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

LOCAL ANESTHESIA AND NITROUS OXIDE PERMIT(S)

Pursuant to Nevada Administrative Code (NAC) 631.210(3), dental hygienists may administer local anesthetics and/or nitrous oxide analgesia if they have received certification from the Board to do so.

IN ORDER TO ADMINISTER LOCAL ANESTHESIA AND/OR NITROUS OXIDE IN NEVADA, you must apply for, and be granted, a permit for each. To apply for a permit(s), you must return the application for each permit desired including the fees. There is a $25.00 fee for each permit requested. The application and payment may be received by the Board office in person, via email or mailed.

Please Note: To receive a permit, you must have your school complete the Certification of Proficiency Form with an official seal. The seal must be visible to be considered a verified document. As primary source verification, the Certification of Proficiency Form shall be returned **only** by the educational institution where you received training. This form is available on our website located within the application packet for Dental Hygienists.

For any course completed post-graduate (meaning after completion of a dental hygiene program), a certified copy of the course syllabus MUST also accompany the permit application(s).

Your permit(s) **will not** become effective until all necessary documentation has been received and reviewed by the Board. You **MAY NOT** administer anesthesia until you have been notified by the Board with an official approval letter. Permits will be mailed to your address following the approval of your permit applications. This fee is charged in advance when the application is received. **Permit applications will be processed within 14 business days from the date received.**

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 LOCAL ANESTHESIA PERMIT

(This application must be completed in its entirety)

Name: _____ Home Phone: _____

Mailing address: _____ Work Phone: _____

City, State & Zip: _____ Cell Phone: _____

Dental Hygiene School: _____ Graduation Date: _____

School Address: _____

City, State & Zip: _____

LOCAL ANESTHESIA TRAINING

Training Received at: _____ Graduation Date: _____

Facility Address: _____

City, State & Zip: _____

Type of training received (**mark the appropriate box**):

[ ] Undergraduate (during Dental Hygiene Training) Date of Completion: _____

[ ] Post Graduate (after Dental Hygiene Training) Date of Completion: _____

If local anesthesia training was a **POST GRADUATE** course, a certified copy of the course syllabus MUST accompany this application for evaluation of the course content by the Board, otherwise certification cannot be granted.

SIGNATURE OF APPLICANT

I certify that the foregoing statements are true and correct and that I have successfully completed the foregoing course.

_____

Applicant Signature Date

SUBMIT THIS APPLICATION WITH THE FOLLOWING:

$25 Application Fee
Completed Certification of Proficiency Form
Certified Copy of Post-Graduate Course Syllabus, if Applicable

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 NITROUS OXIDE-OXYGEN ANALGESIA PERMIT

(This application must be completed in its entirety)

Name: _____ Home Phone: _____

Mailing address: _____ Work Phone: _____

City, State & Zip: _____ Cell Phone: _____

Dental Hygiene School: _____ Graduation Date: _____

School Address: _____

City, State & Zip: _____

NITROUS OXIDE-OXYGEN ANALGESIA TRAINING

Training Received at: _____ Graduation Date: _____

Facility Address: _____

City, State & Zip: _____

Type of training received (**mark the appropriate box**):

[ ] Undergraduate (during Dental Hygiene Training) Date of Completion: _____

[ ] Post Graduate (after Dental Hygiene Training) Date of Completion: _____

If nitrous oxide-oxygen analgesia training was a **POST GRADUATE** course, a certified copy of the course syllabus MUST accompany this application for evaluation of the course content by the Board, otherwise certification cannot be granted.

SIGNATURE OF APPLICANT

I certify that the foregoing statements are true and correct and that I have successfully completed the foregoing course.

_____

Applicant Signature

SUBMIT THIS APPLICATION WITH THE FOLLOWING:

$25 Application Fee
Completed Certification of Proficiency Form
Certified Copy of Post-Graduate Course Syllabus, if Applicable

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

Certification of Proficiency in the Administration of Local Anesthesia and Nitrous Oxide Analgesia

I hereby CERTIFY that _____ (*name of applicant*) has successfully completed a course, including administration, in one or both of the following:

(please check and complete appropriate line)

_____ (a) Local Anesthesia on _____(date)

_____ (b) Nitrous Oxide Oxygen Analgesia on _____(date)

_____
Original Signature of Dean/Program Director
(No Stamped Signatures)

_____
Printed Name of Dean Date

OFFICIAL SEAL OF THE ACCRREDITED EDUCATIONAL INSTITUTION

*This form must be completed and returned by the educational institution only as primary source verification.

Rev. 8/2025

*May also pay by check or money order

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)
- ☐ Specialty License by Credential ($1325)
- ☐ Geographically Restricted ($600)
- ☐ Limited License – Faculty / Resident ($125)
- ☐ Limited Licensed for Supervision ($100)
- ☐ Restricted License ($125)
- ☐ Military by Reciprocity ($1200)
- ☐ 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

SOLD OUT ☐ ~~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 ($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 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@dental.nv.gov