

**NEVADA STATE BOARD OF DENTAL  
EXAMINERS**

**BOARD MEETING**

**12-13-2013**

**PUBLIC COPY**

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**NEVADA STATE BOARD OF DENTAL EXAMINERS**  
6010 South Rainbow Boulevard, Ste A-1  
Las Vegas, Nevada 89118

Videoconferencing is available at the Board office, 6010 S Rainbow Boulevard, Suite A-1, in Las Vegas and at the Nevada State Board of Medical Examiners located at 1105 Terminal Way, Suite 301, Reno, NV 89502

**NOTICE OF PUBLIC MEETING**

**Friday, October 4, 2013**  
**9:00 a.m.**

**DRAFT Minutes**

**Please Note:** The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. See NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

At the discretion of the Chair, public comment is welcomed by the Board, but will be heard only when that item is reached and will be limited to five minutes per person. A public comment time will also be available as the last item on the agenda. The Chair may allow additional time to be given a speaker as time allows and in his/her sole discretion. Once all items on the agenda are completed the meeting will adjourn.

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*Asterisks (\*) denote items on which the Board may take action.  
Action by the Board on an item may be to approve, deny, amend, or table.*

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**\*1. Call to Order, roll call and establish quorum** (For Possible Action)

Dr. Kinard called the meeting to order and Ms. Shaffer conducted the following role call:

Dr. Jade Miller-----	PRESENT
Dr. Gregory Pisani-----	PRESENT
Dr. Byron Blasco-----	PRESENT
Dr. J Gordon Kinard-----	PRESENT
Dr. Timothy Pinther-----	PRESENT
Dr. Jason Champagne-----	EXCUSED
Dr. J. Stephen Sill-----	PRESENT
Mrs. Theresa Guillen-----	PRESENT
Mrs. Leslea Villigan-----	PRESENT
Mrs. Caryn L Solie-----	PRESENT
Mrs. Lisa Wark-----	PRESENT

Others Present: John Hunt, Board Legal Counsel; Debra Shaffer, Executive Director.

Public Attendees: Stacie Hummel, Hummel & Associates; Wendy Woodall, UNLV; Jessica Taylor, Esquire, Counsel for Dr. Jensen and Dr. Duong; Jaleh Pourhamidi, Roseman University of Health Sciences; Amber Benjamin; Michelle Fasbinder; Shari Peterson, CSN; Robert Talley, DDS, Nevada Dental Association; Brian Gibson, Lionel, Sawyer, & Colins; Kimberly Johnson, Esquire, Laurel Tokunaga Gates & Linn.

Pledge of Allegiance.

58 2. **Public Comment:** No comments.  
59

60 **Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has**  
61 **been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)**

62  
63 **\*3. Executive Director's Report** (For Possible Action)  
64

65 **\*a. Minutes** (For Possible Action)  
66

- 67 (1) Budget & Finance Committee Meeting (07/29/2013) (For Possible Action)
- 68 (2) Board Meeting - 08/02/2013 (For Possible Action)
- 69 (3) Board Meeting – 09/05/2013 (For Possible Action)

70  
71 Dr. Miller asked that there were some corrections needed in the meeting minutes from August 2<sup>nd</sup>  
72 regarding site permits. Ms. Shaffer indicated that she would make the corrections.  
73

74 MOTION: Dr. Sill made the motion to adopt the minutes with the noted corrections. Dr. Blasco seconded  
75 the motion. All were in favor.  
76

77 **\*b. Approval for travel to the AADB Meeting in New Orleans, LA October 30-31, 2013**  
78 (For Possible Action)  
79

- 80 (1) James G Kinard, DDS (For Possible Action)
- 81 (2) Leslea Villigan, RDH (For Possible Action)
- 82 (3) Jade Miller, DDS (For Possible Action)
- 83 (4) Theresa Guillen, RDH (For Possible Action)

84  
85 Ms. Shaffer indicated that Ms. Villigan will be traveling in place of Dr. Blasco. It was noted that the Board  
86 would be paying the registration fees for the Board members, and that Board members can submit their  
87 expense reimbursements to the Board.  
88

89 MOTION: Dr. Blasco made the motion to approve. Dr. Sill seconded the motion. All were in favor.  
90

91 **\*c. Approval from NSBDE for Representative to ADEX House of Representatives**  
92 (For Possible Action)  
93

- 94 (1) Rick B Thiriot, DDS (For Possible Action)  
95

96 Dr. Miller inquired if expenses would be reimbursed by ADEX. Ms. Shaffer responded affirmatively. Mrs.  
97 Wark commented that she would be traveling with Dr. Thiriot and noted to the Board that she is the District  
98 12 Consumer Representative.  
99

100 MOTION: Dr. Blasco made the motion to approve. Dr. Miller seconded the motion. All were in favor.  
101

102 **\*d. Approval for Calendar of Events 2014 – NRS 631.190** (For Possible Action)  
103  
104

105 Dr. Miller asked that the meeting for April please be change in possible to April 4<sup>th</sup> instead of April 11<sup>th</sup>, as  
106 he has a conflict on the date presented. Dr. Kinard indicated that he would have staff look into other  
107 available dates.  
108

109 MOTION: Mrs. Wark made the motion to approve. Mrs. Solie seconded the motion. All were in favor.  
110

111 **\*e. Review of Balance Sheet/Financials for month of July 2013** (For Possible Action)  
112

113 Dr. Miller inquired on the professional fees, to which Mrs. Hummel indicated that the amount budgeted  
114 was based on historical fees. There was discussion of fees for random inspection of offices for infection  
115 control. They continued on to discuss travel reimbursements for investigators and inspectors. Ms. Shaffer  
116 went over the amounts reimbursed per diem, travel, etc. Ms. Shaffer noted to Dr. Miller that letters were  
118 sent out to permit holders who could potentially be interested in becoming an inspector for the Board.  
119 There was discussion on consideration of increasing the rates for evaluators. However, the Board would  
120 address that after the Workshop regarding schedule of fees.

121 MOTION: Dr. Miller made the motion to approve. Mrs. Wark seconded the motion. All were in favor.

122  
123 **\*f. Approval to Submit Audit to the State** (For Possible Action)

124  
125 The Board reviewed audits from previous years and compared how far the Board has come. They  
126 discussed the 2013 audit. Stacie indicated to the Board that they were able to save money, collect a  
127 significant amount in reimbursed legal fees and project cuts were made.

128  
129 MOTION: Mrs. Wark made the motion to approve. Dr. Pinther seconded the motion. All were in favor.

130  
131 MOTION: Dr. Sill made the motion to go out of order to agenda item 5(a). Mrs. Wark seconded the  
132 motion. All were in favor.

133  
134 **\*5. New Business** (For Possible Action)

135  
136 **\*a. Discussion at the request of Sharon Peterson, RDH, Program Director for CSN**  
137 **Dental Hygiene Program regarding protocol for dental hygiene licensure**  
138 **NRS631.300 and NAC 631.030** (For Possible Action)

139  
140 Mrs. Peterson approached the Board Members. She asked that the Board reconsider the application  
141 process and, perhaps, simplify the process. Mrs. Peterson commented that sometimes applicants aren't  
142 aware of the items needed to complete the application process and are not notified when their application  
143 is received and if there are any outstanding items. Mr. Hunt noted to Mrs. Peterson that the Board staff  
144 works hard to comply with the statutes and regulations. Mr. Hunt noted that the applicant is ultimately  
145 responsible to ensure that the application and all required information is submitted in a timely matter. Ms.  
146 Shaffer noted to Mrs. Peterson that the Board recently revamped all the application documents, and  
147 created a checklist for the applicants to use as a guideline of what items need to be submitted. Mrs.  
148 Peterson indicated that there is sometimes a delay in degrees being posted to an applicants' final  
149 transcript and asked if the Board would be willing to accept the Background report prior to the background  
150 company receiving the transcript. Dr. Sill indicated that having the background report forwarded to the  
151 Board if the transcript is the only document pending, would be okay. Dr. Blasco commented to Mrs.  
152 Peterson that the applicant is ultimately responsible for verifying with the Board of the necessary  
153 documents needed by the Board to complete their application, and to ensure that they have submitted all  
154 required documents.

155  
156 MOTION: Dr. Sill made the motion to return to agenda order. Mrs. Villigan seconded the motion. All were  
157 in favor.

158  
159 **\*4. Board Counsel's Report** (For Possible Action)

160  
161 **\*a. Legal Actions/Lawsuit(s) Update** (For Possible Action)

162  
163 Mr. Hunt noted to the Board that there has been no new litigation since October of 2012. He indicated that  
164 he has met with the District Attorney to discuss those practicing dentistry illegally. He reminded the board  
165 members that stipulation agreements must not be discussed outside of the Board. He noted further, that  
166 corrective action stipulation agreements allow a practitioner to amend their errors without it being reported  
167 to the National Practitioners Data Bank.

169  
170 **\*b. Consideration of Stipulation Agreements** (For Possible Action)  
171

172 **\*(1) William B Gussow, DDS** (For Possible Action)  
173

174 Mr. Hunt went over the provisions of the corrective action stipulation agreement.  
175

176 MOTION: Dr. Sill made the motion to adopt the correction action stipulation agreement. Mrs. Wark  
177 seconded the motion. All were in favor.  
178

179 **\*(2) Jaren T Jensen, DDS** (For Possible Action)  
180

181 Mr. Hunt went over the provisions of the corrective action stipulation agreement.  
182

183 MOTION: Dr. Blasco made the motion to adopt the correction action stipulation agreement. Mrs. Wark  
184 seconded the motion. All were in favor.  
185

186 **\*(3) Trung Q Xa, DDS** (For Possible Action)  
187

188 Mr. Hunt went over the provisions of the corrective action stipulation agreement.  
189

190 MOTION: Mrs. Wark made the motion to adopt the correction action stipulation agreement. Dr. Pinther  
191 seconded the motion. All were in favor.  
192

193 **\*(4) Joseph Duong, DDS** (For Possible Action)  
194  
195

196 Mr. Hunt went over the provisions of the corrective action stipulation agreement.  
197

198 MOTION: Dr. Pinther made the motion to adopt the correction action stipulation agreement. Mrs. Wark  
199 seconded the motion. All were in favor.  
200

201 **\*(5) Thien T Tang, DDS** (For Possible Action)  
202  
203

204 Mr. Hunt went over the provisions of the corrective action stipulation agreement.  
205

206 MOTION: Mrs. Wark made the motion to adopt the correction action stipulation agreement. Mrs. Villigan  
207 seconded the motion. All were in favor.  
208

209 **\*(6) Robin Lee, DDS** (For Possible Action)  
210

211 Mr. Hunt went over the provisions of the corrective action stipulation agreement.  
212

213 MOTION: Mrs. Wark made the motion to adopt the correction action stipulation agreement. Dr. Sill  
214 seconded the motion. All were in favor.  
215

216 **\*(7) James Callaway, DDS** (For Possible Action)  
217

218 Ms. Johnson, counsel for Dr. Callaway was present. Mr. Hunt went over the provisions of the disciplinary  
219 stipulation agreement. Dr. Blasco noted a typographical error in the stipulation agreement. Mr. Hunt  
220 indicated that they will correct the error.  
221

222 MOTION: Dr. Blasco made the motion to adopt the disciplinary stipulation agreement with the noted  
223 change to be made. Dr. Pinther seconded the motion. All were in favor.  
224  
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**\*5. New Business** (For Possible Action)

- \*b. Request for Advisory Opinion from Jaleh Pourhamidi, DMD Program Director in Orthodontics at Roseman University regarding limited license to practice dentistry or dental hygiene– permits authorizing certain persons to practice dentistry or dental hygiene. – NRS 631.271 and NAC 631.279** (For Possible Action)

See advisory opinion on file for public viewing.

RECESS: 11:25 a.m.

RETURN FROM RECESS: 11:33 a.m.

- \*c. Appointment of Board Member to Resource Groups -NRS 631.190** (For Possible Action)

(1) Gregory Pisani, DDS

Dr. Kinard indicated that Dr. Pisani will replace Dr. Soltani's position in the following resource groups:

- o Legal and Disciplinary Action
- o Continuing Education
- o Specialty
- o Infection Control

- \*d. Approval for Re-Classification of Titles and Duties for Employees – NRS 631.190** (For Possible Action)

Dr. Kinard indicated that Ms. Shaffer has assigned new duties and re-classified titles. Ms. Shaffer indicated that current employee duties do not reflect what an employee actually does. After researching with other board agencies, the reclassification would allow for office staff to be cross-trained. She added that some of the duties were changed per the recommendations by the auditors for risk management purposes. She added, further, that based on the reclassification new positions and increased duties, a percentage was granted for increase the salaries; which increase in salaries was previously approved by the Board upon approving the Board budget at the last held Board meeting.

Mrs. Wark inquired on who is in charge of the office when the Executive Director is off. Ms. Shaffer indicated that Ms. Stratton is in charge. Dr. Miller and Mrs. Wark inquired on the disciplinary process and the assignment of DSOs'. They inquired on the amount of involvement Mr. Morales plays in being the back-up disciplinary assistant for Ms. Shaffer. There was discussion on waiting to fill the part-time receptionist position.

Mr. Hunt noted to the Board that the positions approved are temporary positions and duties can be changed at any time.

MOTION: Dr. Sill made the motion to approve the duty reclassifications and salaries, and hold off on filling the part-time position. Dr. Blasco seconded the motion. All were in favor.

- \*e. Approval for Dental Licensure by ADEX - NRS 631.240(1)(b)(1)** (For Possible Action)

- (1) Edward Y Lee DDS
- (2) Brittany A Wilson DDS

Dr. Sill indicated that he reviewed the applications; all met the criteria, and recommended approval.

MOTION: Mrs. Villigan made the motion to approve. Dr. Miller seconded the motion. All were in favor; Dr. Sill abstained.

- \*f. Approval for Dental Licensure by WREB – NRS 631.240(1)(b)(2)** (For Possible Action)

- (1) Renee M Calkins DDS

- 282 (2) Scott R Cardall DMD
- 283 (3) April J Cole DDS
- 284 (4) Donald J Fowkes DDS
- 285 (5) Jason C Hsieh DDS
- 286 (6) Christina V Myrin DMD
- 287 (7) Christian R Peralta DMD
- 288 (8) Jonathan Shouhed DDS
- 289 (9) Nathan E Swensen DMD
- 290 (10) Benjamin J Whitted DDS
- 291 (11) Jaime N Williams DDS

292  
293 Dr. Sill indicated that he reviewed the applications; all met the criteria, and recommended approval.

294  
295 MOTION: Mrs. Guillen made the motion to approve. Mrs. Wark seconded the motion. All were in favor;  
296 Dr. Sill abstained.

297  
298 **\*g. Approval for Specialty License by Application – NRS 631.250** (For Possible Action)

- 299
- 300 (1) Brian C Anderson DDS – Orthodontics
- 301 (2) Scott R Cardall DMD – Orthodontics
- 302 (3) Pamela C Ejiopor DDS – Pediatric Dentistry
- 303 (4) Shokofeh R Motlagh DMD – Orthodontics
- 304

305 **\*h. Approval for Specialty License by Credential – NRS 631.255(1)(a)** (For Possible Action)

- 306
- 307 (1) Craig K Andresen DDS – Prosthodontics
- 308 (2) Matthew H Gustafsson DDS, MS – Pediatric Dentistry
- 309

310 **\*i. Approval for Specialty License by Credential – NRS 631.255(1)(b)** (For Possible Action)

- 311
- 312 (1) Allison Y Andresen DDS – Prosthodontics
- 313 (2) Edward D Asdel DDS – Endodontics
- 314 (3) Greg Y Kim DDS – Endodontics
- 315 (4) Micah G Mortensen DDS, MS – Orthodontics
- 316 (5) Ryan R Plewe DDS - Orthodontics
- 317

318  
319 Dr. Sill indicated that he reviewed the applications of applicants under (g) (h) (i); all met the criteria, and  
320 recommended approval.

321  
322 MOTION: Mrs. Guillen made the motion to approve agenda items (5)(g)(h)(i). Mrs. Wark seconded the  
323 motion. All were in favor; Dr. Sill abstained.

324  
325 **\*j. Approval for Limited License for Post-Graduate Residency Program –**  
326 **NRS 631.271 (Pending 90-Day Completion)** (For Possible Action)

- 327
- 328 (1) Lauren M Wegrzyniak DMD
- 329

330 Dr. Sill indicated that he reviewed the application; it met the minimum requirements for a license  
331 contingent upon receiving the background report. He recommended approval.

332  
333 MOTION: Mrs. Wark made the motion to approve. Mrs. Villigan seconded the motion. All were in favor; Dr.  
334 Sill abstained.

338  
339 **\*k. Approval for Limited License for Supervision of Live-Patient Continuing Education**  
340 **Course – NRS 631.2715 (For Possible Action)**

- 341  
342 (1) Norman R Thomas DDS -----TABLE

343  
344 MOTION: Dr. Miller made the motion to table this agenda item. Mrs. Guillen seconded the motion. All  
345 were in favor; Dr. Sill abstained.

346  
347 **\*l. Approval for Dental Hygiene Licensure by ADEX – NRS 631.300(1)(b)(1)**  
348 **(For Possible Action)**

- 349  
350 (1) Sydni M Morris RDH  
351 (2) Eugenia M Moses RDH  
352 (3) Lisa M Nitkowski RDH  
353 (4) Christy L Thomas RDH  
354

355 Dr. Sill indicated that he reviewed the applications; all met the criteria, and recommended approval.

356  
357 MOTION: Mrs. Villigan made the motion to approve. Dr. Blasco seconded the motion. All were in favor;  
358 Dr. Sill abstained.

359  
360 **\*m. Approval for Dental Hygiene Licensure by WREB – NRS 631.300(1)(b)(2)**  
361 **(For Possible Action)**

- (1) Lindsey A Baldini RDH (7) Lloyd L Howard RDH  
(2) Amber M Benjamin RDH (8) Melissa Hunnicutt RDH  
(3) Michelle R Fasbinder RDH (9) April K Larsen RDH  
(4) Katelyn I Francoeur RDH (10) Danielle L Lemmel RDH  
(5) Jessica L Goette RDH (11) Lani E Ward RDH  
(6) Laura G Helber RDH (12) Jason J Williams RDH

362  
363 Dr. Sill indicated that he reviewed the applications; all met the criteria, and recommended approval.

364  
365 MOTION: Mrs. Villigan made the motion to approve. Mrs. Wark seconded the motion. All were in favor;  
366 Dr. Sill abstained.

367  
368 **\*n. Approval of Voluntary Surrender of License – NAC 631.160 (For Possible Action)**  
369

- 370 (1) Reen U Chung DDS  
371 (2) Kathleen S Bennett RDH  
372 (3) Frances Cox RDH  
373 (4) Kelly J Hicks RDH  
374 (5) Laralyn D Jones RDH  
375 (6) Anna M Lindstrom RDH  
376 (7) Jana F Lucas RDH  
377 (8) Lonnie C Lindstrom RDH  
378 (9) Georgia L Ryan RDH.  
379

380 Ms. Shaffer indicated that previously a change was made to not require the renewal of a retired licensees,  
381 however, the statutes and regulations require all licensees registered with the Board must renew annually  
382 or biennially depending on the license type. These individuals have opted to surrender their license.

383  
384 MOTION: Dr. Sill made the motion to approve. Mrs. Wark seconded the motion. All were in favor.  
385  
386

387  
388 **\*o. Reactivation of Inactive Specialty License (Periodontia) – NAC 631.170**

389 (For Possible Action)

- 390  
391 (1) Jennifer S Cha DMD – Periodontics

392  
393 Ms. Shaffer indicated that Dr. Cha previously held a periodontal license, but had it placed on inactive so  
394 that she could practice general dentistry. She would like to reactivate her specialty license. Board  
395 members inquired on the civil cases noted by Dr. Cha, however, no information on said cases was  
396 provided.

397  
398 MOTION: Dr. Miller made the motion to table this item, and asked that Board staff request more  
399 information on the civil cases noted on the reactivation form. Mrs. Guillen seconded the motion. All were  
400 in favor.

401  
402  
403 **\*p. Approval of Public Health Endorsement – NRS 631.287** (For Possible Action)

- 404  
405 (1) Anastasia Cheremnykh, RDH – Future Smiles

406  
407 MOTION: Mrs. Villigan made the motion to approve. Mrs. Guillen seconded the motion. All were in favor.

408  
409  
410 **\*q. Approval for Anesthesia-Temporary Permit – NAC 631.2254** (For Possible Action)

411  
412 **\*(1) General Anesthesia** (For Possible Action)

- 413 a. Nathan R Baxter, DDS

414  
415 **\*(2) Conscious Sedation** (For Possible Action)

- 416 a. Pamela C Ejiofor, DDS

417  
418 Dr. Miller indicated that he and Dr. Sill both reviewed the applications and recommended approval.

419  
420 MOTION: Dr. Pinther made the motion to approve both applications. Mrs. Guillen seconded the motion.  
421 All were in favor; Dr. Miller and Dr. Sill abstained.

422  
423  
424 **\*r. Approval for Anesthesia-Permanent Permit – NAC 631.2233** (For Possible Action)

425  
426 **\*(1) General Anesthesia** (For Possible Action)

- 427 a. Bryce D Leavitt, DMD

428  
429 **\*(2) Conscious Sedation** (For Possible Action)

- 430 a. Benjamin D Syndergaard, DMD  
431 b. Crystal L Bill, DMD

432  
433 Dr. Miller indicated that he and Dr. Sill both reviewed the applications and recommended approval.

434  
435 MOTION: Dr. Pinther made the motion to approve both applications. Mrs. Guillen seconded the motion.  
436 All were in favor; Dr. Miller and Dr. Sill abstained.

437  
438  
439 **\*s. Approval for a 90-Day Extension of Anesthesia Permit – NAC 631.2254(2)**

440 (For Possible Action)

- 441  
442 **\*(1) General Anesthesia** (For Possible Action)

443 a. Shaheen M Moezzi, DDS

444 Dr. Miller indicated that he and Dr. Sill both reviewed the applications and recommended approval.

445  
446 MOTION: Dr. Pinther made the motion to approve both applications. Mrs. Guillen seconded the motion.  
447 All were in favor; Dr. Miller and Dr. Sill abstained.

448  
449 **6. Resource Group Reports**

- 450  
451 \*a. **Legislative and Dental Practice** (For Possible Action)  
452 (Chair: Dr. Pinther; Dr. Champagne; Dr. Blasco; Dr. Kinard; Mrs. Guillen, Mrs. Wark)

453  
454 Dr. Pinther indicated that a meeting for this group is going to be held after the Board meeting in  
455 December.

- 456  
457 \*b. **Legal and Disciplinary Action** (For Possible Action)  
458 (Chair: Dr. Kinard; Dr. Pisani; Dr. Sill; Dr. Blasco; Mrs. Villigan; Mrs. Wark)

459  
460 No report.

- 461  
462 \*c. **Examinations** (For Possible Action)

- 463  
464 \*(1) **Dental** (For Possible Action)  
465 (Chair: Dr. Miller; Dr. Kinard and Mrs. Guillen)

466  
467 No report.

- 468  
469 \*(2) **Dental Hygiene** (For Possible Action)  
470 (Chair: Mrs. Villigan; Mrs. Guillen, Ms. Solie; Dr. Pinther)

471  
472 No report.

- 473  
474 \*d. **Continuing Education** (For Possible Action)  
475 (Chair: Dr. Sill; Dr. Blasco; Dr. Soltani; Mrs. Villigan; Ms. Solie)

476  
477 No report.

- 478  
479 \*e. **Committee of Dental Hygiene** (For Possible Action)  
480 (Chair: Mrs. Guillen; Mrs. Villigan, Ms. Solie; Dr. Sill)

481  
482 No report.

- 483  
484 \*f. **Specialty** (For Possible Action)  
485 (Chair: Dr. Soltani; Dr. Miller; Dr. Pinther)

486  
487 No report.

- 488  
489 \*g. **Anesthesia** (For Possible Action)  
490 (Chair: Dr. Miller; Dr. Pinther; Dr. Champagne, Dr. Kinard)

491  
492 Dr. Miller thanked Dr. Tony Guillen and Dr. Thomas Kutansky for all their former work on the  
493 evaluation team. He asked Ms. Shaffer to work with Board Special Counsel, Lee Drizin, on scheduling a  
494 workshop for the regulation changes.

- 495  
496 \*h. **Infection Control** (For Possible Action)  
497 (Chair: Mrs. Villigan; Dr. Blasco; Dr. Champagne; Dr. Soltani; Ms. Solie; Mrs. Wark)

499 Ms. Shaffer indicated that office staff has developed an initial office inspection request form for new  
500 offices to use to notify the Board.

501  
502  
503 \*i. **Budget and Finance Committee** (For Possible Action)  
504 (Chair: Dr Sill, Mrs. Wark, Mrs. Guillen)

505  
506 No report.

507  
508 **7. Public Comment:** No public comment.  
509

510 **Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has**  
511 **been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)**

512  
513 **8. Announcements:** Dr. Miller noted to the Board that Dr. Pinson will be giving a meeting at the Northern  
514 Nevada Dental Society on December 10, 2013 on prescription writing.

515 Ms. Shaffer welcomed Dr. Pisani to the Board. She noted to the Board that board staff will be  
516 developing a new dental hygiene renewal form. She commented to the Board that the Legislative and  
517 Dental Practice Resource Group will be holding a workshop on December 13<sup>th</sup> to go through all the  
518 regulations, with the exception of the anesthesia, to make changes, repeals, and amendments.

519 Mrs. Wark commented that if anyone would like to add anything to the Board newsletter to contact  
520 her or the Board office.

521  
522  
523 \*9. **Adjournment:** Mrs. Wark made the motion to adjourn. Mrs. Guillen seconded the motion. All were in  
524 favor.

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531  
532 Meeting Adjourned at 12:44 pm.

533  
534 Respectfully submitted by:

535  
536 \_\_\_\_\_  
537 Debra Shaffer-Kugel, Executive Director



JOINT COMMISSION  
ON NATIONAL  
DENTAL EXAMINATIONS

Date: November 5, 2013

To: Deans of Dental Schools  
Directors of Dental Hygiene Programs  
Secretaries of State Boards of Dentistry  
Executive Directors of Constituent Dental Societies  
Members, Joint Commission on National Dental Examinations  
Board of Trustees, American Dental Association  
Dr. Kathleen T. O'Loughlin, Executive Director, American Dental Association  
Chairs and Directors, American Dental Association Councils and Commissions  
Mr. John A. Thorner, Executive Director, Academy of General Dentistry  
Mr. James Tarrant, Executive Director, AADB  
Dr. Richard W. Valachovic, Executive Director, ADEA  
Ms. Ann Battrell, Executive Director, ADHA  
Executive Directors, Dental Specialty Organizations

From: Dr. David M. Waldschmidt, Secretary  
Joint Commission on National Dental Examinations

Subject: **Vacancies on National Board Test Construction Committees for 2015**

The Joint Commission on National Dental Examinations (JCNDE) is pleased to announce thirteen Test Construction Committee (TCC) vacancies for the National Board Dental Examinations and six TCC vacancies for the National Board Dental Hygiene Examination, for the 2015 calendar year. The JCNDE requests your assistance in disseminating the attached application information. A list of the TCC vacancies is appended.

The application packet consists of the following:

1. a letter explaining the application process, time commitment, remuneration, and appointment process;
2. the *Selection Criteria for National Board Test Constructors*, describing the composition of the test construction committees and criteria for selecting test constructors; and
3. a *Personal Data Form* (i.e., the application).

Interested individuals must meet the *Selection Criteria* and submit a Personal Data Form to be considered for appointment. Please note that curriculum vitae are not acceptable. All application materials are available on the JCNDE web site at <http://www.ada.org/2291.aspx>.

**Completed Personal Data Forms must be submitted by January 31, 2014.** The Committee on Examination Development or the Committee on Dental Hygiene will review the qualifications of all applicants and provide recommendations to the JCNDE. The JCNDE will make the appointments during its meeting on April 9, 2014. Applicants will be informed of the JCNDE's decision in May of 2014.

Thank you for your assistance in this important endeavor. For additional information on the TCC vacancies for each examination program please contact the corresponding JCNDE Assessment Specialist:

Examination	Assessment Specialist	Phone	Email
NBDE Part I	Jonathan Sprague	(312) 440-2706	<a href="mailto:spraguej@ada.org">spraguej@ada.org</a>
NBDE Part II	Debra Willis	(312) 440-2671	<a href="mailto:willisd@ada.org">willisd@ada.org</a>
NBDHE	Catherine Burns	(312) 440-2936	<a href="mailto:burnsc@ada.org">burnsc@ada.org</a>

**2015 NBDE AND NBDHE TEST CONSTRUCTION COMMITTEE VACANCIES**

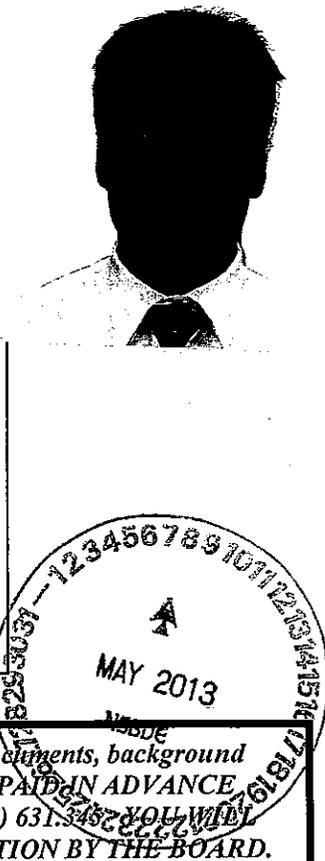
Dental Committees	Discipline Experts (13)
Biochemistry-Physiology	1 biochemistry expert
Endodontic	1 endodontic expert
Operative Dentistry	1 full-time practitioner
Oral Surgery	1 oral & maxillofacial surgery expert
Oral Diagnosis	2 radiology experts 1 oral diagnosis expert 1 oral pathology expert
Orthodontics-Pediatric Dentistry	1 orthodontics expert 1 pediatric dentistry expert
Patient Management	1 full-time practitioner
Periodontics	1 periodontics expert
Prosthodontics	1 fixed prosthodontics expert

Dental Hygiene Committees	Discipline Experts (6)
Dental Hygiene I – Scientific Basis for Dental Hygiene Practice	1 basic science expert 1 pharmacology expert
Dental Hygiene II – Clinical Dental Hygiene	1 radiology expert
Dental Hygiene III – Community Health	1 community health expert
Dental Hygiene Component B – Case-based Items	1 special needs expert 1 radiology expert



**APPLICATION FOR NEVADA DENTAL LICENSURE**

I hereby make application for Nevada Dental licensure by:  
(Please check one below)



Licensure by ADEX-Dental : Administered By: (NRS 631.240)

NERB \$1200 \_\_\_\_\_ CRDTS \$1200 \_\_\_\_\_ NSBDE (Provide Test Date) \_\_\_\_\_

Licensure by WREB Exam: \$1200 X  
(NRS 631.240)

Restricted Geographical: \$600 \_\_\_\_\_  
(NRS 631.274)  
Indicate County(ies) \_\_\_\_\_

Indicate FQHC Facility or Non Profit \_\_\_\_\_

Limited Licensure: \$125 \_\_\_\_\_  
(NRS 631.271)  
Indicate Residency Program \_\_\_\_\_

Instructor/Facility \_\_\_\_\_

Licensure by Credential: \$1200 \_\_\_\_\_  
(NRS 631.255)  
Indicate Specialty (Board Eligible / Diplomate)

Orthodontia \_\_\_\_\_  
Periodontia \_\_\_\_\_  
Endodontia \_\_\_\_\_  
O & M Surgery \_\_\_\_\_  
O & M Pathology \_\_\_\_\_  
O & M Radiology \_\_\_\_\_  
Pediatric Dentistry \_\_\_\_\_  
Prosthodontia \_\_\_\_\_

**NOTE:** An application is considered complete when the application, all required documents, background information, 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 MARK DAVID DANIEL DUNKAN SOCIAL SECURITY # [REDACTED]

Have you ever been known by any other name? Yes \_\_\_\_\_ No X

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: \_\_\_\_\_





**9. DENTAL PRACTICE**

Have you ever been engaged in private dental practice or been employed as a dentist?

Yes  No

*If yes, list the following information for the past ten years including the dates you practiced dentistry: the names and addresses of all employers, partners, associates or persons sharing office space, and the reason for leaving each practice. (Use additional sheets if necessary)*

<u>From</u>	<u>To</u>	<u>Practice Address</u>	<u>Names and Addresses Of Employers, Associates, etc.</u>	<u>Reason for Leaving</u>
8/02	8/08	13913 N MAY AVE OKC, OK 73134	SELF	MOVED
1/96	8/02	6405 N PENN PLACE OKC, OK 73120	Dr. Pat Steffen Same address	opened practice

**10. CONTINUED CLINICAL COMPETENCY**

Have you been out of active practice for one or more years just prior to completing this application?

Yes  No

*If yes, attached a separate sheet with details of how you have maintained your clinical skills.*

**11. HISTORY OF IMPAIRMENT**

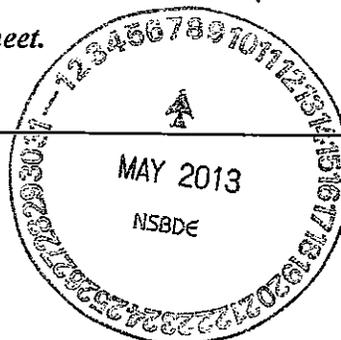
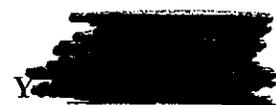
- (a) Do you now, or have you ever, abused alcohol, other chemical substances, or do you have any medical/mental impairments or emotional condition(s) that would impair your ability to perform as a licensee pursuant to NRS and NAC Chapters 631?

*If yes, submit details on separate sheet.*



- (b) Do you now, or have you ever had, any contagious or infectious disease(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.*



**12. EXAMINATION AND LICENSURE HISTORY**

- (a) Have you ever participated as a candidate in dental clinical examination(s) administered by Nevada or any state, territory, or the District of Columbia or any Regional Testing Agency? Yes  No

*If yes, list the following for each examination (use additional sheets if necessary):*

<u>State, Territory, DC or Regional Testing Agency</u>	<u>Date(s) of Each Clinical Examination</u>	<u>Result of Each Clinical Examination</u>
WREB	MAY 1995	Passed
WREB	MAY 2008	Passed

- (b) Have you ever applied for a license to practice dentistry? Yes  No

*If yes, list the following for each state, territory or the District of Columbia (use additional sheets if necessary):*

<u>State, Territory or District of Columbia</u>	<u>Date of Each Application</u>	<u>Result of Each Application</u>
OKLAHOMA	12/31/1995	Granted
NEVADA	7/25/2008	Denied
NEVADA	5/1/2013	

- (c) Have any proceedings been initiated against you to revoke or suspend your dental license? 
- (d) At the time you filed this application, were any disciplinary proceedings pending against you, including complaints or investigations, in any other state, territory or the District of Columbia? 
- (e) Have you ever been terminated or attempted to terminate or surrender a dental license in any state, territory or the District of Columbia? 
- (f) Have you ever been denied a dental license in this state, another state, or a territory of the U.S. or the District of Columbia? 

*If you answered 'yes' to questions 12(c), 12(d), 12(e) and/or 12(f), provide a full explanation of each answer on a separate sheet and attach to this application.*



**13. MORAL CHARACTER**

(a) As a member of any profession or association connected with the practice of dentistry, or as a staff member at a hospital, outpatient clinic, or surgery center, or as a holder of public office:

(1) Have you ever been suspended or otherwise disqualified? [REDACTED]

(2) Have you ever been reprimanded, censored, restricted or otherwise disciplined? [REDACTED]

(3) Have any charges or complaints, formal or informal, ever been made or filed against you, or have any proceedings been instituted against you? [REDACTED]

(4) Have you ever been requested to appear before a Peer Review Committee? [REDACTED]

(5) Have your clinical privileges or procedures been restricted by any hospital, outpatient clinic or surgery center? [REDACTED]

(b) Have you ever been convicted of a felony or a misdemeanor or a crime involving moral turpitude? [REDACTED]

(c) Have you ever entered a plea of nolo contendere to a felony or misdemeanor, or a charge of a crime involving moral turpitude? [REDACTED]

(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.) [REDACTED]

(e) Have you ever been declared a ward of any court, or adjudged as incompetent, or have any proceedings ever been brought to have you declared a ward of any court or adjudged as incompetent, or have you ever been committed to any institution? [REDACTED]

(f) Have you ever had any claims of malpractice filed against you? [REDACTED]

(g) Have you ever been dropped, suspended, expelled or disciplined by any school or college for any cause whatsoever? [REDACTED]

*If your answer is 'yes' to any of the foregoing questions (13 a-g), furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof. You must provide certified copies of any arrest or conviction and/or any plea agreements entered into for any felony(ies) or misdemeanor(s).*

(h) Have you ever held a bonded position? [REDACTED]

*If so, specify the nature of each position, the dates and amount of the bond, and whether or not anyone ever sought to cancel or recover upon your bond. Use a separate sheet if necessary.*

(i) Have you ever served in the armed forces of the U.S. or any other country? *If yes, complete the questions listed below.* [REDACTED]

(1) U.S. Branch of Service \_\_\_\_\_ Country other than the U.S. \_\_\_\_\_

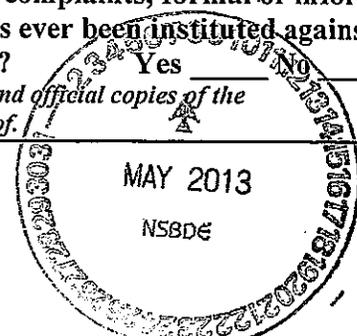
(2) Inclusive dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Serial No. \_\_\_\_\_

(3) Separation Date, if applicable \_\_\_\_\_ Nature of Separation \_\_\_\_\_

*If other than honorable, specify type thereof and circumstances on a separate sheet.*

(4) As a member of such armed forces, have any charges or complaints, formal or informal ever been made or filed against you, or have any proceedings ever been instituted against you, or have you ever been a defendant in any court martial? Yes \_\_\_\_\_

*If yes, submit a written statement with complete facts and disposition of charge(s) and official copies of the records for each occurrence from the authorities in possession of the records thereof.*



14. STATEMENT OF CHILD SUPPORT

Pursuant to state and federal mandated requirements, I further certify that (place an X on the appropriate line):

- (1)  I am NOT subject to a court order for the support of one or more children.
- (2)  I AM subject to a court order for the support of one or more children. (continue to 2a or 2b below)
  - (a)  I am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.
  - (b)  I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.

15. 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.

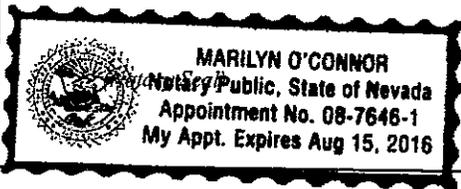
STATE OF NEVADA

COUNTY OF CLARK

Signature of Applicant

Date

Signature of Notary



Handwritten signature of applicant, date 4-30-13, and handwritten signature of notary. Includes a circular stamp: MAY 2013 NSBDE.





# 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

## APPLICATION TO REACTIVATE AN INACTIVE SPECIALTY LICENSE

Name Jennifer S. Cha, D.M.D., M.S. Current Phone (702) 220-5000

Complete Mailing\*Address 6170 W. Desert Inn Rd. Las Vegas NV 89146

I, Jennifer Cha, wish to reactivate my inactive Specialty license number S4-15, which was placed on inactive status on 5/26/2005.

### Requirements for reactivation are:

1. Payment of the reactivation fee of \$200; - Just paid GD renewal
2. Submit proof of completion of all continuing education credits completed in the area of Periodontics obtained for the period of July 1, 2012 through the present;
3. Provide certification from each jurisdiction in which you currently hold a license (expired, inactive, retired, etc.) to practice dentistry, that the license is in good standing and that no proceedings which may affect that standing are pending;

I certify that during the period of 5/2005 through current (the period my license was inactive), I had no filing(s) or service or claim(s) or complaint(s) of malpractice or disciplinary action(s) either in the State of Nevada or any jurisdiction outside the State of Nevada. **FULL DISCLOSURE OF EACH SUCH CASE MUST BE ENCLOSED WITH THIS REACTIVATION APPLICATION.**

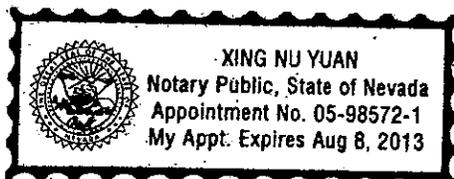
I authorize and empower the Nevada State Board of Dental Examiners or its agent to contact any person, firm, service, agency, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my application to reactivate my inactive/retired license based upon this affidavit. I acknowledge I have a continuing responsibility to update all information contained in this application until such time as the Board takes 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.

SIGNATURE OF LICENSEE [Signature] DATE 07/09/13

SUBSCRIBED TO AND SWORN BEFORE ME, this 9<sup>th</sup> day of July, 2013.

SEAL

[Signature]  
NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE



**PAID**  
16212/200







# 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

N.S.B.D.E.

DEC 0 2013 N.S.B.D.E.

DEC 04 2013

Instructor Name: **Drs. Blair Losee & Mary Lynn Smith**

Business Address: **8840 West Russell Road**

City, State & Zip: **Las Vegas, NV 89148**

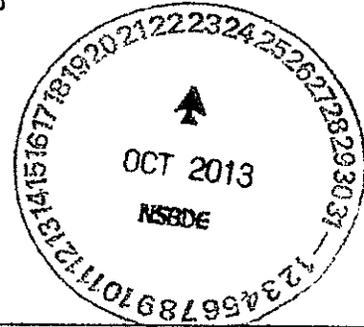
Business Telephone: **702-726-8753**

Course Title and Objectives [Must relate directly to the practice of dentistry and/or dental hygiene]:

**Laser Surgery: A Quantum Leap Forward**

**Training on New Age, Powerful, Minimally Invasive Surgical Solutions with Proven Benefits**

Day 1	Day 2
<ol style="list-style-type: none"> <li>Overview of Lasers in Dentistry</li> <li>Minimally invasive Medical Surgery Using Lasers               <ul style="list-style-type: none"> <li>Why CO2 - Laser Physics and Absorption Characteristics</li> </ul> </li> <li>Minimally Invasive Implant and Oral Surgery               <ul style="list-style-type: none"> <li>Incisions – Mid-Crestal and Thirds</li> <li>Tissue Punches</li> <li>Implant Uncovering</li> <li>Frenectomies</li> <li>Vestibuloplasties</li> <li>Biopsies</li> </ul> </li> <li>Laser Safety, Set Up and Maintenance</li> <li>Hands-on – Implants and Oral Surgery applications</li> <li>Laser-Assisted Periodontal Therapy</li> <li>Hands-on – Lasers in Perio</li> <li>Review with Q&amp;A</li> <li>Closing Remarks</li> </ol>	<ol style="list-style-type: none"> <li>Personal Story – "How Laser-Assisted Dentistry Changed My Practice"</li> <li>Laser-Assisted Cosmetic and Restorative Dentistry</li> <li>Hands-on – Cosmetic and Restorative Applications</li> <li>Practice marketing - Laser Dentist</li> <li>Miscellaneous Laser Treatments</li> <li>Miscellaneous Treatments</li> <li>Treatment Planning</li> <li>Review with Q&amp;A</li> <li>Wrap-Up</li> </ol>



Number of Participants: **20**

Hours of Actual Instruction: **12**

Location/Facility Name and Address: **Implant Direct Dental Educational Center**

**8840 West Russell Road  
Las Vegas, NV 89148**

Date(s) of Course: **Sept 13-14**

Individual Submitting Request: **John McLachlan, RN, IDSI Director of Operations**

Business Address: **8840 West Russell Road**

City, State & Zip: **Las Vegas, NV 89148**

Business Telephone: **702-726-8753**

Date of Request: **May 30, 2013** *2013 (B) 10/14/13* **Nov. 21, 2013**

*John Wood*  
Signature of Person Authorized to Represent Course Provider

PLEASE ATTACH NAMES AND BRIEF BIOGRAPHICAL SKETCHES OF INSTRUCTORS AND OUTLINE OF COURSE, INCLUDING METHOD OF PRESENTATION TO THIS FORM.

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE.**

Approved by: *[Signature]*

Number of Hours Approved: **12 hrs.**

Effective Date of Approval: **Dec. 2, 2013**



## CURRICULUM VITAE

Lisa Young, RDH

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Home Phone: (702) \_\_\_\_\_

Cell Phone: (702) \_\_\_\_\_

Email \_\_\_\_\_

### **PERSONAL INFORMATION**

Date of Birth	
Place of Birth	Queens, New York
Citizenship	USA

### **EDUCATION**

1995-1997	Community College Of Southern Nevada Dental Hygiene Program 6375 West Charleston Blvd. Las Vegas, Nevada 89102 Graduated June 1, 1997
1992-1994	University of Nevada, Las Vegas Las Vegas, Nevada
1992-1994	Community College of Southern Nevada Las Vegas, Nevada GED 1992
1969-1972	Miramar High School Miramar, Florida

### **PROFESSIONAL LICENSURE**

Registered Dental Hygienist in the State of Nevada  
License Number: 3178

Registered Dental Hygienist in the State of California  
License Number RDH 18938

CPR Certified

## EMPLOYMENT HISTORY

2008-present      UNLV- School of Dental Medicine  
Michael Sanders, DMD, Ed.M  
Las Vegas, NV  
Clinical Instructor

UNLV- General Practice Residency  
George McAlpine, DDS, MS  
Las Vegas, NV  
Dental Hygienist

2004-2008      Michael Hollingshead, DDS  
Las Vegas, NV  
Dental Hygienist

James G. Kinard, DDS  
Henderson, NV  
Dental Hygienist

1999-2004      Ronald Taylor, DDS  
Las Vegas, NV  
Dental Hygienist

1997-1999      Stephen Clark, DDS  
Las Vegas, NV  
Dental Hygienist

Kay Gubler, DDS  
Las Vegas, NV  
Dental Hygienist

Blair Browand, DDS, MS  
Las Vegas, NV  
Dental Hygienist

## CONTINUING EDUCATION

August 2, 2013      UNLV- School of Dental Medicine  
Implant Course  
George Cho, DDS  
Las Vegas, NV

- April 26, 2013 UNLV- School of Dental Medicine  
Infection Control Update  
Benjamin Fausett; Eduardo Rangel  
Las Vegas, NV
- March 16-20, 2013 American Dental Education Association  
Seattle, Washington
- Risk Assessment Based on Individualized Treatment a Comprehensive  
Approach to Patient Recall  
Sorin T. Teich DMD, MBA
- Ten Things Every Dental Educator Should Know  
Maureen McAndrew DDS, MS Ed; Mitchel J. Lipp, DDS, FACD
- The Challenge of Assessing Students Performance in a Clinical Setting  
Analia Veitz-Keenan, DDS; Debra M. Ferraiolo, DMD, FAGD
- Use of Virtual Patients in Dental Education  
Dan A. Bentley; John A. Valenza, DDS; Richard M. Halpin B.Sc., M.Ed
- Diversity Defined: Is Your Institution Ready  
Anthony M. Palatta, DDS, MA; Hans Hsu; Michelle R. McQuistan, DDS
- Integrating Social Work Programs within Dental Settings; Benefits and  
Challenges  
Clarener Moultrie; Heather Mark; Valerie A. Fatta, LMSW
- March 5, 2013 UNLV- School of Dental Medicine  
Dean's Symposium  
Charles Goodacre, DDS; W. Patrick Naylor, DDS  
Las Vegas, NV
- March 4, 2013 UNLV- School of Dental Medicine  
Bisphosphonates and Oral Health: Status and Future of Research Findings  
Leon Assael, DDS  
Las Vegas, NV
- November 16, 2012 Philips Sonicare  
The Wellness Connection- The Relationship Between Oral & Systemic  
Health  
Las Vegas, NV
- Hit the Road Plaque, and Don't Come Back, Come Back  
Gregory E. Oxford, DDS, MS, PhD

The Bitter Side of Sweets: Understanding Today's Dietary Sweeteners and  
Their Impact on Oral and Systemic Health  
Betsy Reynolds, RDH, MS

July 20-21, 2012

Ultradent's Key Educator's Conference  
South Jordan, UT

Climbing the Invasiveness Ladder: Preservation of Tooth Structure  
Dan Fischer, DDS

Light Curing, It Looks So Easy, and Yet Can Be So Dangerous  
Richard Price, DDS, Dalhousie University

Strengths and Weaknesses of Bonding  
Neil Jessop

Introduction to Edelweiss  
Stephen Lampi, DDS

Effective Treatment of Fluorosis & CAMBRA  
Howard Strassler, DDS, University of Maryland

Revisiting Post and Cores and the Development of a RRG UltraCem  
Luting Cement  
Cornelius Pameijer, DDS, Professor Emeritus, University of Connecticut

April 29, 2011

UNLV- School of Dental Medicine  
Certificate of Basic Laser Proficiency  
William Leavitt, DDS  
Las Vegas, NV

**Natalia Y. Hill.RDH**

(702) \_\_\_\_\_

**Working experience**

**Jan 2013-Present time**

UNLV School of Dental Medicine---clinical instructor  
1001 Shadow Lane, MS 7410, Las Vegas, Nevada 89106.  
Supervisor: Michael Sanders, DMD, EdM  
Email: [Michael.sanders@unlv.edu](mailto:Michael.sanders@unlv.edu)  
Tel: 702-774-2660

**Oct 2007-Aug 2012**

US Airforce, Nellis AFB---contracted clinical dental hygienist  
Mike O'Callaghan Federal Hospital, dental clinic.  
Supervisor: American Hospital Service Group  
Tel: (610) 524-2400  
Clinical Supervisor: Jody Harrison, DDS, periodontist.  
Tel: (210) 241-0532  
Email: [Jody.harrison@nellis.af.mil](mailto:Jody.harrison@nellis.af.mil)

**May 2006-Oct 2007**

Clinical Dental Hygienist  
Supervisor: Donald Farr, DDS  
2458 E Russell Rd Suite B, Las Vegas, NV 89120  
Tel: (702)798-4595

**Sept 2005-Oct 2007**

Clinical Dental Hygienist, part time.  
Supervisor: Adrian Ruiz, DDS  
8961 W.Sahara Ave, Las Vegas, NV 89117  
Tel: (702) 360-4800

## Education

- 
- 
- 2003-2005** Associate of Applied Science Degree, Dental Hygiene Program  
College of Southern Nevada  
GPA- 3.95
- 1999-2002** Pre-requisite Courses College of Southern Nevada  
GPA – 4.0
- 1981-1987** Epidemiologist degree in Public Health, Medical School  
Moscow, Russia

## Honors and Awards

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Member and president **2008-2010** of Sigma Phi Alpha Honor Society

Member of Phi Theta Kappa International Honor Society

## License and Certifications

Cardiopulmonary Resuscitation, American Heart Association 2010-2014

Nevada Dental Hygiene License #101048, August 2005

Pain and Anxiety Control for Dental Hygienist, July 2004

Knowledge of various software programs, digital x-rays and  
Laser soft tissue curettage

Additional information, phone numbers and References  
Available Upon Request

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# Nevada State Board of Dental Examiners

James G. Kinard, D.D.S.  
President



J. Stephen Sill, D.M.D.  
Secretary-Treasurer

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

October 7, 2013

Amanda Jo Okundaye, DDS  
3815 Tropical Vine St  
Las Vegas, NV 89147

Dear Dr. Okundaye:

The Anesthesia Evaluation Committee of the Nevada State Board of Dental Examiners would like to extend an invitation for you to become a member of the Committee. Pursuant to NAC 631.2221, you meet the requirements to become an evaluator and inspector of general anesthesia.

Should you be interested in becoming a member of the Anesthesia Evaluation Committee, please complete the attached application and return it to the Board office.

Should you have any questions, I may be reached at (702) 486-7044 ext 24.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sandra Spilsbury".

Sandra Spilsbury  
Administrative Assistant  
Nevada State Board of Dental Examiners

cc: file

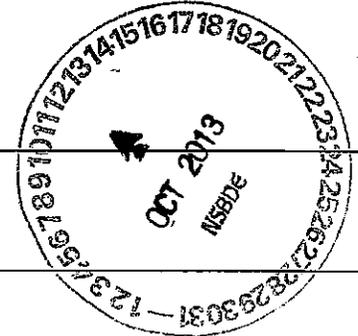
NEVADA STATE BOARD  
OF DENTAL EXAMINERS  
6010 S Rainbow Boulevard  
Building A, Suite 1  
Las Vegas, NV 89118  
(702) 486-7044 (Telephone)  
(702) 486-7046 (FAX)

NAME AMANDA JO OKUNDAYE  
MAILING ADDRESS 3815 TROPICAL VINE ST  
CITY/STATE/ZIP LV, NV 89147  
PERMIT NUMBER CA 145T

### APPLICATION FOR EVALUATORS FOR ANESTHESIA

Requirements:

- 1). Must be permitted for the administration of conscious sedation, deep sedation or general anesthesia for the last three (3) years preceding the submission of this application.
- 2). Nevada dental license must be active and in good standing.
- 3). Submit a curriculum vitae and any other information you may want considered.
- 4). List any additional advanced training or certification you have achieved



1. List all states you hold, or have held, a license to practice dentistry (attach additional sheet if necessary). CA 56779 NV 5993 AZ D7619 (NO LONGER)
2. List all office addresses in the State of Nevada you are currently practicing dentistry at in the State of Nevada (attach additional sheet if necessary):

see attached sheet

SIGNATURE OF DENTIST

A Okundaye

DATE

10/11/13

**AMANDA JO OKUNDAYE, D.D.S.**

██████████, Las Vegas, NV ██████████

Phone: ██████████ Fax: ██████████

Email: ██████████

**EDUCATION**

University of California Los Angeles  
Program/Certificate: Dental Anesthesiology

University of California Los Angeles  
Program/Certificate: Hospital Dentistry Residency

Lutheran Medical Center-Arizona Region  
Program/Certificate: Advanced Education in General Dentistry

Meharry Medical College, School of Dentistry  
Program/Degree: Doctor of Dental Surgery

Florida State University  
Program/Degree: Bachelor of Science in Anthropology

**LICENSES AND CERTIFICATIONS**

California Dental license #56779  
California General Anesthesia Permit #1452  
Nevada Dental license #5993  
Nevada General Anesthesia Permit #GA145T  
Arizona Dental license #D7619  
NPI #1700044781  
Provider taxonomy code #: 1223D0004X



**PROFESSIONAL EXPERIENCE**

Clinical Assistant Professor Endodontics, Oral and Maxillofacial Surgery and Orthodontics *The Herman Ostrow School of Dentistry of the University of Southern California*  
Lecturer/Clinical Faculty member in Hospital Dentistry at the *University of California Los Angeles*

**APPOINTMENTS**

Associate Professor in Residence *University of Nevada Las Vegas Las Vegas, NV*  
Faculty of the IV sedation courses at *Oregon Health Science, School of Dentistry* and *University of Alberta, Edmonton Canada*

**PUBLICATIONS**

Deep Sedation. Dentist Anesthesiologist Utilization. Reed, KL., Okundaye, AJ. in *Behavior Management in Dentistry for Children*. Editors: Wright, GZ., Kupietzky, A. Wiley. (accepted for publication for 2014)

Management of Emergencies Associated with Sedation. Reed, KL., Okundaye, AJ. in *Behavior Management in Dentistry for Children*. Editors: Wright, GZ., Kupietzky, A. Wiley. (accepted for publication for 2014)

Why Capnography? Okundaye, AJ, Reed, KL, Fonner, AM. *The Pulse* 2013.

**HONORS AND ACTIVITIES**

American Dental Society of Anesthesiology Certificate in Conscious Sedation  
BLS and ACLS certified

## RESEARCH EXPERIENCE

UCLA, Section of Hospital Dentistry *"A Review of Bisphosphonate Induced Osteonecrosis"* 2005

Meharry Medical college, Section of Biochemistry *"A survey of Alpha 2HS Glycoprotein in Saliva"* 2002-2004

University of Texas Houston, Section of Orthodontics/Pediatrics *"An Evaluation of Cranio-facial dimensions in patients with congenitally missing teeth"* summer 2003

University of Connecticut, Section of Orthodontics *"Characterization of a transgenic mouse model with osteoblast-targeted over expression of a dominant negative transcription factor belonging to the C/EBP family"* summer 2002

University of Nevada Reno, Section of Nutrition *"The effects of Cyanide in Nevada's water"* summer 1996

## PROFESSIONAL MEMBERSHIPS

American Dental Association  
American Society of Dentist Anesthesiologist  
American Dental Society of Anesthesiology  
California Society of Dentist Anesthesiologists  
Southern Nevada Dental Society

## REFERENCES

Ken Reed, DMD  
Area Program Coordinator, Lutheran Medical Center, Arizona Region  
Phone: 520.370.3693  
Email: [kr@klrdmd.com](mailto:kr@klrdmd.com)

Christine L. Quinn, DDS, MS  
Program Director Dept. of Anesthesiology, Diagnostic and Surgical Sciences  
UCLA  
Phone: 310.206.5982  
Email: [cquinn@dentistry.ucla.edu](mailto:cquinn@dentistry.ucla.edu)

Eric Sung, DDS  
Director of Hospital Dentistry, UCLA  
Phone: 310.206.6407  
Email: [ericsung@ucla.edu](mailto:ericsung@ucla.edu)



**Dr. Amanda Jo Okundaye, Anesthesia Services for Dentistry ❖**

████████████████████  
████████████████████  
████████████████████ cell  
████████████████████ fax  
████████████████████

**UNLV SODM**

**Dr. Steven Delisle**  
1017 E Basin Ave, Suite 1  
Pahrump, NV 89060

**Dr. Marco Padilla**  
851 South Rampart  
LV, NV 89145

**Dr. David Trylovich**  
3811 West Charleston Blvd, suite 201  
/, NV 89102

**Dr. Ryan Gifford**  
70 N Pecos rd. Suite B  
Henderson, NV 89074

**Dr. Farah Divanbeigi**  
501 S. Rancho Dr. #G48  
LV, NV 89106

**Dr. Toni Margio**  
1781 Village Center Circle, Suite 110  
LV, NV 89134

**Dr. Illya Benjamin**  
55 South Valley Verde Drive  
/enderson, NV 89012



Dr. Carlos Letelier  
10115 West Twain Avenue  
LV, NV 89147

Dr. Jaren Jensen  
9500 W. Flamingo Rd #200  
LV, NV 89147

Dr. Douglas Sandquist  
2650 Lake Sahara Drive #160  
LV, NV 89117

Dr. Ed DeAndrade  
851 S. Rampart Blvd. suite 120  
LV, NV 89144

Dr. Ed DeAndrade  
2610 W. Horizon Ridge Pkwy #202  
Henderson, NV 89052

Dr. Sean Gubler  
11221 S. Eastern  
Henderson, NV 89052

Dr. Bradley Strong  
2931 N Tenaya way suite 200  
Las Vegas, NV 89128  
702-242-3800

Dr. Tim Wilson Star smiles  
4040 N. Martin Luther King Blvd. suite B  
North Las Vegas, NV 89031

Dr. Michael Hollingshead  
6392 Spring Mountain Rd.  
Las Vegas, NV 89146



Dr. Matt Welebir  
410 S. Rampart Blvd. suite 360  
Las Vegas, NV

Dr. Irwan Goh (pending Site permit Oct. 16)  
2653 West Horizon Ridge Parkway, suite 110  
Henderson, NV 89052





# Nevada State Board of Dental Examiners

James G. Kinard, D.D.S.  
President



J. Stephen Sill, D.M.D.  
Secretary-Treasurer

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

October 7, 2013

Ryan S Gifford, DDS  
3811 W Charleston Blvd., Suite 201  
Las Vegas, NV 89102

Dear Dr. Gifford:

The Anesthesia Evaluation Committee of the Nevada State Board of Dental Examiners would like to extend an invitation for you to become a member of the Committee. Pursuant to NAC 631.2221, you meet the requirements to become an evaluator and inspector of conscious sedation.

Should you be interested in becoming a member of the Anesthesia Evaluation Committee, please let me know. You will be placed on the next scheduled meeting of the "Board" for approval.

If you have any questions, please contact me directly at (702) 486-7044 ext 24.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Spilsbury".

Sandra Spilsbury  
Administrative Assistant  
Nevada State Board of Dental Examiners

cc: file

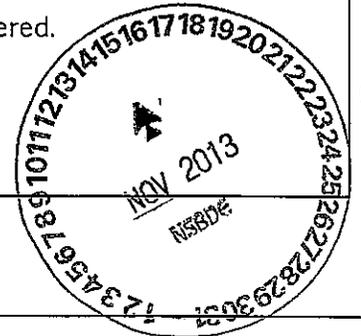
NEVADA STATE BOARD  
OF DENTAL EXAMINERS  
6010 S Rainbow Boulevard  
Building A, Suite 1  
Las Vegas, NV 89118  
(702) 486-7044 (Telephone)  
(702) 486-7046 (FAX)

NAME Ryan Gifford  
MAILING ADDRESS 3811 W. Charleston Blvd. #201  
CITY/STATE/ZIP LAS VEGAS, NV 89102  
PERMIT NUMBER 702-259-1943

### APPLICATION FOR EVALUATORS FOR ANESTHESIA

Requirements:

- 1). Must be permitted for the administration of conscious sedation, deep sedation or general anesthesia for the last three (3) years preceding the submission of this application.
- 2). Nevada dental license must be active and in good standing.
- 3). Submit a curriculum vitae and any other information you may want considered.
- 4). List any additional advanced training or certification you have achieved



1. List all states you hold, or have held, a license to practice dentistry (attach additional sheet if necessary).  
NE      NV
2. List all office addresses in the State of Nevada you are currently practicing dentistry at in the State of Nevada (attach additional sheet if necessary):

3811 W. Charleston #201 LV, NV 89102  
70 N. Pecos Suite B Henderson, NV 89074

SIGNATURE OF DENTIST

DATE

11/12/13

██████████  
██████████, NV  
██████████  
██████████

## Ryan Scott Gifford

---

**Education**

1994-1999	University of Nevada, Las Vegas
	❖ B.S. in Biology with a minor in Chemistry
2000-2004	University of Colorado Health Sciences Center
	❖ D.D.S.
2004-2007	University of Nebraska Medical Center
	❖ Periodontics Residency

---

**Professional Speaking**

2009-present	University of Nevada, Las Vegas
	❖ Dental implants, periodontology, regeneration, soft tissue surgery
2009-present	College of Southern Nevada
	❖ Dental implants, Oral cosmetic surgery and Periodontal disease
2009-Present	Multiple locations throughout the Henderson and Las Vegas area
	❖ Topics of Dental implants, soft tissue surgery, and periodontal disease
2013	Albuquerque, NM
	❖ Immediate implants, temporization and All On 4

---

**Awards**

1994-1999	University of Nevada, Las Vegas
	❖ Dean's Honor List
	❖ Graduated Cum Laude
1999-2000	WMA Securities, Inc.
	❖ 3rd Quarter Producer Award
	❖ American Skandia Outstanding Service Award
2000-2004	University of Colorado School of Dentistry
	❖ Dean's Honor List
	❖ Graduated Magna Cum Laude
	❖ Valedictorian, Class of 2004
	❖ Alpha Omega International Dental Fraternity Award For Excellence in Academic Achievement
	❖ Omicron Kappa Upsilon Honor Dental Society
	❖ American College of Prosthodontics Outstanding Achievement in Prosthodontics Award
	❖ Western Society of Periodontology Award
	❖ American Academy of Periodontology Award
2004-2007	University of Nebraska College of Dentistry
	❖ Professional's Day Poster Presentation 2nd Place
	❖ Chief Resident 2006-2007

---

**Certifications/  
Licensure**

- Advanced Cardiac Life Support
- CPR
- Conscious Sedation
- Nevada Specialty License S4-48

**Professional Memberships**

2000-2004	Alpha Omega Fraternity
2000-2004	Colorado Dental Association
2000-2004	Metropolitan Denver Dental Society
2000-2004	American Student Dental Association
2004-present	Omicron Kappa Upsilon Honor Dental Society
2004-present	American Academy of Periodontology



2004-present American Dental Association  
2007-present Las Vegas Study Club-Director  
2007-present Southern Nevada Dental Society  
2010-Present ITI Membership

---

**Personal  
Information**

I am currently the owner of a private group practice with 2 other periodontist. We have office locations in Henderson and Las Vegas, NV. I enjoy all aspect of periodontology although my practice is focused heavily on Dental implants, soft tissue surgery and oral cosmetic surgery.





# 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

## VOLUNTARY SURRENDER OF LICENSE



STATE OF Nevada

COUNTY OF Clark

I, Janice Hoskins, hereby surrender my Nevada  
Dental Dental Hygiene (circle one) license number 2625 on 18<sup>th</sup> day of  
October, 2013.

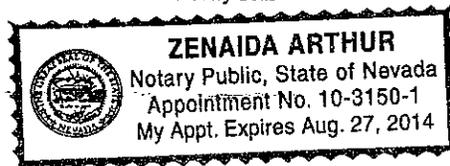
By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Janice B. Hoskins  
Licensee Signature

10/18/2013  
Date

Zenaida Arthur  
Notary Signature

Notary Seal



Licensee Current Mailing Address:

3174 Umbria Way  
Henderson, NV 89014

Home Phone N/A

Cell Phone: 702-340-7243



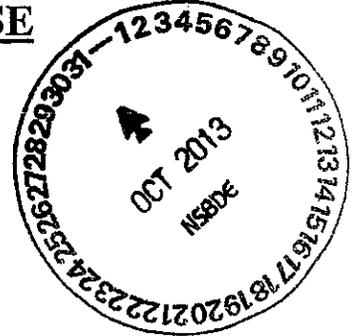


# Nevada State Board of Dental Examiners

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

## VOLUNTARY SURRENDER OF LICENSE

STATE OF Utah  
COUNTY OF Salt Lake



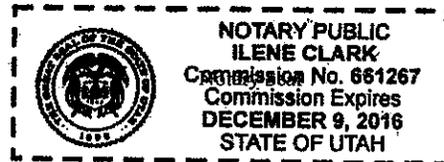
I, Joni L. Jackson, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 10016 on 25<sup>th</sup> day of  
October, 2013.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Joni Jackson  
Licensee Signature

10/25/13  
Date

Ilene Clark  
Notary Signature



Licensee Current Mailing Address: Joni Jackson  
2464 Arnett Dr. SLC, UT 84109

Home Phone 801-274-3267 Cell Phone:









**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



**VOLUNTARY SURRENDER OF LICENSE**

STATE OF NEVADA  
COUNTY OF CLARK

I, DEBORAH JEAN McPEEK, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 2127 on 21ST day of  
NOVEMBER, 2013.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC)  
631.160; the surrender of this license is absolute and irrevocable. Additionally, I  
understand that the voluntary surrender of this license does not preclude the Board from  
hearing a complaint for disciplinary action filed against this licensee.

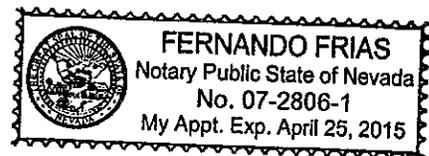
Deborah Jean McPeeK  
Licensee Signature

11-21-13

Date

Fernando Frias  
Notary Signature

Notary Seal--



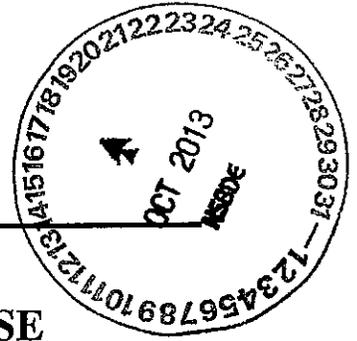
State of Nevada  
County of CLARK  
This instrument was acknowledged  
by Deborah Jean McPeeK on 11-21-13





**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



**VOLUNTARY SURRENDER OF LICENSE**

STATE OF Arizona

COUNTY OF Maricopa

I, Denise Ann Strand, hereby surrender my Nevada  
Dental (Dental Hygiene) (circle one) license number 3435 on 14<sup>th</sup> day of  
October, 2013.

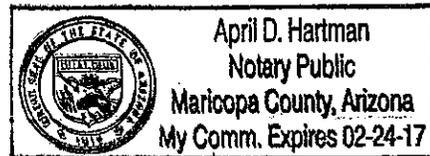
By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Denise A Strand  
Licensee Signature

10-14-2013  
Date

April D. Hartman  
Notary Signature

Notary Seal



Licensee Current Mailing Address: 2228 E Nora St.  
Mesa AZ 85213

Home Phone N/A Cell Phone: 55-480-558-5290

11



Nevada State Board of Dental Examiners

6010 S Rainbow Boulevard, #A-1

Las Vegas, NV 89118

Telephone: (702) 486-7044



CONSCIOUS SEDATION PERMIT APPLICATION

Name: KIET MINH TRAN, D.D.S. License Number: 6008

Dental Practice Name: VISTA DENTAL

Office Site Permit [X] SP247
Check box if you are applying for a Site Permit for this same office location as well.

Office Address: 3960 W. CRAIG RD., STE 110
NORTH LAS VEGAS, NV 89032

Office Telephone: (702) 464-3000 Office Fax: (702) 386-0360

The following information and documentation must be received by the Board office prior to consideration for a conscious sedation permit:

- 1. Completed, and signed application form;
2. Non-refundable application fee in the amount of \$350;
3. Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of didactic education dedicated exclusively to the administration of conscious sedation and proof of successful management of the administration of conscious sedation to not less than twenty (20) patients; OR certification of completion of a program for specialty training (as recognized by the Board pursuant to NAC 631.190) approved by the CODA of the ADA which includes equivalent education and training in conscious sedation as noted previously;
4. Copy of current certification in Advanced Cardiac Life Support, or in Pediatric Advance Life Support if you have a current Nevada specialty license for Pediatric Dentistry;

I hereby make application for a Conscious Sedation Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer conscious sedation ONLY at the address listed above. If I wish to administer conscious sedation at another location, I understand that each site must be inspected and certified by the Board prior to administration of any conscious sedation. I understand that this permit, if issued, allows only me to administer conscious sedation. I also understand that this permit does NOT allow for the administration of general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of conscious sedation.

It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant [Handwritten Signature]

Date 11-27-13

CS284



Department of Consumer Affairs

**DENTAL BOARD OF CALIFORNIA**

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**DENTAL BOARD OF CALIFORNIA**

Licensee Name:	TRAN KIET MINH
License Type:	DENTIST
License Number:	44552
License Status:	RENEWED/CURRENT <a href="#">Definition</a>
Expiration Date:	May 31, 2014
Issue Date:	August 25, 1997
License or Registration Class:	B
Address:	9353 BOLSA AVE #H-53
City:	WESTMINSTER
State:	CA
Zip:	92683
County:	ORANGE
Actions:	No

**Related Licenses/Registrations/Permits**

Number	Name	Type	Status	Actions
<a href="#">3461</a>	COACHELLA DENTAL GROUP	FICTITIOUS BUSINESS PERMIT	CANCELLED	N/A
<a href="#">394</a>	TRAN KIET MINH	CONSCIOUS SEDATION PERMIT	RENEWED/CURRENT, SOUTHERN CS EVALUATOR	No
<a href="#">6479</a>	DATE DENTAL.COM, DENTAL OFFICE OF KIET TRAN, DDS, INC.	FICTITIOUS BUSINESS PERMIT	DELINQUENT	N/A
<a href="#">7098</a>	MECCA DENTAL GROUP, KIET TRAN, DDS, INC.	FICTITIOUS BUSINESS PERMIT	RENEWED/CURRENT	N/A
<a href="#">9611</a>	KIET TRAN, DDS, INC.	ADDITIONAL OFFICE	RENEWED/CURRENT	No

**Disciplinary Actions**

No information available from this agency

Public Record Action(s)

**This information is updated Monday through Friday - Last updated: DEC-05-2013**

**Disclaimer**

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Department of Consumer Affairs  
State Responsibility

# DENTAL BOARD OF CALIFORNIA

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## DENTAL BOARD OF CALIFORNIA

Licensee Name:	TRAN KIET MINH
License Type:	CONSCIOUS SEDATION PERMIT
License Number:	394
License Status:	RENEWED/CURRENT, SOUTHERN CS EVALUATOR <u>Definition</u>

