NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
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Phone (702) 486-7044 | (800) DDS-EXAM | Fax (702)486-7046

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

REQUEST FOR FINGERPRINT PACKET

Applicants may ONLY use this form to request a fingerprint packet. Fingerprint packets will be mailed to the mailing address provided. Additional materials and documentation will be required for licensure review.

A. DESIRED LICENSE TYPE			
Dentistry Licenses:	☐ General Dentist	☐ Specialty Dentist	☐ Restricted Geographical
Dental Hygiene Licenses:	☐ Registered Dental Hygienist	☐ Restricted Geographical	
Dental Therapist:	☐ Dental Therapist	☐ Restricted Geographical	
Expanded Function Dental Assistant (EFDA):	License type currently not available. Anticipated Launch Q3 2026.		

B. CONTACT INFORMATION		
1. *First Name:	*Middle Name:	*Last Name:
2. *Email Address:	*Cell Phone Number:	Alt Phone Number:
3. *Mailing Address:	*Apt/Ste:	
4. *City:	*State:	*Zip Code:

C. PERSONAL INFORMATION		
1. *Social Security Number:	*Date of Birth:	*Gender: Male Female
2. *United States Work Authorization Status: US Citizen Legal Resident Naturalized Resident		

D. EDUCATION	
1. *Pursuant to NRS 631.23, did you graduate from a CODA accredited school/college? (Please note that if you are a specialty dentist, your dental school (graduate-level program) must be CODA-accredited; completion of a CODA-accredited Master's program alone does not satisfy this requirement.)	Yes No

Signature ____ Date ____________________