

Nevada State Board of Dental Examiners



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VOLUNTARY SURRENDER OF LICENSE

I, _____, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number _____ on the _____ day of _____, 20_____.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Provide full current mailing address including city, state and zip on the line below:

Email address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Licensee Signature

Date of Signature (must correspond with notary date)

State of _____

County of _____

The statements on this document are subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires