

**LCB File No. E004-01**

**EMERGENCY REGULATION OF THE BOARD OF  
DENTAL EXAMINERS OF NEVADA**

Effective for 120 days after October 22, 2001  
Proposed as LCB File No. R169-01

NAC 631.030 Application ~~{for license: Contents}~~ *licensure (examination/credentialing): Contents.*

1. An applicant for a license must state in his application:
  - (a) The date and place of his birth;
  - (b) The places where he has resided during the 5 years immediately preceding the date of his application and the names and addresses of two references from each place;
  - (c) The name and mailing address of each person by whom he has been employed since he became 18 years of age;
  - (d) Whether he has ever been self-employed, and if so, when, where and in what kind of business;
  - (e) The schools he has attended and the dates he attended them, and whether he is a graduate of any of them;
  - (f) Whether he has applied for a similar license in another state or a territory of the United States, and if so, the name of the state or territory, the date and the result of his application;
  - (g) If he has been licensed in another state or a territory, whether:
    - (1) There has been any proceeding instituted against him regarding that license; or
    - (2) At the time of filing his application, any disciplinary proceedings are pending or contemplated against him in the other state or territory;
  - (h) Whether he has terminated or attempted to terminate such a license, and if so, his reasons for doing so;
  - (i) Whether he is a naturalized citizen of the United States, and if so, the date and place of his naturalization;
  - (j) If he has applied to become a naturalized citizen but has not yet been naturalized, the date and place of that application;
  - (k) All scores obtained on the examination in which he was granted a certificate by the National Board of Dental Examiners and the date it was issued;
  - (l) Whether he has ever been convicted of a crime involving moral turpitude or has entered a plea of nolo contendere to a charge of such a crime, and if so, the date and place of his conviction or plea and the sentence, if any, which was imposed;
  - ~~{(m) The date and address of his last physical examination and the name of the physician who performed that examination;~~
  - ~~{(n)}~~(m) If he has been out of active practice for more than 1 year, how he has maintained his clinical skills;
  - (n) Whether he has had any felony convictions, and if so, attach any documents relevant to said conviction;*

- (o) *Whether he has had one or more misdemeanor convictions, and if so, attach any documents relevant to said conviction ;*
- (p) *Whether he has had two or more malpractice judgments against him, and if so, attach any documents relevant to said malpractice judgments;*
- (q) *Whether he has had two or more malpractice settlements in excess of \$5,000, and if so, attach any settlement documents;*
- (r) *Whether he has had two or more peer review actions where the recommendation was adverse to the applicant, and if so, attach any settlement documents;*
- (s) *Whether he has had a history of substance abuse, and if so, attach any documents relevant to said substance abuse;*
- (t) *Whether he has had a history of infectious disease, and if so, attach any documents relevant to said infectious disease;*
- (u) *Whether he has been refused permission to take a licensing examination by any other state, and if so, attach any documents relevant to said refusal;*
- (v) *Whether he has been denied a license by any other state, and if so, attach any documents relevant to said denial;*
- (w) *Whether he has failed two or more licensing examinations in this or any other state or regional testing agency, and if so, attach any documents relevant to said failure;*
- (x) *Whether he has had his license to practice dentistry or dental hygiene in this state or any other state or territory of the United States or the District of Columbia suspended, revoked, placed on probation, received a public remand, his or her practice supervised or is currently involved in any disciplinary action concerning his license to practice in any other state, and if so, attach any relevant documents; and*

~~[(o)]~~(y) Any other information requested by the board.

~~[2.—The applicant must also include with his application;~~

- ~~—(a)—A properly executed request to release information; and~~
- ~~—(b)—Two sets of certified fingerprint cards.]~~

2. *Any applicant for examination shall deliver to the Board at least 45 days prior to the examination the following documents. In the event the applicant fails to deliver any of the listed documents at least 45 days prior to the examination, the board's executive director and/or secretary-treasurer shall reject the application and inform the applicant he is not eligible for examination until the next scheduled examination.*

- (a) *Completed and signed application form as issued by the board including a properly executed request to release information;*
- (b) *Applicable fees;*
- (c) *Two sets of certified fingerprint cards and an authorization form allowing the board to submit the fingerprint forms to law enforcement agencies for verification of background information;*
- (d) *Certified transcripts of any pre-dental school or pre-dental hygiene school colleges or universities attended by the applicant;*
- (e) *Certified transcript of dental school or dental hygiene school including degree awarded;*
- (f) *Verification from the current dean of the dental school or dental hygiene school attended attesting to the applicant's acceptability for licensure;*
- (g) *Certification of license status from all states in which the applicant is now or has ever been licensed to practice;*

*(h) Certified copies of any criminal proceedings, malpractice cases and/or administrative actions against the applicant;*

*(i) Copy of current C.P.R. certification;*

*(j) Copy of National Board of Dental Examiners score card;*

*(k) Testimonials from two licensed dentists attesting to the moral character and acceptability of the applicant for licensure;*

*(l) In the case of an applicant who is not a citizen of the United States, a copy of his naturalization papers or other document attesting that he is legally eligible to reside and work in the United States; and*

*(m) Malpractice insurance policy showing effective dates and limits of liability. Policy must be effective during the examination dates.*

*3. Applicants for licensure without examination shall deliver to the board office, at least 45 days prior to the board meeting, documents listed in Section 2(a-l). In addition to the documents listed in Section 2(a-l), the applicant for licensure without examination shall submit proof of a minimum of 1000 hours of clinical practice per year for at least five of the seven years immediately preceding the date of the application. In the event the applicant fails to deliver to the board office any of the documents listed in Section 2(a-l), at least 45 days prior to a meeting of the board, the board's executive director and/or secretary-treasurer shall reject the application and inform the applicant he is not eligible for consideration for licensure without examination until the next scheduled board meeting.*

*4. Pursuant to N.R.S. 631.240, applicants for licensure without examination must pass an examination on the contents and interpretation of Chapter 631 of N.R.S. and the Regulations of the Board at least 45 days prior to the Board meeting to consider the applicant for licensure without examination. The jurisprudence examination shall be given on the first (1st) Monday of each month barring the first Monday being a legal holiday. In such event the jurisprudence examination shall be given on the first (1st) Tuesday of the month.*

NAC 631.050 Rejection of application *for licensure (examination/credentialing)*; reconsideration and review.

1. If the executive director or secretary-treasurer finds that:

(a) An application is:

(1) Deficient;

(2) Not in the proper form; or

(3) ~~Received~~ *Delivered to the board office* less than 45 days before the examination *or board meeting pursuant to NAC 631.030(2) and (3)*; or

(b) The applicant has:

(1) Provided incorrect information;

(2) Not attained the scores required by chapter 631 of NRS; or

(3) Not submitted the required fee,

the executive director or secretary-treasurer will reject the application and return it to the applicant with the reasons for its rejection.

2. If the executive director or secretary-treasurer finds that an applicant has:

(a) A felony conviction;

(b) One or more misdemeanor convictions;

- (c) Two or more malpractice judgments against him;
- (d) Two or more peer review actions where the recommendation was adverse to the applicant;
- (e) A history of substance abuse;
- (f) A history of infectious disease;
- (g) Been refused permission to take a licensing examination by any other state;
- (h) Been denied a license by any other state;
- (i) *Two or more malpractice settlements in excess of \$5,000;*
- (j) *Failed two or more licensing examinations in this or any other state or regional testing agency;*
- (k) *His license to practice dentistry or dental hygiene in this state or any other state or territory of the United States or the District of Columbia has been suspended, revoked, placed on probation, received a public remand, his or her practice supervised or is currently involved in any disciplinary action concerning his license to practice in any other state.*

the executive director or secretary-treasurer may reject the application. If rejected, the application must be returned to the applicant with the reasons for its rejection.

3. If an application is rejected pursuant to subsection 2, the applicant may furnish additional relevant information to the executive director or secretary-treasurer, and request that his application be reconsidered. If an application is rejected following reconsideration by the executive director or secretary-treasurer, the applicant may petition the board for a review of his application at the next regularly scheduled meeting of the board.

**BASED UPON THE REASONS CITED ABOVE AS GOVERNOR OF THE STATE OF NEVADA AND AS AUTHORIZED BY NRS 233B.0613, I HEREBY ENDORSE THE TEMPORARY EMERGENCY REGULATIONS IDENTIFIED ABOVE. PURSUANT TO NRS 233B.070(2), IMMEDIATELY UPON BEING FILED WITH THE SECRETARY OF STATE THE ENDORSED EMERGENCY REGULATIONS SHALL BE IN EFFECT FOR A PERIOD OF ONE HUNDRED TWENTY (120) DAYS.**

Sincerely,

KENNY C. GUINN  
Governor