

**NEVADA STATE BOARD**  
**of**  
**DENTAL EXAMINERS**

PUBLIC BOARD MEETING  
DECEMBER 12, 2014

9:00 A.M.

**PUBLIC BOOK**



NEVADA STATE BOARD OF DENTAL EXAMINERS  
 1105 Terminal Way, Suite 301,  
 Reno, NV 89502



Video Conferencing was not available for this meeting at the Nevada State Board of Medical Examiners located at 1105 Terminal Way, Suite 301, Reno, NV 89502

NOTICE OF PUBLIC MEETING

Friday, October 3, 2014  
 9:39 a.m.

Board Meeting Minutes

**DRAFT**

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

Dr. Kinard called the meeting to order and Mrs. Shaffer-Kugel conducted the following roll call:

|                                  |  |
|----------------------------------|--|
| Dr. J Gordon Kinard -----PRESENT | Dr. Jason Champagne-----PRESENT                        |
| Dr. J Stephen Sill -----PRESENT  | Mrs. Leslea Villigan -----PRESENT (via teleconference) |
| Dr. Timothy Pinther -----PRESENT | Mrs. Theresa Guillen -----PRESENT                      |
| Dr. Jade Miller-----PRESENT      | Ms. Caryn Solie -----PRESENT                           |
| Dr. Gregory Pisani-----PRESENT   | Mrs. Lisa Wark -----PRESENT                            |
| Dr. Byron Blasco-----PRESENT     |  |

**Others Present:** John Hunt, Board Legal Counsel; Debra Shaffer-Kugel, Executive Director; Candice Stratton, License & Credentialing Specialist; Sandra Spilsbury, Site Inspection - CE Coordinator; Angelica Bejar, Public Information - Travel Administrator; Rigoberto Morales, IT Coordinator.

All present voluntarily stood for the Pledge of Allegiance.

**Public Attendees:** Donna Hellwinkel, DDS, DSO for NSBDE; Gregory Greenwood, DMD; Jonquil Whitehood, Counsel for Dr. Deuk and Dr. Battaglin; John Bocci; Janna Jacob, Ferrari Public Affairs, NDA; Lynn Bethel, RDH, Oral Health Nevada, Inc.; Georgene Chase, DDS; Jack Harmon; Eugene Warth, present with Dr. Chase; Judy Hanson, present with Dr. Chase; Duff Kaster; Deb Osborn, RDH, Administrator "Keeping the Smiles"; Mike Draper; Terra

11 Chabato. Via Teleconference: Stacie Hummel, Hummel & Associates; Lisa Jones, Campbell & Jones; Bren Gibson;  
12 Richard Stevens, DDS.

13 2. Public Comment: No comment  
14

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

17  
18 \*3. Executive Director's Report (For Possible Action)  
19

20 \*a. Minutes-NRS 631.190 (For Possible Action)  
21

- 22 (1) Infection Control Resource Group Meeting- (08/01/2014)
- 23 (2) Board Meeting- (08/01/2014)  
24

25 MOTION: Dr. Pisani made the motion to approve the minutes. Motion seconded by Dr. Miller. All were in favor.  
26

27 \*b. Financials-NRS 631.180 (For Possible Action)  
28

- 29 (1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for period July  
30 2014 (For Possible Action)  
31

32 Mrs. Shaffer-Kugel indicated that Mrs. Hummel was available via teleconference to answer any questions. Per Dr.  
33 Miller's inquiry regarding any recommendation for changes in any specific area, Mrs. Hummel responded that there  
34 were no other changes she would recommend to make, as they have already cut expenses in several areas. She  
35 commented to the Board that the manners in which the complaint cases are being handled are being done much  
36 more efficiently. Dr. Miller expressed how pleased he was with how the Board has turned the finances around.  
37 Mrs. Wark stated that it was 'refreshing' to look at the financial statements.  
38

- 39 (2) Approval to Submit Audit to the State (For Possible Action)  
40

41 Mrs. Shaffer-Kugel indicated to the Board that the copy of the audit report provided to them is what the auditors  
42 conducted, and what they would be submitting to the state. She noted to them that Lisa Jones, CPA with Campbell  
43 and Jones was present via teleconference to answer any questions they may have.  
44

45 Mrs. Hummel noted to the Board that there was a journal entry made at the end of the year of for reimbursement fees  
46 in the amount of five thousand dollars per a stipulation agreement that is no longer collectible, and therefore was  
47 written off as 'Bad Debt.'  
48

49 MOTION: Mrs. Wark made the motion to approve that the Board submit the audit report to the state. Motion  
50 seconded by Dr. Blasco. All were in favor.  
51

52 \*c. Approval for Calendar of Events 2015 – NRS 631.190 (For Possible Action)  
53

54 MOTION: Mrs. Wark made the motion to approve the calendar of events. Motion seconded by Mrs. Guillen.  
55 Discussion: Dr. Miller commented that having the extra board meeting is necessary for the sake of the applicants.  
56 He noted that he had some conflicts and that he would notify Mrs. Shaffer-Kugel of the dates. All were in favor.  
57

58  
59 \*d. Authorized Investigative Complaints-NRS 631.360 (For Possible Action)  
60

- 61 (1) Dr Z-NRS 631.3475 and NAC 631.230  
62

63 Mrs. Shaffer-Kugel went over alleged violations.  
64

65 MOTION: Dr. Pinther made the motion to authorize the investigation. Motion seconded by Dr. Blasco. All were in  
66 favor.

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68  
69 **\*e. Approval for In-house (Board Staff) regarding Credentialing/Background Checks for all**  
70 **Applicants for Licensure (For Possible Action)**  
71

72 Mrs. Shaffer-Kugel indicated to the Board members that the background reports were currently being processed by  
73 two entities; however, that it was brought to her attention that as of 2011 the entities could not be conducting the  
74 background reports for Nevada applicants that are Nevada residents because these entities are not licensed in  
75 Nevada by the Nevada Board of Private Investigators. She noted to the Board that office staff has been collecting  
76 part of the background check information for the applicants that are Nevada residents. She suggested that the board  
77 bring the background checks in-house. Dr. Miller inquired what the additional staffing needs or costs would be to  
78 conduct the reports in-house. Dr. Pisani inquired what the fees would be for the applicants since they pay a separate  
79 fee to the entities currently conducting the reports. Mrs. Shaffer-Kugel responded that there would not be a charge  
80 to the applicants at first, especially since the regulation maximum that can be charged to apply for licensure is  
81 \$1200, though the statute maximum is \$1500. She indicated that for now, they would not charge the applicants a fee  
82 to conduct the background checks until they can establish what the total fees incurred are for processing the  
83 reports.  
84

85 MOTION: Dr. Pisani made the motion to approve that the background reports be done in-house. Motion was  
86 seconded by Mrs. Wark. Discussion: Mrs. Shaffer-Kugel asked that the motion be amended to indicate that this  
87 change be effective February 1<sup>st</sup> (90 days) which would grant her time to notify the entities of this change and to  
88 allow the office staff time to prepare. Dr. Pisani and Mrs. Wark amended their motion and second to provide the  
89 entities with a 90-day notice. All were in favor.  
90

91 **\*f. Review and Approval for the Bids regarding Scanning Project (For Possible Action)**  
92

- 93 (1) Graphic Imaging Services  
94 (2) Sun Valley Imaging  
95 (3) Viatron Systems, Inc.  
96

97 Mrs. Shaffer-Kugel noted that the Board had originally approved Graphic Imaging Services to conduct the scanning  
98 project; which the Attorney General's office signed. However, that when the contract was sent to the State of  
99 Nevada Budget and Finance, the contract was rejected and it was recommended that she obtain two additional bids  
100 for the project. She noted to the Board that Graphic Imaging was the lowest bid from the three entities listed;  
101 Viatron and Sun Valley Imaging. Additionally, that Graphic Imaging was familiar with the Board's documents to be  
102 scanned, as they have and are currently, conducting scanning projects for other State Agencies such as the Gaming  
103 Board, which would require minimal training to make them familiar with the Board documents to be scanned.  
104

105 MOTION: Dr. Miller made the motion to approve the proposal from Graphic Imaging Services. Motion was  
106 seconded by Mrs. Solie. All were in favor.  
107

108 **\*g. Approval to Purchase Dentrax Software System to Access Patient(s) Records for decedent's**  
109 **practice (For Possible Action)**  
110

111 Mrs. Shaffer-Kugel noted to the Board that a Dr. Ismail passed away in May 2014, and that he had a Practice  
112 Management Company working for him. She noted further that Mrs. Ismail abandoned the practice in July 2014.  
113 However, that it came to her attention that the dental office reopened without the approval of Mrs. Ismail. She  
114 noted to them they took the Practice Management Company to court because they had the patient records and were  
115 conducting practice illegally. They won the case and the entity was required to turn over the patient records which  
116 were on the Dentrax system. She indicated that a local dentist attempted to use their Dentrax software system to  
117 retrieve the records to no avail. She noted that she was in communication with the legal department from Dentrax;  
118 and if the Board is so inclined, they may choose to purchase the program. Mr. Hunt explained to the Board that in  
119 good faith they tried to obtain the records so that patients could access them. He indicated that this was definitely a  
120 unique circumstance. He added that if the Board were to obtain the program, it may be used in the future and could  
121 be beneficial in the investigative process. Dr. Kinard suggested that they allocate \$3500 for the software.  
122

123 MOTION: Dr. Kinard made the motion to approve to purchase the Dentrix Software system and that they allocate  
124 \$3500 to purchase the software. Motion seconded by Dr. Blasco. All were in favor.

125  
126 MOTION: Dr. Pisani made the motion to go out of agenda order to item (5)(a). Motion seconded by Dr. Pinther. All  
127 were in favor.

128  
129 **\*5. New Business** (For Possible Action)

130  
131 **\*a. Request for Advisory Opinion regarding investment in a Medical Marijuana Dispensary and**  
132 **whether said investment would violate NRS 631.3475 and NRS 631.349-NAC 631.279**  
133 (For Possible Action)

134  
135 (1) John Bocchi, DDS

136  
137 Dr. Bocchi was present and stepped forward. Dr. Bocchi indicated that he has an opportunity to become a silent  
138 investor in a potential marijuana dispensary. Mr. Hunt noted to the Board that the Gaming Board provided their  
139 opinion on this topic, which was provided to the Board members in their board books. In his legal opinion, he  
140 would concur with the gaming board that it would be considered unprofessional conduct. Further, that from a  
141 federal standpoint, they could face felony charges. Dr. Bocchi indicated that Mike Draper is present with him, and  
142 that he has been lobbying in favor of this issue. Mr. Draper indicated that he owns a company called Draper  
143 Strategies, Dispensary and Cultivation center. He noted to the Board that the Medical Board took the approach that  
144 the license of the physician would not be at risk for such involvement unless the federal government federally  
145 prosecuted anyone's involvement in a marijuana dispensary, which the federal government has chosen to not  
146 prosecute anyone at this time. Furthermore, that the State Bar, also, took the same approach as the Medical Board.  
147 He stated that the Gaming board licenses are privileged licenses, which is a privileged and restricted license. Mr.  
148 Hunt stated that a professional license is a privileged license as well. He read into the record the Gaming Boards  
149 opinion regarding this matter. He noted to Dr. Bocchi and Mr. Draper that he has not seen the so-said opinion that  
150 Mr. Draper noted from the Medical Board and the State Bar. He noted that controlled substances are against the  
151 law, which makes it illegal; therefore, they are also at risk of losing their DEA license in addition to their dental  
152 license. Mrs. Shaffer-Kugel was able to obtain the Medical Boards' opinion offered on this matter and distributed it  
153 to the Board members. Mrs. Solie read the Medical Boards' Advisory opinion into the record (attached for the  
154 record). Mr. Draper indicated that Dr. Bocchi wanted to bring this potential investment opportunity he has to the  
155 Boards attention and seek their opinion. Furthermore, that Dr. Bocchi would take it upon his own peril whether or  
156 not he could/would invest in such a business.

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158 MOTION/ADVISORY OPINION: Dr. Kinard indicated that is the Board's position that they table this item so they  
159 may review the opinions given of other boards. Motion was seconded by Dr. Sill. All were in favor.

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161 MOTION: Mrs. Solie made the motion to return to agenda order. Motion was seconded by Dr. Pisani. All were in  
162 favor.

163  
164 **\*4. Board Counsel's Report** (For Possible Action)

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

167  
168 (1) District Court Case(s) Update

169  
170 Mr. Hunt indicated that there were no current cases. He indicated that there is a bench warrant out for a person for  
171 the illegal practice of dental hygiene. He stated that the Board has been very proactive in protecting the public. He  
172 added that Court issued a permanent injunction regarding a practice management company.

173  
174 **\*b. Consideration of Stipulation Agreements** (For Possible Action)

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176 (1) Vahag Kanian, DDS

177  
178 Mr. Hunt went over the provisions of the stipulation agreement. He stated that there were no previous actions and  
179 on behalf of the DSO recommends approval.

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MOTION: Dr. Champagne made the motion to adopt the stipulation agreement. Motion seconded by Dr. Pinther. All were in favor.

(2) Silva Battaglin, DMD

Mr. Hunt noted that Jonquil Whitehead, counsel for Dr. Battaglin, was present. He went over the provisions of the stipulation agreement and on behalf of the DSO recommends approval.

MOTION: Dr. Pisani made the motion to adopt the stipulation agreement. Motion seconded by Dr. Blasco. All were in favor.

(3) Kevin Deuk, DMD

Mr. Hunt noted to the Board that Jonquil Whitehead, counsel for Dr. Deuk was present. He went over the provisions of the stipulation agreement and on behalf of the DSO recommends approval.

MOTION: Dr. Pinther made the motion to adopt the stipulation agreement. Motion seconded by Mrs. Wark. All were in favor.

(4) Georgene B Chase, DDS

Mr. Hunt indicated that since the execution of the stipulation agreement, it was requested, strictly for payment purposes, to allow payments to be reimbursed to the Board to be stretched out in accordance to the monitoring period. He noted that failure to make a payment will result in an automatic suspension of her license. He noted that Counsel for Dr. Chase was present. Mr. Hunt went over the provisions of the stipulation agreement.

MOTION: Dr. Blasco made the motion to adopt the stipulation agreement. Motion was seconded by Dr. Sill. Discussion: Dr. Chase stated that she wanted the Board to know that she takes pride in her work and trusts her fellow dentists. Counsel for Dr. Chase stated for the record that January is when payments are to commence, which was not stated in the stipulation agreement, but that it was a verbal agreement between him and Mr. Hunt.

Roll call vote:

- Dr. Jade Miller----- yes
- Dr. Jason Champagne-----yes
- Dr. Byron Blasco-----yes
- Dr. J Gordon Kinard-----yes
- Dr. Timothy Pinther-----yes
- Dr. Gregory Pisani-----abstain
- Dr. J. Stephen Sill-----yes
- Ms. Theresa Guillen-----yes
- Mrs. Leslea Villigan-----yes
- Mrs. Caryn L Solie----- yes
- Mrs. Lisa Wark-----no

Motion was agreed to; approve the proposed stipulation agreement and reactivation of licensure.

\*c. Approval/Reaffirmation by the Board to proceed with Injunctive Relief after review by Executive Director in consultation with Board Legal Counsel of evidence regarding the illegal practice of dentistry or dental hygiene-NRS 631.190-(For Possible Action)

Mr. Hunt noted that this matter was regarding an individual practicing without a license, and that this was to simply grant the Executive Director the authority to proceed with this matter on behalf of the Board.

MOTION: Dr. Miller made the motion to approve. Motion was seconded by Dr. Pisani. All were in favor.

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Mr. Jack Hanson indicated to the Board that he would like to make some comments regarding Dr. Chase.

MOTION: Dr. Miller made the motion to go out of order to Public Comment. Motion was seconded by Mrs. Wark. All were in favor.

Public Comment: (Limited to 5 minutes) Mr. Jack Hanson read a statement he wrote regarding Dr. Georgene Chase and how he believes her to be a wonderful dentist and cannot believe that anyone would want to damage her reputation as a licensed professional in the field of dentistry. He went on to make several comments in favor of Dr. Chase regarding dental treatment and care. Dr. Kinard thanked Mr. Hanson for his comments.

MOTION: Dr. Blasco made the motion to return to agenda order. Motion was seconded by Mrs. Wark. All were in favor.

**\*d. Consideration of the Reactivation of Dental License pursuant to the Voluntary Surrender Stipulation Agreement (For Possible Action)**

(1) Marianne Cohan (Cohen), DDS

Mr. Hunt asked that Dr. Marianne Cohan step forward. He went over the provisions of her previous stipulation agreement from 2004. He noted that she has complied with all the provisions required for the reinstatement of her license. He explained how the probation requirements and provisions of the stipulation agreement from 2004 would affect her reactivation of licensure at this point in time. Mr. Hunt noted for the record that Dr. Cohan has chosen to not have an attorney represent her and that she is present today of her own free will. Further, that she has not been coerced in any way; to all of which Dr. Cohan affirmed. He went over the new stipulation agreement being proposed with the approval of her reactivation.

MOTION: Mrs. Wark made the motion to approve the reactivation as conditioned in the new stipulation agreement. Motion was seconded by Dr. Blasco. All were in favor.

**\*e. Request to Amend Stipulation Agreement regarding length of Probationary Period (For Possible Action)**

(1) Duff Kaster, DDS

Dr. Kaster was present and stepped forward. Mr. Hunt stated that he did not believe that this request would in the best interest of the public. Therefore, it was his legal recommendation that this request not be approved; however, that it was to the Boards' discretion to make a decision regarding this request. Dr. Kaster commented to the Board this his situation was due to an unusual circumstance, and that when he agreed to the additional years of probation, his issue was regarding substance abuse, but that he had been clean for over twelve (12) years now. Further, that his issue is that he is currently under arduous monitoring. He stated that he would like to teach at the dental school, but that the school will not consider anyone that has an open stipulation agreement. He hoped that the Board would consider amending his stipulation agreement since the matter was not treatment related, but rather due to personal issues. Mr. Hunt stated that in looking at his history, opening up the gates for Dr. Kaster would open the flood gates for other dentists to come forward and ask for the same courtesy that he is asking for. Dr. Sill commented that if they were to have the board open this up it may lead to other issues, which would not be fair for this current board to second guess the work and decisions of the previous board.

MOTION: Dr. Miller made the motion to deny the request to amend the stipulation agreement. Motion was seconded by Dr. Pisani. All were in favor.

Dr. Pisani commented that he would like the Board to send 'Thank You' letters or cards to the DSO's for all their hard work.



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

**\*b. Recommendations by the Infection Control Committee for Board to approve/reject the following:  
(For Possible Action)**

**(1) Changes to Infection Control Survey Form**

Mrs. Villigan stated that on behalf of the committee and herself, she would like to thank Dr. Blasco, Dr. Hellwinkel, and staff for their assistance in redrafting the form and for the recommended changes. She asked that the Board approve the changes made, with the exception of item 8 (regarding vaccinations). She requested that they abide by the recommended vaccinations in accordance to the CDC guidelines. She noted to the Board that the CDC often updates their recommendations, and therefore by eliminating specifics, and stating 'the current recommendations of the CDC' they will ensure that they are always abiding and following the current CDC recommendations. Dr. Blasco indicated that he would like this form to be easily accessible on the board website. He also asked that he would like the information to be updated on a yearly basis to ensure that the Board form is reflective of the most current recommendations. Mrs. Shaffer-Kugel indicated that the board would have to adopt any CDC changes before they can implement any new changes to reflect CDC guidelines additions/changes. She noted to the Board that prior to this document, the re-inspections were done on the same form as the initial inspection; however, that they will now conduct the re-inspections using forms that will only note the areas that were deemed deficient in the initial inspection.

MOTION: Dr. Blasco made the motion to have #8 rewritten so that it list the vaccinations currently recommended and to approve the form as, otherwise, presented. Motion was seconded by Dr. Pisani. All were in favor.

**(2) The 2011 CDC Guidelines pertaining to Immunizations**

MOTION: Dr. Pisani made the motion to approve that the Board adopt the 2011 CDC guidelines pertaining to immunizations. Motion was seconded by Mrs. Wark. All were in favor.

**\*c. Consideration of Recommendations of report from Board Appointed Anesthesia Evaluators pursuant to NAC 631.2233(2) to determine Pass or Fail of Anesthesia Five Year Evaluation/Inspection: (For Possible Action)**

**\*1. Conscious Sedation Five Year Evaluation/Inspection (For Possible Action)**

**(a) Dr. X**

Mrs. Shaffer-Kugel indicated that though the site passed the inspection, the administrator evaluation did not. She commented that the evaluators felt that the dentist was not well versed on the emergency procedures.

MOTION: Dr. Miller made the motion to support the recommendation to fail the inspection. Motion was seconded by Mrs. Guillen. All were in favor.

**\*2. Based on Board's consideration and action from Item 5(c)(1), further consideration of NAC 631.2235 and granting Executive Director authority to respond in accordance with any request made pursuant to NAC 631.2235(2)(3).  
(For Possible Action)**

Mr. Hunt indicated that this would grant the Executive Director the authority to approve a re-inspection, should one be requested by Dr. X.

MOTION: Dr. Miller made the motion to approve. Motion was seconded by Dr. Blasco. All were in favor.



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353 \*d. Approval for Board Members, Staff and/or Inspectors to attend the OSAP Meeting  
354 January 12-14, 2015 (For Possible Action)  
355

356 Dr. Miller inquired if this meeting is offered annually and in different locations. Mrs. Villigan indicated that it is a  
357 boot camp for conducting CDC inspections, and that she was uncertain if they host meetings in multiple locations.  
358 She suggested that at least one inspector from the North and the South, and two-to-three (2-3) board members  
359 attend. She indicated that those who attend can train and provide the information to the other inspectors. Dr.  
360 Kinard indicated that this is not a budgeted item and that we would need to budget for this trip. Mrs. Villigan  
361 expressed her interest in attending if there was no one else willing or available to attend. Mrs. Villigan suggested  
362 that Dr. Donna Hellwinkel attend, if she was available and would be willing to attend. Mrs. Shaffer-Kugel indicated  
363 that they could make a motion to approve for up to three (3) individuals to attend, and they could provide her with  
364 the names at a later time.  
365

366 MOTION: Mrs. Solie made the motion that the Board budget for three (3) inspectors/Board members to travel to the  
367 meeting; and that within thirty (30) days the IC committee is to determine who will attend. Motion was seconded  
368 by Dr. Pisani. All were in favor.  
369

370 \*e. Approval for Dental Licensure by ADEX – NRS 631.240(1)(b)(1) (For Possible Action)  
371

- |                          |                              |
|--------------------------|------------------------------|
| (1) Kayla L Bateman DDS  | (5) Robert D Miller DMD      |
| (2) Grace H Chung DDS    | (6) Katherine A O’Gorman DDS |
| (3) Joshua D Etman DDS   | (7) Puja B Patel DMD         |
| (4) Civon L Gewelber DDS |                              |

1  
2 Dr. Pinther indicated that he reviewed the applications, that they met the criteria, and recommended approval.  
3

4 MOTION: Mrs. Wark made the motion to approve. Motion was seconded by Mrs. Solie. All were in favor; Dr.  
5 Pinther abstained.  
6

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

- |                           |                              |
|---------------------------|------------------------------|
| (1) Danny L Chung DMD     | (7) Steven N Lee DMD         |
| (2) Jennifer H Ginn DDS   | (8) Deborah H Loh DDS        |
| (3) Dawit Goshimea DDS    | (9) Miguel R Morales DDS     |
| (4) Jung hun Ji DDS       | (10) AudreyNgoc H Nghiem DDS |
| (5) Susan D Kha-Olson DMD | (11) Stephen S Rheem DDS     |
| (6) Robert Lee DMD        | (12) Spencer C Wirig DMD     |

1 Dr. Pinther indicated that he reviewed the applications, that they met the criteria, and recommended approval.  
2

3 MOTION: Mrs. Wark made the motion to approve. Motion was seconded by Mrs. Guillen. All were in favor;  
4 Dr. Pinther abstained.  
5

6 \*g. Approval for Specialty License by Application – NRS 631.250 (For Possible Action)  
7

- 8 (1) Jeffrey W Higbee DMD – Pediatric Dentistry  
9 (2) Miguel R Morales DMD – Endodontics  
10 (3) Levi J Sorenson DMD – Pediatric Dentistry  
11

12 Dr. Pinther indicated that he reviewed the applications, that they met the criteria, and recommended approval.  
13

14 MOTION: Mrs. Wark made the motion to approve. Motion was seconded by Dr. Miller. All were in favor; Dr.  
15 Pinther abstained.

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19 **\*h. Approval for Specialty License by Credential (Board Eligible) – NRS 631.250 (For Possible Action)**  
20

- 21 (1) Jeffrey D Askins, DDS - Orthodontics  
22 (2) Amy M K French, DMD – Periodontics  
23 (3) Nadim M Guirguis, DMD – Orthodontics  
24 (4) Scott G Sutter, DDS – Endodontics  
25 (5) Derick Wang, DMD – Orthodontics  
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27 Dr. Pinther indicated that he reviewed the applications, that they met the criteria, and recommended approval.

28 MOTION: Mrs. Wark made the motion to approve. Motion was seconded by Dr. Miller. All were in favor; Dr.  
29 Pinther abstained.  
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31  
32 **\*i. Approval for Specialty License by Credential (Board Certified) – NRS 631.250 (For Possible Action)**  
33

- 34 (1) Peter N Smith DMD - Periodontics  
35

36 Dr. Pinther indicated that he reviewed the application, that it met the criteria, and recommended approval.

37 MOTION: Mrs. Wark made the motion to approve. Motion was seconded by Dr. Pisani. All were in favor; Dr.  
38 Pinther abstained.  
39

40  
41 **\*j. Approval of Limited Dental License – NRS 631.271 (For Possible Action)**  
42

- 43 (1) Ji Hyun Ahn, DDS  
44

45 Dr. Pinther indicated that he reviewed the application, that it met the criteria, and recommended approval.

46 MOTION: Dr. Miller made the motion to approve. Motion was seconded by Dr. Pisani. All were in favor; Dr.  
47 Pinther abstained.  
48

49  
50 **\*k. Approval for Dental Hygiene Licensure by ADEX – NRS 631.300(1)(b)(1) (For Possible Action)**

- |                        |                    |
|------------------------|--------------------|
| (1) Fernanda C Fonseca | (4) Lina M Palacio |
| (2) Kimberly J Hibben  | (5) Carly B Verb   |
| (3) Aubrie E Malchow   |                    |

1  
2 Dr. Pinther indicated that he reviewed the applications, that they met the criteria, and recommended approval.

3  
4 MOTION: Mrs. Wark made the motion to approve. Motion was seconded by Mrs. Solie. All were in favor; Dr.  
5 Pinther abstained.  
6

7 **\*l. Approval for Dental Hygiene Licensure by WREB – NRS 631.300(1)(b)(2) (For Possible Action)**  
8

- |                          |                         |                       |
|--------------------------|-------------------------|-----------------------|
| (1) Kodi A Bleak         | (7) Kirstin M Fox       | (13) Lisa R Probert   |
| (2) Stephanie A Cochrane | (8) Rebecca D Hamlett   | (14) Sierra C Rock    |
| (3) Elise M Downey       | (9) Stephanie S Kushnir | (15) Melinda S Smith  |
| (4) Rhonda K Dunnivant   | (10) Stephanie M Lyon   | (16) Lauren M Taveira |
| (5) Joleen R Ferguson    | (11) Alicia B Mathot    |                       |
| (6) Melinda M Flores     | (12) Jonathan D Moon    |                       |

1  
2 Dr. Pinther indicated that he reviewed the applications, that they met the criteria, and recommended approval.  
3

4 MOTION: Mrs. Wark made the motion to approve. Motion was seconded by Mrs. Solie. All were in favor; Dr.  
5 Pinther abstained.

6  
7 **\*m. Approval of Voluntary Surrender of License – NAC 631.160 (For Possible Action)**

- 8  
9 (a) David Vo, DDS  
10 (b) Jean Thompson, RDH  
11 (c) Michelle Pefley, RDH

12  
13 Mrs. Shaffer-Kugel indicated that there were no pending actions.

14  
15 MOTION: Dr. Miller made the motion to approve. Motion was seconded by Mrs. Wark. Discussion: Mrs. Shaffer-  
16 Kugel noted to the Board that a Voluntary Surrender is irrevocable and absolute. She noted further, that suspended  
17 and revoked licenses cannot be searched online, and can only be searched through the office licensure system. She  
18 commented that she did not agree with this current set-up, and that staff was currently working on changing the  
19 online system so that regardless of licensure status, all licenses will be searchable online. All were in favor.

20  
21 **\*n. Reactivation of Dental License – NAC 631.170(3) (For Possible Action)**

- 22  
23 (1) Richard M Stevens, DMD

24  
25 Dr. Pinther indicated that he reviewed application and recommended approval.

26  
27 MOTION: Dr. Pisani made the motion to approve the reactivation. Motion was seconded by Dr. Blasco. All were in  
28 favor; Dr. Pinther abstained.

29  
30 **\*o. Approval of Public Health Endorsement – NRS 631.287 (For Possible Action)**

- 31  
32 (1) Tanya M Steele, RDH – Keeping the Smiles

33  
34 Dr. Pinther indicated that he recommended approval.

35  
36 MOTION: Dr. Miller made the motion to approve. Motion was seconded by Mrs. Solie. All were in favor.

37  
38 **\*p. Approval for Anesthesia-Temporary Permit – NAC 631.2254 (For Possible Action)**

- 39  
40 **\*(1) Conscious Sedation**  
(a) Afshin Arian, DMD (d) Gregory W Greenwood, DMD  
(b) Ji A Cutter, DMD (e) Levi J Sorenson, DMD  
(c) William T Liu, DDS (f) Matthew L Peers, DMD

1  
2 Dr. Miller indicated that the applications were in order and recommended approval.

3  
4 MOTION: Mrs. Wark made the motion to approve. Motion was seconded by Mrs. Guillen. All were in favor; Dr.  
5 Miller abstained.

6  
7 **\*q. Approval for Anesthesia-Permanent Permit – NAC 631.2233 (For Possible Action)**

- 8  
9 **\*(1) Conscious Sedation**  
10 (a) Bibiana C Ezeanolue, DMD  
11 (b) Brian P Mantor, DMD  
12 (c) Sulabh H Shroff, DMD  
13 (d) Brittany A Wilson, DDS

14  
15 Dr. Miller indicated that the applications were in order and recommended approval.

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MOTION: Dr. Pisani made the motion to approve. Motion was seconded by Mrs. Wark. All were in favor; Dr. Miller abstained.

**\*(2) General Anesthesia**

- (a) Travis M Sorensen, DDS

Dr. Miller indicated that the application was in order and recommended approval.

MOTION: Mrs. Guillen made the motion to approve. Motion was seconded by Mrs. Wark. All were in favor; Dr. Miller abstained.

**\*r. Approval for a 90-Day Extension of Anesthesia Permit – NAC 631.2254(2)**  
(For Possible Action)

**\*(1) Conscious Sedation** (For Possible Action)

- (a) James J Schlesinger III, DMD, MD
- (b) Erik J Smith, DMD
- (c) Kevin J Olson, DMD
- (d) Sandra M Thompson, DMD

Dr. Miller recommended an extension.

MOTION: Mrs. Wark made the motion to approve. Motion was seconded by Dr. Pinther. All were in favor.

**\*(2) General Anesthesia**

- (a) Christopher C Hock, DDS

Dr. Miller recommended an extension.

MOTION: Dr. Pisani made the motion to approve. Motion was seconded by Mrs. Guillen. All were in favor; Dr. Miller abstained.

**\*6. Resource Group Reports**

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

No report.

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

No report.

**\*c. Examinations Liaisons** (For Possible Action)

**\*(1) WREB Representatives** (For Possible Action)  
(Dr. Blasco and Mrs. Solie)

Dr. Blasco indicated that there will be a DERB meeting in February, and that the information was going to be sent out to all examiners. Mrs. Solie noted that the call for examiners for the hygiene examination was sent out for examiners to apply for whichever exams they would like to participate in.

75  
76  
77  
78 **\*(2) ADEX Representatives** (For Possible Action)  
79 (Dr. Kinard)  
80

81 Dr. Kinard indicated that there will be an ADEX meeting in Chicago next month, and that he and Dr. Pinther will  
82 be attending. He noted to the Board that Dr. William Pappas was currently the Board representative on the exam  
83 committee. He noted further that he spoke with Mrs. Shaffer-Kugel regarding this matter. He added that the  
84 Board actually has a few seats open for them on different committees with ADEX, which he will try to obtain a list  
85 of which committees those are. He stated to the Board members that ADEX is not in communication with the  
86 Board office staff and that he will be bringing this concern to their attention at the next meeting so that they will,  
87 hopefully, set-up a better communication system.  
88

89 **\*d. Continuing Education** (For Possible Action)  
90 (Chair: Dr. Sill; Dr. Blasco; Dr. Pisani; Mrs. Villigan; Ms. Solie)  
91

92 Dr. Blasco indicated that he requested the criteria that WREB uses for the anesthesia and nitrous oxide  
93 examination.  
94

95 **\*e. Committee of Dental Hygiene** (For Possible Action)  
96 (Chair: Mrs. Guillen; Mrs. Villigan, Ms. Solie; Dr. Sill)  
97

98 No report.  
99

100 **\*f. Specialty** (For Possible Action)  
101 (Chair: Dr. Pisani; Dr. Miller; Dr. Pinther)  
102

103 No report.  
104

105 **\*g. Anesthesia** (For Possible Action)  
106 (Chair: Dr. Miller; Dr. Pinther; Dr. Champagne, Dr. Kinard)  
107

108 Mrs. Shaffer-Kugel noted to the Board that there is a shortage of oral surgeons in Northern Nevada for the purpose  
109 of anesthesia inspections and evaluations; as well as for Disciplinary Screening Officers. She asked that if any  
110 members in Northern Nevada knew of any oral surgeons interested in being a DSO or an inspector, to please have  
111 them contact the office.  
112

113 **\*h. Infection Control** (For Possible Action)  
114 (Chair: Mrs. Villigan; Dr. Blasco; Dr. Champagne; Dr. Pisani; Ms. Solie; Mrs. Wark)  
115

116 No report.  
117

118 **\*i. Budget and Finance Committee** (For Possible Action)  
119 (Chair: Dr. Sill, Dr. Pinther, Mrs. Wark, Mrs. Guillen)  
120

121 No report.  
122

123 MOTION: Dr. Pisani made the motion to go to item (9). Motion was seconded by Mrs. Solie. All were in favor.  
124  
125

126 9. **Public Comment:** There was no public comment.  
127

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

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10. Announcements:

Dr. Kinard indicated that he would like for the staff to send out Thank You cards to all the DSO's. He added that that the NDHA was currently holding a meeting, and that any board members or staff were welcomed to attend. He stated that Mrs. Solie and he would be attending on behalf of the board when this meeting adjourned.

Mrs. Shaffer-Kugel announced to the Board members that on September 23, the Governor issued an executive order regarding military personnel. She had them recall when a Mr. Caleb Cage came before them in June and the information he provided regarding the "Adopt-a-Vet" program. She stated that effective immediately, the Board will be collecting information from licensees' who are serving or have served in the military. She noted that this information would be collected through licensure renewals. Further, that new applicants will be prompted to answer questions in their application for licensure. She noted, however, that they were given a deadline that was prior to the next renewal period, and therefore, she will be sending a letter to the Governor notifying him of the conflict with the Boards' renewal dates and the deadline given to collect said information.

Mrs. Shaffer-Kugel commented to the Board that the week prior, Dr. Tony Guillen contacted her and asked if the Board had any models from the exams they used to administer, and if so, if they could use them. She indicated that NERB arranged for the models to be picked up and delivered to their exam site. She commented that she was later contacted by Dr. Sam Pick whom thanked the Board for their assistance on such short notice.

Mrs. Shaffer-Kugel announced that Dr. Champagne was reappointed to the Board.

MOTION: Mrs. Wark made the motion to take a short recess. The motion was seconded by Mrs. Solie. All were in favor.

Recess: 12:15 p.m.

Return from recess: 12:44 p.m.

**\*8. Review and Approve Staff's Duties and Work Performance Evaluations –NRS 631.190 (For Possible Action)**  
(Pursuant to NRS 241.030(a), the board may, by motion, enter into closed session to consider the character, alleged misconduct, professional competence, or physical or mental health of a person.)

MOTION: Dr. Pisani made the motion to go out of order. Motion was seconded by Dr. Blasco. All were in favor.

Mr. Hunt indicated that the Board will need to discuss one employee at a time. Mr. Hunt indicated that because Mrs. Shaffer-Kugel was the one that manages the employees that she was to remain in the meeting with each employee during the closed sessions.

(2) Candice Stratton

Ms. Stratton was asked if she would like to go into a closed session. She answered affirmatively.

MOTION: A motion was made to go into closed session. There was a second. All were in favor.

(3) Rigoberto Morales

Mr. Morales was asked if he would like to go into a closed session. He answered affirmatively.

MOTION: A motion was made to go into closed session. There was a second. All were in favor.

(4) Angelica Bejar

Ms. Bejar was asked if she would like to go into a closed session. She answered affirmatively.

189 MOTION: A motion was made to go into closed session. There was a second. All were in favor.

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192

193

(5) Sandra Spilsbury

194 Ms. Spilsbury was asked if she would like to go into a closed session. She answered affirmatively.

195

196 MOTION: A motion was made to go into closed session. There was a second. All were in favor.

197

198

199

(6) Lauren Ortega -----EXCUSED

200 Ms. Ortega was excused from the meeting, and therefore, was not available for her employee evaluation review by  
201 the Board.

202

203

204

(1) Debra Shaffer-Kugel

205 Mrs. Shaffer-Kugel was asked if she would like to go into a closed session. She answered affirmatively.

206

207 MOTION: A motion was made to go into closed session. There was a second. All were in favor.

208

209 MOTION: Dr. Sill made the motion to return to open session. The motion was seconded by Dr. Pinther. All were in  
210 favor.

211

212 MOTION: Mrs. Solie made the motion to accept the staff evaluations and job descriptions. Motion was seconded  
213 by Dr. Champagne. All were in favor.

214

215 Dr. Kinard commented that it would be prudent to have a policy regarding bonuses, salaries increases, etc. He  
216 indicated that the he spoke to Mrs. Hummel regarding the Board's budget to see if there was room for merit salary  
217 increases or bonuses; he mentioned a potential salary increase of 1.2-1.26% cost of living index, or bonuses. Mrs.  
218 Wark asked if Mrs. Hummel could provide them with figures before the holidays. Dr. Kinard indicated that this  
219 would be discussed in an open quorum for the Board to discuss once the figures do become available.

220

221 MOTION: A motion was made that upon receiving advice from Mrs. Hummel regarding the feasibility of the  
222 Boards' financial ability to grant a salary increase to staff members that the matter would, then, be placed on the  
223 next scheduled Board meeting agenda for discussion; and if a salary increase or bonus is feasible, the Board is to  
224 vote on the matter. Motion was seconded by Dr. Blasco.

225

226

227 \*II. Adjournment (For Possible Action)

228

229 MOTION: Dr. Blasco made the motion to adjourn. Motion was seconded by Mrs. Solie. All were in favor.

230

231

232

233

234 Meeting Adjourned at 3:30 pm

235

236 Respectfully submitted by:

237

238

239 \_\_\_\_\_  
Debra Shaffer-Kugel, Executive Director

240



**Nevada State Board of Dental Examiners**  
**Balance Sheet**  
As of September 30, 2014

|   | <u>Sep 30, 14</u> |
|---|-------------------|
| <b>ASSETS</b>                             |                   |
| <b>Current Assets</b>                     |                   |
| <b>Checking/Savings</b>                   |                   |
| 10000 · Wells Fargo-Operating             | 583,731.92        |
| 10010 · Wells Fargo-Savings               | 1,001,827.96      |
| <b>Total Checking/Savings</b>             | 1,585,559.88      |
| <b>Accounts Receivable</b>                |                   |
| 11000 · Accounts Receivable               | 75,906.57         |
| <b>Total Accounts Receivable</b>          | 75,906.57         |
| <b>Other Current Assets</b>               |                   |
| 11050 · Reimbursements Receivable         | 99.90             |
| 11200 · Prepaid Expenses                  | 26,506.83         |
| 11210 · Prepaid Insurance                 | 8,185.84          |
| <b>Total Other Current Assets</b>         | 34,792.57         |
| <b>Total Current Assets</b>               | 1,696,259.02      |
| <b>TOTAL ASSETS</b>                       | 1,696,259.02      |
| <br>                                      |                   |
| <b>LIABILITIES &amp; FUND BALANCE</b>     |                   |
| <b>Liabilities</b>                        |                   |
| <b>Current Liabilities</b>                |                   |
| <b>Accounts Payable</b>                   |                   |
| 20000 · Accounts Payable                  | 54,014.09         |
| <b>Total Accounts Payable</b>             | 54,014.09         |
| <b>Other Current Liabilities</b>          |                   |
| 22125 · DDS Deferred Revenue              |                   |
| 22126-3 · 2015 DDS Active Licenses        | 388,576.79        |
| 22126-4 · 2015 DDS Inactive/Retired Fees  | 22,397.39         |
| 22900 · DDS-Permits                       | 8,192.49          |
| 22901 · DDS-Limited License               | 4,647.28          |
| 22902 · DDS-Ltd Lic-Supervisor            | 1,038.64          |
| <b>Total 22125 · DDS Deferred Revenue</b> | 424,852.59        |
| 22136 · RDH Deferred Revenue              |                   |
| 22138-1 · 2016 RDH Active                 | 330,768.85        |
| 22138-2 · 2016 RDH Inactive/Retired       | 11,597.56         |
| <b>Total 22136 · RDH Deferred Revenue</b> | 342,366.41        |
| 20500 · Fines Payable-State of Nevada     | 2,850.00          |
| 23750 · Accrued Vacation/Sick Leave       | 21,206.84         |
| <b>Total Other Current Liabilities</b>    | 791,275.84        |
| <b>Total Current Liabilities</b>          | 845,289.93        |
| <b>Total Liabilities</b>                  | 845,289.93        |

**Nevada State Board of Dental Examiners**  
**Balance Sheet**  
As of September 30, 2014

|                                  | <u>Sep 30, 14</u>          |
|----------------------------------|----------------------------|
| Fund Balance                     |                            |
| 39000 - Retained Earnings        | 842,651.49                 |
| Net Income Over Expenses         | <u>8,317.60</u>            |
| Total Fund Balance               | <u>850,969.09</u>          |
| <br>                             |                            |
| TOTAL LIABILITIES & FUND BALANCE | <u><u>1,696,259.02</u></u> |

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July through September 2014

| Ordinary Income/Expense                                 | <u>Jul - Sep 14</u> | <u>Budget</u>     | <u>\$ Over Budget</u> |
|---|---------------------|-------------------|-----------------------|
| <b>Income</b>   |                     |                   |                       |
| <b>40000 · Dentist Licenses &amp; Fees</b>              |                     |                   |                       |
| 40100 · DDS Active License Fee                          | 128,811.05          | 127,200.00        | 1,611.05              |
| 40102 · DDS Inactive License Fee                        | 7,451.25            | 7,500.00          | (48.75)               |
| 40135 · DDS Activate/Inactive/Suspend                   | 4,000.00            | 1,275.00          | 2,725.00              |
| 40136 · DDS Activate Revoked License                    | 850.00              | 500.00            | 350.00                |
| 40140 · Specialty License App                           | 750.00              | 375.00            | 375.00                |
| 40145 · Limited License App                             | 250.00              | 375.00            | (125.00)              |
| 40115 · Limited License Renewal Fee                     | 1,452.72            | 2,250.00          | (797.28)              |
| 40116 · LL-S Renewal Fee                                | 1,038.63            | 1,026.00          | 12.63                 |
| 40150 · Restricted License App                          | 600.00              | 600.00            | 0.00                  |
| 40180 · Anesthesia Site Permit App                      | 7,200.00            | 2,499.00          | 4,701.00              |
| 40182 · CS/GA/Site Permit Renewals                      | 2,730.84            | 2,715.00          | 15.84                 |
| 40183 · CS/GA Site Permit Relnp                         | 0.00                | 3,150.00          | (3,150.00)            |
| 40175 · Conscious Sedation Permit Appl                  | 5,700.00            | 2,250.00          | 3,450.00              |
| 40160 · Conscious Sedation Permit Relnp                 | 1,250.00            | 2,124.00          | (874.00)              |
| 40170 · General Anesthesia Permit Appl                  | 1,100.00            | 750.00            | 350.00                |
| 40155 · General Anesthesia Permit Relnp                 | 1,250.00            | 1,125.00          | 125.00                |
| 40212 · DDS ADEX License Application                    | 3,600.00            | 3,600.00          | 0.00                  |
| 40205 · DDS Credential Appl Fee-Spclty                  | 8,400.00            | 3,600.00          | 4,800.00              |
| 40211 · DDS WREB License Application                    | 16,825.00           | 7,200.00          | 9,625.00              |
| <b>Total 40000 · Dentist Licenses &amp; Fees</b>        | <u>193,259.49</u>   | <u>170,114.00</u> | <u>23,145.49</u>      |
| <b>50000 · Dental Hygiene Licenses &amp; Fees</b>       |                     |                   |                       |
| 40105 · RDH Active License Fee                          | 46,881.15           | 48,375.00         | (1,493.85)            |
| 40106 · RDH Inactive License Fee                        | 1,652.44            | 1,987.50          | (335.06)              |
| 40130 · RDH Activate/Inactive/Suspend                   | 2,412.50            | 1,800.00          | 612.50                |
| 40126 · RDH Reinstate Revoked License                   | 0.00                | 2,000.00          | (2,000.00)            |
| 40110 · RDH LA/N2O Permit Fee                           | 1,800.00            | 900.00            | 900.00                |
| 40224 · RDH ADEX License Application                    | 0.00                | 600.00            | (600.00)              |
| 40222 · RDH WREB License Application                    | 11,400.00           | 4,500.00          | 6,900.00              |
| <b>Total 50000 · Dental Hygiene Licenses &amp; Fees</b> | <u>64,146.09</u>    | <u>60,162.50</u>  | <u>3,983.59</u>       |
| <b>50750 · Other Licenses &amp; Fees</b>                |                     |                   |                       |
| 40220 · License Verification Fee                        | 1,300.00            | 975.00            | 325.00                |
| 40227 · CEU Provider Fee                                | 3,500.00            | 945.00            | 2,555.00              |
| 40240 · Check Return Fee                                | 0.00                | 15.00             | (15.00)               |
| 40225 · Duplicate License Fee                           | 250.00              | 150.00            | 100.00                |
| 40555 · Fines   | 0.00                | 75.00             | (75.00)               |
| 40185 · Lists/Labels Printed                            | 2,850.00            | 1,800.00          | 1,050.00              |
| 40600 · Miscellaneous Income                            | 134.00              | 90.00             | 44.00                 |
| <b>Total 50750 · Other Licenses &amp; Fees</b>          | <u>8,034.00</u>     | <u>4,050.00</u>   | <u>3,984.00</u>       |
| <b>Total Income</b>                                     | <u>265,439.58</u>   | <u>234,326.50</u> | <u>31,113.08</u>      |

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July through September 2014

|  | <u>Jul - Sep 14</u> | <u>Budget</u>   | <u>\$ Over Budget</u> |
|--|---------------------|-----------------|-----------------------|
| <b>Expense</b>                                 |                     |                 |                       |
| 60500 · Bank Charges                           |                     |                 |                       |
| 60500-2 · Merchant Fees                        | 1,600.35            | 1,407.00        | 193.35                |
| <b>Total 60500 · Bank Charges</b>              | <b>1,600.35</b>     | <b>1,407.00</b> | <b>193.35</b>         |
| 68000 · Conferences & Seminars                 | 0.00                | 815.00          | (815.00)              |
| 63000 · Dues & Subscriptions                   | 1,459.16            | 1,105.50        | 353.66                |
| 65100 · Furniture & Equipment                  | 0.00                | 500.00          | (500.00)              |
| 65500 · Finance Charges                        | 324.48              | 21.00           | 303.48                |
| 66500 · Insurance                              |                     |                 |                       |
| 66500-1 · Liability                            | 1,333.65            | 1,773.00        | (439.35)              |
| 66500-2 · Workers Compensation                 | 267.80              | 255.00          | 12.80                 |
| <b>Total 66500 · Insurance</b>                 | <b>1,601.45</b>     | <b>2,028.00</b> | <b>(426.55)</b>       |
| 66520 · Internet/Web/Domain                    |                     |                 |                       |
| 66520-1 · GL Suites                            | 8,903.34            | 8,775.00        | 128.34                |
| 66520-2 · E-mail, Website Services             | 519.57              | 492.00          | 27.57                 |
| 66520-3 · Internet Services                    | 384.33              | 384.00          | 0.33                  |
| 66520-4 · Jurisprudence Exam Website           | 198.00              | 200.00          | (2.00)                |
| <b>Total 66520 · Internet/Web/Domain</b>       | <b>10,005.24</b>    | <b>9,851.00</b> | <b>154.24</b>         |
| 73500 · Information Technology                 |                     |                 |                       |
| 73500-1 · Computer Repair/Upgrade              | 156.00              | 600.00          | (444.00)              |
| <b>Total 73500 · Information Technology</b>    | <b>156.00</b>       | <b>600.00</b>   | <b>(444.00)</b>       |
| 66600 · Office Supplies                        | 1,974.18            | 1,350.00        | 624.18                |
| 66650 · Office Expense                         |                     |                 |                       |
| 68710 · Miscellaneous Expenses                 | 5,025.45            | 345.00          | 4,680.45              |
| 68700 · Repairs & Maintenance                  |                     |                 |                       |
| 68700-1 · Janitorial                           | 1,500.00            | 1,500.00        | 0.00                  |
| 68700-2 · Copier Maintenance (7545P)           | 1,003.96            | 1,005.00        | (1.04)                |
| 68700-3 · Copier Maintenance (7435P)           | 438.14              | 547.50          | (109.36)              |
| <b>Total 68700 · Repairs &amp; Maintenance</b> | <b>2,942.10</b>     | <b>3,052.50</b> | <b>(110.40)</b>       |
| 68725 · Security                               | 210.00              | 240.00          | (30.00)               |
| 68715 · Shredding Services                     | 104.70              | 116.25          | (11.55)               |
| 68720 · Utilities                              | 1,423.79            | 1,359.00        | 64.79                 |
| <b>Total 66650 · Office Expense</b>            | <b>9,706.04</b>     | <b>5,112.75</b> | <b>4,593.29</b>       |
| 67000 · Printing                               | 3,056.71            | 450.00          | 2,606.71              |
| 67500 · Postage & Delivery                     | 5,574.13            | 2,700.00        | 2,874.13              |
| 68500 · Rent/Lease Expense                     |                     |                 |                       |

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July through September 2014

|  | <u>Jul - Sep 14</u> | <u>Budget</u>    | <u>\$ Over Budget</u> |
|--|---------------------|------------------|-----------------------|
| 68500-1 · Equipment Lease                          | 378.73              | 379.00           | (0.27)                |
| 68500-2 · Office                                   |                     |                  |                       |
| 68500-3 · Office Sub-Lease Income                  | (8,908.38)          | (8,908.38)       | 0.00                  |
| 68500-2 · Office - Other                           | 24,251.40           | 24,251.40        | 0.00                  |
| <b>Total 68500-2 · Office</b>                      | <b>15,343.02</b>    | <b>15,343.02</b> | <b>0.00</b>           |
| 68500-4 · Storage Warehouse                        | 835.11              | 640.00           | 195.11                |
| <b>Total 68500 · Rent/Lease Expense</b>            | <b>16,556.86</b>    | <b>16,362.02</b> | <b>194.84</b>         |
| <b>75000 · Telephone</b>                           |                     |                  |                       |
| 75000-1 · Telephone-Office                         | 687.48              | 570.00           | 117.48                |
| 75000-2 · Board Teleconference                     | 97.32               | 45.00            | 52.32                 |
| <b>Total 75000 · Telephone</b>                     | <b>784.80</b>       | <b>615.00</b>    | <b>169.80</b>         |
| 75100 · Travel (Staff)                             | 470.83              | 600.00           | (129.17)              |
| 73550 · Per Diem (Staff)                           | 0.00                | 150.00           | (150.00)              |
| <b>73600 · Professional Fee</b>                    |                     |                  |                       |
| 73600-1 · Accounting                               | 6,905.00            | 10,500.00        | (3,595.00)            |
| 73600-4 · Legislative Services                     | 4,500.00            | 4,500.00         | 0.00                  |
| 73600-2 · Legal-General                            | 5,846.54            | 13,980.00        | (8,133.46)            |
| <b>Total 73600 · Professional Fee</b>              | <b>17,251.54</b>    | <b>28,980.00</b> | <b>(11,728.46)</b>    |
| 73700 · Verification Services                      | 2,650.00            | 1,995.00         | 655.00                |
| <b>72000 · Employee Wages &amp; Benefits</b>       |                     |                  |                       |
| 72100 · Executive Director                         | 21,658.56           | 22,450.03        | (791.47)              |
| 72300 · Credentialing & Licensing Coord            | 12,888.73           | 14,529.00        | (1,640.27)            |
| 72132 · Site Inspection Coordinator                | 9,328.76            | 9,756.00         | (427.24)              |
| 72200 · Technology/Finance Liaison                 | 10,938.43           | 11,658.00        | (719.57)              |
| 72130 · Public Info & CE Coordinator               | 7,675.43            | 8,001.00         | (325.57)              |
| 72140 · Administrative Assistant (P/T)             | 3,857.22            | 3,588.00         | 269.22                |
| 72010 · Payroll Service Fees                       | 400.50              | 312.00           | 88.50                 |
| 72005 · Payroll Tax Expense                        | 1,323.69            | 1,500.00         | (176.31)              |
| 72600 · Retirement Fund Expense (PERS)             | 15,675.78           | 15,699.00        | (23.22)               |
| 65525 · Health Insurance                           | 11,808.46           | 12,126.00        | (317.54)              |
| <b>Total 72000 · Employee Wages &amp; Benefits</b> | <b>95,555.56</b>    | <b>99,619.03</b> | <b>(4,063.47)</b>     |
| <b>72400 · Board of Directors Expense</b>          |                     |                  |                       |
| 72400-1 · Director Stipends                        | 1,300.00            | 880.00           | 420.00                |
| 72400-2 · Committee Mtgs-Stipends                  | 250.00              | 200.00           | 50.00                 |
| 72400-3 · Director Travel Expenses                 | 418.20              | 500.00           | (81.80)               |
| 72400-9 · Refreshments - Board Meetings            | 322.55              | 200.00           | 122.55                |
| <b>Total 72400 · Board of Directors Expense</b>    | <b>2,290.75</b>     | <b>1,780.00</b>  | <b>510.75</b>         |

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July through September 2014

|   | <u>Jul - Sep 14</u> | <u>Budget</u>     | <u>\$ Over Budget</u> |
|---|---------------------|-------------------|-----------------------|
| <b>60001 · Anesthesia Eval Committee</b>          |                     |                   |                       |
| 60001-1 · Evaluator's Fee                         | 2,237.85            | 5,925.00          | (3,687.15)            |
| 60001-4 · Travel Expense                          | 1,515.24            | 1,200.00          | 315.24                |
| <b>Total 60001 · Anesthesia Eval Committee</b>    | <u>3,753.09</u>     | <u>7,125.00</u>   | <u>(3,371.91)</u>     |
| <b>73650 · Investigations/Complaints</b>          |                     |                   |                       |
| 72550 · DSO Coordinator                           | 825.00              | 1,500.00          | (675.00)              |
| 73650-1 · DSO Consulting Fee                      | 9,025.00            | 13,500.00         | (4,475.00)            |
| 73650-2 · DSO Travel Expense                      | 936.58              | 3,112.50          | (2,175.92)            |
| 73650-3 · Legal Fees-Investigations               | 81,015.28           | 61,484.00         | 19,531.28             |
| 73650-6 · Reimb Investigation Expenses            | (13,449.00)         | (40,500.00)       | 27,051.00             |
| <b>Total 73650 · Investigations/Complaints</b>    | <u>78,352.86</u>    | <u>39,096.50</u>  | <u>39,256.36</u>      |
| <b>60002 · Infection Control Inspection</b>       |                     |                   |                       |
| 60002-1 · Initial Inspection Expense              | 2,168.34            | 3,600.00          | (1,431.66)            |
| 60002-2 · Reinspection Expense                    | 370.83              | 925.50            | (554.67)              |
| 60002-3 · Random Inspection Expense               | 400.00              | 600.00            | (200.00)              |
| 60002-4 · Travel Expense                          | 1,381.51            | 1,251.00          | 130.51                |
| <b>Total 60002 · Infection Control Inspection</b> | <u>4,320.68</u>     | <u>6,376.50</u>   | <u>(2,055.82)</u>     |
| <b>Total Expense</b>                              | <u>257,444.71</u>   | <u>228,639.30</u> | <u>28,805.41</u>      |
| <b>Net Ordinary Income</b>                        | 7,994.87            | 5,687.20          | 2,307.67              |
| <b>Other Income/Expense</b>                       |                     |                   |                       |
| <b>Other Income</b>                               |                     |                   |                       |
| 40800 · Interest Income                           | 322.73              | 375.00            | (52.27)               |
| <b>Total Other Income</b>                         | <u>322.73</u>       | <u>375.00</u>     | <u>(52.27)</u>        |
| <b>Net Other Income</b>                           | <u>322.73</u>       | <u>375.00</u>     | <u>(52.27)</u>        |
| <b>Net Income Over Expenses</b>                   | <u>8,317.60</u>     | <u>6,062.20</u>   | <u>2,255.40</u>       |

# 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

REVISED

## *Calendar of Events for 2015*

Board Meetings - Starting time 9:00 a.m.

Friday January 23, 2015 - Change to January 30, 2015

Friday March 20, 2015

Friday May 22, 2015

Friday June 26, 2015 - Change to June 19, 2015

Friday July 31, 2015

Friday September 18, 2015

Friday November 20, 2015

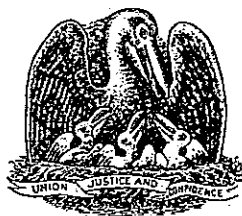
American Association of Dental Board Meetings:

Mid-Year Meeting -TBA

Annual Meeting- TBA



AUBREY A. BAUDEAN, JR., D.D.S.  
H. O. BLACKWOOD, III, D.D.S.  
LEONARD C. BREDÁ, III, D.D.S.  
PATRICIA H. CASSIDY, R.D.H.  
CLAUDIA A. CAVALLINO, D.D.S.  
WILTON A. GUILLORY, JR., D.D.S.  
MARIJA G. LASALLE, D.D.S.



**Louisiana State Board of Dentistry**  
ONE CANAL PLACE, 365 CANAL STREET, SUITE 2680  
NEW ORLEANS, LOUISIANA 70130  
TELEPHONE: (504) 568-8574  
TOLL FREE: (877) 467-4488  
FAX: (504) 568-8598  
www.lsbdb.org

DEAN L. MANNING, D.D.S.  
RONALD B. MARKS, D.D.S.  
RUSSELL P. MAYER, D.D.S.  
DAVID L. MELANCON, D.D.S.  
LYNN J. PHILIPPE, D.D.S.  
J. JEROME SMITH, D.D.S.  
RICHARD D. WILLIS, D.D.S.  
ARTHUR F. HICKHAM, JR.  
EXECUTIVE DIRECTOR

September 22, 2014

American Board of Dental Examiners, Inc.  
Patrick Braatz, Executive Director  
P.O. Box 8733  
Portland OR 97207-8733

**RECEIVED**

SEP 26 2014

Re: Examination results

**NSBDE**

Dear Mr. Braatz:

It has come to the attention of the Louisiana State Board of Dentistry that there is an issue with verifying the number of times that an applicant has failed clinical licensing examinations. Most states have a rule that provides that any applicant who fails a clinical examination a certain number of times is either ineligible for licensure or must take remediation prior to licensure. In Louisiana, an applicant who fails any clinical examination three times is not eligible for a license. The difficulty comes in verifying an applicant's attestation that he or she has not failed any clinical examination a total of more than two times.

For example, an applicant could fail CITA once, then fail CRDTS twice, then take CITA a second time and pass it. That applicant would not be eligible for licensure in Louisiana due the three failures prior to the successful second CITA attempt. However, unless the applicant is honest in revealing the two CRDTS failures, the board would not be made aware of the two CRDTS failures. CITA would notify the board of the one CITA failure, but unless the board were to contact every testing agency for every applicant, there would be no way to catch applicants who fail to disclose failures from testing agencies other than the testing agency which eventually passed the applicant.

The Louisiana State Board of Dentistry urges all of the other state boards to push for a clearinghouse to which all testing agencies would report results. This could be done through ADEX, the AADB, or through some other agency. In the absence of such a clearinghouse to which all testing agencies report, ADEX is requested to provide a clearinghouse of its own by

which the results of the ADEX test can be learned, regardless of which testing agency has administered the test.

Should you have any questions regarding this correspondence, please contact me at the board office.

Yours truly,



Arthur F. Hickham, Jr.  
Executive Director

Cc: American Association of Dental Boards  
state boards of dentistry

**RECEIVED**

SEP 26 2014

**NSBDE**



**American  
Association of  
Orthodontists®**

My Life. My Smile. My Orthodontist.®

115<sup>th</sup> Annual Session

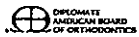
**Bridging Science & Technology**  
San Francisco, California ■ May 15-19, 2015

**RECEIVED**

NOV - 6 2014

**NSBDE**

**Robert E. Varner, DMD**  
President



1729 W. Harvard Blvd.  
Roseburg, OR 97471

541.673.0924 phone  
541.673.0925 fax

bobvarner@earthlink.net

November 3, 2014

Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd., Ste. A-1  
Las Vegas, NV 89118

State Dental Board Commission:

**Morris N. Poole, DDS**  
President-Elect



55 Bristol Road  
Logan, UT 84341

435.512.4980 phone  
435.753.1509 fax

mnpoole@aaortho.org

I write to you on behalf of the American Association of Orthodontists (AAO) with concerns about a practice in your state that could negatively affect public health. Apparently, at least one "do it yourself" teeth-straightening company is operating in your state, and the AAO is concerned that it does not meet the standards set by your regulatory authority. The intent of this letter is to make you aware of the practice, and to ask you to review the relevant rules and regulations in order to determine if this practice should be allowed to continue in your state.

**DeWayne B. McCamish, DDS, MS**  
Secretary-Treasurer



4610 Brainerd Rd, Suite # 3  
Chattanooga, TN 37411

423.622.4173 phone  
423.629.9889 fax

dbm@dbmortho.com

The practice model allows patients to take their own dental impressions and then ship them back to the company for evaluation. The company claims that a licensed dental professional reviews the impressions and sets a treatment plan. The company then produces and ships the clear aligners back to the customer. All of this occurs without any doctor-patient interaction or comprehensive diagnostics, which have become standard in the practice of orthodontics and is important for the health of the prospective patient.

The AAO has multiple concerns with this practice, including, but not limited to:

**Chris P. Vranas, CAE**  
Executive Director

401 North Lindbergh Boulevard  
St. Louis, MO 63141

314.993.1700 phone  
314.993.0142 fax

cvranas@aaortho.org

- It is not clear whether the dental professionals who examine the impressions are licensed in your state. If they are not, then they could be in violation of laws and regulations requiring them to be licensed in the state in order to practice dentistry there. If they are licensed, then they may be running afoul of a number of ethical principles as well as failing to comply with regulations they are required to uphold.
- Since there is apparently no contact between the doctor and the patient, it is likely impossible for there to be adequate informed consent of the risks associated with treatment. It is the AAO's position that, regardless of who actually places the clear aligners in the patient, if an orthodontist is involved in directing treatment, the orthodontist should be sure that the patient has been adequately informed of the risks.

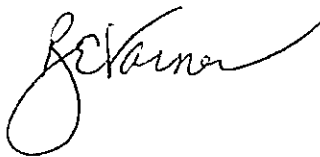
Nevada State Board of Dental Examiners  
November 3, 2014  
Page 2

- It is impossible for an orthodontist (or any dental professional) to safely suggest a treatment plan from impressions alone—especially when the impressions have been administered by the patient, without supervision of a dental professional. A number of risk factors may be present that are not discernable using an impression, including root resorption, enamel deficiencies, decay, or any number of other problems that would make any type of orthodontic therapy inadvisable. The lack of a physical exam and gathering of patient medical history could also result in a number of unforeseen consequences, such as undiagnosed medical problems that would alter a treatment plan or would be important for the patient to know, such as oral cancer, etc.
- During treatment, if a complication arises, the individual doing the self-directed treatment may not recognize the problem and, there is no existing doctor-patient relationship for the patient to rely upon.
- It is unclear how a company operating in such a manner can verify the age of the patient without any personal contact. For instance, it would apparently be possible for a minor to misrepresent his/her age, order the impressions and receive the aligners.

For these reasons, the AAO believes that residents of your state are in danger of being harmed by this practice. I ask that you review this practice in light of the relevant rules and regulations you have promulgated in order to determine if it should be permitted in your state.

If you have any questions or concerns, please do not hesitate to contact Mr. Kevin Dillard, the AAO's General Counsel, at 314.993.1700.

Sincerely,



Robert E. Varner, DMD  
President

REV:krd

**RECEIVED**

NOV - 6 2014

**NSBDE**

TO: 702-486-7046



NORTH EAST REGIONAL BOARD OF DENTAL EXAMINERS, INC.  
1304 Concourse Drive, Suite 100 • Linthicum, MD 21090  
Tel: (301) 563-3300 • Fax: (301) 563-3307  
www.nerb.org

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Chair
- David W. Perkins, DMD  
Vice-Chair
- Patricia M. Connolly-Atkins, RDH, MS  
Secretary
- Mark T. Armstrong, DDS  
Treasurer
- James S. Jansen, DDS  
Member-at-Large
- Stacy A. Flourde, RDH  
Member-at-Large
- Susan J. Pritzel, RDH, MA  
Member-at-Large
- John V. Reitz, DMD  
Member-at-Large
- W. Kendrick Van Meter, Jr., DDS  
Member-at-Large

---

- Alexander D. Vandiver, MBA  
Executive Director
- Jack Feldesman, MBA  
Director of Finance and Administration
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- Michael S. Zedler  
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- OHIO
- OREGON
- PENNSYLVANIA
- RHODE ISLAND
- VERMONT
- WEST VIRGINIA
- WISCONSIN

Deb's Copy  
~~XXXXXXXXXX~~

October 27, 2014

Dr. James Kinard  
2780 Horizon Ridge Parkway  
Suite 20  
Henderson, NV 89052

Dear Dr. Kinard:

Article V D (1) of the NERB's Bylaws (Revised January 2014) provides that "each Participating Jurisdiction Caucus shall meet during the Annual Meeting for the purpose confirming three of its Active Members and selecting one alternate to the Steering Committee."

Section b of Article V D (1) goes on to request that "one of the dentists selected shall be named by each Participating Board 30 days prior to the General Assembly and may be either a current voting or past member of the Participating Board. In the event that a Participating Board fails to provide a name to the Chair of the Steering Committee prior to the General Assembly, the Participating Jurisdiction Caucus shall select a dentist to serve."

Therefore, please provide to me, by or before December 5, 2014, with the name of a dentist who shall serve as a member of the Steering Committee, from your jurisdiction, for the term beginning fifteen (15) business days from the close of the January 2015 Annual Meeting in Orlando, Florida.

Thank you.

Sincerely,  
*David Perkins*  
David W. Perkins, DMD  
Chair  
Steering Committee

Received  
NOV 06 2014  
NSBDE

Received  
NOV 06 2014  
NSBDE

To: Deb  
From: Dr Kinard

## 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

August 6, 2014

John Bocchi, DDS  
5465 Kietzle Lane  
Reno, NV 89511

Re: Request an Advisory Opinion

Dear Dr. Bocchi:

The Nevada State Board of Dental Examiners is in receipt of your request for an advisory opinion regarding whether investing in a medical marijuana dispensary would violate NRS 631.3475 and NRS 631.349. This matter will be noticed before the Board at the next regularly scheduled meeting to be held on Friday October 3, 2014 at 9.30 a.m. This meeting will be held at the office of the Nevada State Board of Medical Examiners located at 1150 Terminal Way, Suite 301, Reno, Nevada 89502.

Your present is required to address any questions the Board Members may have regarding this request and any supporting documentation submitted.

Should you have additional questions, please do not hesitate to contact me at (702) 486-7044 ext. 23.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra", with a long horizontal line extending to the right.

Debra Shaffer-Kugel, Executive Director  
Nevada State Board of Dental Examiners

Cc: File



Nevada 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

PETITION FOR ADVISORY OPINION

Applicant/Licensee: John Bocchi DDS Date: 8/6/14  
Address: 5465 Kietake Ln Suite No.: \_\_\_\_\_  
City: Reno State: NV Zip Code: 89511  
Telephone: 775-786-1911 Fax: 775-786-8149 Email: John@SierraSmiles.com

In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:

This request is for clarification of the following statute, regulation, or order:  
(Identify the particular aspect thereof to which the request is made.)

Note: If you require additional space you may attach separate pages to the petition form.

Whether a licensee would bring reproach to the practice of dentistry pursuant to NRS 631.3475 by becoming an investor in a medical marijuana dispensary and cultivation business.

The substance and nature of this request is as follows:

(State clearly and concisely petitioner's question.)

Note: If you require additional space you may attach separate pages to the petition form.



(Please submit any additional supporting documentation with the petition form)

Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this petition and issue an advisory opinion in this matter.

[Signature]  
Applicant/Licensee Signature



State of Nevada Gaming Control Board  
Medical Marijuana Establishments



BRIAN SANDOVAL  
Governor

STATE OF NEVADA

**GAMING CONTROL BOARD**

1919 College Parkway, P.O. Box 8003, Carson City, Nevada 89702  
555 E. Washington Avenue, Suite 2600, Las Vegas, Nevada 89101  
3650 S. Pointe Circle, Suite 203, P.O. Box 31109, Laughlin, Nevada 89028  
557 W. Silver Street, Suite 207, Elko, Nevada 89801  
9790 Gateway Drive, Suite 100, Reno, Nevada 89521  
750 Pilot Road, Suite H, Las Vegas, Nevada 89119

A.G. BURNETT, *Chairman*  
SHAWN R. REID, *Member*  
TERRY JOHNSON, *Member*


## NOTICE TO LICENSEES

---

Notice #2014-39

**DATE:** May 6, 2014

**TO:** All Gaming Licensees & Applicants

**FROM:** Terry Johnson, Esq., Board Member 

**SUBJECT:** Medical Marijuana Establishments

---

The Gaming Control Board (Board) has received questions regarding whether a person who has received a gaming approval or has applied for a gaming approval may invest in or otherwise participate in medical marijuana establishments approved under Nevada laws and regulations. While the Nevada Legislature has made certain medical marijuana establishments legal, the Controlled Substances Act (CSA) makes it illegal under federal law to manufacture, distribute, dispense or possess marijuana. See 21 U.S.C. § 801, et seq. The federal government has also reiterated that the illegal distribution, possession, and sale of marijuana are serious crimes that provide a significant source of revenue to criminal enterprises, and that there is an expectation that states with some form of legalized marijuana will have strong regulatory practices that are strictly enforced.

The Board is charged with considering and determining whether certain activities by persons or entities involved in gaming implicate the character or integrity of the licensee or would pose a threat to the effective regulation and control of gaming. Further, the Board must also determine whether any such activity by a gaming licensee or applicant that violates federal law would reflect or tend to reflect discredit upon the State of Nevada or its gaming industry.

Accordingly, unless the federal law is changed, the Board does not believe investment or any other involvement in a medical marijuana facility or establishment by a person who has received a gaming approval or has applied for a gaming approval is consistent with the effective regulation of gaming. Further, the Board believes that any such investment or involvement by gaming licensees or applicants would tend to reflect discredit upon gaming in the State of Nevada.

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**  
2 **OF THE STATE OF NEVADA**


3 \* \* \* \* \*

4  
5 **In the Matter of:** )  
6 **Participation of Licensee as a** )  
7 **Shareholder, Officer or Managing Member of** )  
8 **Any Medical Marijuana Cultivation Facility,** )  
9 **Dispensary or other Establishment or Entity** )  
10 **Authorized Under NRS 453A.** )

No. 14-1 Adv. Op.

**FILED**

**JUN 17 2014**

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS  
By: 

11 **ADVISORY OPINION OF THE BOARD OF MEDICAL EXAMINERS**  
12 **JUNE 2014**

13 All licensees of the Nevada State Board of Medical Examiners (Board) are hereby advised  
14 that participating as a shareholder, officer or managing member of any medical marijuana  
15 cultivation facility, dispensary or other establishment or entity authorized under Nevada Revised  
16 Statutes (NRS) Chapter 453A is currently a violation of federal law under the Controlled  
17 Substances Act, 28 U.S.C. 801 et seq., because marijuana: 1) is classified as a Schedule I drug; 2)  
18 has not been fully evaluated and approved by the Food and Drug Administration for medicinal  
19 purposes, i.e., contraindications, dosages, potency, quantity and side effects; 3) lacks accepted  
20 safety standards for use; and 4) has a high potential for abuse.

21 Board licensees are further advised that licensees will not be investigated by the Board  
22 based solely on their participation as a shareholder, officer or managing member of any medical  
23 marijuana cultivation facility, dispensary or other establishment or entity authorized under NRS  
24 Chapter 453A. However, if the Board receives a complaint alleging misconduct or other possible  
25 violations regarding a licensee's participation as a shareholder, officer or managing member of  
26 any medical marijuana cultivation facility; dispensary or other establishment or entity authorized  
27 under NRS Chapter 453A, the Board is obligated by law to investigate the allegations contained in  
28 the Complaint. Additionally, if a licensee is convicted of violating the Controlled Substances Act,  
or any other federal or state law regarding the possession, distribution or use of any controlled

1 substance or any dangerous drug as defined in Chapter 454 of the NRS, the Board is obligated by  
2 law to investigate the matter (NRS 630.301(1)(f)). Thus, licensees are further advised, whether  
3 they participate or not as a shareholder, officer or managing member of any medical marijuana  
4 cultivation facility, dispensary or other establishment or entity authorized under NRS Chapter  
5 453A, that they may be subject to potential disciplinary action by the Board for the following  
6 violations: 1) directly or indirectly receiving from any person, corporation or other business  
7 organization any fee, commission, rebate or other form of compensation which is intended or  
8 tends to influence the physician's objective evaluation or treatment of a patient – NRS  
9 630.305(1)(a); 2) referring a patient to a health facility or commercial establishment in which the  
10 licensee has a financial interest – NRS 630.305(1)(c); 3) failing to disclose to a patient any  
11 financial or other conflict of interest – NRS 630.305(1)(g); 4) administering, dispensing or  
12 prescribing any controlled substance, or any dangerous drug to or for himself/herself or others  
13 except as authorized by law – NRS 630.306(3); and 5) willful failure to perform a statutory or  
14 other legal obligation imposed upon a licensed physician – NRS 630.3065(3).

15 Board licensees act at their own legal peril as a shareholder, officer or managing member  
16 of any medical marijuana cultivation facility, dispensary or other establishment or entity  
17 authorized under NRS Chapter 453A. Accordingly, all licensees of the Board are encouraged to  
18 consult with their own legal counsel to explore all possible legal and/or criminal implications of  
19 such actions and/or relationships.

20 NEVADA STATE BOARD OF MEDICAL EXAMINERS

21  
22 By: Michael J. Fischer, M.D.  
23 Michael J. Fischer, M.D., President  
24  
25  
26  
27  
28



# WREB

A National Dental and Dental Hygiene Testing Agency

23460 North 19th Avenue, Suite 210 • Phoenix, Arizona 85027

Phone: 602-944-3315 • Fax: 602-371-8131

[www.wreb.org](http://www.wreb.org)

[generalinfo@wreb.org](mailto:generalinfo@wreb.org)

[dentalinfo@wreb.org](mailto:dentalinfo@wreb.org)

[hygieneinfo@wreb.org](mailto:hygieneinfo@wreb.org)

October 20, 2014

Debra Shaffer-Kugel, Executive Director  
Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd., Building A, Suite 201  
Las Vegas, NV 89118

Dear Ms. Shaffer-Kugel,

In response to your correspondence dated September 12, regarding Standards and Criteria for Local Anesthesia and Nitrous Oxide, I am happy to share the criteria to administer local anesthesia at a WREB dental hygiene examination. They are as follows:

- Submit the original Local Anesthesia Course Certification form. It must be signed by the school Dean/Director with the school seal affixed.
- Have passed the WREB written and clinical Local Anesthesia examination (within the last 12 months).
- Submit proof of a license/certification to administer local anesthesia in the state in which the WREB exam is held. Acceptable documentation is one of the following:
  - The original license/certification, or
  - A copy of the original license/cert.
- Submit an original letter of permission (state seal affixed) from the state board or licensing agency in which the exam is held.

We do not test for nitrous oxide competency and as such, have no requirements. To be eligible to take the dental hygiene examination, one must have graduated from a CODA accredited hygiene program.

I hope that this information is helpful to clarify your standards.

Sincerely,

Beth Cole

Chief Executive Officer

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NOV - 3 2014

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# FLORIDA Board of Dentistry

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Wednesday, October 22nd, 2014

## Dental Hygienists Administering Local Anesthesia

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A dental hygienist under the direct supervision of a dentist may administer local anesthesia, including intraoral block anesthesia, soft tissue infiltration anesthesia, or both, to a nonsedated patient who is 18 years of age or older, if the following criteria are met:

The dental hygienist has successfully completed a course in the administration of local anesthesia which is offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board. The course must include a minimum of 30 hours of didactic instruction and 30 hours of clinical experience, and instruction in areas as stated in subsection (5) of s. 466.017, F.S.

Any dental hygienist seeking a certificate to administer local anesthesia must apply to the department, remit a one-time application fee of \$35.00 and submit proof of successful completion of a course in the administration of local anesthesia pursuant to Florida statutes and evidence of current certification in basic or advanced cardiac life support. The board shall certify, and the department shall issue a certificate to any dental hygienist who fulfills the qualifications of subsection (5) of s. 466.017, F.S. The certificate is not subject to renewal but is part of the dental hygienist's permanent record and must be prominently displayed at the location where the dental hygienist is authorized to administer local anesthesia.

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### More Latest News

[Summer 2012 Message from the Chair](#)  
April 13, 2013

I am honored to serve as the current Chair of the Board and would first like to express my sincere gratitude to my colleagues on the Board for the time and effort they so generously offer. Thank you for your ...  
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[Fall 2012 – Message from the Chair](#)  
April 14, 2013

I would again like to stress the importance of maintaining detailed patient dental records in your practice. Failure to maintain adequate patient records is a violation commonly cited in many of our disciplinary cases. The standard is to keep written ...  
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(a) A licensed dental hygienist may administer local anesthesia if the minimum standards of training and procedure set forth in this section are followed. For purposes of this section "local anesthesia" is defined as the elimination of sensation, especially pain, in the oral cavity by the regional injection of an anesthetic agent.

(b) No licensed dental hygienist shall administer local anesthesia unless he or she possesses a local anesthesia permit issued by the Board of Dentistry.

(c) A licensed dental hygienist who has been issued a permit to administer local anesthesia may do so only under the direct supervision of a New Jersey licensed dentist who shall determine which anesthetic agent shall be administered by the hygienist. The licensed hygienist may utilize only the following types of injections: infiltration in the maxilla and mandible; mandibular nerve block; mental nerve block; and long buccal nerve block.

(d) A licensed dental hygienist applying for a Board permit to administer local anesthesia shall satisfy the following requirements:

1. \*[Completion]\* **\*Successful completion\*** of a Board-approved course in the administration of local anesthesia offered in a dental hygiene program approved by the Commission on Dental Accreditation, or in an accredited college or university, teaching hospital or other training institution or facility approved pursuant to *N.J.S.A. 45:6-2*.

i. The course outline, content and objectives, and curriculum vitae of course instructors shall be submitted to the Board for review and approval.

ii. The course shall include instruction in: head and neck anatomy; pharmacology of anesthetic and analgesic agents; patient pre-evaluation, including medical and dental history considerations; recognition of adverse events, emergency procedures and basic life support; and selection of appropriate armamentarium, agents and techniques.

iii. The course shall consist of 20 hours of didactic training and 12 hours of clinical training. The clinical training shall include 20 monitored administrations of local anesthesia, with a minimum of five administrations of each of the following injections: infiltrations in the maxilla and mandible, mandibular nerve block, mental nerve block, and long buccal nerve block; and

[page=6817] 2. Passage of the written examination in the administration of local anesthesia administered by the Northeast Regional Board of Dental Examiners (NERB).

(e) A licensed dental hygienist who holds a permit to administer local anesthesia under the direct supervision of a licensed dentist shall complete four hours of continuing education in the administration of local anesthesia in every other biennial renewal period, consistent with the requirements of *N.J.A.C. 13:30-5.2*.

(f) The administration of local anesthesia by a licensed dental hygienist without a permit shall constitute a deviation from normal standards of practice required of a licensee.

(g) A licensed dental hygienist who administers local anesthesia without a permit and without direct supervision shall be deemed to be engaging in the unauthorized practice of dental hygiene and shall be subject to the penalties set forth in *N.J.S.A. 45:6-58* and *45:1-25*.

(h) A licensed dentist who permits a licensed dental hygienist to administer local anesthesia without a permit or without direct supervision shall be subject to the penalties set forth in *N.J.S.A. 45:1-25* and shall be deemed to have engaged in willful and gross malpractice or willful and gross neglect in the practice of dentistry pursuant to *N.J.S.A. 45:6-62*.

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Jersey





Commission on Dental Accreditation

**VIA ELECTRONIC MAIL**

October 29, 2014

Mrs. Debra Shaffer-Kugel  
Executive Director  
Nevada Board of Dental Examiners  
6010 S. Rainbow Blvd., Ste. A-1  
Las Vegas, NV 89118

Dear Mrs. Kugel:

**RE: *State Board Participation on Accreditation Site Visits***

This letter is to notify you that the institution(s) listed below have indicated a willingness to have a representative of the state board participate in the Commission on Dental Accreditation's 2015 on-site evaluations of the following dental education program(s):

**Allied Education Site Visits:**

College of Southern Nevada  
Las Vegas, NV  
March 3-4, 2015

**Appointment Process and Reimbursement:** In accordance with the attached policy statement for state board participation on site visit teams, the state board of dentistry is requested to submit the names of two representatives who are current members of the board for each site visit listed. The Commission will then ask the institution to select one individual to participate on the visit. You will be notified when the institution has selected a representative. Prior to the visit, the representative will receive an informational packet from the Commission and the self-study document from the institution. The state board is responsible for reimbursing its representative for expenses incurred during a site visit.

**Confirmation of State Board Participation Form (to be returned):** Each program that has elected to invite the board of dentistry is identified on the attached Confirmation of State Board Participation Form(s). The board of dentistry is requested to complete this form, as described above.

**Please note:** The Confirmation of State Board Participation Form(s) must be returned by the due date indicated on each form. If communication is not received from the state board by this date, it will be assumed that the state board is unable to participate on the site visit

**Conflicts of Interest:** When selecting its representatives, the state board should consider possible conflicts of interest. These conflicts may arise when the representative has a family member employed by or affiliated with the institution; or has served as a current or former faculty member, consultant, or in some other official capacity at the institution. Please refer to the enclosed policy statements for additional information on conflicts of interest.

Ms. Debra Shaffer-Kugel  
October 29, 2014  
Page Two

**Time Commitment:** It is important that the selected representative be fully informed regarding the time commitment required. In addition to time spent reviewing program documentation in advance of the visit, the representative should ideally be available the evening before the visit to meet with the team. Only one state board representative may cover each visit to ensure that continuity is maintained; it is desirable that the representative be present for the entire visit.

**Confidentiality and Distribution of Site Visit Reports:** Please note that, as described in the enclosed documents, state board representatives serving on a team must consider the site visit report confidential. Release of the report to the public, including the state board, is the prerogative of the institution sponsoring the program.

If I can provide further information regarding the Commission and its activities related to dental education site visits, please contact me at 1-800-621-8099 extension 2672 or [baumannc@ada.org](mailto:baumannc@ada.org). Thank you in advance for your efforts to facilitate the board's participation in the accreditation process.

Sincerely,



Catherine Baumann  
Manager, Advanced Specialty Education  
Commission on Dental Accreditation

CB/sp

cc: Dr. Catherine Horan, manager, Pre-Doctoral Education, Commission on Dental Accreditation (CODA)  
Ms. Jennifer Snow, manager, Advanced Specialty Education, CODA  
Ms. Peggy Soeldner, manager, Postdoctoral General Dentistry Education, CODA  
Ms. Patrice Renfrow, manager, Allied Dental Education, CODA  
Ms. Alyson Nall, coordinator, Allied Program Reviews, CODA  
File

Enclosures: CODA Confirmation of State Board Participation Form(s)  
Policy on State Board Participation and Role During a Site Visit  
Policy on Conflict of Interest  
Policy on Public Disclosure and Confidentiality



## *Effluent Limitation Guidelines and Standards for the Dental Category*

### Summary

EPA is proposing technology-based pretreatment standards under the Clean Water Act for discharges of pollutants into publicly owned treatment works (POTWs) from existing and new dental practices that involve the discharge of dental amalgam. The proposal would require dental practices to comply with requirements for controlling the discharge of dental amalgam pollutants into POTWs based on the best available technology or best available control technology and Best Management Practices.

EPA is also proposing to amend selected parts of the General Pretreatment Regulations (40 CFR Part 403) to streamline oversight requirements for the dental sector. EPA expects compliance with this proposed rule would reduce the discharge of metals to POTWs by at least 8.8 tons per year, half of which is mercury. EPA estimates the annual cost of the proposed rule would be \$44 to \$49 million.

### Why is EPA proposing this rule?

When dentists remove old amalgam fillings from cavities, or when dentists place a new filling, mercury in the form of dental amalgam enters the wastewater of the dental office. Studies have shown that dental offices are the largest source of mercury discharges to POTWs, contributing about half of the mercury received by POTWs. Mercury is a persistent and bioaccumulative pollutant with well-documented effects on human health. When in water, certain microorganisms can change mercury into methylmercury, a highly toxic form that builds up in fish, shellfish and animals that eat fish. Fish and shellfish are the main sources of methylmercury exposure to humans.

The proposed rule would require all affected dentists to control mercury discharges to POTWs by reducing their discharge of dental

amalgam to a level achievable through the use of the best available technology (amalgam separators) and the use of Best Management Practices. In order to simplify compliance with, and enforcement of the numeric reduction requirements, the proposed rule would allow dentists to demonstrate compliance by installing, operating and maintaining amalgam separators. The proposal also includes a provision by which dental offices that have already installed amalgam separators that do not meet the proposed amalgam removal efficiency would still be considered in compliance with the rule for the life of the amalgam separator. Removing concentrated sources of mercury to POTWs opportunistically, such as through low-cost amalgam separators at dental offices (average annual cost per dental office: \$700), is a common sense solution to managing mercury that would otherwise be released to air, land, and water.

### Proposed Pretreatment Standards for the Dental Category Include:

- Technology-based pretreatment standards for discharges of pollutants into POTWs from existing and new dental practices that involve the discharge of dental amalgam
- Dental offices covered by this proposed rule could control mercury discharges to POTWs by reducing their discharge of dental amalgam to a level achievable through the use of the best available technology (amalgam separators) and the use of Best Management Practices.
- Amendments to selected parts of the General Pretreatment Regulations (40 CFR Part 403) to streamline oversight requirements for the dental sector and to eliminate discharge monitoring for the dentists.

---

**For More Information**

You can view the Federal Register Notice at <http://www.epa.gov/guide/dental>. In addition, the proposed rule will be available at <http://www.regulations.gov> under Docket ID: EPA-HQ-OW-2014-0693. Upon Federal Register publication, EPA will accept public comments on this proposed rule for 60 days.

You may also contact Damon Highsmith at [Highsmith.Damon@epa.gov](mailto:Highsmith.Damon@epa.gov).

---



Michael Moore, DDS, LTD  
& David Moore, DDS, LTD

10-20-2014

Nevada State Board of Dental Examiners  
6010 South Rainbow Blvd, Suite A-1  
Las Vegas, NV 89118

Received  
NOV 06 2014  
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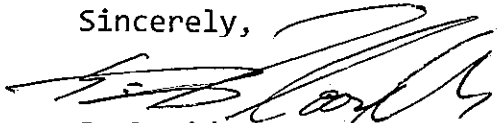
Dear Sirs;

I am writing in regard to request an advisory opinion for general dentists who are trained to use Botox and facial fillers. The opinion granted to Oral Surgeon's in April of 2009 seemed to reflect upon two issues at that time. The first issue was training in the use of Botox; the second point was the potential for "abuse" by general dentists. Since that ruling, there have been numerous accredited courses offered by highly respected organizations on the suitable use of Botox as well as various dermal fillers appropriate for everyday use by general dentists. As well, these products are now common in a number of other states for various appropriate therapeutic use by general dentists. The fact that adjacent states now consider the therapeutic use of various products by general dentistry (ie: CA, New York, Florida, and Washington) "ordinary" care, and provide avenues by which the general practitioner can provide them if deemed appropriate within their individual scope of practice. These issues seem to warrant a reevaluation as requested, with an understanding that with proper training, the safe use is within the standard of care. To augment the argument, there are even courses currently offered at the ADA convention that emphasize the safe and appropriate use of such products for use by general dentists as adjunctive therapies that are now being encouraged. It is also worthy of noting that most malpractice carriers now recognize the reality that, with proper training, it is well within the scope of practice of general dentistry to provide these services to patients under their respective coverage limitations. Currently though, the only options available to general dentists in Nevada (and, vicariously, the public) is to either refer patients to less qualified and often under trained individuals that do not have either proper supervision or training to provide prescribed care, or to Oral Surgeon's that otherwise are often not aware of the nuances of the esthetic effects desired such as the minimally invasive option of the use of fillers to treat

deficient interdental papilla's (to name just one current use). Of course there are a number of other appropriate uses in general dentistry that include treatments such as: bruxism, midface volumization to establish proper lip and smile lines, and even TMJ syndromes to name a few current uses. However, the current restraints that require the practitioner treating an appropriate case, even though they are competent in the use of available therapies, certainly diminishes the level of care to a point that the public is often denied the affordable opportunity to take advantage of particular skills that those who are trained have gained, thus the public ultimately suffers. Also, by referring patients to someone less trained or even unaware of the desired outcome of therapy, artificially causes an issue of shared liability that seems contrary to the intent of disallowing trained general dentists to provide these services. It also seems clear that with the advent of numerous "Botox parlors" in the recent past, that often employ nominally trained assistants under the guise of general supervision of a physician, the public is already "at risk" for potential mishaps as well as misuse. Even under those circumstances, the overall risk to the public seems to have been proven to be nominal however even though the "misuse" continues. The desire for those dentists who are trained in standardized techniques has been demonstrated in other states to be a safe and effective means well within the standard of care as currently recognized by the ADA.

My inquiry is to request an update to the opinion that reflects a current understanding regarding the use of these products by trained general dentists. Thank you in advance.

Sincerely,



S. David Moore DDS

Michael Moore DDS, MPH



Received  
NOV 06 2014  
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**BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS**

Petition by Mark J Escoto, DDS for an Advisory )  
Opinion as to whether dentists may inject/administer ) AO-06-0518(C)  
Botulinum Toxin (BOTOX) to their patients. )  
\_\_\_\_\_)

At a public meeting of the Nevada State Board of Dental Examiners, held on September 21, 2006 at its offices located in Las Vegas with video-link to Reno.

Dr Tony Guillen-----PRESENT  
Dr. Rick Thiriot-----EXCUSED  
Dr. William O’Gara-----PRESENT  
Dr. Donna Hellwinkel-----PRESENT  
Dr. Michael Lloyd-----PRESENT  
Dr. William Pappas-----PRESENT  
Dr. Joel T. Glover-----PRESENT  
Mrs. Rosanne “Missy” Matthews-----PRESENT  
Mrs. Sharon Peterson-----EXCUSED  
Mr. James “Tuko” McKernan-----PRESENT  
Mrs. Bonnie Bryan-----PRESENT

**ADVISORY OPINION**

The Nevada State Board of Dental Examiners (“the Board”) makes the following findings of fact and conclusion of law:

**I. Procedural History**

1. On May 18, 2006, Mark J. Escoto, DDS filed a petition requesting that the Board issue an Advisory Opinion regarding whether dentists could administer/inject botulinum toxin (botox) to their patients for cosmetic purposes as well as dental treatment for bruxism. This petition has been designated by the Board as AO-06-0518(C).
2. Dr. Escoto stated that he was utilizing botox for strictly TMJ treatment in conjunction and neuromuscular therapy for his patients. He stated his treatments were not irreversible as the botox treatment wore off in three months. He stressed that he was not using botox for wrinkle clearing. Comments were made by Board member, Dr. William Pappas, that current literature identified dental uses of botox for trigeminal neuralgia and severe bruxism.
3. The petition is within the purview of the Board’s jurisdiction pursuant to NRS Chapter 631 and NAC Chapter 631; specifically, NRS 631.215 regarding the scope of practice for dentistry and NAC 631.279 as well as NRS 233B.120 issuing advisory opinions.
4. The Board issued a public notice of this petition for an advisory opinion in accordance with state law. Comments from Dr. Escoto were provided as well as Thomas Myatt, DDS, a licensed Oral & Maxillofacial Surgeon in Nevada on May 18, 2006.
5. The Board noticed a hearing on August 25, 2006 of the Legislative and Dental Practice Committee to review and deliberate regarding the use of botox by dentists. The hearing included comments from members of the Committee and staff regarding the FDA approved uses

of botox, the uses of botox for dental treatment, and the general use of botox for both circumstances by a general dentist as part of the scope of practice. Discussion of the cosmetic uses of dermal fillers by dentists also took place. The Committee issued a recommendation to the full board that dentists using botox or other like substances including dermal fillers for cosmetic purposes was not within the scope of practice for a dentist.

## **II. Comments of the Participants**

### **A. Staff's Comments**

5. Staff provided the newspaper article and described calls received regarding the known use of botox in the dental community for lip augmentations and temporary relief of facial wrinkles and frown lines. An article from the Journal of American Dental Association describing use of botox was confined to severe bruxism and was distributed to members, public attendees, and meeting speakers at the meeting held May 18, 2006.

### **B. Mark J Escoto, DDS' Comments**

6. On May 18, 2006, Dr. Escoto filed comments at the meeting; however correspondence was also filed with the Board prior to May 18, 2006. During live comments, Dr. Escoto indicated he was treating patients with extreme bruxism and neuromuscular dental disorders--TMJ. He indicated that patients were screened to diagnose extreme cases and that botox was not administered to just any patient and not for wrinkle relief or casual bruxism. According to his comments he has taken many continuing education courses regarding use of botox, head and neck anatomy, and dental education. He provided his criteria for diagnosing severe bruxism. He indicated he has not injected any patient with botox that did not have severe bruxism. Dr. Escoto was asking to continue the use of botox to treat patients in conjunction with his splint therapy. Dr. Escoto was asked about his submitted comments wherein he described his other uses of botox not related to dental procedures. When asked about whether he was performing lip augmentations, he responded that he was. He provided CE certificates for courses regarding botox use for lip augmentation. The issue was referred to the Legislative and Dental Practice Committee of the Board for review of submitted information hearing.

7. Dr. Thomas Myatt, a Nevada licensed Oral & Maxillofacial Surgeon, discussed the uses of botox for extreme cases of clenching, bruxism, and myofascial pain and dysfunction. Dr. Myatt is aware of botox use for Temporomandibular Joint (TMJ) Disorder although he has not used it for that. Botox is an accepted 'adjunct' treatment for neuromuscular dysfunction.

8. Dr. Escoto did not attend the meeting on August 25, 2006 although noticed of the meeting.

## **III. Board Decision**

9. Pursuant to NAC 631.279 through authority of NRS 631.190, and NRS 233B.120, the board having the discretion to issue an advisory opinion regarding the applicability and/or interpretation of any statutory or regulatory provision of Chapter 631.

10. The Board finds that administration of botox for cosmetic purposes is not within the scope of practice of a dentist. Further, the board finds that administration of dermal fillers and like substances for cosmetic purposes is not within the scope of practice of a dentist.

THEREFORE, based upon the findings and conclusions, it is hereby ORDERED on September 21, 2006 that:

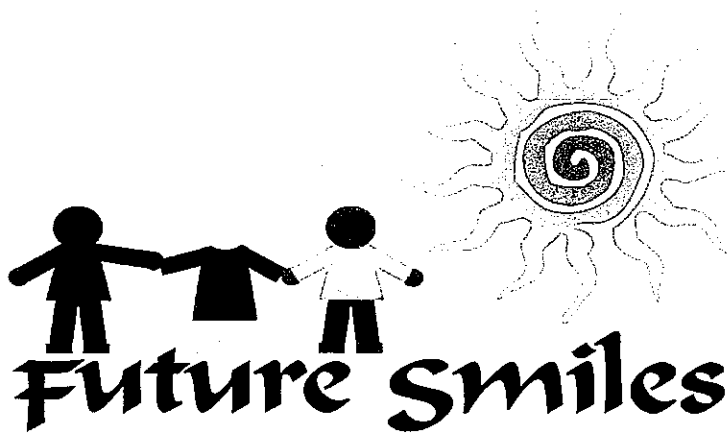
1. The use of botox or other like substances including dermal fillers by dentists for cosmetic purposes is deemed a violation of NRS 631.3475 and NRS 631.215.



EPOD-Education and Prevention of Oral Disease  
3074 Arville Street  
Las Vegas, Nevada  
89102  
Office: (702) 889-3763  
Email: [futuresmiles@centurylink.net](mailto:futuresmiles@centurylink.net)  
Web: [www.futuresmile.net](http://www.futuresmile.net)



## **Future Smiles Community and School-Based Dental Hygiene Program Policies and Procedures**



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**Future Smiles  
Community and School-Based Dental Hygiene Program  
Policies and Procedures**



**Future Smiles  
Community and School-Based Dental Hygiene Program  
Policies and Procedures**

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**Future Smiles  
Community and School-Based Dental Hygiene Program  
Policies and Procedures**

**I. FUTURE SMILES POLICIES**

**Program Objective:** Community and School-Based Dental Hygiene Program

**Original Effective Date:** September 28, 2009

**First Amendment:** November 1, 2014

**Author:** Terri Chandler, RDH  
Future Smiles Executive Director  
Program Administrator

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**Reviewed By:** Future Smiles Program Planning Committee  
Stephanie Redwine, RDH, BS  
Future Smiles Dental Hygiene Director

NSBDE

Nancy Dockery, RDH  
Future Smiles Program Manager

**Reviewed By:** Clark County School District  
Chris Garvey, RDH  
Clark County School Board Trustee

Sally Jost  
CCSD Director Related Services

The administration of the community and school-based preventive oral health program will be completed under the direction of the Future Smiles Executive Director and Program Administrator.

The following comprises the protocol for this community and school-based preventive dental hygiene oral health program. All new employees or volunteers are required to read and acknowledge that they will abide by these protocols for the duration of their employment or volunteerism. It is also recommended that this manual be reviewed once a year for any revisions.

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## II. PROGRAM GOALS AND OPERATIONS

NSBDE

### Mission

To improve the oral health of low-income, at-risk populations by providing preventive dental hygiene health care services through evidence-based clinical Best Practices to include: oral hygiene education, screenings, x-rays, prophylaxis, sealants and fluoride varnish. Service population refers to infants, toddlers, young children, youths, adolescents and adults. Services are to be provided at community health facilities, health fairs, Head Start, WIC centers, schools (classroom, etc.), School-Based Health Centers (SBHC) and/or Education and Prevention of Oral Disease (EPOD).

Program recipients with additional dental needs will be referred to community dental providers that have agreed to partner with Future Smiles. The program promotes working within the dental community to establish a dental home for at-risk populations. Our primary goal is to improve the oral health and overall health of our service population. Future Smiles believes that through optimal health outcomes we will help safeguard at-risk children's long term capacity to learn and success within the school environment.

### Goals

- Provide information on oral health education and the benefits of dental prophylaxis, dental sealants, x-rays and fluoride varnish.
- Oral health screening, x-rays (limited locations) provide dental prophylaxis, determine recall status, evaluate teeth suitable for placement of dental sealants and apply fluoride varnish.
- Identify oral health needs and provide a referral source for follow-up dental care.
- Work directly with the medical staff and physicians; refer when necessary to best care for all of the participants' health needs.
- Promote a safe and healthy clinical treatment environment adhering to current OSHA standards and green technology.
- Follow the most recent evidence-based clinical Best Practices and CDC guidelines.

### Rules and Regulations

All program employees and volunteers must adhere to Nevada Statutes, Rules and Regulations governing the practice of dentistry and dental hygiene as outlined in NRS 631 and NAC 631 and 459 inclusive.

### Occupational Safety and Health

All employees must follow the CDC guidelines for infection control in the dental office.

### Hours and Days of Operation

Future Smiles operates at community health facilities, health fairs, Head Start, WIC centers,

schools (classroom, etc.), School-Based Health Centers (SBHC) and/or Education and Prevention of Oral Disease (EPOD) Monday through Saturday dependent on personnel availability. In general the program will operate from 8:00 am to 4:00 pm, however, as a school-based clinic that is physically separate from the school, hours and days of operation are contingent to the staff availability and community needs.

**Attendance and Punctuality**

All employees are expected to adhere to their contracted days and hours of operation and are expected to be on time to the clinical sites. In the event of an emergency that detains the employee from working, the program administrator or supervisor must be contacted immediately. Employees must fulfill and not exceed their contracted hours of employment.

**Payroll and Compensation**

Employees are paid by the hour. Payroll is administered through a payroll service. Timesheets must be turned into program administrator who will forward them to the payroll service for payment.

**Holiday Schedule**

Employees will not be required to work on Federal holidays and are allowed to take personal days and vacation time off with notification to the program administrator.

**Technology Requirements**

All staff must be familiar with basic computer applications; word processing and data base programs. Staff will be expected to utilize the CDC SEALS data entry software, input program data, maintain program records, recall children and assist with program reporting.

**Program Policy**

The staff of Future Smiles will serve low-income, at-risk populations who are uninsured, underinsured, lack access, or are Medicaid/CHIP recipients at public health sites to include community health facilities, health fairs, Head Start, WIC centers, schools (classroom, etc.), School-Based Health Centers (SBHC) and/or Education and Prevention of Oral Disease (EPOD). Eligible low-income, at-risk populations will be from the local community served by Future Smiles. Children will either be accompanied by a parent or guardian who will authorize consent to provide treatment (consent forms), or will have returned a signed parental/legal custodian/guardian medical history/consent forms authorizing treatment.

All preventive dental hygiene services will follow evidence-based clinical Best Practices.

Signed medical history/consent forms represent consent to treat between parents/legal custodian/guardians and Future Smiles staff.

The administration of the prevention oral health program is the responsibility of the Future Smiles Administrator.



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Only a Registered Nevada State-Licensed Dental Hygienist (RDH), who has been successfully approved for Public Health Dental Hygiene Endorsement (PHDHE) through the Nevada State Board of Dental Examiners (NSBDE), may provide services to Nevada residents through Future Smiles. All PHDHE Future Smiles staff will be covered under Professional Liability provided by Future Smiles. The program will provide OSHA and CPR instruction for staff in accordance with licensure.

The Future Smiles Administrator may assign additional support staff members, which have been approved for PHDHE, as deemed necessary to achieve program goals under appropriate budgetary restraints.

### **Target Population**

The staff of Future Smiles will serve low-income, at-risk populations who are uninsured, underinsured, lack access, or are Medicaid/CHIP recipients with a focus on schools with 50% or higher Free & Reduced Lunch (FRL) enrollment.

## **III. CLINICAL DUTIES AND OPERATIONS**

### **Program Clinical Duties**

- Inventory and order program supplies as needed including printing of forms as needed.
- Order and maintain program incentives.
- Compile program data.
- Jointly complete a quarterly assessment report for the Nevada State Health Division.
- Monitor grant budget and program expenses.
- Represent Future Smiles at community meetings when requested.
- Keep and maintain an inventory list of treatment supplies.
- Arrange for equipment maintenance with manufacturers.
- Communicate with school officials to set up dispersal of forms and treatment days.
- Be a liaison with school officials.
- Maintain equipment and pursue repairs when needed.
- Organize and set up treatment materials.
- Provide oral health education.
- Organize daily paperwork.
- Utilize electronic health records-Dentrix.
- Take digital x-rays at limited locations.
- Assess oral health status and provide oral prophylaxis.
- Assess and maintain patient management with topical anesthetics as needed.
- Assess recall needs for each child seen and schedule recall.
- Assess molars and pre-molars suitable for placement of a sealant.
- Assess teeth suitable for placement of fluoride varnish.
- Apply sealants and fluoride varnish.
- Provide post-op instructions.
- Sterilize program instruments and prepare for the next day.

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- Stock treatment room accordingly.
- Supervise and evaluate student dental hygienists and student dentists. (Student dentists will have a dentist teaching staff at UNLV SDM present).
- Maintain compliance with CDC guidelines for infection control in the dental office.
- Adhere to standard practices and use of ethical discretion in the workplace.

### **Set-Up/Take Down Protocol**

#### **Equipment Set-Up:**

- Turn on all equipment including compressor, vacuum, Statim, ultra sonic unit and dental chair.
- Remove water bottle, fill with either distilled water, Sterisilstraw™ or use standard water and disinfectant tablets.
- Wipe delivery unit, patient chair and light, clinician chair, evacuation hose, air/water syringe handle, and curing light with Cavi-cide wipe.
- Set up patient chairs and use appropriate barriers on chair, overhead light and other handles.
- Set clinician chairs to desired height.

#### **Delivery Tray Set-Up**

Each delivery tray should have the following:

- Air/Water syringe tip
- Saliva ejector
- 4 cotton rolls
- 2 Dri-Angles
- 3 Syringe sleeves (1 with corner cut off for curing light)
- 1 curing light sleeve
- Unit dose of fluoride varnish with brush
- Unit doses of sealant material and etch
- Prophy polish
- Instrument pack with mirror, explorer and hygiene instruments
- Patient bib

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Items on tray will depend upon what type of sealant and etch are being used.

#### **Delivery Unit Set-Up**

- Place saliva ejector and air/water syringe tip on appropriate connectors. Place barriers on air/water syringe handle, saliva ejector, and curing light. Place curing light sleeve on curing light then put orange shield on.
- Open unit doses of etch and sealant material and put tips on.
- Open instrument pack and collect Personal Protection Equipment (PPE) for operator.
- Organize paperwork by classroom.
- Retrieve child from classroom.
- Have child pick out toothbrush, floss, and incentive cup from boxes set up at entry door.
- Introduce yourself and anyone helping and place bib on patient.



- Explain procedure and eating limitations after sealant/fluoride varnish.

**Equipment Breakdown**

- Following last patient of the day: Dispose of all barriers and waste. Place dirty instruments and tips from sealant and etch in the dirty instrument container. Wipe down delivery units with Cavi-cide wipes.
- Turn delivery unit OFF. Remove and empty water bottle. Replace water bottle on unit, turn unit ON. Dry lines by running water out into the evacuation hose. Lift evacuation hose to completely drain. Turn delivery unit OFF.
- Turn off compressor, vacuum, light and dental chair and all other equipment in operatory.
- Turn off room light.

**IV. PROPHYLAXIS PROTOCOL**

**Extra Oral and Intra Oral Inspection**

- 1) Introduce yourself and ask if patient has any questions or concerns.
- 2) Review medical history.
- 3) Identify special needs.
- 4) Ask the patient is in oral pain.
- 5) Identify area or areas of discomfort.
- 6) Put on Protective Personal Equipment (PPE).
- 7) Place bib on child and safety glasses.
- 8) Extra oral inspections note any abnormalities.
- 9) Intra-oral inspection to include oral cancer screening.
- 10) Determine if patient presents with any medical health needs. If medical health is in question refer to medical health care partner within clinic, Pediatrician, and/or school nurse. Notification is sent home to alert parents/legal custodian/guardians.
- 11) Chart on Data Collection Form all existing, decayed, restored and sealed teeth.
- 12) Chart preventive services to be delivered to include x-rays (limited locations), prophylaxis, sealants, recommend reseal and varnish application.
- 13) Chart follow-up to community-based dental clinic and other referrals as indicated.
- 14) Identify dental treatment urgency 0- no obvious problem, 1- early dental care and 2- urgent care.
- 15) Patients with 1 and 2 urgency need immediate referral to dental care provider. All program recipients will be advised to pursue routine dental care at community-based dental clinic.
- 16) Assess gingival health and bleeding index.
- 17) Develop preventive dental care plan.
- 18) Assess plaque levels.
- 19) Evaluate diet and oral habits.
- 20) Discuss smoking and other unhealthy behaviors that can be detrimental to oral and systemic health.
- 21) Review proper home care to include brushing and flossing.

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- 22) Discuss findings with patient in a positive manner while developing trust and behavior modification.

### **Prophylaxis**

- 1) Sterilized dental hygiene instruments will be used to remove plaque, calculus, and materia alba and food debris.
- 2) If tongue is coated remove coating.
- 3) Review proper home care to include brushing and flossing while providing services.
- 4) Coronal polish with prophylaxis paste.
- 5) Full mouth flossing.
- 6) Rinse away all polish residues.
- 7) Proceed with sealant and fluoride varnish application.

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### **Post-Operative Instructions for Prophylaxis**

- 1) Encourage regular recare dental visits.
- 2) If dental need is identified explain referral process and community partners. Review importance of paperwork that is to be given to parents/legal custodian/guardians.
- 3) Case management and care navigation is important and follow-up and documentation is needed in records. On forms be sure that home information is accurate for follow-up to determine that patient did receive necessary medical/dental care.
- 4) Review importance of daily brushing and flossing.
- 5) Advise additional, case specific oral health care instruction, which can include, diet recommendations, oral rinses, additional oral health aids, behavior modification and etc. Each patient is unique and individual needs are determined on a "case by case" basis using evidence-based clinical Best Practices.

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## **V. SEALANT PROTOCOL**

### **Sealant placement**

- 1) Place orange safety glasses (to protect their eyes from the curing light ray) on child if they are not already wearing orange safety glasses.
- 2) If prophylaxis was not performed dry brush molars (in one direction only – otherwise it can get foamy) with patient toothbrush and rinse thoroughly.
- 3) Assess molars suitable for placement of a sealant using protocol and record findings on Treatment/Referral form.
- 4) Isolate teeth, dry off excess saliva, and etch for 30 seconds. (Time is dependent on etch in use).
- 5) Rinse teeth thoroughly and dry off with air.
- 6) Apply sealant – check that all pits and grooves are covered. Including buccal and lingual grooves.
- 7) Cure for 20 seconds. Check for adequate coverage; add additional sealant material if indicated. Cure again for 20 seconds.
- 8) Remove isolation and check for excess flash.

### **Post-Op Instructions for Sealants**

- 1) Don't eat anything sticky (caramel, taffy, gum) for 1 day. Best to avoid sticky items always).
- 2) Don't eat anything hard (jawbreakers, hard nuts) for one day.
- 3) Don't chew on ice.

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## **VI. FLUORIDE VARNISH PROTOCOL**

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### **Fluoride Varnish Application**

- 1) After placing sealants – have patient swallow and dry teeth off with air.
- 2) Paint varnish on all teeth avoiding any large, open areas of decay.
- 3) Give patient post-op instructions.
- 4) Remove Personal Protective Equipment, patient's bib and patient's orange safety glasses. Reinforce post-op instructions and complete the Treatment/Referral form.
- 5) Separate treatment/referral form. Staple white copy to post-op instructions and give to child with instructions to take home to parents/legal custodian/guardians. Staple canary copy to health history and set aside to be counted at end of day.
- 6) Explain the need for regular maintenance care and that Best Practice Standards recommend that it is best for the at-risk population to receive a fluoride varnish application 4 times per year.

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### **Post-Op Instructions for Fluoride Varnish**

- 1) Eat a soft, non-abrasive diet for the rest of the day.
- 2) No hot drinks.
- 3) Do not brush or floss for at least 6 hours – if placed in the afternoon then advise not to brush until the next morning.
- 4) Depending on fluoride varnish type teeth may appear dull and yellow – this will brush off at next brushing.

## **VII. X-RAY AND TREATMENT PROTOCOL**

### **X-ray and Treatment Procedures**

- 1) Obtain completed health history with consent from parent or guardian.
  - a. Parent or guardian signature is required.
- 2) Review medications/medical conditions with patient and parent or guardian.
- 3) At Clark EPOD take radiographs
  - a. Confirm parent/guardian approval.
  - b. Inquire if patient is pregnant.
  - c. If patient is pregnant or potentially pregnant do not take x-rays.
    - i. X-ray recommendations:
      1. Explain x-ray process and answer any questions.
      2. Wash hands and prepare operator for procedure.
      3. Set-up computer for Dexis imaging *\*make sure that you have the correct patient record open in Dentrix.*

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4. Prepare Nomad with barriers.
  5. Prepare Dexis sensor with barriers and holder.
  6. Prepare patient with lead shield and thyroid collar.
  7. Prepare operator with lead shield and thyroid collar.
  8. Operator to use dosimeter and required.
  9. 2-5 years of age maxillary and mandibular occlusal films- 2 bitewing x-rays if possible.
  10. 5-12 years of age maxillary and mandibular occlusal films and 2 bitewing x-rays.
  11. 12-14 years of age maxillary and mandibular 2-3 anterior films and 2 bitewing x-rays.
  12. 14 years and older 4 bitewing x-rays and full mouth series.
    - a. If unable to take full mouth series do take the 4 bitewings and 2-3 anterior films and schedule to take full mouth at recare appointment.
- 4) Expose radiographs using standard protocol.
- 5) Review radiographs and establish a dental hygiene treatment plan
- a. Full mouth debride with follow-up fine scale 2 weeks later.
  - b. Deep subgingival calculus can require segmenting appointments to provide scaling and root planning. Break treatment up into quadrants with a focus on patient comfort and home care. With gingivitis and inflammation advise warm salt water rinses at home and desensitizers, like MI paste.
  - c. Prophylaxis
  - d. Dental sealants to be placed on deciduous teeth with deep occlusal groves, all healthy molars, premolars and anterior teeth with deep lingual groves.
    - i. When time does not allow for full application of dental sealants do reschedule the patient for follow-up treatment of the sealants.
    - ii. With the mobile program leave a note for the next dental hygienist to complete the sealants on the next program delivery day.
  - e. Fluoride varnish is to be applied no more than every 3 months. Double check records if other services were offered and fluoride varnish was applied. You may polish with MI Paste when fluoride varnish was provided at the previous appointment and the patient is returning for subsequent treatment.
  - f. Case management requires that all patients served receive a treatment letter with community resource list.
  - g. Patients identified with urgent dental needs (dental pain) must have Care Navigation:
    - i. Urgent dental needs would be identified as:
      1. Draining abscess.
      2. 1 quadrant with deep tooth decay that causes pain.
      3. The patient notes that he/she experiences regular dental pain.
      4. Rampant caries where there are multiple areas of tooth decay in all 4 quadrants of the oral cavity.

ii. Dental Referral Network includes:

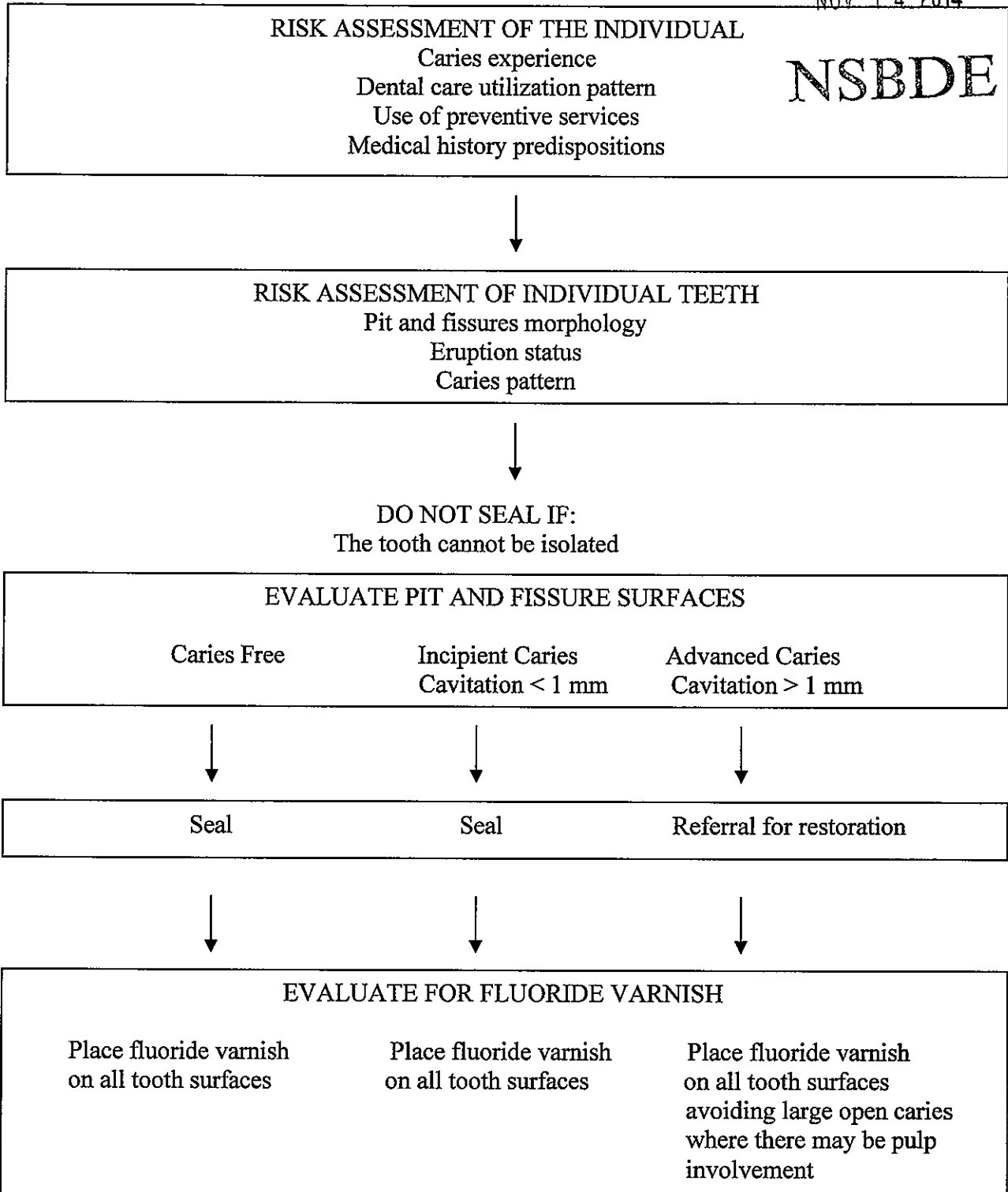
1. Once a patient is identified in urgent dental need the dental hygienist who assessed the patient needs to call the parent or guardian to provide health status of the patient and aid with Dental Referral Network:
  - a. UNLV SDM Saturday Clinics (free to participants).
  - b. Dental Care International
  - c. Huntridge Teen Clinic (13 years and older)
  - d. Sedation Dental Care-Dr. Steven Delisle
  - e. Nevada Health Centers
  - f. Project Smile
  - g. Local Dentist(s)
  - h. It is important to keep notes regarding the Care Navigation and the programs efforts to assist families with access to dental services.
- 6) Complete tooth charting in Dentrrix—tooth charting of existing restorations, conditions and tooth decay.
- 7) Full mouth perio charting in Dentrrix—all patients above the age of 14 are to have full mouth 6-point probing with 12 point oral cancer exam, abnormalities documented.
- 8) When parent or guardian is present review clinical findings with both the parent or guardian and the patient.
- 9) Provide oral hygiene education with home care instructions—brushing, flossing, disclosing as needed, tongue cleaning, oral piercing education, tobacco intervention.
- 10) Proceed with comprehensive dental hygiene treatment.
- 11) Reappoint patient to complete treatment when more time is needed.
- 12) Process paperwork for referral with case management notes.
- 13) Complete documentation in records with Dentrrix.
- 14) Sign and Initial all documentation in Dentrrix.

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## VIII. RESOURCES

ADA Council on Access, Prevention and Interprofessional Relations: ADA Council on Scientific Affairs. 1997. Dental sealants, *Journal of the American Dental Association* 128 (4):485-488.

Balistreri, Thomas J., Assistant Attorney General, *December 9, 2004 Letter to Steven M. Gloe, General Legal Counsel, Department of Regulation and Licensing.*

Casamassimo P, ed. 1996. *Bright Futures in Practice: Oral Health.* Arlington, VA: National center for Education in Maternal Health and Child Health.

United States Department of Health and Human Services (DHHS). *Oral Health in America: A Report of the Surgeon General.* Rockville, MD: U.S. DHHS, National Institute of Dental Craniofacial Research, National Institutes of Health, 2000.

*Workshop on Guidelines for Sealant Use: Recommendations.* *Journal of Public Health Dentistry.* 1995; 55 (5 Spec. No.): 263-73.)

### LEGAL AUTHORITY:

- Nevada State Board of Dental Examiners in accordance with the Practice of Dental Hygiene NRS 631 and NAC 631 inclusive.

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Dear Parents/Guardians,

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Future Smiles is a dental hygiene program that focuses on dental disease prevention. Our services are provided at school-based locations serving only children who are from low-income families, uninsured and/or Medicaid/CHIP enrollees. There is no fee to the child or the family for our services but we do bill Medicaid/CHIP. Your child will be seen by a dental hygienist and will receive one or more of the following preventive services: (1) dental cleaning, (2) sealant, (3) dental x-rays at limited locations and (4) fluoride varnish/topical. 6-12 month follow-up care is highly recommended!

A dental sealant is a thin plastic coating that fills in the deep grooves on the chewing part of the tooth. They are easy, painless and will help prevent decay as your child grows.

Fluoride varnish is a protective coating that is painted on the teeth to help strengthen the tooth structure helping the teeth to be more resistant to decay.

A dental cleaning removes all hard and soft material that forms on the child's teeth. Future Smiles staff will also educate your child on how to properly care for their teeth at home and make good diet choices for a healthy future.

To take advantage of this great program conducted at the school PLEASE fill out the attached consent form! This is CONFIDENTIAL information and will only be used to serve the needs of the community. (Please check correct answer)

1) Number of parents and children in your family: \_\_\_\_\_

2) Monthly Income: \$ \_\_\_\_\_

3) What school grade (K-12) did you complete? \_\_\_\_\_

|  |                                  |    |
|--|----------------------------------|----|
| 4) Do you have any of the following?     | <i>Circle YES or NO response</i> |    |
| High School degree/GED                   | YES                              | NO |
| A degree from a 2-year college           | YES                              | NO |
| A degree with 2 or more years of college | YES                              | NO |

5) Does your child live with:  
Single parent/mother? \_\_\_\_\_ Single parent/father? \_\_\_\_\_  
Both parents? \_\_\_\_\_ Other? \_\_\_\_\_

6) What is your source of income?  
No income \_\_\_\_\_ TANF \_\_\_\_\_ Other \_\_\_\_\_ SSI \_\_\_\_\_  
Social Security \_\_\_\_\_ Pension \_\_\_\_\_ General Assistance \_\_\_\_\_  
Unemployment \_\_\_\_\_ Employment +other \_\_\_\_\_  
Employment only \_\_\_\_\_

7) What is your current housing?  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Homeless \_\_\_\_\_  
Other \_\_\_\_\_



# FUTURE SMILES HEALTH HISTORY/CONSENT

Future Smiles is a preventive oral health program that includes a dental cleaning, dental sealant and fluoride varnish application. Eligible children are 18 years and younger who are uninsured or Medicaid/CHIP enrollees. All restorative dental needs will be referred to your current dental home or partnering community dental office/clinic.

Please complete this form and have your child return it to his/her teacher. This is a five-year commitment to allow for oral evaluation, sealant reapplication, if necessary, and a cleaning/fluoride varnish every 6-months.

Please complete the following so your child can participate in the program. **DO NOT FORGET TO SIGN.** Thank you!

**YES**, I authorize a public health dental hygienist to assess the permanent molars of my child and then authorize placement of dental sealants on those molars that are indicated by staff of Future Smiles, dental/dental hygiene students, and/or volunteer dental hygienists. I also authorize a dental cleaning (prophylaxis) and the application of fluoride varnish to my child's teeth. I agree to allow my child's image to be used by Future Smiles for program promotion. If applicable I approve the billing of Medicaid/CHIP for services provided.

I agree  Positively Kids assist with insurance enrollment **YES**  **NO**  dental X-rays for my child  
(Initial here for yes)

**NO**, I do not want my child to receive sealants.  **NO**, I do not want my child to have fluoride varnish.  
 **NO**, I do not want my child to have a dental cleaning.  **NO**, I do not want my child's image used by Future Smiles.

Parent or Guardian: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE (MUST HAVE THIS!!) PLEASE PRINT NAME

Name of child: \_\_\_\_\_ Male:  Female:  Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Texting:  YES  NO

Email: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room: \_\_\_\_\_ Grade: \_\_\_\_\_

Race: White/Caucasian  African American/Black  Asian  Hispanic   
American Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other

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Student ID number: \_\_\_\_\_

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Please answer the next questions to help us learn more about your child.

1. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Please check one)  
6 months - 1 year ago  More than 3 years ago  Never has been to the dentist
2. Has your child gone to the dentist for routine care  OR emergency care ? (Please check one)
3. Is your child experiencing oral pain (toothache, sore gums, etc.)? YES  NO
4. Is your child covered by Medicaid? YES  NO  OR Nevada Check-Up? YES  NO   
Insurance # \_\_\_\_\_
5. Does your child have an established dentist? YES  NO  If yes, name of dentist \_\_\_\_\_
6. Do you have dental insurance, **other than** Medicaid or Nevada Check-Up, which covers your child? YES  NO
7. Has your child ever had a serious health problem? \_\_\_\_\_
8. Did you take your child to a hospital emergency room for a dental-related emergency this year? YES  NO
9. Is there anything we should know about your child prior to treatment? \_\_\_\_\_
10. Is your child on any medications, if YES list? \_\_\_\_\_
11. Does your child have any allergies (e.g., medicine, latex, nuts, etc.)? \_\_\_\_\_

-----For Office Use Only-----

Location EPOD: CL CU HO FH MA Mobile: BA BE CH KC MC SA WH WI WY Other \_\_\_\_\_



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Estimados Padres/Guardianes,

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Sonrisas Futuras (Future Smiles) es un programa de higiene dental dedicado a la prevención de enfermedades dentales. Ofrecemos nuestros servicios sólo a los niños(as) quienes están sin seguro médico y/o reciben Medicaid/CHIP. No se le cobrará a la familia por este cuidado preventivo. Su hijo(a) será visto por un higienista dental y recibirá uno o más de los siguientes cuidados preventivos: (1) limpieza dental, (2) sellantes dentales (3) radiografías dentales en algún lugares y (4) tratamiento de fluoruro tópico. Recomendamos que el programa de Future Smiles vea a su niño(a) cada seis meses para recibir estos cuidados preventivos y dar seguimiento por cinco años.

El **sellante dental** es una capa de plástico fino que llena los surcos profundos en la parte de los dientes para la masticación. Son fáciles de aplicar, no duelen y ayudan a prevenir las caries mientras su hijo(a) crece.

El **tratamiento de fluoruro** es una capa protectora que es pintada en los dientes que ayuda a que los dientes se refuercen y resistan las caries.

Una **limpieza dental** quita todo el material suave y duro (caries) que se forma en los dientes de su hijo(a). El personal de Future Smiles educará a su hijo(a) para que cuide sus dientes correctamente cuando está en casa y le enseñará a tomar buenas decisiones con su dieta para tener un futuro saludable.

**Por favor conteste las siguientes preguntas. Toda la información que usted escriba será tratada como CONFIDENCIAL. Sólo usaremos la información de manera general para conocer mejor el perfil de nuestra comunidad.**

1) Número de padres y de niños en su familia: \_\_\_\_\_

2) Ingreso mensual: \$ \_\_\_\_\_

3) ¿Cuál es su nivel más alto de educación? \_\_\_\_\_

4) ¿Qué estudios completó? *Dibuje un círculo por favor*

|                                   |    |    |
|-----------------------------------|----|----|
| Preparatoria/GED                  | SÍ | NO |
| College (universidad de dos años) | SÍ | NO |
| Universidad                       | SÍ | NO |

5) Su niño vive con: ¿Padre soltero? \_\_\_\_\_ ¿Madre soltera? \_\_\_\_\_  
¿Ambos padres? \_\_\_\_\_ ¿Otro? \_\_\_\_\_

6) ¿Cuál es la fuente de sus ingresos?

No tengo \_\_\_\_\_ TANF \_\_\_\_\_ Otro \_\_\_\_\_  
SSI \_\_\_\_\_ Seguro Social \_\_\_\_\_ Pensión \_\_\_\_\_ Asistencia general \_\_\_\_\_  
Desempleo \_\_\_\_\_ Empleo y otro \_\_\_\_\_ Empleo solamente \_\_\_\_\_

7) ¿En dónde vive actualmente?

Casa propia \_\_\_\_\_ Renta \_\_\_\_\_ Sin hogar \_\_\_\_\_ Otro \_\_\_\_\_

SONRISAS DEL FUTURO (FUTURE SMILES) HISTORIA CLÍNICA DE SALUD/AUTHORIZACIÓN

Sonrisas Futuro (Future Smiles) es un programa preventivo para la salud oral que incluye limpieza dental, sellos dentales y aplicación de tratamientos de fluoruro en la escuela de su niño(a). Este programa es para los niños menores de 18 años que no tienen seguro médico o reciben el Programa Medicaid/CHIP. Todas las necesidades dentales restaurativas serán referidas su oficina de dental actual/ clínica dental de su comunidad.

Favor de completar la forma para que su hijo(a) la regrese maestro/maestra. Este es un compromiso de cinco años que permiti la evaluación de la boca de su hijo(a), de la reaplicación de los sellantes en las muelas, si es necesario, la limpieza y fluoruro cada seis meses.

Favor de completar la siguiente información para que su hijo(a) participe en la programa. NO SE LE OLVIDE FIRMAR. ¡Muchas gracias!

SI Yo autorizo a que un higienista dental de la salud pública que haga una evaluación de las muelas permanentes de mi hijo(a) y después autorizo la colocación de sellantes dentales en las muelas que sean indicadas por el personal de las Sonrisas Futuras, personal dental o de los higienistas dentales del estudiante de la higiene o voluntarios. También autorizo una limpieza dental (profilaxis) y el uso del barniz del fluoruro en los dientes de mi hijo(a). Si fuera aplicable apruebo la facturación de Medicaid/CHIP para los servicios proporcionados.

Estoy de acuerdo que Positively Kids asistan con la inscripción en el seguro. (ponga sus iniciales en la línea)

SI NO Autorizo a que tomen radiografías de la boca de mi hijo(a).

NO, yo no quiero que mi hijo(a) reciba sellantes. NO, yo no quiero que mi hijo (a) reciba barniz de fluoruro. NO, yo no quiero que mi hijo(a) reciba una limpieza dental. NO, yo no quiero que usen la imagen de mi hijo(a) para Future Smiles.

Firma del padre o guardián: Nombre del padre o guardián: Fecha: Firma (¡Debe tener firma!) Escriba claramente su nombre

Nombre del niño(a): Apellido

Masculino: Femenino: Fecha de Nacimiento:

Domicilio: Ciudad: Código postal:

Teléfono: Teléfono celular ¿Mensajes de texto? SI NO

Dirección de correo electrónico:

Escuela: Maestro/a: Salón: Grado:

Blanco: Africano Americano: Asiático Hispano: Nativo Americano/Nativo Alaska: Nativo Hawaiano/Isleño Pacífico Otro:

Numero de identificación del estudiante:

- 1. ¿Cuándo fue la última vez que su hijo(a) fue atendido por un dentista? (Por favor uno) Dentro los últimos 6-12 meses: Mas de tres años: Mas de un año, pero no más de tres años: Nunca ha visitado a un dentista:
2. ¿Ha llevado a su hijo(a) al dentista para atención de rutina Atención de emergencia? (Por favor marque una)
3. ¿Tiene su hijo(a) sintiendo dolor oral (dolor de muela, encías delicadas, etc.)? SI NO
4. ¿Está su hijo(a) cubierto por Medicaid? SI NO Nevada Check-Up? SI NO
Número de Seguro
5. ¿Tiene su hijo(a) un dentista establecido? SI NO Sí, nombre del dentista
6. ¿Tiene usted otro seguro dental, no incluyendo Medicaid o Nevada Check-Up, que cubra a su hijo(a)? SI NO
7. ¿Ha tenido su hijo(a) un problema de salud serio? Si es así, por favor explique:
8. ¿Ha llevado a su hijo(a) al hospital por una de emergencia de salud dental este año? SI NO
9. ¿Hay algo que deberíamos de saber acerca de su hijo(a) antes del tratamiento? Si, es asi, por favor explique:
10. ¿Su hijo(a) está tomando medicamentos? En caso afirmativo, especifique cuáles.
11. ¿Tiene su hijo(a) alergias a alguna medicina, ó látex (goma), nuez, etc.?

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Para el uso de la oficina solamente

Location EPOD: CL CU HO FH MA Mobile: BA BE CH KC MC SA WH WI WY Other

## Notice of Privacy

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

With your consent, the program is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### Example of use of your health information for treatment purposes:

Clinical staff obtains information about you and records it in a health record. During the course of your treatment, the clinical staff determines a need to consult with another dental professional in the area. The clinical staff will share the information with dental professional to obtain input.

**Example of use of your health information for payment purposes:** The program may submit a request for payment to Medicaid/CHIP and/or your insurance company. Medicaid/CHIP or the insurance company may request information from us regarding the dental care provided. We will provide information to them about you and the care given.

**Example of use of your information for health care operations:** The program tracks internal information regarding the populations served by the program through detailed measurements to include but are not limited by: quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, insurance filings and outreach assessments. We will share information about you with our partners as necessary to obtain services, program review and funding opportunities.

The health records we maintain and billing records are the physical property of the program. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant but we will comply with any request granted;
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to the program;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to the program;
- 
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to the program. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and,
- Revoke authorization that you made to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to the program.

## Our Responsibilities

The program is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

The program reserves the rights to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information changes, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our facility and picking up a copy.

### To request information or file a complaint

If you have questions, and would like additional information, or want to report a problem regarding the handling of your information please write to:

Future Smiles  
3074 Arville Street Las Vegas, Nevada 89102

You may also file a complaint by mailing it or emailing it to the Secretary of Health and Human Services.

- The program cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment. Nor will the program retaliate against you for filing a complaint.

## Other Disclosures

### Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, social worker, school counselor, schoolteacher, or other person responsible for your care, about your location, and your general condition, or your death.

### Communication with Family

Using our best judgment, we may disclose to a family member, other relative, or other person responsible for your care, your health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

### Abuse and Neglect

The program may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

### Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

### Other Uses

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

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## Nota de Privacidad

Esta nota describe cómo la información médica sobre usted puede ser utilizada, compartida y cómo usted puede conseguir acceso a esta información. Por favor revísela cuidadosamente.

Con su consentimiento, el programa es permitido por leyes federales privadas de usar y compartir su información de su salud con intenciones sobre su tratamiento médico, pago, y procedimientos médicos. La información que obtenemos es la que creamos cuando le proporcionamos nuestros servicios a usted. Tal información puede incluir documentación de sus síntomas, resultados de la examinación y estudio, diagnóstico, tratamiento, y solicitar el cuidado o tratamiento futuro. También incluye los documentos de facturación para esos servicios.

**Ejemplo del uso de su información médica para propósitos del tratamiento:** El personal clínico obtiene la información sobre usted y la registra en un expediente. Durante el curso de su tratamiento, el personal clínico determina si hay necesidad de consultar con otros dentistas profesionales en el área. El personal clínico compartirá su información con el profesional dental para obtener respuestas.

**Ejemplo del uso de su información médica sobre propósitos de pago:** El programa puede someter una factura a Medicaid/CHIP y/o a su compañía de seguros sobre el reembolso. Medicaid/CHIP o la compañía de seguros puede solicitar la información de nosotros con respecto al cuidado dental proporcionado. Les suministraremos la información sobre su tratamiento.

**Ejemplo del uso de su información para las operaciones médicas:** El programa mantiene la información interna con respecto a las poblaciones servidas por el programa con medidas detalladas para incluir sino para no ser limitado cerca: la evaluación de calidad, el mejoramiento de calidad, la evaluación del resultado, el protocolo y el proceso de las guías clínicas, programas de entrenamiento, revisión de credenciales, revisión médica, servicios legales, pedir reembolso del seguro y evaluaciones de extender la mano. Compartiremos la información sobre usted con nuestros socios cuanto sea necesario para obtener servicios, la revisión del programa y oportunidades de financiamiento.

Los expedientes de la salud que mantenemos y los expedientes de la facturación son la propiedad del programa. La información en ella, sin embargo, pertenece a usted. Usted tiene derecho a:

Solicitar una restricción en ciertas aplicaciones y accesos de su información médica escribiéndole a la oficina de Future Smiles. No nos requieren conceder sino que nos conformaremos con cualquier petición concedida;

Solicitar a que le permitan examinar y copiar su expediente y facturación médica puede ejercitar este derecho entregando una petición escrita a nuestro programa;

Apelar una negociación del acceso a su información médica protegida excepto en ciertas circunstancias;

Solicitar que su expediente médico sea enmendado para corregir la información incompleta o incorrecta entregando una petición escrita al programa;

Remitir una declaración del desacuerdo si se niega su enmienda, y puede requerir que la enmienda y cualquier negación esté unido con todos sus expedientes futuros de su información médica;

Obtenga una contabilidad de accesos de su información médica que requiere ser mantenida por la ley entregando una petición escrita al programa. Una contabilidad no incluirá aplicaciones internas de la información para el tratamiento, pago, o las operaciones, los accesos hechos a los miembros de la familia o los amigos en el curso de proporcionar cuidado;

Solicite que la comunicación de su información media sea hecha por medios alternativos o en una localización alternativa entregando la petición escrita a nuestra oficina; y,

Revoque la autorización que usted hizo para utilizar o divulgar la información excepto a la información o a la acción que ha sido tomada entregando una revocación escrita al programa.

## Nuestras responsabilidades

Se requiere que el programa:

Mantenga la privacidad de su información médica según los requisitos de la ley;

Proveer le a usted un aviso de nuestros deberes y prácticas de privacidad en cuanto la información que recogemos y mantenemos sobre usted;

Seguir los términos de este aviso;

Notificarle si no podemos acomodar una restricción o una petición solicitada; y

Acomodar sus peticiones razonables con respecto a métodos de comunicar su información médica.

El programa reserva los derechos de enmendar, de cambiar, o de eliminar provisiones en nuestras prácticas de privacidad y de tener acceso a prácticas y de establecer nuevas provisiones con respecto a la información médica protegida que mantenemos. Si nuestra información cambia, enmendaremos nuestro aviso. Tiene derecho a recibir una copia del aviso modificado llamando y o recogiendo una copia en nuestra oficina.

## Para solicitar información o hacer una queja

Si usted tiene preguntas, y quisiera información adicional, o desea comunicar un problema con respecto a su información médica favor de escribir a:

Sonrisas del futuro

3074 Arville Street Las Vegas, Nevada 89102

Usted también puede hacer una queja pro correo o correo electrónico a la secretaria de los servicios de salud y humanos.

El programa no puede, y no, requiere que usted renuncie sus derechos de hacer una queja con la secretaria de los servicios de salud y humanos (HHS) como condición a recibir tratamiento. El programa no tomará desagravio contra usted por hacer una queja.

## Otras declaraciones

### Notificación

A menos que usted se oponga, podemos utilizar o divulgar su información protegida medica para notificar, o asistir en notificar, al miembro de la familia, el representante personal, el trabajador social, el consejero de la escuela, el maestro, o la otra persona responsable de su cuidado, sobre su localización, y su condición general, o su muerte.

### Comunicación con su familia

Usando nuestra mejor discreción, podemos divulgar al miembro de la familia, o a otro pariente, o a otra persona responsable de su cuidado, su información de salud dependiendo del nivel de implicación de esa persona en su cuidado o el pago para tal cuidado si usted no se opone o en una emergencia.

### Abuso y negligencia

El programa puede divulgar su información privada medica a las autoridades públicas según la ley para divulgar abuso o negligencia.

### Descuido de salud

La ley federal permite que lancemos su información protegida de salud para apropiarse de las agencias del descuido de salud o para las actividades del descuido de salud.

### Otras aplicaciones

Otras aplicaciones y accesos además de éstos identificados en este aviso serán hechos solamente como autorizados de otra manera por la ley o con su autorización escrita y usted puede revocar la autorización como proporcionada previamente.

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PARENT or GUARDIAN LETTER

Child's Name: \_\_\_\_\_ Screening Date: \_\_\_\_\_

Future Smiles, a 501 (c)(3) Nevada non-profit, is a school-based program that provides preventive oral health care (dental cleaning, fluoride and sealants) to low income, uninsured, Medicaid/CHIP children in the Clark County School District. Your child was seen today by \_\_\_\_\_, one of our Public Health Dental Hygienists, to assess your child's oral health needs with referral to a dentist for a full dental diagnosis and treatment.

Section 1: Future Smiles identified the following oral health concerns for your child:

Table with 2 columns and 4 rows of oral health concerns and checkboxes for YES/NO.

Section 2: Treatment performed today for your child:

Oral health education Pictures X-rays Oral cancer screening Dental cleaning

Dental sealants:

- 1. Your child should not chew on anything hard and crunchy, or very sticky for 24 hours. It's best to always avoid jawbreakers and sticky items to maintain the sealants.
2. Don't chew on ice-chewing on ice can pop the sealants off the teeth.
3. The bite may feel "high" or "too tall" for a while. This feeling will go away after a few days.

Fluoride treatment:

- 1. Your child should eat a soft, non-abrasive diet for the rest of the day.
2. Avoid hot foods like soup for the day.
3. Do not brush or floss the child's teeth until tomorrow morning.

Section 3: Dental recommendations for your child:

Brush 3 times daily with/without assistance Floss daily with/without assistance Make healthy food choices

Section 4: It is recommended that your child see a dentist for the following:

- URGENT care needed-pain, infection, swelling or dental disease.
Early dental care is recommended-further evaluation required.
Routine oral health care-2 times per year.
Evaluation for orthodontic treatment-bite or spacing issues.

Additional Comments:

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Thank you,
Future Smiles Public Health Dental Hygienist

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## DENTAL TREATMENT REFERRAL

Child's Name: \_\_\_\_\_ Screening Date: \_\_\_\_\_

Future Smiles, a 501 (c)(3) Nevada non-profit, is a school-based program that provides preventive oral health care (dental cleaning, fluoride and sealants) to low income, uninsured, Medicaid/CHIP children in the Clark County School District. Your child was seen today by one of our Public Health Dental Hygienists to assess your child's oral health.

### Section 1: Dental Charting

|             |                    |             |          |                    |
|-------------|--------------------|-------------|----------|--------------------|
| <b>KEY:</b> | S = Sealant placed | A = Abscess | P = Pain | D = Possible decay |
|-------------|--------------------|-------------|----------|--------------------|

**A B C D E F G H I J PRIMARY**

**PERMANENT**

**T S R Q P O N M L K PRIMARY**

Future Smiles is a prevention based dental hygiene program and does not provide restorative dental care (fillings/crowns). Please take this document to your child's dentist on their next appointment. If you do not have a dentist the following is a network of community dental clinics that can provide an **annual dental examination by a dentist, treatment and restorative dental care:**

**Children's Dentistry of Henderson**  
 220 E. Horizon Drive, Suite H  
 Henderson, NV 89015  
 (702) 565-1230  
 Accepts Medicaid

**Children's Dentistry of North Las Vegas**  
 4080 N. Martin Luther King Blvd 101B  
 North Las Vegas, NV 89032  
 (702) 832-0508  
 Accepts Medicaid

**Children's Dentistry of Pahrump**  
 1017 E. Basin Ave, Suite 1  
 Pahrump, NV 89060  
 (775) 751-2184  
 Accepts Medicaid

**Dental Care International**  
 1750 Wheeler Peak Drive  
 Las Vegas, NV 89106  
 (702) 272-1100  
 Offers Pediatric, Family, & Orthodontic Care  
 Children: birth to 14 yrs of age (sliding fee scale)  
 Adults: 15 years of age and up (low cost)

**Nevada Health Center**  
 Eastern Family Medical and  
 Dental Center  
 2212 S. Eastern Ave  
 Las Vegas, NV 89104  
 (702) 735-9334  
 Any age; Medicaid; sliding fee scale

**Positively Kids Clinic**  
 701 N. Pecos Blvd, Building M  
 Las Vegas, NV 89101  
 (702) 455-4094

**UNLV School of Dental Medicine**  
**Pediatric Dental Clinic**  
 Call for appointment and fees  
 1700 W. Charleston Blvd  
 Las Vegas, NV 89106  
 (702) 774-2415  
 Children: birth to 13 years of age

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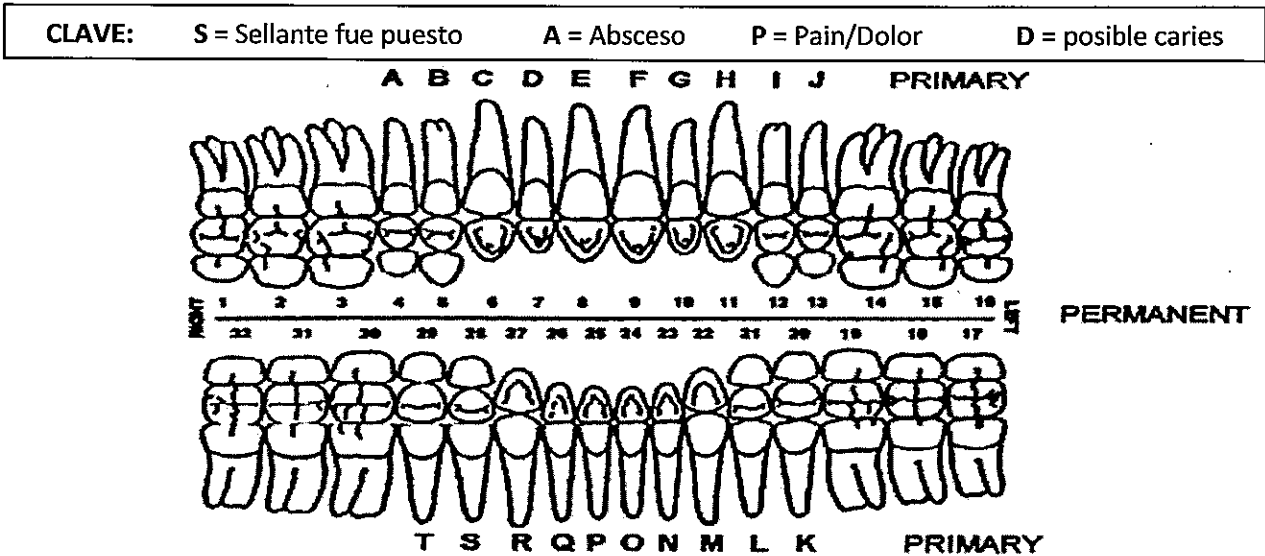


**TRATAMIENTO DENTAL DE REFERENCIA**

Nombre del niño/niña: \_\_\_\_\_ Fecha de la evaluación: \_\_\_\_\_

**Sonrisas Futuras** (Future Smiles), es una organización 501 (c) (3) sin fines de lucro de Nevada. Tiene un programa basado en las escuelas que brinda atención preventiva de la salud bucal (limpieza dental, el flúor y selladores) para los niños de bajos ingresos, sin seguro, Medicaid / CHIP en el Distrito Escolar del Condado de Clark. Su hijo(a) fue visto hoy por una de nuestras higienistas dentales de salud pública para evaluar la salud bucal de su hijo.

**Sección 1: Gráfica dental**



Sonrisas Futuras es un programa de higiene dental de prevención básica y no proporciona atención dental restauradora (empastes / coronas). Por favor, lleve este documento a la próxima cita con el dentista de su hijo. Si usted no tiene un dentista aquí abajo hay una lista de clínicas dentales de la comunidad que pueden proporcionarle **un examen dental anual hecho por un dentista, tratamiento y cuidado dental restaurativo:**

**Children’s Dentistry of Henderson**  
 220 E. Horizon Drive, Suite H  
 Henderson, NV 89015  
 (702) 565-1230  
 Accepts Medicaid

**Children’s Dentistry of North Las Vegas**  
 4080 N. Martin Luther King Blvd 101B  
 North Las Vegas, NV 89032  
 (702) 832-0508  
 Accepts Medicaid

**Children’s Dentistry of Pahrump**  
 1017 E. Basin Ave, Suite 1  
 Pahrump, NV 89060  
 (775) 751-2184  
 Accepts Medicaid

**Dental Care International**  
 1750 Wheeler Peak Drive  
 Las Vegas, NV 89106  
 (702) 272-1100  
 Offers Pediatric, Family, & Orthodontic Care  
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 (702) 455-4094

**UNLV School of Dental Medicine**  
**Pediatric Dental Clinic**  
 Call for appointment and fees  
 1700 W. Charleston Blvd  
 Las Vegas, NV 89106  
 (702) 774-2415 Children: birth to 13 years of age

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### CARTA PARA PADRES O TUTORES

Nombre del niño/niña: \_\_\_\_\_ Fecha de la evaluación: \_\_\_\_\_

Sonrisas Futuras (Future Smiles), es una organización 501 (c) (3) sin fines de lucro de Nevada. Tiene un programa basado en las escuelas que brinda atención preventiva de la salud bucal (limpieza dental, el flúor y selladores) para los niños de bajos ingresos, sin seguro, Medicaid / CHIP en el Distrito Escolar del Condado de Clark. Su hijo(a) fue visto hoy por \_\_\_\_\_, una de nuestras higienistas dentales de salud pública, para evaluar las necesidades de salud bucal de su hijo y referirlo a un dentista para un diagnóstico dental completo y tratamiento.

#### Sección 1: Sonrisas Futuras ha identificado los siguientes problemas de salud bucal en su hijo:

|   |   |
|---|---|
| Necesita cepillar mejor:<br><input type="checkbox"/> SI <input type="checkbox"/> NO               | Enfermedad de las encías - hinchadas, encías rojas o sangrantes:<br><input type="checkbox"/> SI <input type="checkbox"/> NO             |
| Enfermedad dental-caries:<br><input type="checkbox"/> SI <input type="checkbox"/> NO              | Nivel de la placa :<br><input type="checkbox"/> Suave/Light <input type="checkbox"/> Mediano/Medium <input type="checkbox"/> Duro/Heavy |
| Debilidad de las estructuras dentales:<br><input type="checkbox"/> SI <input type="checkbox"/> NO | Trauma presente:<br><input type="checkbox"/> SI <input type="checkbox"/> NO   |
| Hinchazón o pus presente - infección:<br><input type="checkbox"/> SI <input type="checkbox"/> NO  | Dolor de dientes:<br><input type="checkbox"/> SI <input type="checkbox"/> NO  |

#### Sección 2: El tratamiento realizado hoy para su hijo:

- Educación sobre salud bucal     Imágenes     Radiografías     Detección del cáncer oral     Limpieza dental
- Aplicación de selladores dentales:

1. Su hijo no debe masticar algo duro y crujiente, o muy pegajoso durante 24 horas. Se recomienda evitar siempre masticar dulces duros ("jawbreakers") o pegajosos para que se mantengan los selladores en su lugar.
2. No masticar hielo. Masticar hielo puede quitar los selladores que están en los dientes.
3. Por un tiempo al morder, se puede sentir que los dientes están "altos" o "muy altos". Esta sensación desaparecerá después de unos días.

- Se aplicó un tratamiento de flúor:

1. Su niño debe comer una dieta suave, no abrasiva para el resto del día.
2. Evite las comidas calientes como la sopa este día.
3. No cepille ni use hilo dental en los dientes del niño hasta mañana por la mañana.

#### Sección 3: Recomendaciones dentales para su hijo:

- Cepille 3 veces al día con / sin ayuda     Utilice hilo dental diariamente con / sin ayuda     Elija alimentos saludables

#### Sección 4: Se recomienda que su hijo visite al dentista por la siguiente razón:

- Atención necesaria URGENTE - dolor, infección, inflamación o enfermedad dental.
- Se recomienda el cuidado dental preventivo o se requiere una evaluación adicional.
- Cuidado de rutina de la salud bucal – dos veces al año.
- Evaluación de posibles problemas de ortodoncia –espacios en los dientes o mordedura.

Comentarios adicionales:

*Muchas gracias por su atención,*

Higienista Dental de la Salud Pública de Future Smiles

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Futures Smiles is a non-profit, 501(c)(3), organization specializing in school-based dental hygiene services targeting at-risk children as gauged through the logical and coordinated statistical evaluation of the impact oral health services have in our designated student population, the school community, and beyond.

Terri Chandler, RDH – Founder/Executive Director

Karen Dreisbach, MPH – Associate Director



**Mission:**

The Mission of Future Smiles (FS) is to achieve optimum oral health in at-risk populations by increasing access to education and prevention of oral disease.

**Vision:**

Our Vision is to decrease a child's pain and suffering from dental decay through education and prevention of oral disease at a convenient community based site like a School-Based Health Center for Education and Prevention of Oral Disease (EPOD), allowing the child to thrive socially, physically, mentally and academically.

**Agency History:**

FS is proud to be a Nevada non-profit with a mission to increase access to oral health care in underserved populations. Established in 2009, FS provides the essential resources and infrastructure to create public health opportunities for dental hygienists. Through school-based care we focus on a systems approach that removes the common barriers of cost, transportation, lost income from time off work, and loss of educational time from school. Our ultimate goal is to change the way children and their families think and act, regarding their own health, by instilling positive oral health behavior for a lifetime.

**Purpose:**

To improve the oral health status of an at-risk population, which integrates a cost effective model delivered by Public Health Dental Hygienists who hold a Public Health Dental Hygiene Endorsement (PHDHE) approved by the Nevada State Board of Dental Examiners (NSBDE). Future Smiles collaborates with our restorative dental partners and medical professionals to increase access in oral health services, with a focus on prevention in a school-based setting. Services are provided at established School-Based Health Centers (SBHC) or at schools that do not have a SBHC but want to integrate an oral health model into their school setting.

It is well documented that there is a broad disparity in oral health care available to at-risk children. Because of this disparity, FS targets at-risk children through the school environment. FS pursues alternative sources of funding that increase access in oral health care for these underserved, at-risk populations. All services provided by the program target low-income, at-risk children from birth to 18 years of age, and Medicaid enrollees. The program bills for Medicaid/CHIP services when appropriate. Any child or family unable to pay for oral health care receives services at no cost.

**Community Need:**

The Clark County School District (CCSD) provides public education to all children in Clark County, is the 5th largest school district in the United States, and the largest school district in Nevada. CCSD has a K-12 enrollment of 311,429 students, and is home to over 70% of Nevada's students.<sup>1</sup>

When we look at our local school communities in Clark County (Las Vegas, Nevada) our educational system is reflective of our disparities in health care, high unemployment, economic insecurity, low high school graduation rates, and poor performance in standardized testing. All these elements create the perfect storm leaving those who were already underserved less likely to receive the necessary access to dental care. CCSD has a staggeringly low high school graduation rate when compared to the Nation (bottom third). For the class of 2013, CCSD had a high school graduation rate of 71.5%.<sup>2</sup>

Furthermore, the District is home to a high percentage of children living in poverty: 56.6% of the CCSD student population receives free or reduced lunch (FRL), and 17.6% are limited English proficient (LEP).<sup>2</sup> CCSD is now a minority-majority District, with a Hispanic student population of 43.85% and Caucasian students accounting for 29.43%.<sup>2</sup> Demographics such as these are characteristic of high-need populations and are directly correlated with poor oral health and limited access to oral/dental health services.

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Tooth decay is a manageable and preventable condition. However, if dental caries begins before the age of six, there is a severe risk to damaging the teeth and affecting the overall well-being of the child. Nevada, consistently ranks high in children's tooth decay rate when statewide surveillance is conducted;

- 6 out of 10 children (64.8%) of Nevada's third grade students have experienced tooth decay.<sup>3</sup>
- In comparison, the National average caries experience in children 6-9 is 54.4% and the Healthy People (HP) 2020 Goal is 49%.<sup>4</sup>

It is well documented that children from low-income, racial/ethnic minority populations have a higher risk of developing tooth decay. The findings from the 2008 Nevada State Health Division's (NSHD) Basic Screening Survey (BSS) found;

- Oral disease rate in minority populations living in poverty is significantly higher at 78%, than non-minority children.<sup>3</sup>

Las Vegas continues to recover from the recent recession and still endures one of the nation's highest unemployment rates, uninsured children and homelessness in children. Existing resources have been reduced or eliminated resulting in more children at risk. As expected, vulnerable populations are suffering the most, according to the Nevada Annual Reports for Accountability:

- 53.45% of Clark County School District's (CCSD) students are eligible for the free and reduced lunch (FRL).<sup>2</sup>
- 124,532 children living in poverty.<sup>2</sup>
- Nevada ranks 45th in the nation in child homelessness.<sup>5</sup>

Coupled with a growing minority population of English language learners and a high transient rate, CCSD faces many challenges when trying to improve its low graduation rate (68% in 2009).<sup>2</sup> When we look at Nevada's Health Rankings, the two factors that stand out are: 1) education - high rate of high school dropout, low educational level of citizens and 2) income - childhood poverty, lack of health care and a staggeringly high rate of homelessness.

In the publication on Best Practices of the Association of State and Territorial Dental Directors (ASTDD) publication on Best Practice Project, it states that, "There is a relationship between a child's health and academic performance." The document also quotes Former Surgeon General, Dr. Antonia Novello, "Health and education go hand in hand: one cannot exist without the other."<sup>6</sup> The U.S. Department of Education acknowledged that health problems and unhealthy behaviors have a major effect on students' success. The most cost effective and influential way to address positive health behaviors for the community is to bring health services into at-risk schools<sup>4</sup>. Future Smiles provides cost effective access to health care that works with school administrations to jointly impact the health of vulnerable children, which benefits their school work and potentially improving their chances to graduate and thrive in life.

### Current Activities:

#### **School-Based Health Center for Education and Prevention of Oral Disease (SBHC-EPOD)**

Future Smiles has found that oral health care is a common community request in needs assessments. At-risk schools typically are interested in providing an oral health program to its students but funding for building a School-Based Health Center (SBHC) can be a barrier. FS has found a cost efficient system that operates with mobile/portable dental equipment in a dedicated classroom or in an unused modular to provide our oral health services. These services can be ongoing or episodic, depending upon the needs of the school. We refer to our set site facility as a School-Based Health Center for Education and Prevention of Oral Disease (SBHC-EPOD), the short title to be recognized as an EPOD.

Our policy and system change goals from these efforts are to:

- 1) Increase the number of schools that provide direct preventive oral health care;
- 2) Increase the understanding of oral health through ongoing education to parents, children and school staff; and

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3) Show an increase in academic performance after program enrollment compared to baseline.

The purpose of the EPODs is to integrate cost effective preventive oral health services into schools with SBHCs. At schools that do not have a SBHC, the desire of Future Smiles is to start the early stages of a preventive oral health program. At the drafting of this report, Clark County has invested into the SBHCs medical/dental models to bring essential wrap-around services into the school community. Two of the program sites (Cunningham SBHC-EPOD and Basic's Bower's SBHC) collaborate with FS to integrate oral health into an existing medical model. All program outreach is tracked, evaluated and will be part of a 24 month longitudinal study conducted by Future Smiles (FS), Clark County School District (CCSD) and the Nevada State Health Division's Oral Health Program (NSHD OHP).

**Service Population:**

Our **no cost program** targets at-risk Southern Nevada children, birth to high school (HS) graduation, from schools with more than 50% Free and Reduced meal enrollment (F&R). At-risk is defined as children from low-income families, Medicaid or CHIP enrollees, and/or uninsured-w/out health care.

**SY 2013-2014 Service Demographics**

Data collected by FS reveals that our target population has a:

- Mean monthly household income well below Federal Poverty Level (FPL), at \$1,343
- Mean family members in the home are 4.4
- Mean parent education is 12<sup>th</sup> grade
- 46% are single parents

Our population profile for 2013-2014 was:

7% Asian/Haw/Ind | 14% African American | 26% Caucasian | 56% Hispanic.

*NOTE: Our program demographic software reports multi-racial enrollees in each category representative of >100% ratio.*

**SY 2013-2014 Program Statistics**

**Under the Future Smiles Program, we served:**

- Mean age 8 years old and in 3<sup>rd</sup> grade
- 76% of the children served are on Free and Reduced lunch
- 35% Medicaid, 65% uninsured
- 36% of the children have untreated tooth decay
- 9% have urgent dental needs

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**A Solution to Address Unmet Oral Health Needs:**

FS promotes working within the dental community to establish a dental home for at-risk children and their families by providing oral health education and direct dental services at SBHC, within the school setting and at community health fairs.

Our oral health services include:

- 1) Oral health screening with data collection
- 2) Dental cleaning (prophylaxis)
- 3) Fluoride varnish/topical application
- 4) Dental sealants
- 5) Digital dental x-rays (limited locations)
- 6) Communication with parent/guardian regarding oral health status and referral to a community dental provider for restorative dental needs ensuring that the child gets the care that they need

All services are provided to individuals who have been identified as attending schools with 50% or higher FRL, uninsured/underserved, low-income and at-risk populations. No child in need is declined care through our program and all services are provided at no cost to the child or family. Our primary goal is to enhance our recipient's health and well-being, thereby improving their capacity to learn and succeed within the school



environment now and in the future.

**Program Partners and Collaborations:**

FS strives to create long-lasting changes in the way people think and act regarding the value of oral health by bringing together strong partners committed to the prevention of oral health disease.

Our greatest strength is the ability to network with organizations that target the supportive needs of those who are less fortunate. One area where we have had great success is working with the CCSD's staff to identify children in oral pain. As a school-based provider, school counselors and teachers have brought the children to our door for immediate care. Other professional collaborations include membership in the Community Coalition for Oral Health (CCOH), Southern Nevada Immunization and Health Coalition (SNIHC) and the Southern Nevada Dental Hygienists' Association (SNDHA), which have all resulted in each of these organizations supporting Future Smiles through program funding.

In addition, we have strong collaborative relationships that help us provide oral health services to children in need (oral pain) with the following organizations:

- 1) Children's Dental International
- 2) City of Las Vegas-EPOD sponsor at Clark HS
- 3) Clark County Dental Initiative-UNLV SDM and FS collaboration providing school-based dental services in Clark County, NV.
- 4) College of Southern Nevada
- 5) Communities In Schools
- 6) Eye Care 4 Kids
- 7) Helping Kids Clinic
- 8) Huntridge Teen Clinic
- 9) Positively Kids
- 10) Project Smile-This program is sponsored by the Clark County Public Education Foundation to support dental care to low income children.
- 11) Southern Nevada Dental Hygienists' Association
- 12) Southern Nevada Immunization and Health Coalition
- 13) Three Square
- 14) United Way of Southern Nevada
- 15) UNLV School of Dental Medicine (SDM)-No Cost Saturday Dental Clinics

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**Brief Description of Current Program (Total 17 CCSD Schools in total):**

It is our intention to become an integral part of the school, a role model for the children and safety net provider making a difference in the lives and health of these children/ families that benefit from EPOD experiences. Routine care includes at least one preventive service such as oral health education, a dental cleaning, fluoride varnish/topical application, sealant application and retention check, which are provided not less than every 12 months and not more than every six months to the resident children of Clark County.

Future Smiles is staffed by nine dental hygienists with a Public Health Dental Hygiene Endorsement (PHDHE), this special license allows the dental hygienists the ability to treat underserved populations without direct supervision from a dentist.

All children served by FS, even those in good oral health, are referred for a comprehensive dental exam to an established dental provider. Future Smiles works hard to assist families by scheduling urgent dental needs with a dental provider. As oral health professionals, we can attest to the fact that oral disease is progressive and cumulative in nature. It is responsible for pain, discomfort, poor school performance, poor nutrition, diminished self-esteem and if left untreated, the disease becomes more complex and difficult to manage.



FS provides **two types** of operational delivery modes:

- A. **Set Locations: School-Based Health Center for Education and Prevention of Oral Disease (EPOD)**
- B. **Mobile School-Based Locations.**

Our focus is **dental hygiene (DH) services** (\$179 Medicaid value per child visit) which include: screenings, oral health education (OHE), dental cleaning, sealants, fluoride varnish, as well as case management through a referral system to a local dentist(s) or the UNLV School of Dental Medicine (SDM) for restorative dentistry.

- 1) **An EPOD operates in a School-Based Health Center (SBHC), classroom, or a modular.** The Clark County School District (CCSD) provides space and other support at no cost to FS and we operate **3 EPODS** under two different schedules. **Two schools have a 12 month program (1) Clark (HS) EPOD and (2) Cunningham SBHC/EPOD, and one school has a 9 month program at (3) Hollingsworth (ES) EPOD.**
- 2) **FS Mobile serves 8 temporary (1 month average) school-based locations** utilizing portable dental units manufactured by DNTLworks. These units can go anywhere as they are light weight (50lbs or less), on wheels and fold into suitcase containers. All at-risk children enrolled in the school are eligible for our services. Further impact is achieved through OHE presentations, "brush at lunch" presentations, health fairs and program services provided at community health clinics, like Helping Kids Clinic.

**Significant Accomplishments:**

As we increase the number of children who benefit from dental sealants, we see a decrease in untreated tooth decay in subsequent years, as confirmed in this graph from our Cunningham SBHC-EPOD (Figure 1). Our third EPOD is located at Hollingsworth Elementary School (ES) (Figure 2) where the program is fully integrated into the school community.

**Hollingsworth ES:** From our initial oral health screenings in SY 2010-2011, FS found that 49% of the children screened had untreated dental decay and of those 40% were in urgent dental treatment need (pain). In the SY 2013-2014, we have seen an enrollment increase from 97 students in SY 2010-2011 (baseline) to 360 students in SY 2013-2014. We have also seen a 17% decrease in untreated dental decay (32 % SY 2013-2014) and a dramatic 33% decrease in children with urgent dental needs (pain) with a program low of 7% total urgent dental pain in the Hollingsworth ES student population from SY 2013-2014.

Since inception in 2009, FS has provided over \$1 million in Medicaid valued services: A) 11,185 children received oral health education, B) 7,181 oral health screenings, C) 16,668 teeth received dental sealants, D) 7,400 fluoride varnish, and E) 3,377 dental cleanings.

During the summer months of June-August 2014 FS provided part-time oral health care at the Cunningham SBHC-EPOD, Clark EPOD, Basic's Dr. Joel and Carol Bower SBHC and Helping Kids Clinic.

**2013-2014 Outcomes:**

- 1,808 at-risk children shall receive an oral health screening with all data to be tracked and reported under the CDC software SEALS
- 3,961 children shall receive an oral health education experience
- 4,278 teeth received dental sealants
- 1,819 or more fluoride varnish/topical applications
- 871 dental cleanings (child prophylaxis)
- The Medicaid value for these services would equal \$256,884

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**Community Health Fairs:**

These events are ongoing and are typically organized by the Southern Nevada Immunization and Health Coalition (SNIHC) and Shots 4 Tots. Community Health Fairs allow the program an opportunity to provide an oral health screening, oral health education and fluoride varnish application. All infection control CDC guidelines are adhered to at these events and Personal Protection Equipment (PPE) including: masks, gloves, safety glasses, individual optic light (hands free equipment), disposable mouth mirror, gauze and counter disinfectant are utilized during the administration of oral health services.

**Current Funding:**

With solid private/public partnerships, we leverage our FS dollars by uniting with CCSD and the City of Las Vegas (CLV) for our no-cost facility space. Additional workforce collaboration is formed with higher education's dental programs from UNLV SDM and the College of Southern Nevada (CSN). Recently, Gov. Sandoval announced support of the expansion of Medicaid, providing an additional 78,000 citizens health care coverage. Many of these Nevadans are school age children and FS believes that Medicaid reimbursement will provide future funding sustainability by 2015. FS is staffed by 8 DH Medicaid/CHIP providers.

We deeply appreciate all of our donors and sponsors for their strong belief and commitment to Future Smiles and our mission.

| <b>SY 2013-2014</b> | <b>Donor List</b>                                   |
|---------------------|---|
| 2013-2014           | Clark County Public Education Foundation            |
| 2013-2015           | Clark County School District/In-Kind                |
| 2013-2014           | CVS Charitable Caremark                             |
| 2013-2014           | Dial 4 A Smiles-Channel 8 NEWS                      |
| 2013-2014           | Junior League of Southern Nevada                    |
| 2013-2014           | MCH Coalition                                       |
| 2013-2014           | McFadden Charitable Foundation                      |
| 2013-2015           | Medicaid  |
| 2013-2014           | Network for Good                                    |
| 2013-2014           | NSHD Oral Health Program                            |
| 2013-2014           | Oral Health America-Smiles Across America           |
| 2013-2014           | United Way Southern Nevada                          |
| 2014                | ADHA/Wrigley Foundation                             |
| 2014                | Donald Reynolds Foundation                          |
| 2014                | Elaine P. Wynn Family Foundation                    |
| 2014                | McFadden Charitable Foundation                      |
| 2014                | Private Donation Razoo                              |
| 2014-2015           | City of Las Vegas-Community Development Block Grant |
| 2014-2015           | DentaQuest Foundation                               |
| 2014-2015           | MGM Resorts Foundation                              |
| 2014-2015           | United Way of Southern Nevada                       |

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**Program Evaluation:**

Sealant Efficiency Assessment for Locals and States (SEALS), developed by the Centers for Disease Control and Prevention (CDC), tracks and evaluates our program deliverables, providing a snapshot view of oral disease rates and program success performed by FS in Southern Nevada.

The following SY 2013-2014 Healthcare Coverage table (Figure 4) shows that less than 4 out of 10 children served were covered by Medicaid (35% Medicaid) and that 65% were uninsured. However, the program continues to make strides in oral health outcomes with a 36% untreated tooth decay rate in students served in SY 2013-2014. This is a measurable decrease of 12.2% in untreated tooth decay rates when compared to SY 2012-2013 (48.2% untreated decay). We can also document that urgent dental needs have decreased by 4% when compared to the previous school year (9% total urgent dental need in SY 2013-2014).

It is well documented that children from low-income, racial/ethnic minority populations have higher risk factors of living in poverty with less economic resources for seeking oral care and this unfortunately translates into accepting that living with oral pain is a normal way of life for children.

Beginning in the summer of 2014, Future Smiles will commence a multi-year intensive review of three Clark County School District school-based dental-health locations, where Future Smiles has provided preventative dental services. We will evaluate the status of dental health among the treated children and perform an assessment of the impact of the dental care on other factors in the lives of the children. Our evaluation focuses on three schools in CCSD with high rates of free and reduced lunch: Cunningham Elementary, Hollingsworth Elementary, and Martinez Elementary School. These schools are all part of the on-going Future Smiles dental program.

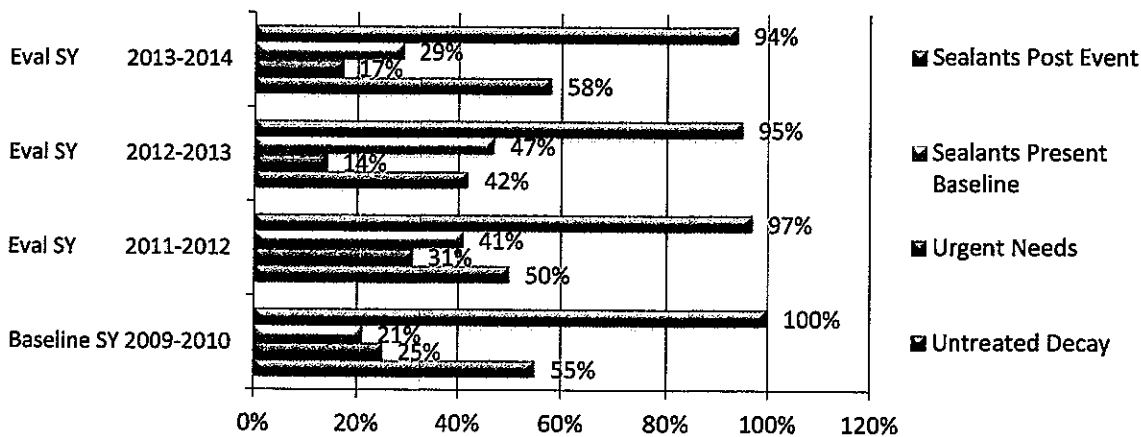
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**Figure 1: Cunningham SBHC/EPOD**



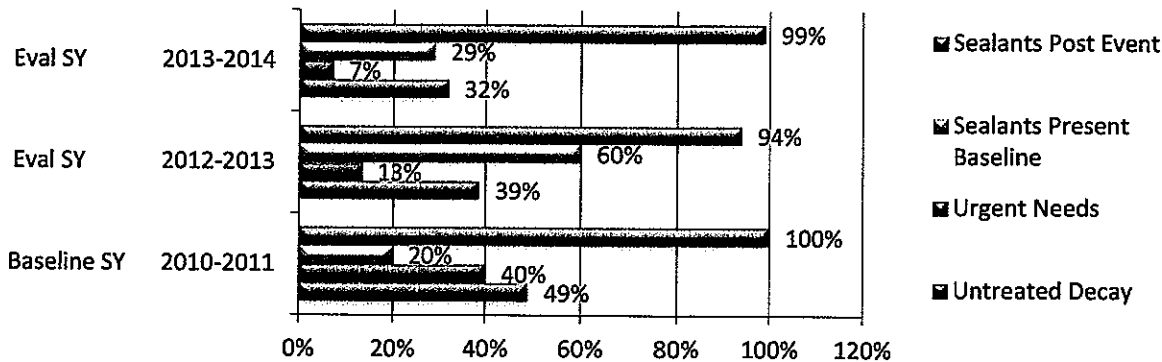
|                           | Baseline SY 2009-2010 | Eval SY 2011-2012 | Eval SY 2012-2013 | Eval SY 2013-2014 |
|---------------------------|-----------------------|-------------------|-------------------|-------------------|
| Sealants Post Event       | 100%                  | 97%               | 95%               | 94%               |
| Sealants Present Baseline | 21%                   | 41%               | 47%               | 29%               |
| Urgent Needs              | 25%                   | 31%               | 14%               | 17%               |
| Untreated Decay           | 55%                   | 50%               | 42%               | 58%               |

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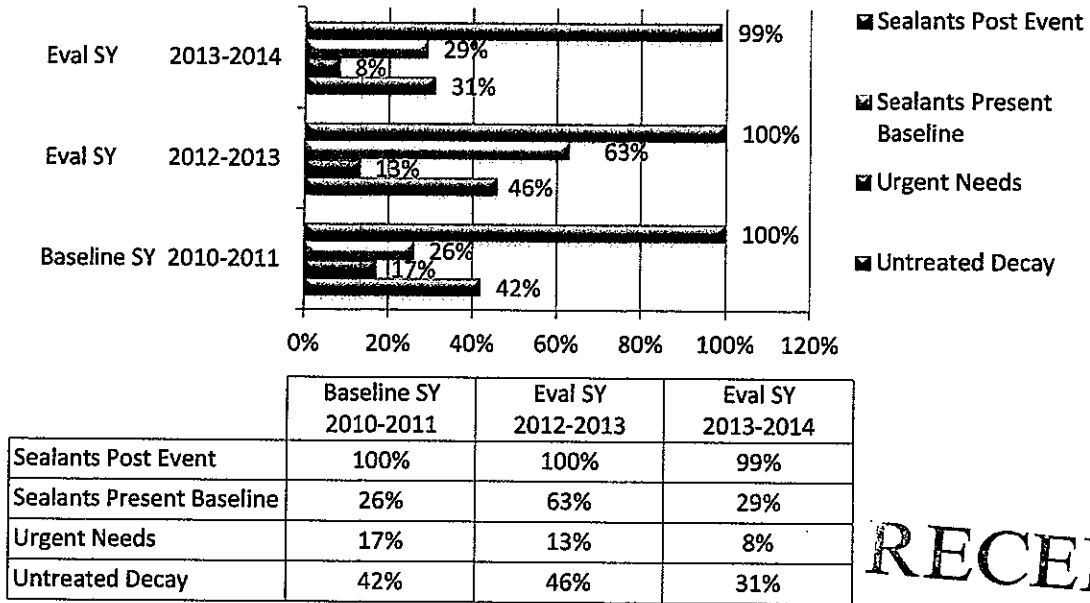
**Figure 2: Hollingsworth EPOD**



|                           | Baseline SY 2010-2011 | Eval SY 2012-2013 | Eval SY 2013-2014 |
|---------------------------|-----------------------|-------------------|-------------------|
| Sealants Post Event       | 100%                  | 94%               | 99%               |
| Sealants Present Baseline | 20%                   | 60%               | 29%               |
| Urgent Needs              | 40%                   | 13%               | 7%                |
| Untreated Decay           | 49%                   | 39%               | 32%               |



**Figure 3: Martinez Mobile**

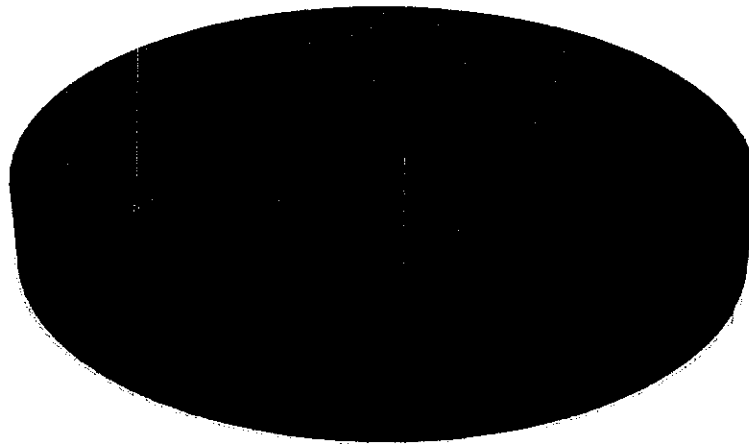


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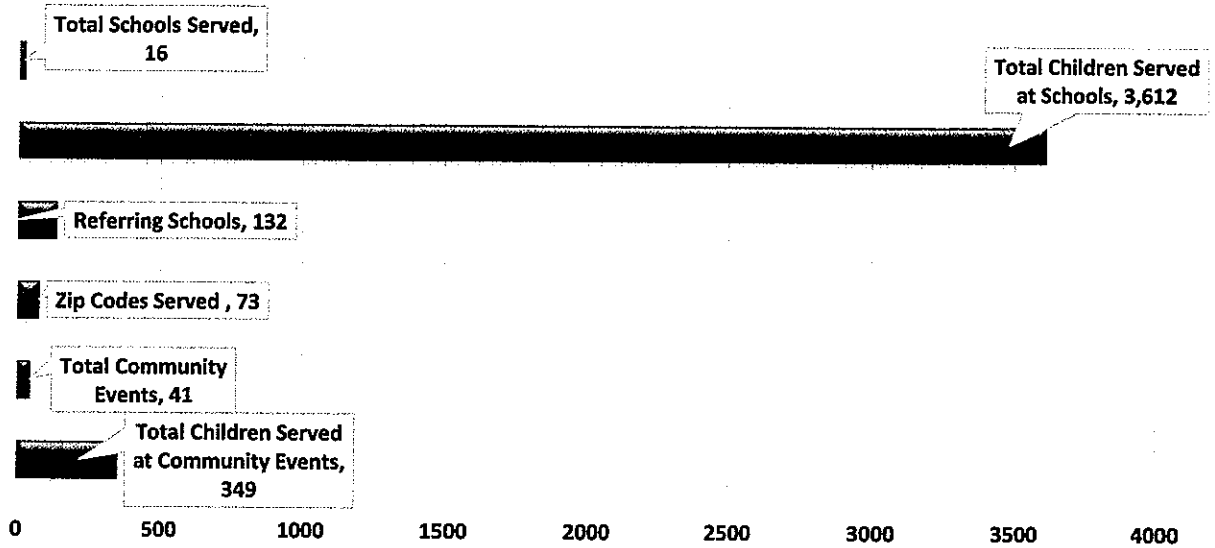
**Figure 4: Healthcare Coverage**



■ Medicaid/CHIP ■ Uninsured



**Figure 5: SY 2013-2014  
Combined Program School/Event Outcomes  
and Referral Sources**

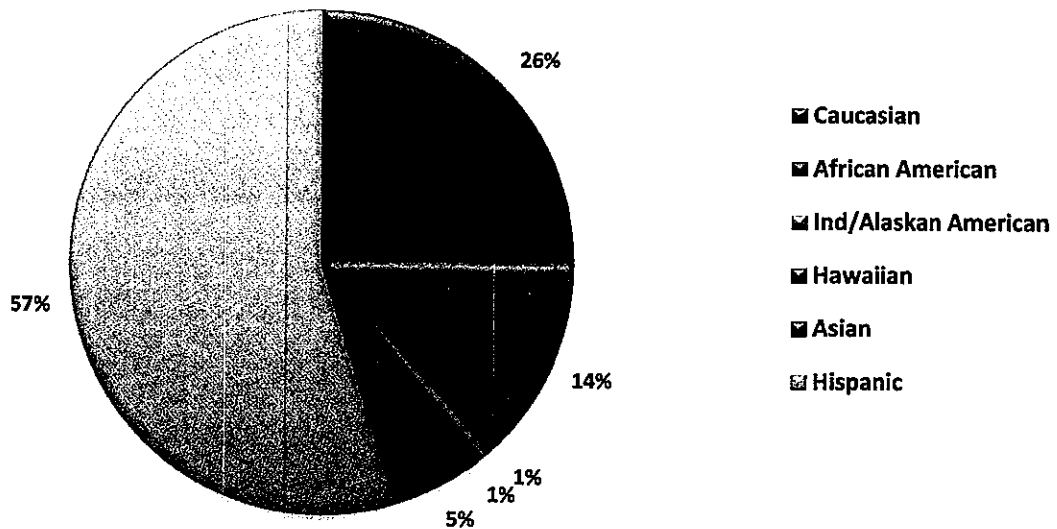


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**Figure 6: SY 2013-2014  
Future Smiles Outreach Population**




**Figure 7: Annual Program Demographics by Schools**

| SY 2013-2014                               | ANNUAL PROGRAM DATA (BY SCHOOLS) |                        |                        |                       |                             |                                |                             |
|--|----------------------------------|------------------------|------------------------|-----------------------|-----------------------------|--------------------------------|-----------------------------|
| School                                     | Student Population (#)           | % Free & Reduced Lunch | # Free & Reduced Lunch | # of Sealant Students | # of OHI Education Students | % of Sealant Students from OHI | Total # of Teeth w/Sealants |
| <b>Clark County School District (CCSD)</b> |                                  |                        |                        |                       |                             |                                |                             |
| Basic HS                                   | 2,251                            | 50%                    | 1,133                  | 40                    | 52                          | 77%                            | 402                         |
| Bennett ES                                 | 324                              | 75%                    | 244                    | 41                    | 71                          | 58%                            | 152                         |
| Brinley MS                                 | 901                              | 84%                    | 755                    | 20                    | 21                          | 95%                            | 209                         |
| Clark HS                                   | 2,975                            | 60%                    | 1,778                  | 174                   | 241                         | 72%                            | 1,477                       |
| Cunningham ES                              | 764                              | 79%                    | 601                    | 118                   | 213                         | 55%                            | 553                         |
| Fay Herron ES                              | 885                              | 97%                    | 859                    | 62                    | 253                         | 25%                            | 240                         |
| Herr ES                                    | 682                              | 80%                    | 809                    | 0                     | 15                          | 0                              | 0                           |
| Hollingsworth ES                           | 682                              | 96%                    | 652                    | 116                   | 360                         | 32%                            | 505                         |
| Lake ES                                    | 956                              | 89%                    | 854                    | 0                     | 16                          | 0                              | 0                           |
| Laughlin JR-SR                             | 367                              | 60%                    | 220                    | 5                     | 14                          | 36%                            | 41                          |
| Martinez ES                                | 610                              | 100%                   | 610                    | 75                    | 441                         | 17%                            | 307                         |
| Roundy ES                                  | 870                              | 89%                    | 777                    | 0                     | 137                         | 0                              | 0                           |
| Sewell ES                                  | 771                              | 70%                    | 542                    | 0                     | 19                          | 0                              | 0                           |
| West Prep ES                               | 449                              | 89%                    | 40                     | 0                     | 67                          | 0                              | 0                           |
| Whitney ES                                 | 580                              | 83%                    | 484                    | 56                    | 325                         | 17%                            | 211                         |
| Wynn ES                                    | 866                              | 93%                    | 809                    | 34                    | 626                         | 5%                             | 181                         |
| <b>Totals: 16</b>                          | <b>14,933</b>                    | <b>81% *AVE</b>        | <b>11,167</b>          | <b>741</b>            | <b>2871</b>                 | <b>30% *AVE</b>                | <b>4,278</b>                |

\*\* Free and Reduced Lunch Enrollment (FRL) and student enrollment totals are from CCSD report *Nevada Schools Count Day Enrollment for Free and Reduced Lunch* print date 1/21/2014.

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## References

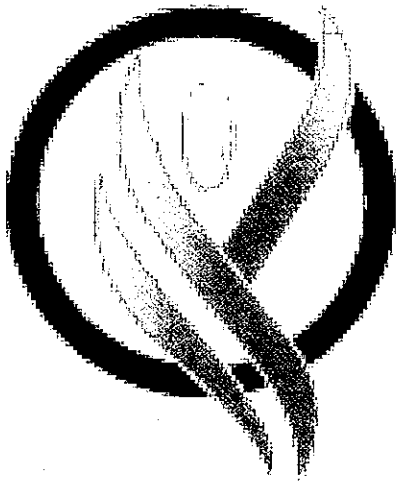
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**Nevada Health Centers, Inc.  
Dental Hygiene Public Health Endorsement  
Policies, Procedures, and Protocol**



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Nevada Health Centers, Inc  
Dental Hygiene Public Health Endorsement  
Program Policies, Procedures, and Protocols

November 5, 2014

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Nevada Health Centers, Inc  
Dental Hygiene Public Health Endorsement  
Program Policies, Procedures, and Protocols

**Program Objective:** Preventative and Therapeutic Maintenance Services to Nevada's underserved population.

**Original Effective Date:** January 1, 2015

**Author:** Terri Chandler, RDH  
Brooke Smith, RDH, BS  
Claire Choate, RDH

**Reviewed By:** Dr. Tyree Davis, DDS  
Nevada Health Centers Dental Director

Dr. Bryce Putnam, DMD  
Nevada Health Centers' Dentist

The administration of the preventive and therapeutic maintenance services to Nevada's underserved population will be completed under the direction of Nevada Health Centers, Inc. Dental Director.

The following comprise the protocols for this dental health program. All new employees or volunteers are required to read and acknowledge that they will abide by these protocols for the duration of their employment/volunteerism. It is also recommended that this manual be reviewed once a year for any revisions.

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## **Mission**

To provide access to quality oral healthcare services to Nevada's diverse population through Evidence-Based Dental Hygiene Practices which include: personalized oral hygiene education, complete periodontal assessments, adult and child prophylaxis, scaling and root planning procedures, full mouth debridements, sealant applications, topical fluoride applications, oral cancer screenings, nutritional and tobacco counseling (as pertaining to oral cavity), and blood pressure screenings. Services are to be provided both on-site at Nevada Health Center dental clinics and off-site in the Mobile Care Bus. Nevada residents with needs outside of the dental hygienist's protocol will be referred to a Nevada Health Centers' clinic or the appropriate specialist. Our primary goal is to improve the health and well being of Nevada's residents not only through the services we offer, but through the promotion and education of regular dental care.

## **Goals**

- Promote oral health education as it pertains to the complete health and welfare of each patient.
- Educate patients, parents, and/or guardians on the importance and benefits of consistent dental care and dental services such as: dental prophylaxis, periodontal maintenance, dental sealants, and fluoride varnish.
- Screen patients and provide a dental hygiene treatment plan based on their individual needs using risk assessments, extra- and intra-oral examinations, radiographs, and complete periodontal and hard tissue assessments.
- Identify oral needs of the patient and provide a referral source for follow-up dental care.
- Work directly with medical staff and physicians; refer when necessary to best care for all of the patient's health needs.
- Ensure a safe and healthy clinical treatment environment adhering to current OSHA standards.
- Follow the most recent evidence-based clinical Best Practices and CDC guidelines.

## **Rules and Regulations**

All program employees and volunteers must adhere to Nevada Statutes, Rules and Regulations governing the practice of dentistry and dental hygiene as outlined in NRS 631 and NAC 631 inclusive.

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## **Occupational Safety and Health**

All employees must follow the CDC guidelines for infection control in the dental office.

## **Hours and Days of Operation**

In general Nevada Health Centers will operate from 7:00 am to 6:00 pm Monday through Thursday, but due to varying locations could be subject to change. Dental Clinics will operate under normal business hours that are available on our website, door, and voicemail and will be closed on all Federal Holidays. Our Mobile Care Bus will operate under its own schedule and its location, hours, and days of operation will be advertised in the appropriate manner.

## **Attendance and Punctuality**

All employees are expected to adhere to their contracted days and hours of operation and are expected to be on time to the clinical sites. In the event of an emergency, the program administrator or supervisor must be contacted immediately.

## **Payroll and Compensation**

Employees are paid by the hour. Payroll is administered through a payroll service. Timesheets must be turned into program administrator who will forward them to the payroll service for payment.

## **Technology Requirements**

All staff must be familiar with basic computer applications; word processing and data base programs. Staff will be expected to utilize the NextGen/QSI software for health histories, charting, and treatment planning, as well as the CDC SEALS data entry software for inputting program data, maintaining program records, and assisting with program reporting.

## **Program Policy**

1. The staff of Nevada Health Centers will serve Nevada's diverse population including but not limited to those who are insured, underinsured, uninsured, meet specific grant qualifications, and or Medicaid/CHIP/WIC recipients. Eligible patients need to have parental/legal custodian/guardian signed medical history and consent forms before patient can be treated.
2. All preventive dental services will follow evidence-based clinical Best Practices.

3. Signed medical history/consent forms represent consent to treat between parents/legal custodian/guardians and Nevada Health Centers' staff.
4. All treatment done by Nevada Health Centers' public health endorsed dental hygienists will be the responsibility of the Nevada Health Centers' Dental Director.
5. Only a Nevada State-Licensed Dental Hygienist, who has been successfully approved for Public Health Dental Hygiene Endorsement through the Nevada State Board of Dental Examiners, may provide services to Nevada residents through Nevada Health Centers.
6. The Nevada Health Centers' Dental Director may assign additional support staff members, which have been approved for Public Health Dental Hygiene Endorsement, as deemed necessary to achieve program goals under appropriate budgetary restraints.
7. All program employees, volunteers, and equipment must adhere to Nevada Statutes, Rules and Regulations governing the practice of dentistry and dental hygiene as pertaining to radiographs and radiography equipment as outlined in NRS 631.190 and NAC 459.552.

### **TARGET POPULATION**

Nevada Health Centers' staff will serve Nevada's diverse population including but not limited to those who are insured, underinsured, uninsured, meet specific grant qualifications, and or Medicaid/CHIP/WIC recipients. The Mobile Care Bus travels to rural areas where it will treat those patients with limited to no access to dental care.

### **Program Clinical Duties**

#### **General Staff Duties for PHDHE**

- Inventory and order program supplies as needed including printing of forms as needed.
- Order and maintain program incentives.
- Monitor grant budget and program expenses.
- Represent Nevada Health Centers at community meetings when requested.
- Keep and maintain an inventory list of treatment supplies.
- Arrange for equipment maintenance with manufacturers.
- Communicate with school and community officials to set up dispersal of forms and treatment days.
- Organize and set up treatment materials.
- Provide oral health education.
- Assess oral health status and provide oral prophylaxis, debridement, or scaling and root planing.
- Assess recall needs for each patient treated and schedule recall.
- Assess molars and pre-molars suitable for placement of a sealant.

- Assess teeth suitable for placement of fluoride varnish.
- Apply sealants and fluoride varnish.
- Provide post-op instructions.
- Sterilize program instruments and prepare for the next day.
- Stock treatment room.
- Maintain compliance with CDC guidelines for infection control in the dental office.
- Adhere to standard practices and use of ethical discretion in the workplace.

### Set-Up/Take Down Protocol

#### Equipment Set-Up and Start of the Day Protocol

- Turn on all equipment including compressor, vacuum, Statim or Autoclave, Cavitron, and dental chair.
- Remove water bottle, fill with distilled water and disinfectant tablets.
- Wipe delivery unit, patient chair and light, clinician chair, evacuation hoses, air/water syringe handle, and curing light with Cavi-cide wipe.
- Set up patient chairs and use appropriate barriers on chair, overhead light, curing light, and other handles.
- Set clinician chairs to desired height.
- Place saliva ejector and air/water syringe tips on connectors.

#### Equipment Breakdown and End of the Day Protocol

- Following each patient: Dispose of all barriers and waste. Place dirty instruments and tips from sealant and etch in the dirty instrument container. Wipe down delivery units with Cavi-cide wipes.
- Following the last patient of the day: Turn delivery unit OFF. Remove and empty water bottle. Replace water bottle on unit and dry lines by running water out into the evacuation hoses. Lift evacuation hose to completely drain. Turn delivery unit OFF.
- Turn off compressor, vacuum, light and dental chair and all other equipment in operatory.
- Turn off room light.

### ASSESSMENTS

*Extra Oral and Intra Oral Inspection:* To be completed on every patient.

- Review medical history.
- Obtain chief complaint from patient.
- Take vitals (blood pressure, pulse, and respirations) as needed.
- Extra oral inspections note any abnormalities.

- Chart any abnormalities discovered during intra-oral inspection and oral cancer screening.
- Examine bite to determine occlusion classification and presence of open bite, overjet, overbite, and/or crossbite.
- Determine if patient presents with any medical health needs. If medical health is in question refer to medical health care partner within clinic, pediatrician, and/or school nurse. Notification is sent home to alert parents/legal custodian/guardians.
- Document any existing dental restorations, visible decay, demineralization, occlusion, defects, and anomalies.
- Create treatment plan for any services to be completed.
- Chart follow-up to community-based dental clinic and other referrals as indicated.
- Identify dental treatment urgency 0- no obvious problem, 1- early dental care and 2- urgent care.
- Patients with level 1 and 2 urgency need immediate referral to dental care provider. All patients will be advised to pursue routine dental care at community-based dental clinic or a local provider.

*Risk Assessments (tobacco, caries, and nutrition):* To be completed on a needs basis.

- Develop preventive dental care plan.
- Assess plaque levels.
- Assess gingival health and bleeding index.
- Evaluate diet and oral habits.
- Discuss smoking and other unhealthy behaviors that can be detrimental to oral and systemic health.
- Review proper home care to include brushing and flossing.
- Educate patients about the risk of oral cancer with tobacco use
- Discuss findings with patient and/or guardian.

*Periodontal Screening and Recording:* To be completed in patients older than 18.

- Divide the mouth into sextants.
- All teeth are probed and highest code is recorded for each sextant.
- Definition of Codes:
  - **Code 0:** The colored area of the probe remains completely visible in the deepest crevice of the sextant. There is no calculus or defective margins detected. The gingival tissues are healthy with no bleeding after gentle probing.
  - **Code 1:** The colored area of the probe remains completely visible in the deepest probing depth in the sextant. There is no calculus or defective margins detected. However, there is bleeding after probing.
  - **Code 2:** The colored area of the probe remains completely visible in the deepest probing depth in the sextant. Supra-gingival or sub-gingival calculus and/or defective margins are detected.
  - **Code 3:** The colored area of the probe remains partly visible in the deepest probing depth in the sextant.
  - **Code 4:** The colored area of the probe completely disappears indicating a probing depth of greater than 5.5 mm

- Mobility, furcation involvement, mucogingival concern, and recession should also be noted.
- Action to be taken in each sextant based on Code:
  - **Code 0:** Appropriate preventive care should be given as well as a review of daily plaque control habits.
  - **Code 1:** Individualized oral hygiene instructions should be reinforced with the patient. Appropriate therapy, including subgingival plaque removal should be performed.
  - **Code 2:** Individualized oral hygiene instruction and appropriate therapy, including subgingival plaque removal, as well as the removal of calculus and the correction of plaque-retentive margins and restorations should be performed.
  - **Code 3:** A comprehensive periodontal examination and charting of the affected sextant are necessary to determine an appropriate care plan. If two or more sextants score a Code 3, a comprehensive full mouth examination and charting are indicated.
  - **Code 4:** A comprehensive full mouth periodontal examination and charting are necessary to determine an appropriate care plan. It can be assumed that complex treatment will be required.
- If comprehensive full mouth periodontal examination is deemed necessary, the following will be documented:
  - Probe depths
  - Bleeding Points
  - Suppuration
  - Mucogingival relationships
  - Recession
  - Attachment level/ loss

## **SERVICES**

### *Child Prophylaxis*

- Radiographs including but no limited to bitewings, occlusals, and periapicals.
- Sterilized dental hygiene instruments will be used to remove plaque, calculus, materia alba, and food debris.
- If tongue is coated remove coating.
- Coronal polish with prophylaxis paste.
- Full mouth flossing.
- Rinse away all polish residues.
- Post Operative Instructions-
  - Review proper home care to include personalized instruction on brushing and flossing while providing services.
  - Give out any referrals (written and verbal).

### *Adult Prophylaxis*

- Radiographs including but no limited to bitewings, occlusals, and periapicals

- Sterilized dental hygiene hand instruments and/or Cavitron will be used to remove plaque, calculus, materia alba and food debris.
- If tongue is coated remove coating.
- Coronal polish with prophylaxis paste.
- Full mouth flossing.
- Rinse away all polish residues.
- Post Operative Instructions-
  - Review proper home care to include personalized instruction on brushing and flossing while providing services.
  - Give out any referrals (written and verbal).

#### *Adult Debridement*

- Apply topical anesthetic (Oraqix) to ease tissue discomfort.
- Sterilized dental hygiene Cavitron and hand instruments will be used to remove plaque, calculus, materia alba and food debris.
- Review personalized proper home care to include brushing and flossing while providing services.
- Full mouth flossing.
- Sub-gingival irrigation with Chlorhexidine circumferentially around each tooth.
- Post Operative Instructions-
  - Warm salt water rinses to help soothe sore tissue.
  - Over-the-counter anti-inflammatory drugs i.e. acetaminophen, naproxen, and ibuprofen (not aspirin) to help with pain and swelling as long as there are no contraindications present in medical history.
  - Importance of regular maintenance appointments.
  - Periodontal disease process.
  - Give out any referrals (written and verbal).

#### *Scaling and Root Planing Procedures*

- Full Mouth Series of x-rays will be taken to aid in further evaluation by dentist for subgingival calculus. Upon the diagnosis for scaling and root planing treatments, the following will be completed in a public health setting by hygienist:
  - Apply topical anesthetic (Oraqix) to ease tissue discomfort.
  - Sterilized dental hygiene Cavitron and hand instruments will be used to remove plaque, calculus, materia alba and food debris.
  - Review personalized proper home care to include brushing and flossing while providing services.
  - Full mouth flossing.
  - Sub-gingival irrigation using irrigation syringes with Chlorhexidine circumferentially around each tooth.
  - Post Operative Instructions-
    - Warm salt water rinses to help soothe sore tissue.
    - Over-the-counter anti-inflammatory drugs i.e. acetaminophen, naproxen, and ibuprofen (not aspirin) to help with pain and swelling as long as contraindications are not present in medical history.



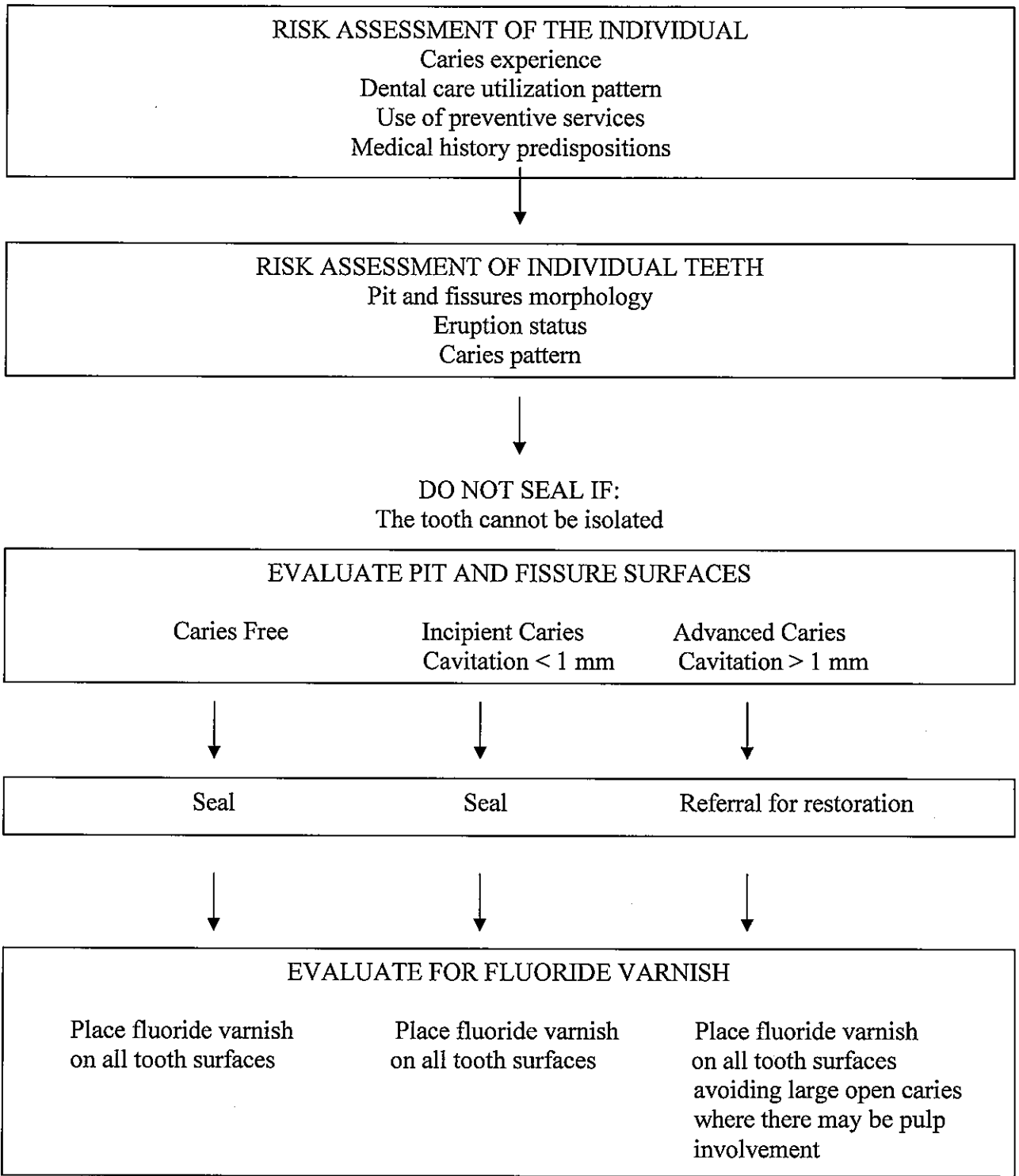
- Importance of regular maintenance appointments.
- Periodontal disease process.
- Give out any referrals (written and verbal).
- If patient is having too much discomfort and needs local anesthetic, the patient will be given a referral for scaling and root planing treatment to a Nevada Health Centers' clinic or a specialist in the patient's area.

*Sealants:* To be completed on qualifying teeth and surfaces.

- Place orange safety glasses (to protect their eyes from the curing light ray) on child if they are not already wearing orange safety glasses.
- If prophylaxis was not performed dry brush molars with patient toothbrush or prophy brush and rinse thoroughly.
- Assess posterior teeth suitable for placement, maintenance, and repair of a sealant using protocol and document.
- Isolate teeth, dry off excess saliva, and etch for 30 seconds. (Time is dependent on etch in use).
- Rinse teeth thoroughly and dry off with air.
- Apply bonding agent, air syringe, and cure.
- Apply sealant, checking that all occlusal, buccal, and lingual pits and grooves are covered.
- Cure for 20 seconds. Check for adequate coverage or any voids present; add additional sealant material if indicated. Cure again for 20 seconds.
- Remove isolation, check for excess flash, and verify occlusion using articulating paper.
  - In the event that the sealant is too high, a scaler will be used to remove it and the sealant material will be reapplied.
- Post Operative Instructions:
  - Don't eat anything sticky (caramel, taffy, gum) for 1 day.
    - Best to avoid sticky items always.
  - Don't eat anything hard (jawbreakers, hard nuts) for one day.
  - Don't chew on ice.

*Fluoride Varnish:*

- Remove excess moisture on teeth using air-water syringe, gauze, or cotton roll.
- Paint varnish on all teeth avoiding any large, open areas of decay.
- Give patient post-op instructions.
  - Eat a soft diet for the rest of the day; avoid crunchy and hard foods.
  - No hot liquids; drinks or soups
  - Do not brush for 4-6 hours after application.
  - Avoid anything with alcohol, including mouthwash.
  - Explain the need for regular maintenance care and that the ADA advises that it is best for the at-risk population to receive a fluoride varnish application once every 6 months.



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**LEGAL AUTHORITY:**

• Nevada State Board of Dental Examiners in accordance with the Practice of Dental Hygiene NRS 631 and NAC 631 inclusive.



# Nevada State Board of Dental Examiners

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## VOLUNTARY SURRENDER OF LICENSE

STATE OF Texas

COUNTY OF Tarrant

I, Kara Peterson, hereby surrender my Nevada  
Dental (Dental Hygiene) (circle one) license number 10712 on 3 day of  
Dec, 2014.

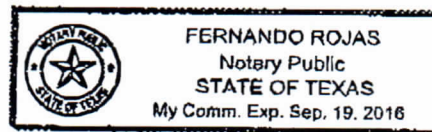
By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action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

Kara Peterson  
\_\_\_\_\_  
Licensee Signature

12-3-14  
\_\_\_\_\_  
Date

[Signature]  
\_\_\_\_\_  
Notary Signature

Notary Seal



Licensee Current Mailing Address: [Redacted]

Home Phone \_\_\_\_\_ Cell Phone: [Redacted]

Received  
DEC - 3 2014  
NSBDE  
02/2013