EQUINE DENTAL PROVIDERS
APPLICATION INSTRUCTIONS AND REQUIREMENTS

(For Faster Application Processing, Please Go to the Application Portal and Submit Your Application, Payment, And Required Documentation Online)

1. A completed application with payment of application fee:
    a. This application fee covers the expense of application, jurisprudence exam administration, and licensing fees. Because licenses are issued on a biannual bases, applicants with less the 1 year prior to renewal will pay a reduced application fee.
    b. You will not be required to submit continuing education upon your first renewal.
    c. Please make check or money order payable to the Nevada State Veterinary Board.
    d. WE DO NOT ACCEPT CASH.
    e. You MUST complete the child support information portion of the application even if you are not under a court order for child support.

2. A 2-inch by 2-inch photograph (Facing forwards, no sunglasses, no hats, or other items covering the face)

3. If licensed or registered in another state, Letters of Good Standing from the licensing agency of each state in which you are currently licensed or have ever been licensed.

4. An official or notarized copy of the credentials from the certifying body for Equine Dentistry
    a. Currently, the Board has approved the International Association of Equine Dentistry as a certifying body for practice in Nevada. If you have been evaluated by a different organization, please contact our office to inquire about the approval process.

5. Please include with your application or send to our office by mail or email a written statement from a Nevada licensed veterinarian experienced in large animal medicine who will be responsible for the direct supervision of the applicant.

6. Passing score of a 90% on the Nevada State Jurisprudence Examination.
    a. You will receive an email with instructions to complete the exam once we have received all other components of your application. Once you have received a passing score, your license will be automatically completed, and you will receive information regarding your credentials.

Checklist for your Nevada EDP Application:

Application	
Photo	
Payment	
Letter of good standing from each state in which you have ever been licensed (if applicable)	
Verification from supervising Nevada veterinarian	
Certification from IAED or other certifying body	

State of Nevada Board of Veterinary Medical Examiners

4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502
(775) 688-1788 phone / (775) 688-1808 fax
Email: mail@vetboard.nv.gov
Website: nvvetboard.nv.gov

Application for Equine Dental Practitioner

(Cash is not accepted and all fees are non-refundable)

Fee*: ☐ July 1, Even Year-June 30, Odd Year: $120 ☐ July 1, Odd Year-June 30, Even Year: $240

PERSONAL INFORMATION

Name: _____
FIRST MIDDLE LAST
Address: _____
City: _____ State: ___ Zip: _____
Telephone: _____
Cell Phone: _____

Social Security Number/TIN: _____
Date of Birth: _____
Place of Birth: _____
E-Mail: _____
Other Name(s) used: _____

Are you a citizen of the U.S. ☐ Yes ☐ No
If no, you must provide proof that you are lawfully entitled to remain and work in the U.S.

Have you ever served in the military? ☐ Yes ☐ No
Branch(es) of Service: _____Dates of Service: From: _____ To: _____

Are you a spouse of an active-duty military member and are relocating to Nevada due to a permanent change of station (PCS)? ☐ Yes ☐ No
If yes, please attach a copy of your spouse's PCS as you may qualify for expedited processing of your application and waiver of a portion of your application fees.

EQUINE DENTISTRY EDUCATION

School: _____
Address: _____
City: _____ State: ___Zip: _____

Hours of training obtained: _____
Current membership status: _____
Date Graduated/certified: _____

If you are currently or have ever been licensed or registered in another state to work as an equine dental provider (or its equivalent), you must submit a letter of good standing from the State Board or Agency.

State	License Number	Date Issued
State	License Number	Date Issued
State	License Number	Date Issued

Select your application fee based on the date of submission of your application.

SUPERVISOR IN NEVADA, IF APPLICABLE

Employer Name: _____ Starting Date: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

Employer Name: _____	Employer Name: _____
Address: _____	Address: _____
City: _____ State: ___ Zip: _____	City: _____ State: ____ Zip: ____
Start Date_____ Termination Date_____	Start Date_____ Termination Date_____

IF YOU ANSWER IS 'YES' TO ANY OF THE FOLLOWING QUESTIONS, YOU MUST INCLUDE A SIGNED STATEMENT OF EXPLANATION. ADDITIONALLY, COPIES OF ANY DOCUMENTS THAT IDENTIFY THE CIRCUMSTANCES OR CONTAIN A COURT ORDER, AGREEMENT, OR OTHER DISPOSITION ARE REQUIRED.

1. **Have you previously filed an application with the Nevada State Board of Veterinary Medical Examiners? ..... Yes:_____ No: _____**
   If yes, when? _____
2. **Have you ever been charged, arrested or convicted of a felony or misdemeanor? * ..... Yes:_____ No: _____**
3. **Have you ever been found guilty, pleaded guilty, or entered a plea of nolo contendere to any administrative or legal offense in connection with the practice of equine dental services? * ..... Yes:_____ No: _____**
4. **Have you ever surrendered a professional license? * ..... Yes:_____ No: _____**
5. **Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? ..... Yes:_____ No: _____**
6. **Do you take a chemical substance(s) which in any way impairs or limits your ability to practice with reasonable skill and safety? ..... Yes:_____ No: _____**

If yes to Question 6, please answer the following questions.

7. **Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?**
   ..... Yes:_____ No: _____
8. **Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?**
   ..... Yes:_____ No: _____

Please include a passport sized photo of yourself. It must have been taken within 60 days preceding the date of this application.

Please Attach Photo Here

NEVADA BUSINESS LICENSE

NRS 353C requires all licensing boards to provide the following information to the State controller's office.

☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the Provisions of Chapter NRS 76. **My Nevada business license number is:_____**

☐ I do NOT have a Nevada business license number.

☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS chapter 76 and my application is pending

CHILD SUPPORT STATEMENT

PER NRS 638.103, YOU ARE REQUIRED TO SELECT ONE OF THE FOLLOWING STATEMENTS:

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

AFFIRMATION:

I, _____ (Printed Name), do state, affirm, and depose that all representations I have made in this application are true and complete in every respect. I hereby authorize the State of Nevada Board of Veterinary Medical Examiners to make inquiries as it deems necessary to verify the accuracy and completeness of all representations I make as part of my application. In consideration for the services rendered by the State of Nevada Board of Veterinary Medical Examiners, I hereby release, discharge, and exonerate the State of Nevada Board of Veterinary Medical Examiners, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided, or the State of Nevada Board of Veterinary Medical Examiners has obtained.

_____

Signature Date