Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

FACT SHEET

Applicants for Licensure
Limited Dental Licensure For Supervision of
Live Patient Continuing Education Courses
(NRS 631.2715)

Thank you for your interest in applying for a limited dental license to supervise continuing education courses with live patients in the State of Nevada.

Pursuant to NRS 631.2715: The Board shall, without a clinical examination required by NRS 631.240 or 631.300, issue a limited license to a person to supervise courses of continuing education involving live patients at an institute or organization with a permanent facility registered with the Board for the sole purpose of providing postgraduate continuing education in dentistry.

Application:

1). The application form. This form must be complete and notarized.

2). The application fee in the amount of $100.00 (This fee may be remitted in the form of a cashiers check, money order, or MasterCard or Visa charge. A form for charging the fee to MasterCard or Visa is enclosed.)

3). Certification of a degree from a dental school or college accredited by the Commission on Dental Accreditation of the American Dental Association or its successor.

NOTE: When the Board office has received the completed application, application fee ($100.00) and certification of a degree from a dental school or college accredited by the Commission on Dental Accreditation of the American Dental Association or its successor, your completed application will be submitted to the Secretary-Treasurer or Executive Director for review pursuant to state law. Upon review by the Secretary-Treasurer or Executive Director and having met all requirements, your application will be submitted for consideration at a scheduled meeting of the Nevada State Board of Dental Examiners. Following the Board meeting, you will be informed by mail within 15 business days regarding the status of your license application.

NRS 631.2715 Limited license to supervise certain courses of continuing education.

1. The Board shall, without a clinical examination required by NRS 631.240 or 631.300, issue a limited license to a person to supervise courses of continuing education involving live patients at an institute or organization with a permanent facility registered with the Board for the sole purpose of providing postgraduate continuing education in dentistry if the person has received a degree from a dental school or college accredited by the Commission on Dental Accreditation of the American Dental Association or its successor.

2. A limited license issued pursuant to this section expires 1 year after the date of its issuance and may be renewed annually upon submission of proof acceptable to the Board of compliance with subsection 1 and payment of any fee required pursuant to subsection 3.

3. The Board may impose a fee of not more than $100 for the issuance and each renewal of a limited license issued pursuant to this section.

4. A limited license issued pursuant to this section may be suspended or revoked by the Board if the holder of the limited license:

(a) Has had a license to practice dentistry suspended, revoked or placed on probation in another state, territory or possession of the United States, the District of Columbia or a foreign country;

(b) Has been convicted of a felony or misdemeanor involving moral turpitude; or

(c) Has a documented history of substance abuse.

5. A holder of a limited license issued pursuant to this section shall notify the Board in writing by certified mail not later than 30 days after:

(a) The death of a patient being treated by a dentist under the supervision of the holder of a limited license;

(b) Any incident which:

(1) Results in the hospitalization of or a permanent physical or mental injury to a patient being treated by a dentist under the supervision of the holder of a limited license; and

(2) Occurs while the dentist is treating the patient under the supervision of the holder of a limited license; or

(c) Any event or circumstance described in subsection 4.

(Added to NRS by 2009, 1525)

APPLICATION FOR NEVADA LIMITED LICENSURE FOR SUPERVISION

NOTE: *An application is considered complete when the application, all required documents, and fees are on file with the Board office. APPLICATION FEES MUST BE PAID IN ADVANCE AND MAY NOT BE REFUNDED PURSUANT TO NEVADA REVISED STATUTE (NRS) 631.345. YOU WILL BE NOTIFIED WITHIN 15 BUSINESS DAYS UPON APPROVAL OF YOUR APPLICATION BY THE BOARD.*

Please type or print legibly. All questions must be answered. If additional space is needed, attach a separate sheet identifying additional information by Section number. OMISSIONS, INACCURACIES, AND/OR MISREPRESENTATIONS OF INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION. Applicants acknowledge they have a continuing responsibility to update all information contained in this application until such time as the Board takes final action on this application. Failure of an applicant to update the information prior to final action of the Board is grounds for subsequent disciplinary action.

1. FULL NAME _____ **SOCIAL SECURITY #**_____

Have you ever been known by any other name? Yes _____ **No** _____

If yes, state in full every other name by which you have been known, the reason therefore, and the inclusive dates so known: _____

_____

_____

If a name change was made by court order, attach a CERTIFIED COPY of the court order.

If a married woman, state maiden name: _____

2. ADDRESS **Mailing Address** _____

_____

Permanent Address _____
(If different) _____

Practice Address _____
(If any) _____

Telephone Residence ( ) _____

Telephone Cell ( ) _____

Telephone Business ( ) _____ **FAX** ( ) _____

E-mail address _____@_____

3. AGE _____ **Birthdate** _____ **Birthplace** _____
(City, County, State, & Country)

4. DENTAL SCHOOL EDUCATION: DOCTORAL & POST DOCTORAL

Dental School:
(Doctoral) _____ **(Post Doctoral)** _____

City & State: _____ **City & State:** _____

Years attended: **From** _____ *(month & year)* **Years attended** **From** _____ *(month & year)*
(Doctoral) **To** _____ *(month & year)* **(Post Doctoral)** **To** _____ *(month & year)*

Graduation Date:
(Doctoral) _____ **(Post Doctoral)** _____
(Month, Day & Year) *(Month, Day & Year)*

Degree Granted: DDS _____ **DMD** _____ **Specialty (MS)** _____

5. PERMANENT FACILITY ADDRESS:

_____

_____

6. HISTORY OF IMPAIRMENT:

(a) **Do you now, or have you ever, abused alcohol, other chemical substances, or do you have any medical/mental impairments or emotional condition(s) that would impair your ability to perform as a licensee pursuant to NRS and NAC Chapters 631?**
If yes, submit details on separate sheet. **Yes** _____ **No** _____

7. MORAL CHARACTER:

(b) **Have you ever been convicted of a felony or a misdemeanor or a crime involving moral turpitude?** **Yes** _____ **No** _____

(c) **Have you ever entered a plea of nolo contendere to a felony or misdemeanor, or a charge of a crime involving moral turpitude?** **Yes** _____ **No** _____

(d) **Have you ever been summoned, arrested, taken into custody, indicted convicted, tried for, charged with, or pleaded guilty to the violation of any law or ordinance or the commission of any misdemeanor(s) or felony(ies)? Have you ever been requested to appear before a prosecuting attorney or investigative agency in any matter?** ***(Include all incidents, including traffic violations, no matter how minor the infraction or whether guilty or not. Although conviction may have been expunged from the records of the Court, it must be disclosed in your answer to this question.)*** **Yes** _____ **No** _____

8. AFFIDAVIT AND PLEDGE

I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me or who may hereafter attend or examine me from disclosing any knowledge or information that is thereby acquired, and I hereby consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.

The person named as the applicant in the foregoing application and questionnaire, being first duly sworn, deposes and says: I am the applicant for dental licensure referred to; and I have carefully read and understand the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservation of any kind. I further understand I have a continuing obligation to inform the Board should any of my answers since filing this application change prior to the Board issuing my license. In the event I fail to update the answers which have changed since submitting this application, I understand that such failure is ground for revocation of any license issued or denial of the application.

I hereby authorize educational and other institutions, my references (past and present), business and professional associates (past and present), insurance carriers, professional societies, governmental agencies and instrumentalities (local, state, federal or foreign), and independent information gathering services to release to the Nevada State Board of Dental Examiners any information, files or records requested by the Board in connection with the processing of this application.

I hereby pledge myself to the highest standards and ethics in the Practice of Dentistry and further pledge to abide by the laws and regulations pertaining to the practice of dentistry. I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board.

I hereby understand and agree that the title of all licenses shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.

I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THIS APPLICATION ARE GROUNDS FOR REJECTION OF THIS APPLICATION AND THE REVOCATION OF A LICENSE WHICH MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

STATE OF _____

COUNTY OF _____

Signature of Applicant _____

(Notary Seal) **Date** _____

Signature of Notary _____

Nevada State Board of Dental Examiners

William G. Pappas, D.D.S.
President

Tony Guillen, D.D.S.
Secretary-Treasurer

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PERMANENT FACILITY REGISTRATION FORM

Person/Facility Name: _____

Address(es) _____:

Telephone: _____ Email: _____

Owner(s) Name/Contact Name & Number: _____

Date: _____ Type of Facility: _____

Nevada Business ID: _____

File Date: _____ Expiration: _____

(Attach Copy of Nevada Secretary of State Receipt of Registration)

LIVE PATIENT COURSE INFORMATION

Submit a list of all continuing education courses involving live patients with instructor(s):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

AFFIDAVIT AND PLEDGE

I, _____, as owner/operator, hereby expressly waive all provisions of law forbidding any person who has knowledge of or information that is thereby acquired through business with _____(Facility/Entity Name), consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.

The facility/entity named as the registrant in the foregoing application and questionnaire, and I as the owner/operator of said entity/facility, being first duly sworn, deposes and says: I am making registration; and I have carefully read and understand the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservation of any kind. I further understand I have a continuing obligation to inform the Board should any of my answers since filing this registration change. In the event I fail to update the answers which have changed since submitting this registration, I understand that such failure is grounds for revocation of any license issued pursuant to this registration or denial of the application associated with this registration.

I hereby authorize educational and other institutions, my references (past and present), business and professional associates (past and present), insurance carriers, professional societies, governmental agencies and instrumentalities (local, state, federal or foreign), and independent information gathering services to release to the Nevada State Board of Dental Examiners any information, files or records requested by the Board in connection with the processing of this registration.

I hereby pledge the following:

1) *That said facility is a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry*
2) *All courses of continuing education involving live patients will be supervised by dentists licensed in the State of Nevada*
3) *All dentists/hygienists participants in any courses of continuing education involving live patients are actively licensed as a dentist/ hygienist in another state, territory of the United States, District of Columbia, or foreign country*
4) *All dentists/hygienists participants in any courses of continuing education involving live patients have provided patient consent, treatment authorization, health history and appropriate documentation that said patient has been previously treated by the dentist/ hygienist in the jurisdiction in which the dentist/hygienist is licensed*
5) *All dentists/hygienists participants in any courses of continuing education involving live patients will only treat said patient(s) during a course of continuing education at the facility and under supervision of a Nevada licensed dentist including those licensed pursuant to NRS 631.2715*
6) *All applicable regulations of the Nevada State Board of Health will be complied with during any course of continuing education involving live patients*
7) *All applicable guidelines concerning infection control from the Centers for Disease Control and Prevention will be complied with during any course of continuing education involving live patients*
8) *All applicable provisions of NRS and NAC Chapters 631 as they relate to administration of conscious sedation, deep sedation, general anesthesia, and radiographic equipment will be complied with during any course of continuing education involving live patients*
9) *All copies of credentials and applications for each person licensed pursuant to NRS 631.2715 and employed at the facility are maintained at the facility for inspection by the Nevada State Board of Dental Examiners*
10) *All copies of health records (as defined in NRS 629.021) and documentation of dentists/hygienists participants in any course of continuing education involving live patients is maintained at the facility for inspection by the Nevada State Board of Dental Examiners*
11) *A copy of all Nevada dental licenses for dentists supervising continuing education courses involving live patients are displayed at the facility*

I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board pursuant to the registration of the facility owned and operated by an institute or organization providing postgraduate continuing education in dentistry.

I hereby understand and acknowledge that the title of all licenses issued pursuant to NRS 631.2715 shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.

I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THIS REGISTRATION FORM ARE GROUNDS FOR REJECTION OF AN APPLICATION FOR A LICENSE OR REVOCATION OF A LICENSE WHICH MAY HAVE BEEN OBTAINED THROUGH ASSOCIATION WITH THIS REGISTRATION.

STATE OF _____

COUNTY OF _____

Signature of Owner/Operator _____

(Notary Seal)

Date _____

Signature of Notary _____