



NEVADA STATE BOARD OF DENTAL EXAMINERS
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Wall Certificate Order Form

To receive a hard copy of your wall certificate, please complete the *Wall Certificate Order Form* and return it with the required payment. The completed form may be submitted by email (PDF format only) or mailed to our office. Orders are typically processed within 2–14 business days, or you may choose to pick up your certificate in person.

Please indicate your preferred address for Board correspondence (mailing address). Note that this address will become part of the public record.

NAME _____ License No _____

PRIMARY OFFICE Name _____

Street Address _____

City/State/Zip _____

Office Phone _____ Office Fax _____

Board Correspondence Address – PUBLIC RECORD

ADDITIONAL OFFICE Name (including out of state offices) _____

Address _____

City/State/Zip _____

Office Phone _____ Office Fax _____

***HOME Address** _____

*City/State/Zip _____ *Home Phone _____

* Email _____ *Cell Phone _____

Board Correspondence Address – PUBLIC RECORD

Submit my certificate to: Primary Office Home Address I will pick up in- person

Wall Certificate Request

Quantity (\$25.00 each): _____ (submit payment form, check, or money order)

Licensee Signature

Date

