Nevada State Board of Dental Examiners
2651 N Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

EXAM / LICENSE VERIFICATION ORDER FORM

Name of Person Requesting: _____

Contact Telephone Number: _____

Mailing address to which the document is to be sent:

Entity / Office / Individual Name: _____

Street Address: _____

City, State and Zip Code: _____

LICENSE TYPE: ☐ **Dentist - License No:** _____

☐ **Dental Hygienist - License No:** _____

VERIFICATION TYPE: ☐ **License Verification (including applicable permits) - $25.00***

☐ **Nevada Clinical Examination Verification - $25.00***

(If examination and license verifications are requested together, the total fee is $25 for both verifications)

Make note on line below of special Instructions for returning document (if any):

_____

Payment Method:

☐ Check / Money Order Order Total: $_____

☐ Credit Card - MasterCard / Visa / Discover Order Total: $_____
(a 3% surcharge will be assessed to credit cards)

Name on Credit Card: _____

Card Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Exp. Date: _____ / _____ Security Code: _____

Credit Card Billing Address: _____

City, State and Zip Code: _____

Purchasers Signature: _____ **Date:** _____

Request forms are accepted:
By mail to the address at the top of the page, by fax to (702) 486-7046 or email PDF to nsbde@dental.nv.gov

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