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

APPLICATION FOR SPECIALTY CERTIFICATION

In accordance with and subject to the rules and regulations governing the Nevada State Board of Dental Examiners, I hereby make application for issuance of a certificate in the dental specialty area of:

_____
(Name of Specialty)

Full Name: _____

Office Address: _____

Residence Address: _____

Mailing Address: _____

Telephone office: _____ Telephone Residence: _____

Formal dental specialty training was completed in: _____
(Area of Specialty)

At: _____
(Name of Institution)

Located in: _____
(City and State)

From: _____ **To:** _____
(Month and Year) (Month and Year)

I served under the following chief(s) of service during the period(s) of specialty training:

Name: _____ Title: _____

Address: _____ Telephone: _____

Name: _____ Title: _____

Address: _____ Telephone: _____

Revised 02/2019

AFFIDAVIT AND PLEDGE

STATE OF _____

COUNTY OF _____

The person named as the applicant in the foregoing application, being first duly sworn, deposes and says: I am the applicant for certification referred to; I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely without mental reservation of any kind. I further understand I have a continuing obligation to inform the Board should any of my answers since filing this application change prior to the Board issuing me a certificate. In the event I fail to update the answers which have changed since submitting this application, I understand that such failure is grounds for revocation of any certification issued or denial of the application.

I hereby authorize educational and other institutions, my references (past and present), business and professional associates (past and present), insurance carriers, professional societies, and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Nevada State Board of Dental Examiners any information, files, or records requested by the Board in connection with the processing of this application. I further authorized the Nevada State Board of Dental Examiners to release to the organizations, individuals and groups listed above any information furnished by me or received by the Board and material to my application.

I hereby pledge myself to the highest standards and ethics in the practice of my specialty, and upon my honor do hereby declare that I will confine my practice exclusively to this specialty. A violation of this pledge may be deemed sufficient cause for the revocation of a certificate issued by the Board.

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.

I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES OR MISREPRESENTATION OF INFORMATION ARE GROUNDS FOR DISAPPROVAL AND REJECTION OF THIS APPLICATION AND THE REVOCATION OF A CERTIFICATE WHICH MAY HAVE BEEN OBTAINED THROUGH IT.

Signature of Affiant _____

(Notary seal) **Date** _____

Signature of Notary _____

The following information and documentation must be received by the Board office prior to consideration of specialty certification:

1. ***Completed, signed and notarized application form. All questions must be answered in full;***
2. ***Non-refundable application fee in the amount of $125;***
3. ***Copy of certificate of completion of specialty training from a program accredited by the American Dental Association Commission on Accreditation;***
4. ***Certification of Specialty Program Completion form, sent directly to the Board office from the educational institution where specialty training was completed;***
5. ***Current National Practitioners Data Bank Report (cannot be more than 90 days old at time of receipt of specialty application);***

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Certification of Specialty Program Completion

This is to certify that _____ *(Name of Student/License Applicant)* attended the _____ program *(Name of Specialty Program)* at _____ *(Name of Accredited Educational Institution)* for the period of _____ to _____. He/She successfully completed the program on _____ and was awarded specialty certification in the area of _____ *(Name of Specialty)*.

OFFICIAL SEAL OF ACCREDITED EDUCATIONAL INSTITUTION (If Available)

_____
(Original Signature of Dean. *No stamped signatures*)

_____
Printed Name of Dean Date

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National Practitioner Data Bank Self-Query Report

All applicants for dental or dental hygiene licensure are required to self-query the National Practitioner Data Bank. The self-query must be completed on the internet. You will need a credit card for payment of the querying fees. Instructions for accessing the self-query forms are as follows:

Go to: https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp

- Click on 'Start a New Order'; read the agreements, accept the terms and click 'Submit and Continue'
- Complete steps 1-4 on-line following the instructions

Federal law requires that the self-query results be provided directly to you, the applicant/practitioner, and not a third party. You will be provided with an electronic copy (accessible online) and a paper copy (by mail) of your report. You may submit the original report you receive by mail to the Board office to the address at the top of this page, or submit the completed report by email by following these instructions:

- Open the email you received from the NPDB *indicating the electronic copy of your self-query response is available* and click on the link provided in that email
- Sign-in to open/view your report
- From the open report, save a copy of the report PDF to your computer
- Close the report and sign-out of the NPDB
- Return to the open email from the NPDB and click 'Forward'
- Enter the Board email address of nsbde@nsbde.nv.gov in the 'To' field, attach a copy of the PDF report to the email and click 'Send'. The original email from the NPDB is required to view the email thread and confirm authenticity.

It is important you follow these instructions for the Board staff to verify the authenticity of the report. **PLEASE NOTE:** You must use a non-Apple product (i.e. – anything but an iPhone, iPad, Mac, etc.) to forward the information by email. The Board staff is unable to view all required information if submitted using an Apple product. We apologize for the inconvenience.

If you have questions pertaining to your self-query, you may contact: **Data Bank Customer Service at 800-767-6732.**

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CREDIT CARD AUTHORIZATION FORM

Name of Person Requesting:	**Mailing Address (where to mail document requested):** _____ _____ **Suite No.:**_____ **City:** _____ **State:**_____ **Zip Code:** _____
Telephone Number: ( )_____-_____	
NV License Number:	☐ **Dental** ☐ **Dental Hygiene**

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 ($600)
- ☐ 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 ($300)

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@nsbde.nv.gov