

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**

**PETITION FOR REINSTATEMENT OF NON-ACTIVE (INACTIVE, RETIRED,
DISABLED) LICENSE**

COMES NOW Petitioner, _____, and hereby petitions the Nevada State Board of Dental Examiners (NSBDE), pursuant to NAC 631.170, to reinstate the following license:

Dental Dental Hygienist Dental Therapist

which became Non-Active on or about _____. In support hereof, Petitioner affirms, attests and states that the following is true, accurate, and correct:

- 1) Petitioner submits herewith a properly completed, signed and notarized application for licensure on a form supplied on the NSBDE's website along with the proper fees.
- 2) Petitioner satisfies all of the current requirements for issuance of an initial Nevada license as set forth in the relevant Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC).
- 3) Petitioner attests and states that, in this state of Nevada or any other jurisdictions, they have reported:
 - a. Any criminal arrests and/or convictions and any civil court complaints or findings of liability occurring after their initial application for licensure, including but not limited to violations of law related to your occupation or profession and,
 - b. Any claims of unprofessional conduct or professional incompetence against Petitioner occurring after their initial application for licensure, including administrative disciplinary charges brought by any other regulatory body having jurisdiction over the practice of dentistry, or the licensed occupation or profession or any related occupation or profession have been reported with this petition and application and,
 - c. Any significant changes in Petitioner's health or medical condition that could impair Petitioner's ability to practice dentistry or dental hygiene safely. This

includes physical or mental conditions that may limit Petitioner's clinical capacity or pose risks to patient safety and,

- d. All professional liability or civil malpractice claims or settlements that Petitioner has been involved in.
 - e. Any peer review appearances have been report with this petition and application.
- 4) Petitioner acknowledges and agrees that Petitioner does not have a history of substance use or abuse that can impair their ability to practice safely, including any participation in rehabilitation programs related to substance abuse.
 - 5) Petitioner acknowledges and provides his/her express consent and permission to the NSBDE to obtain any and all of Petitioner's medical records; Petitioner's shall provide his/her physicians currently in possession of his/her medical records the signed HIPAA and Nevada Consumer Health Data Privacy Law release form included with the Reinstatement application.
 - 6) Petitioner acknowledges and agrees that Petitioner will satisfy any additional requirements for reinstatement of the license as prescribed by the NSBDE.
 - 7) Petitioner acknowledges and agrees that if the NSBDE reinstates the license, NSBDE may place any conditions, limitations or restrictions of the license as the NSBDE deems necessary.
 - 8) Petitioner acknowledges and agrees that Petitioner is aware of, and has read and understood, all of the provisions of NRS 631.170.
 - 9) Petitioner further acknowledges and agrees that the NSBDE may deny reinstatement of the license if Petitioner fails to comply with any provision of NRS 631.170.
 - 10) Petitioner understands that should the NSBDE deny reinstatement of a license, such is not a contested case for the purposes of judicial review;

APPLICANT

Owner Signature

Owner Name (printed) Last Name, First Name, MI, Suffix

Date of Signature (must correspond with notary date)

NOTARY

State of _____ County of _____

The statement on this document are subscribed and sworn before me this

_____ day of _____, 20____

Notary Public

My Commission Expires