



**NEVADA STATE BOARD OF DENTAL EXAMINERS**

2651 N Green Valley Parkway, Suite 104,

Henderson, Nevada 89014

[nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov)

Phone (702) 486-7044 | (800) DDS-EXAM | Fax (702) 486-7046

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

**LICENSURE REINSTATEMENT APPLICATION**

The *License Reinstatement Application* is complete upon the board’s physical receipt of all required information and payment. Incomplete or illegible applications will not be processed. This form is to be used only for reinstating (to reactivate) your license. **You CANNOT use this form to renew your license or as an initial licensure application.** Please use the relevant corresponding form or online portal to either renew or apply for initial licensure accordingly.

**A. CURRENT LICENSURE STATUS**

1. *Indicate your current license status by checking the corresponding box below:			
<input type="checkbox"/> Inactive	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled	<input type="checkbox"/> Revoked
2. *What date did your license change to this status?			
3. *Select your current license type:			
Dentistry Licenses:	<input type="checkbox"/> General Dentist	<input type="checkbox"/> Specialty Dentist	<input type="checkbox"/> Restricted Geographical
	<input type="checkbox"/> Restricted License	<input type="checkbox"/> Limited License Resident	<input type="checkbox"/> Limited License Instructor
	<input type="checkbox"/> Limited License Supervising CE		
Dental Hygiene Licenses:	<input type="checkbox"/> Registered Dental Hygienist	<input type="checkbox"/> Restricted Geographical	<input type="checkbox"/> Limited License Instructor
Dental Therapist:	<input type="checkbox"/> Dental Therapist	<input type="checkbox"/> Restricted Geographical	<input type="checkbox"/> Limited License Instructor
Expanded Function Dental Assistant (EFDA):	<input type="checkbox"/> EFDA	<input type="checkbox"/> Restricted Geographical	<input type="checkbox"/> Limited License Instructor

**B. PERSONAL INFORMATION**

1. *First Name:	*Middle Name:	*Last Name:	*License No:
2. If you have used any former names throughout your life (first, middle, last and/or maiden), please list each name used along:  <i>*If you have more former names than space provided above, you must list them all on an additional sheet of paper. Be sure to reference the section letter, B(2), on the additional sheet and attach to the application..</i>			
3. Email Address:		*Cell Phone Number:	Alt Phone Number:
4. Residence Street Address:			Apt/Ste:
5. City:	State:	Zip Code:	
<input type="checkbox"/> Mailing Address is the same as Residence Address			
6. *Mailing Address:			Apt/Ste:
7. *City:	*State:	*Zip Code:	

## C. EMPLOYMENT HISTORY

1. \*Provide your employment history during the period of your non-active (INACTIVE, RETIRED/DISABLED, or REVOKED license) license status below:

Employment History 1			
Employer Name:			
Street Address:	City	State	Zip Code
Start Date:	End Date		

Employment History 2			
Employer Name:			
Street Address:	City	State	Zip Code
Start Date:	End Date		

Employment History 3			
Employer Name:			
Street Address:	City	State	Zip Code
Start Date:	End Date		

Employment History 4			
Employer Name:			
Street Address:	City	State	Zip Code
Start Date:	End Date		

Employment History 5			
Employer Name:			
Street Address:	City	State	Zip Code
Start Date:	End Date		

*\*If your employment history during the period of your non-active license status exceeds the spaces provided above, you must list all others on an additional sheet of paper. Be sure to reference the section letter, C(1), on the sheet and attach to the application*

**D. REINSTATEMENT PATHWAY (Select ONLY One Option)**

\*1. \*Select the box to the left of the option that applies to you and ATTACH the supplementary information needed:

- OPTION 1:** During the time my Nevada license was INACTIVE, RETIRED, OR REVOKED, I maintained an ACTIVE license and practiced OUTSIDE the State of Nevada.
  - i. Self-query report from the National Practitioner Data Bank (dated within 90 days from application date).
  - ii. Provide certification letter(s) from each state board where you currently hold an active license verifying that your license is in good standing and that no disciplinary actions are pending.
  - iii. Report all claims of unprofessional conduct or professional incompetence against you, including administrative disciplinary charges brought by any other jurisdiction. Attach supporting documentation and explanation.
  - iv. Report any criminal arrests and/or convictions and any civil court complaints or findings of liability in this State, and another state or territory of the U.S. or the District of Columbia, including but not limited to, violations of law related to your occupation or profession. Attach supporting documentation and explanation.
  - v. Report any peer review appearances, attach supporting documentation and explanation.
  - vi. Report any history of substance use or abuse that impaired or impairs your ability to practice safely, including any participation in rehabilitation programs related to substance abuse.
  - vii. Submit notarized petition corresponding to your current Nevada license status (Inactive, Retired, or Revoked) for reinstatement

- OPTION 2:** My license has been in INACTIVE, RETIRED, or REVOKED status for LESS THAN two (2) years AND I have NOT held an active license or practice outside the state of Nevada.
  - i. Submit notarized petition corresponding to your current Nevada license status (Inactive, Retired, or Revoked) for reinstatement

- OPTION 3:** I have had a license on INACTIVE, RETIRED, or REVOKED status for MORE THAN two (2) years AND have NOT held an active license or practice outside the state of Nevada.\*
  - i. Submit notarized petition corresponding to your current Nevada license status (Inactive, Retired, or Revoked) for reinstatement

*\* The Board may prescribe that additional examinations be completed to reinstate licensure per NAC 631.170(4)(b).*

- OPTION 4:** My license is at a DISABLED status.\*
  - i. Submit notarized petition corresponding to your current Nevada license status (Disabled) for reinstatement
  - ii. Submit to the Board a statement signed by a licensed physician setting forth that you are able, mentally and physically, to practice dentistry.

*\* The Board may prescribe that additional examinations be completed to reinstate licensure per NAC 631.170(5)(c).*

## E. CONTINUING EDUCATION (CE) FOR REINSTATEMENT

Per NAC 631.173, the Board will accept CEs from the following:

- Any board approved CE course
- American Dental Association (ADA)
- American Dental Hygienists Association
- Academy of General Dentistry
- Any hospital accredited by the Joint Commission
- Any nationally recognized association of dental or medical specialists
- Any university, college, or community college in or outside the state of Nevada

1. \*Per NAC 631.170(f), applicants are required to report the completion of CE credits for the year the applicant requests to reinstate their license. The Board’s fiscal years runs between July 1<sup>st</sup> through June 30<sup>th</sup> annually. CEs are prorated by quarter based on when an application is submitted within the fiscal year. Applicants must submit current CEs earned within the fiscal year.

Applicants must meet the clinical subject minimum, the infection control minimum, and the live/in-person minimum; the remaining hours submitted can be clinical or non-clinical subjects. Clinical subjects include but are not limited to dental and medical health, preventative services, dental diagnosis, dental treatment and procedures. Non-clinical subjects include but are not limited to dental practice management, patient management skills, teaching methodology and methods of healthcare delivery.

DENTISTS				
Fiscal Year: July 1 – June 30				
If you are applying between...	Total CEs Required for Reinstatement	Minimum Clinical Hours* <small>(remaining hours may be non-clinical or clinical)</small>	Minimum Infection Control Hours* <small>(will count towards total CE as clinical hours)</small>	Minimum Live/In-Person Instruction Hours* <small>(live webinars are counted as live-instruction hours)</small>
July - September	5 CE	4 CE	2 CE	2.5 CE
October - December	10 CE	7.5 CE	2 CE	5 CE
January - March	15 CE	11.5 CE	2 CE	7.5 CE
April - June	20 CE	15 CE	2 CE	10 CE

\* The hours listed for each category (i.e., clinical CEs, infection control, and live/in-person CEs) will count towards the total CE hours required. These CEs are not additional hours but represent the minimum requirement permitted for each category.

DENTAL HYGIENISTS				
Fiscal Year: July 1 – June 30				
If you are applying between...	Total CEs Required for Reinstatement	Minimum Clinical Subject Hours* <small>(remaining hours may be non-clinical or clinical)</small>	Minimum Infection Control Hours*	Minimum Live-Instruction Hours* <small>(live webinars are counted as live-instruction hours)</small>
July - September	4 CE	3 CE	2 CE	2 CE
October - December	7.5 CE	6 CE	2 CE	4 CE
January - March	11.5 CE	9 CE	2 CE	6 CE
April - June	15 CE	12 CE	2 CE	7.5 CE

\* The hours listed for each category (i.e., clinical CEs, infection control, and live/in-person CEs) will count towards the total CE hours required. These CEs are not additional hours but represent the minimum requirement permitted for each category.

In accordance with NAC 631.170, CE requirements are pro-rated as shown in the table above. Although CE hours for reinstatement are prorated based on the date of application, all reinstated licensees are required to complete the full CE requirement for their license type by June 30 of the applicable fiscal year. This requirement applies whether the June 30 deadline occurs later in the same year of reinstatement or in the following calendar year.

**\*By signing the below, I acknowledge my understanding of this section.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## F. CONTINUING EDUCATION (CE) INFORMATION CONTINUED

2. \*Complete the below statement and sign:

I, \_\_\_\_\_, (*full name*) hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least \_\_\_\_\_ (*prorated hour amount\*\**) approved hours of instruction in continuing education during the period July 1, \_\_\_\_\_, (*fiscal year\*\**) through and including June 30, \_\_\_\_\_ (*fiscal year\*\**); I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

*\*\*Confirm the pro-rated hour minimum and the correct fiscal year by reviewing the tables in Section F(1).*

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. \*By checking this box, I affirm I have attached proof of the following:

- completion of my required CE credit hours and,  
• my valid CPR certification to this application.

## F. APPLICANT ATTESTATIONS (*Initial All to Designate Agreement*)

1. \*I affirm that I understand that my license will be changed to ACTIVE status should this application be approved. \_\_\_\_\_  
Initial

2. \*I affirm I have read NRS 631.330 and am aware of the licensure period for my respective license type as detailed below:

LICENSE RENEWAL PERIODS	
<b>BIENNIAL ODD YEARS</b>	General Dentist, Specialty Dentist, Restricted Geographical Dentist
<b>BIENNIAL EVEN YEARS</b>	Dental Hygienists, Restricted Geographical Hygienist, Dental Therapists, EFDAs
<b>ANNUAL</b>	Restricted License, Limited License, Limited License Instructor, Limited License Supervising CE

\_\_\_\_\_ Initial

3. \*I understand that I may change my ACTIVE status to INACTIVE, RETIRED/DISABLED by submitting a request in writing before the license renewal period expires. \_\_\_\_\_  
Initial

4. \*I understand that I must renew my license before the renewal deadline to maintain the status of my license. Failure to renew by the deadline will cause the license to go into Suspended status. Should my license lapse into a Suspended status, I will be subject to the suspension fee in addition to the renewal fee to renew my desired license status. Failure to renew my license within the 12-month suspension period will automatically result in my license going into a Revoked status. Should my license lapse into a Revoked status, I will be subject to the revocation fee in addition to the renewal fees to reinstate my license. \_\_\_\_\_  
Initial

5. \*I affirm that I have completed the Reinstatement Petition for my license status type (Revoked or Inactive/Retired/Disabled) and have included it with this application. \_\_\_\_\_  
Initial

**G. APPLICANT ATTESTATIONS (Initial All to Designate Agreement) CONTINUED**

6.	<p>*I affirm that, if I am currently certified to use neuromodulators and/or dermal or soft tissue fillers, or become certified to use these in the future, I will ensure that each neuromodulator and/or each dermal or soft tissue filler that I inject is approved for use in dentistry by the United States Food and Drug Administration. Furthermore, I affirm that I will provide a copy of my certification to the Board for verification prior to the application of neuromodulators and/or dermal or soft tissue fillers in my practice of dentistry in Nevada.</p>	<p>_____</p> <p>Initial</p>
7.	<p>*I affirm that, if I am currently certified to use lasers, or become certified to use lasers in the future, any laser I use in the practice of dentistry is approved for use in dentistry by the United States Food and Drug Administration and that a copy of my certification will be provided to the Board for verification prior to the application of lasers in my practice of dentistry in Nevada.</p>	<p>_____</p> <p>Initial</p>
8.	<p>*I hereby authorize all educational institutions, references, current and former employers, business and professional associates, insurance providers, professional organizations, government agencies (local, state, federal, or international), and independent background check services to release any information, records, or files requested by the Nevada State Board of Dental Examiners for the purpose of reviewing and processing my application.</p>	<p>_____</p> <p>Initial</p>
9.	<p>*I affirm that I have not experienced any significant changes to my financial solvency, such as filing for bankruptcy or being subject to a financial judgment or payment agreement, inclusive of child support requirements or delinquencies outlined in NRS 631.225 since my initial licensure, or if I have, I have reported it to the Board as an attachment to this reinstatement application.</p>	<p>_____</p> <p>Initial</p>
10.	<p>*I affirm my commitment to adhere to all regulations and standards established by the Nevada State Board of Dental Examiners, the Nevada Revised Statutes, and the Nevada Administrative Code. To that end, I acknowledge self-reporting duties when my conduct could or did jeopardize public health or safety, involved dishonesty, or caused substantial harm to patients or the public. As a result, I agree to promptly report any unusual incidents or adverse outcomes, including the death of a patient, the infliction of physical or mental injury, or the hospitalization of a patient during or as a result of a dental procedure, consistent with NAC 631.155. I understand that fulfilling these responsibilities is crucial to maintaining the integrity of the profession and safeguarding patient trust.</p>	<p>_____</p> <p>Initial</p>
11.	<p>*I affirm my commitment to uphold the highest standards of ethics and professionalism in the practice of my dental profession. I further pledge to comply with all laws and regulations governing the profession. I understand that any violation of this pledge may be considered valid grounds for the Nevada State Board of Dental Examiners to revoke a license issued to me.</p>	<p>_____</p> <p>Initial</p>
12.	<p>*I understand and agree that all licenses are issued by and remain under the authority of the Nevada State Board of Dental Examiners, and must be returned to the Board upon request—whether due to voluntary surrender, non-renewal, or disciplinary action.</p>	<p>_____</p> <p>Initial</p>
13.	<p>*I hereby authorize the Nevada State Board of Dental Examiners to collect, verify, and maintain information, documents, and records about me. I understand that these materials may later be provided to professional licensing boards, hospitals, or other entities when I apply for licensure, staff membership, employment, or related privileges.</p>	<p>_____</p> <p>Initial</p>
14.	<p>*I hereby release and hold harmless the Nevada State Board of Dental Examiners, its staff, representatives, and any person or entity providing information and/or documentation, from any and all liability that may arise from the release or use of such information and from the investigation or declination of this application.</p>	<p>_____</p> <p>Initial</p>
15.	<p>*I hereby authorize any individual, institution, professional licensing board (in any state where I currently hold or have previously held a license), the Joint Commission on National Dental Examinations, hospital, clinic, government agency (local, state, federal, or foreign), law enforcement agency, or any other organization — and their representatives — to release to the Nevada State Board of Dental Examiners any records, transcripts, evaluations, or other documents concerning my professional qualifications, competence, ethics, and character.</p>	<p>_____</p> <p>Initial</p>
16.	<p>*I also authorize the Nevada State Board of Dental Examiners to release information, documents, records, orders, or related materials concerning me or my application to any organization or entity at my written request.</p>	<p>_____</p> <p>Initial</p>

## G. APPLICATION ACKNOWLEDGEMENT

I acknowledge and agree that, once payment is made, I will not be entitled to a refund of any amount, even if I change my mind about reinstating my license in the State of Nevada and seek to withdraw my application or surrender my license prior to activation. I understand that the money paid with the application compensates the Board for staff time associated with processing the application and completing character and fitness investigations, which occur whether or not I ultimately benefit from the license originally sought.

By signing below, I acknowledge my understanding of the requirements laid out within the application and the provisions in NRS 631 and NAC 631. I understand I am responsible to maintain compliance with all applicable regulations and standards of the Nevada State Board of Dental Examiners.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## H. REINSTATEMENT FEES

**Those whose license is in REVOKED status must pay the revoked fee in addition to the renewal fee for the requested license type.**

### REINSTATEMENT FEES (applies to all license types)

<input type="checkbox"/> Reinstatement Fee for Inactive/Retired/Disabled Status	\$300.00
<input type="checkbox"/> Reinstatement Fee for Revoked Status	\$500.00

### DENTAL RENEWAL FEES

<input type="checkbox"/> Active General Dentist	\$600.00	<input type="checkbox"/> Active Specialty Dentist	\$600.00
<input type="checkbox"/> Active Restricted Geographical	\$600.00	<input type="checkbox"/> Active Limited License Dentist	\$200.00
<input type="checkbox"/> Active Restricted Dental License	\$100.00		

### DENTAL HYGIENIST RENEWAL FEES

<input type="checkbox"/> Active Dental Hygienist	\$300.00	<input type="checkbox"/> Active Restricted Geographical	\$300.00
<input type="checkbox"/> Active Limited License	\$200.00		

### DENTAL THERAPIST RENEWAL FEES

<input type="checkbox"/> Active Dental Therapist	\$600.00	<input type="checkbox"/> Active Restricted Geographical	\$600.00
<input type="checkbox"/> Active Limited License	\$200.00		

### EXPANDED FUNCTION DENTAL ASSISTANT RENEWAL FEES

<input type="checkbox"/> Active EFDA	\$600.00	<input type="checkbox"/> Active Limited License	\$200.00
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## PAYMENT METHOD

Payment Method: <input type="checkbox"/> Check/Money Order (attach with application) <input type="checkbox"/> Credit/Debit Card (credit cards will incur a 3% surcharge)				<b>Total Amount Authorized</b>          \$
Name on Card:		Card Number		
Card Billing Address:		Exp Date:	CVV:	
Street:	City:	State:	Zip:	

You may email your completed application to [nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov); alternatively, you may mail or drop off your completed application with payment to:

Nevada State Board of Dental Examiners  
Attention: Licensing Department  
2651 N Green Valley Pkwy Ste 104  
Henderson NV 89014