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)
- ☐ Military by Reciprocity ($1200)
- ☐ Geographically Restricted ($600)
- ☐ Limited License – Faculty / Resident ($125)
- ☐ Limited Licensed for Supervision ($100)
- ☐ Restricted License ($125)
- ☐ Specialty License by Cred. [Dentists w/o NV license] ($1325)
- ☐ Specialty License by App. [ONLY Dentists w/ NV license] ($125)
  (If applying for a specialty license without a NV general dentist license, application fee is $1,325)

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 Reinspection/Reevalution: $ _____
(choose one): ☐ Administration Permit Reevaluation ($500) ☐ Site Permit Reinspection ($350)

Infection Control Inspection

☐ Infection Control Inspection ($250)| ☐ Re-inspection Fee ($150)

Miscellaneous Fees

☐ ~~NRS Booklet ($3)~~ x ____ SOLD OUT	☐ ~~NAC Booklet ($3)~~ x ____ SOLD OUT
☐ 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 Certificate Fees

- ☐ Wall Certificate ($25)
- ☐ Name Change Fee - New Wall Certificate ($25)
- ☐ DH Local Anesthesia/N2O Permit ($25)
- ☐ 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.:_____
- ☐ PHE Certificate ($25)

Other: _____

_____

Name on Credit Card:

Method of Payment:
☐ Credit (a 3% surcharge will be assessed) | ☐ Debit

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