

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

APPLICATION FOR INDIVIDUAL PUBLIC HEALTH ENDORSEMENT

An application is considered complete only upon the Board's receipt of all required documentation. Please note that this application is for individual Public Health Endorsement's only and may not be used to request approval of a Public Health Endorsement Program.

A. CONTACT INFORMATION			
1. First Name*:	Middle Name:	Last Name*:	License Number*:
2. Email Address*:	Cell Phone*:	Work Phone:	
3. Residence Street Address*:			Apt/Ste:
4. City*:	State*:	Zip Code*:	
Mailing Address is the same as Residence Address			
5. Mailing Address			Apt/Ste:
6. City:	State:	Zip Code:	

B. EDUCATION	
1. Dental Hygiene Education Institution*:	
Institution City*:	Institution State*:
2. Graduation Date*:	Degree Received*:

C. PUBLIC HEALTH AGENCY AFFILIATION		
1. Agency Affiliation for Endorsement*:		Agency Phone*:
2. Agency Street Address*:		Apt/Ste:
3. City*:	State*:	Zip Code*:

C. PUBLIC HEALTH AGENCY AFFILIATION CONTINUED

4. Describe the Dental Public Health Program and Protocols (i.e. population, procedures, time-line, and referral mechanism):

If you need additional space, please attach an additional sheet with the information to the application.

D. PUBLIC HEALTH ENDORSEMENT HISTORY

- | | | | |
|----|---|-----|----|
| 1. | Have you ever received a Public Health Endorsement in the past?* | Yes | No |
| 2. | If yes, list the information relating to your previous Public Health Endorsements here. If you have not received a Public Health Endorsement previously, answer N/A*: | | |

If you need additional space, please attach an additional sheet with the information to the application.

E. CHECKLIST

The following documents must be provided with your application to be considered complete.

Copy of current CPR certification

Proof of malpractice insurance

Endorsement Letter from Public Health Agency Program Director

F. SIGN AND NOTARIZE

By signing the below, you acknowledge that you are fully responsible for the content and factual accuracy of this application.

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSHA guidelines, and maintain malpractice insurance during my endorsement.

Applicant Signature:

Date Signed: