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

Five Year Re-Evaluation Request Form

Licensee Name: _____ Lic. No.: _____

Business Name: _____ Office Address: _____

Office Phone No.: _____

Name of Other Person(s) Administering Sedation And/Or Anesthesia At This Location:

Invoice

- Schedule of Fees:**
- General Anesthesia Administering Permit: \$500
 - General Anesthesia Site Permit: \$350
 - Moderate Sedation (and Pediatric) Administering Permit: \$500
 - Moderate Sedation (and Pediatric) Site Permit: \$350

Remit Payment to the Board within 30 Days:

Nevada State Board of Dental Examiners
2651 N Green Valley Pkwy, Ste 104
Henderson, NV 89014

Payment Method: <input type="checkbox"/> Check/Money Order (attach with invoice) <input type="checkbox"/> Credit/Debit Card		Total Amount Authorized
Name on Card:	Card Number - - -	
Card Billing Street Address:	Exp Date: CVV:	
City:	State: Zip:	
		\$

**Credit Card payments will incur a 3% surcharge.*

Licensee Signature: _____ Date: _____

Submitted by: _____