

STATE OF NEVADA



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

NOTIFICATION OF NAME CHANGE

An application is considered complete only upon the Board's receipt of all required documentation. The following information and documentation must be received by the Board prior to recognition of the name change:

Completed and signed Notification of Name Change Form

Copy of legal document allowing the name change (i.e. marriage certificate, court order, divorce decree, etc.) *If providing a copy of a divorce decree, the only pages required for submission are the first page (showing the names of the Petitioner/Defendant) and the page outlining the name change*

Non-refundable fee in the amount of \$25.00 for a new wall certificate

I, _____ hereby certify I am currently licensed
Last Name First Middle
to practice dentistry/dental hygiene (**circle one**) in the state of Nevada and hold license number _____

issued under the name of _____ . I have
Last Name First Middle
assumed the name of _____ , based on the
Last Name First Middle

following (**check one**): Court Order Dissolution of Marriage Marriage Certificate
Naturalization Other _____
(Specify)

Signature _____ Date _____

Mailing Address: _____ Apt/Ste: _____

City: _____ State: _____ Zip Code: _____