

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

Unclassified Position Announcement

Nevada State Board of Dental Examiners

Position Title: Investigator

Position Status: Part-time (18-20) hours per week

Hourly rate: \$60.00

Location: Las Vegas. Travel throughout Nevada is required.

Position: Unclassified position entitled to some state benefits; serves at the will of the Nevada State Board of Dental Examiners. The position is funded through professional licensing fees.

Position Summary/Scope of Work: Report to the Nevada State Board of Dental Examiners, this unclassified position is responsible for investigating complaints on behalf of the Board, review complaint, response to complaint, dental records, evaluate patients, if necessary, communicate with patient and licensee, prepare findings and recommendations to Review Panel, attending hearings, monitor clinical practice as part of stipulation agreements.

Minimum Education & Licenses Required: Graduation from an accredited four year college or university and graduation from an accredited dental school. Applicants must possess a valid Nevada driver's license at the time of appointment and must hold an active dental license in good standing for the past 5 years. No board actions. Applicant may not be in private dental practice.

Skills Required: Applicants must be skilled in verbal and written communications, planning, computer software, prioritizing and executing deadlines without need for supervision. Applicants must be highly professional, well organized and self-motivated.

Note: *This position announcement lists the major duties and requirements of the job and is not all-inclusive. The successful applicant will be expected to perform additional job-related duties and may be required to have or develop additional specific job-related knowledge and skills.*



Nevada State Board of Dental Examiners

Employment Application

Investigator Position – Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: **Part-time Investigator (18-20 hours per week)**

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

Undergraduate College/University: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Dental School/College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Dental License

Please list all states where you have been issued a dental license and license information:

State: _____ License Number: _____
Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: Yes or No

State: _____ License Number: _____
Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: Yes or No

State: _____ License Number: _____
Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: Yes or No

Employment History

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Interested applicants must submit their cover letter, application, and a list of professional references no later than **September 18, 2019** to:

Nevada State Board of Dental Examiners
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Las Vegas, Nevada 89118
FAX: (702) 486-7046
Email: nsbde@nsbde.nv.gov