCATION HOURS INFORMATION</b>		
<b>Please ensure you have also submitted/attached the requested documents on the checklist that corresponds to your organization structure</b>		
Provider:	<input type="checkbox"/> CE Course	<input type="checkbox"/> Volunteer Service Provider
Format of course:	<input type="checkbox"/> Remote/Virtual	<input type="checkbox"/> Live/In-Person <input type="checkbox"/> Recorded
Course/Service Title:	Number of Credit Hours Requested:	Est Number of Attendees (if applicable):
Date(s)/Duration of Course/Credit Hour Services:		
Course Outline/Learning Objectives:		

Describe How Proposed Activity Relates to Dental Practice:

Instructor Qualifications (if applicable):

Describe your method to track and verify attendance:

By selecting this box, I attest I have attached a certificate of completion from Course or Services

C. FEES				
THIS FEE MUST ACCOMPANY THE FORM UPON SUBMISSION OF THE REQUEST				
<input type="checkbox"/> First Credit Hour	\$150.00	<input type="checkbox"/> Subsequent Hour(s)	\$50.00	Quantity: _____
<b>Payment Method</b>	<input type="checkbox"/> Check/Money Order	<input type="checkbox"/> Credit/Debit Card*	<b>Total Amount Authorized</b>	
Name on Card:	Card Number:		\$	
Card Billing Address:	Exp Date:	CVV:		
Street:	City	State:    Zip:		

\*a 3% surcharge will be applied to credit card payments

D. AFFIDAVIT	
<p>By signing below, I hereby affirm and attest, that I have answered the above questions truthfully, accurately, and so stating, under penalties of perjury, that all answers provided herein are provided willfully. I further state that I authorize and empower the Nevada State Board of Dental Examiners or its agents, staff, or appointed authority to contact any person, firm, service, agency, entity, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in this provider application and affidavit.</p>	
Sponsor Signature:	Date: