



# 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

## LIMITED LICENSE AFFIDAVIT AND PLEDGE

I, \_\_\_\_\_ (Full Name), hereby agree to the following affidavit and pledge with regards to my application for Nevada limited license for \_\_\_\_\_ residency program.

I hereby agree to provide the Nevada State Board of Dental Examiners with the required documentation no later than ninety (90) days from the approval of my limited license. Failure to comply shall result in the immediate cease and desist from clinical practice in my residency program.

I hereby agree to successfully complete the jurisprudence examination no later than ninety (90) days from the approval of my limited license. Failure to comply shall result in the immediate cease and desist from clinical practice in my residency program.

I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information that is thereby acquired, and I hereby consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.

The person named as the applicant in the foregoing application and questionnaire, being first duly sworn, deposes and says: I am the application for dental/dental hygiene licensure referred to; and I have carefully read and understand the questions in the foregoing questionnaire 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 license. In the event I fail to update the answers which have changed since submitting this application, I understand that such failure is ground for revocation of any license 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, governmental agencies and instrumentalities (local, state, federal or foreign), and independent information gathering services 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.



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I hereby pledge myself to the highest standards and ethics in the Practice of Dentistry and further pledge to abide by the laws and regulation pertaining to the practice of dentistry. I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board. I understand and agree that the title of all licenses shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.

I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THIS APPLICATION ARE GROUNDS FOR REJECTION OF THIS APPLICATION AND THE REVOCATION OF A LICENSE WHICH MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

(Notary Seal)

Signature of Notary: \_\_\_\_\_