NEVADA STATE BOARD of DENTAL EXAMINERS

Board Meeting

November 03, 2017
9:00 A.M.

PUBLIC BOOK
Draft Minutes
PUBLIC MEETING

Friday, September 29, 2017
9:14 a.m.

Board Meeting DRAFT Minutes

Please Note: The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. The public is welcomed to attend the meeting at the Board office located at 6010 S. Rainbow Blvd, Suite A1; Las Vegas, Nevada 89118; or in the Conference room of the Nevada State Board of Medical Examiners office located at 1105 Terminal Way, Suite #301; Reno, NV 89502 (when applicable).

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.

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

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.

1. Call to Order, roll call, and establish quorum

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

Dr. Timothy Pinther (“Dr. Pinther”) -------PRESENT Dr. Ali Shahrestani (“Dr. Shahrestani”) -------PRESENT
Dr. Byron Blasco (“Dr. Blasco”) -----------PRESENT Dr. R. Michael Sanders (“Dr. Sanders”) ------ EXCUSED
Dr. Jason Champagne (“Dr. Champagne”) --PRESENT Ms. Theresa Guillen (“Ms. Guillen”) ------- PRESENT
Dr. Gregory Pisani (“Dr. Pisani”) -----------PRESENT Ms. M Sharon Gabriel (“Ms. Gabriel”) -------PRESENT
Dr. Brendan Johnson (“Dr. Johnson”) -------PRESENT

Others Present: Melanie Bernstein Chapman, Board General Counsel; Sophia Long, Deputy Attorney General Co-Counsel; Debra Shaffer-Kugel, Executive Director.

Public Attendees: Robert Talley, DDS, NDA; Caryn Solie, RDH, NDHA; Xuan-Thu failing, RDH, NDHA.

2. Public Comment:  (Public Comment is limited to three (3) minutes for each individual)

Dr. Blasco opened the floor for public comment. Dr. Talley made the comment that the NDA want to ensure that anyone applying for licensure by endorsement must have graduated from an accredited program, as one of the requirements to be eligible for apply for licensure. Mrs. Shaffer-Kugel noted to Dr. Talley that a revision
was made to the proposed regulations to include that they must meet all other requirements regarding educational requirements and citizenship in order to be eligible to apply for licensure by endorsement.

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

*3. Public Workshop: (For Possible Action)

Notice of Public Workshop, Request for Comments and review of Nevada Administrative Code Chapter 631 related to the practice of dentistry and dental hygiene and proposed regulation changes and/or amendments pertaining to SB69.

The purpose of the workshop is to receive comments from all interested persons and to consider the review of Nevada Administrative Code Chapter 631 and regulation changes and amendments. The general topics include the following;

Dr. Blasco directed attention to the Boards’ Executive Director, Mrs. Shaffer-Kugel to lead the Public Workshop and Hearing introducing the proposed regulation changes to NAC 631.033 and NAC 631.175, and opened the floor for comments from the board members or public.

1) Provision of certain information and documentation by applicant for licensure; examination for certain licenses (NAC 631.030) (For Possible Action)

Mrs. Shaffer-Kugel read the proposed changes to NAC 631.030 regarding Licensure by Endorsement, which stated that it would require that all applicants for this license type meet all licensure requirements in addition to those listed for licensure by endorsement. She elaborated on the requirements that would have to be met. Mrs. Shaffer-Kugel inquired of the Board how they would go about approving State Examinations. The board indicated that they want for the board staff to verify from each state, the exam taken by applicants to see how comparable it is to the current licensure requirements, and therefore, would review applications on a case by case basis for those applicants who completed a state exam instead of a nationally recognized clinical exam. There was discussion of other minor changes. With no further discussion, corrections, or changes offered from the members of the Board or public, Dr. Blasco called for a motion.

MOTION: Dr. Pisani moved that the changes discussed in the revised proposed be accepted and the minor adjustments under section j be accepted, seconded by Dr. Pinther. Discussion: Mrs. Shaffer-Kugel suggested, perhaps, changing the language under (3)(a)(1) from “regulatory body” to “approved by the Board”. Dr. Pisani amended his motion to include suggested change; Dr. Pinther amended his second to the motion. With no further discussion the motion was unanimously approved by the members of the Board present at this meeting.

2) Examination for license to practice dentistry (NAC 631.090) (For Possible Action)

Mrs. Shaffer-Kugel stated that at the previous board meeting Dr. Sanders recommended amending the regulation to have the requirements for the WREB examination be delineated as the requirements for the ADEX exam.

Mrs. Shaffer-Kugel read the changes made to as discussed by the board to ensure that the changes made were agreed upon. With no further discussion, corrections, or changes offered from the members of the Board or public, Dr. Blasco called for a motion.

MOTION: Dr. Pinther moved that the changes discussed and proposed be accepted as written, seconded by Ms. Guillen. With no further discussion the motion was unanimously approved by the members of the Board present at this meeting.

Mrs. Shaffer-Kugel stated that she would send to the approved proposed regulations to LCB, and that upon returning from LCB, she would post them for a notice to enact upon the regulations.

The Workshop concluded at 9:29 a.m.
*4. Executive Director’s Report (For Possible Action)

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

(1) Board Meeting 07/21/2017
(2) Board Meeting 09/11/2017

Dr. Blasco asked if the members of the Board had an opportunity to review the minutes listed on the agenda for approval. With an affirmative response, he asked if there were any changes or corrections to be noted. No other changes were offered. A motion was called for:

MOTION: Dr. Pinther moved that the Board approve the minutes as presented with the noted correction, seconded by Dr. Pisani. Mrs. Shaffer-Kugel noted to correct the statement “is available at” to “was available at” for the July 21, 2017 board meeting. Dr. Pinther amended his motion to include the noted change. Dr. Pisani amended his second to the motion, as well. Without discussion, the motion was unanimously approved by the members of the Board.

*b. Financials - NRS 631.180/NRS 631.190

(1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for period July 31, 2017 (For Informational Purposes)

Dr. Blasco directed attention to Ms. Stacie Hummel, the board accountant, to go over with the Board the balance sheet and statement of revenues, expenses, and balances. She inquired if there were any questions on the financial statements. Mrs. Hummel addressed the board and noted that there were significant purchases made to upgrade office equipment. She stated that they were only into the first month of the new fiscal year, and noted that the board was currently conducting their annual audit, which would be presented at the next board meeting. There was no further discussion.

*c. Authorized Investigative Complaints - NRS 631.360 (For Possible Action)

(1) RDH Z-NRS 631.287 and NAC 631.210(5) (For Possible Action)

Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel addressed the Board and read into the record the Statutes of the alleged violations of RDH Z.

MOTION: Ms. Guillen moved that the board authorize the investigation on RDH Z, and was seconded by Ms. Gabriel. The motion was unanimously approved by the Board.

(2) Dr. Y NRS 631.3475(5) and NAC 631.230(1)(b) (For Possible Action)

Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel addressed the Board and read into the record the Statutes of the alleged violations of Dr. Y.

MOTION: Dr. Pinther moved that the board authorize the investigation on Dr. Y, and was seconded by Dr. Johnson. The motion was unanimously approved by the Board.

d. Contracts: NRS 631.190 (For Possible Action)

(1) InLumon - Support and Maintenance Contract - Licensing System

Dr. Blasco directed the attention to Mrs. Shaffer-Kugel to discuss the contract with inLumon. Mrs. Shaffer-Kugel explained that the 5-year contract that was approved at the previous Board meeting in July was being replaced by the proposed annual contract presented in their board books. Dr. Blasco called for a motion:

MOTION: Dr. Pisani moved that the Board approve the contract with inLumon, and was seconded by Dr. Pinther. The motion was unanimously approved by the Board.
e. Calendar:

(1) Approval of Board Meeting Calendar of Events 2018

Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that this was to approve the tentative meeting dates for Calendar Year 2018. She noted that the Board conference room is shared Medical Board.

MOTION: Ms. Guillen moved that the Board approve the proposed Calendar dates for Board meetings in 2018, and was seconded by Dr. Johnson. The motion was unanimously approved by the Board.

5. General Counsel’s Report (For Possible Action)

a. Legal Actions/Lawsuit(s) Update

(1) District Court Case(s) Update

Dr. Blasco introduced and welcomed Mrs. Melanie Bernstein Chapman and wished her all the best in this endeavor with the Board.

Dr. Blasco directed the attention to the Board general counsel, Melanie Bernstein Chapman. Mrs. Bernstein Chapman addressed the Board and noted that she was only aware of one case pending at the Attorney General’s office. Ms. Long stated that there was one case regarding Marco Casco for the illegal practice of dentistry which they have now appealed and have a settlement date in October for mediation. She stated that they only have authority to agree to a settlement if the board grants the authority. She noted that she had, yet, to see what they were appealing, but assumed it would be in regards to costs associated to Mr. Hunt and his legal fees. Furthermore, that any agreements made during mediation would be contingent upon the Board's approval. Dr. Blasco inquired if there was any jail time to be served for this case. Ms. Long responded that there was not because this was a civil case and not a criminal case. Additionally, that upon completion of the mediation date, they would come back to the Board to potentially approve the settlement agreement discussed and proposed.

6. New Business (For Possible Action)

a. Request for an Advisory Opinion from the Office of the Attorney General regarding advertising dental specialties per the request by Frank Recker, Esquire (For Possible Action)

Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel noted that they received a letter regarding advertising. She noted that the board would have to request that the Attorney General’s office issue an opinion on the request by Mr. Recker. Dr. Blasco called for a motion:

MOTION: Dr. Pisani motioned to approve the AG review and respond, seconded by Dr. Pinther. The motion was unanimously approved by the Board.

b. Approval of Dental and Dental Hygiene Review Panel pursuant to SB 256 (For Possible Action)

(1) Dental Review Panel

(a) Gregory Pisani, DDS
(b) Rick B Thiriot, DDS

Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Dr. Pisani inquired if the review panel meetings would be done remotely or via video-conference. Mrs. Shaffer-Kugel stated that they would conduct a video-conference meeting or could arrange to meet in any room available since the meetings would not be public. She added that every 6-8 weeks they would conduct a meeting to review all cases. Mrs. Shaffer-Kugel stated that she recommended appointing the dentists’ listed above to the dental review panel. Dr. Blasco called for a motion:

MOTION: Ms. Guillen motioned to appoint Dr. Pisani and Dr. Thiriot to the Dental Review Panel, and was seconded by Dr. Pinther. The motion was unanimously approved by the Board.
(2) Dental Hygiene Review Panel

    (a) Gregory Pisani, DDS
    (b) Caryn Solie, RDH

Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel inquired if, perhaps, Ms. Gabriel would be interested in serving as the dental hygiene board member on the review panel. Ms. Gabriel inquired on which days they would conduct the reviews of cases. Mrs. Shaffer-Kugel stated that the dates would be flexible, but would primarily be held on Fridays. Mrs. Shaffer-Kugel recommended appointing the dental hygienists’ listed above to the dental hygiene review panel. Dr. Blasco called for a motion:

MOTION: Dr. Pinther motioned to appoint Dr. Pisani and Ms. Solie to the Dental Hygiene Review Panel, and was seconded by Ms. Guillen. The motion was unanimously approved by the Board. Mrs. Shaffer-Kugel added a disclaimer that the individuals approved to the review panels would not be used as DSO’s in any capacity while sitting on the review panels.

*c. Review, Discussion and Approval/Rejection of Public Health Dental Hygiene Program
   (For Possible Action)

(1) UNLV, School of Dental Medicine Early Childhood Caries Prevention Project

Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that all dental health programs have to be approved by the Board, and briefly discussed the details of the program as presented in the documents provided to the board. Dr. Blasco called for a motion:

MOTION: Dr. Pinther moved that the Board approve the public health dental hygiene program, and was seconded by Dr. Johnson. The motion was unanimously approved by the Board.

*d. Request to increase daily salary for Board Members for Board related business pursuant to NRS 631.180 (For Possible Action)

Dr. Blasco directed the Board’s attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel indicated to the Board that a few board members contacted her regarding their honorary. She noted that they were currently paid $80 per meeting day. She added that they, the board, would need to discuss and determine if they would like to increase the honorary. Dr. Blasco inquired when the last increase occurred, to which Mrs. Shaffer-Kugel stated that it was approximately, 8-10 years prior. There was discussion on the amount paid for board meetings and telephone conference calls - $80 and $50, respectively. Dr. Johnson expressed his concerns to increase their honorary at this time. There was discussion on the effects an increase would have on the approved budget for FY2018. Mrs. Shaffer-Kugel stated that if an amendment needed to be made, it would be placed on the next scheduled Board meeting agenda. Dr. Blasco called for a motion:

MOTION: Dr. Pisani motioned that the Board approve the increased daily salary for the Board members for Board Meetings, Hearings, Workshops, and the Review Panel to $150 per meeting. Motion was seconded by Dr. Pinther. The motion was approved by a majority of the Board; and was opposed by Dr. Johnson.

MOTION: Dr. Pisani motioned that the Board approve the increased daily salary for the Board members for Board Telephone conferences to $80. Motion was seconded by Dr. Pinther. The motion was approved by a majority of the Board; and was opposed by Dr. Johnson.

*e. Consideration of Application for Licensure by Endorsement - NRS 622/SB69
   (For Possible Action)

(1) Anna M. Chioffe, RDH

Dr. Blasco directed the Board’s attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that the applicant applied under the recently passed SB69. She noted that historically a completed application is sent for review and approval to the Secretary/Treasurer, however, due to the new license type, and the fact that the...
applicant took a state exam, and not a nationally recognized or accredited exam, the application was being brought to the board for consideration and approval. She added that the applicant met the requirements based on the statute, however, noted that there were no approved regulations to clarify how the parameters by which they would consider and approve state examinations. Dr. Blasco stated that States would have to furnish documentation to Nevada the components completed and required in their state exams. He added that this requirement would apply for every applicant that successfully completed a state clinical exam. Mrs. Shaffer-Kugel inquired if they wanted staff to collect examination component information from states for their state exams, then have the board verify that the exam information to ensure sufficient competency. There was brief discussion. She noted that the board had the option to table this item. A motion was called for:

**MOTION**: Dr. Pisani moved that the Board table this item to obtain information from the State of Florida, seconded by Dr. Johnson. Without discussion, the motion was unanimously approved by the members of the Board. Discussion: Dr. Blasco inquired on the procedures to be used in the event that an applicant that may have taken a state clinical exam over ten years prior and the possibility of the exam components and that State no longer having records available. Mrs. Shaffer-Kugel stated that applicants would then have to come before the board to discuss the documents presented and whatever information provided by the other state.

* Approval of Public Health Endorsement – NRS 631.287 (For Possible Action)

(1) Xuan-Thu T. Failing, RDH – Future Smiles
(2) Elyana E. Smith, RDH – Seal Nevada South

Dr. Blasco directed the attention to Dr. Champagne. Dr. Champagne stated that he reviewed the applications for public health endorsements, noted that the applications met the criteria; and recommended approval.

**MOTION**: Dr. Pinther moved that the Board approve the public health endorsement applications, and was seconded by Ms. Guillen. The motion was unanimously approved by the Board; Dr. Champagne abstained.

* Approval of Voluntary Surrender of License – NAC 631.160 (For Possible Action)

(1) Michelle Scott, DDS (6) Uttampal, Singh, DDS
(2) Dennis B. Farnesi, DMD (7) Paul Kleintjes, DDS
(3) Patricia Diaz, DDS (8) James M. Buchanan, Jr., DDS
(4) Kimberly Hibben, RDH (9) James W. Chancellor, DDS
(5) Vikram R. Tiku, DDS

Dr. Blasco directed the Board’s attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that the licensees had no pending actions or matters with the Board, and noted that once approved the voluntary surrenders were absolute and irrevocable. A motion was called for.

**MOTION**: Dr. Pinther moved that the Board accept the voluntary surrenders, seconded by Dr. Pisani. Without discussion, the motion was unanimously approved by the members of the Board.

* Approval for Anesthesia-Permanent Permit – NAC 631.2233 (For Possible Action)

(1) General Anesthesia (For Possible Action)
   (a) Harry Golnazarian, DDS

Dr. Blasco directed the Board’s attention to Dr. Brendan Johnson. Dr. Johnson stated that he reviewed the application for Dr. Harry Golnazarian, that the application was in order, and that he recommended approval. A motion was called for.

**MOTION**: Dr. Pinther moved that the Board approve Dr. Golnazarian for a general anesthesia permit; seconded by Dr. Pisani. Without discussion, the motion was unanimously approved by the members of the Board; Dr. Johnson abstained.
(2) Conscious Sedation (For Possible Action)
   (a) Mark A Ferrari, DDS
   (b) Jared K Bauerle, DMD

Dr. Blasco directed the Board’s attention to Dr. Brendan Johnson. Dr. Johnson stated that he reviewed the applications for the licensees listed above, that the applications were in order, and recommended approval. A motion was called for.

MOTION: Dr. Pinther moved that the Board approve the licensees listed for conscious sedation permits; seconded by Ms. Guillen. Without discussion, the motion was unanimously approved by the members of the Board; Dr. Johnson abstained from the motion.

*i. Approval for Anesthesia-Temporary Permit – NAC 631.2254 (For Possible Action)

(1) General Anesthesia (For Possible Action)
   (a) Steven V. Dryden, DDS

Dr. Blasco directed the Board’s attention to Dr. Brendan Johnson. Dr. Johnson stated that he reviewed the application by Dr. Steven Dryden, that the application was in order, and recommended approval. A motion was called for.

MOTION: Dr. Pinther moved that the Board approve Dr. Dryden for temporary general anesthesia permit; seconded by Dr. Pisani. Without discussion, the motion was unanimously approved by the members of the Board; Dr. Johnson abstained from the motion.

(2) Conscious Sedation (For Possible Action)
   (a) Lindsay M. Row, DMD
   (b) Treagan N. White, DDS
   (c) Spencer C. Wirig, DMD
   (d) Nasim Zarkesh, DDS

Dr. Blasco directed the Board’s attention to Dr. Brendan Johnson. Dr. Johnson stated that he reviewed the applications for the licensees listed above, that the applications were in order, and recommended approval. A motion was called for.

MOTION: Dr. Pinther moved that the Board approve the licensees listed for temporary conscious sedation permits; seconded by Dr. Pisani. Without discussion, the motion was unanimously approved by the members of the Board; Dr. Johnson abstained from the motion.

*7. Resource Group Reports (For Possible Action)

*a. Legislative and Dental Practice (For Possible Action)
   (Chair: Dr. Pinther; Dr. Champagne; Dr. Blasco; Dr Sanders; Ms. Guillen)

Dr. Pinther stated that there was no report.

*b. Legal and Disciplinary Action (For Possible Action)
   (Chair: Dr. Pisani; Dr. Blasco; Dr. Shahrestani; Dr. Sanders)

Dr. Pisani stated that there was no report.

*c. Examinations Liaisons (For Possible Action)
   *(1) WREB/HERB Representatives (For Possible Action)
      (Dr. Blasco; Ms. Gabriel)

Dr. Blasco stated that there was no report.

Ms. Gabriel stated that there was no report.
2. ADEX Representatives (For Possible Action)  
(Timothy Pinther, DDS)

Dr. Pinther stated that there was a meeting he attended in August, and stated that there were minor changes made to the exam. He noted that ADEX was now accepted in 42-43 states. He added that the ADA Student association – was pushing for a non-patient based exam.

Dr. Talley stated that NDA will address this concern at the next meeting. He added that the ADA creates policy and States will have to determine whether or not to accept any new policy it adopts.

3. Continuing Education (For Possible Action)  
(Chair: Dr. Blasco; Dr. Shahrestani, Dr. Pisani; Ms. Gabriel)

Dr. Blasco stated that there was no report.

4. Committee of Dental Hygiene (For Possible Action)  
(Chair: Ms. Guillen; Ms. Gabriel; Dr. Shahrestani)

Ms. Guillen stated that there was no report.

5. Specialty (For Possible Action)  
(Chair: Dr. Pisani; Dr. Johnson; Dr. Pinther)

Dr. Pisani stated that there was no report.

6. Anesthesia (For Possible Action)  
(Chair: Dr. Johnson; Dr. Pinther; Dr. Champagne; Dr. Sanders)

Dr. Johnson stated that there was no report.

7. Infection Control (For Possible Action)  
(Chair: Ms. Gabriel; Dr. Blasco; Dr. Champagne; Dr. Pisani)

Ms. Gabriel stated that there was no report.

8. Budget and Finance Committee (For Possible Action)  
(Chair: Dr. Champagne; Dr. Blasco; Dr. Pinther; Ms. Guillen)

Dr. Champagne stated that there was no report.

8. Public Comment: (Public Comment is limited to three (3) minutes for each individual)

Ms. Failing thanked the board for approving her PHE and noted that they will be reaching out to the Northern Nevada elementary school students.

Ms. Chandler provided the Board with some research Future Smiles conducted in Northern Nevada. She thanked the board for the approval of the PHE’s, and stated that 39% of kids are not reachable and therefore, are working diligently to find a dental home for patients. She thanked Dr. Johnson for assisting a patient of theirs that needed emergency care.

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

9. Announcements

Dr. Blasco noted that in light of recent activity with the Board’s former counsel, he extended his appreciation of Ms. Sophia and efforts during their transitionary period. He noted they were now behind several months and that Mrs. Bernstein Chapman had an extensive amount of work to bring current. He thanked both counsels, and extended his appreciation and thanks to Mrs. Shaffer-Kugel for overseeing it all. Dr. Pinther inquired if there were any potential solutions to assist with the backlog of complaints, and further inquired if
the board, perhaps, could hire a legal consultant. Mrs. Shaffer-Kugel noted that the Board could amend their budget, and that they are able to appoint employees, attorneys, consultants, etc. to their discretion. Dr. Blasco stated that the Board could discuss a few options in the future. Mrs. Shaffer-Kugel stated that the main concerns are the patients that are waiting resolutions to their complaints, but are waiting since they are currently backlogged.

Mrs. Shafer-Kugel announced that the regulations regarding anesthesia and botulinum toxins returned from LCB and that she was hoping to have them posted on the November 3rd board meeting agenda.

*10. **Adjournment** (For Possible Action)

Dr. Blasco called for a motion to adjourn.

**MOTION:** Dr. Pinther moved that the September 29, 2017 meeting of the Nevada State Board of Dental Examiners be adjourned. Motion was seconded by Dr. Johnson 11:01 a.m., and without discussion, unanimously approved by the Board.

Meeting adjourned at 11:01 a.m.
Respectfully Submitted by

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

## Balance Sheet

As of August 31, 2017

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<td><strong>ASSETS</strong></td>
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<td><strong>Current Assets</strong></td>
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<td>Checking/Savings</td>
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<td>10000 · Wells Fargo-Operating</td>
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<td>10015 · Wells Fargo - Saving</td>
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<td>10010 · Wells Fargo-Reserves</td>
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<td>Accounts Receivable</td>
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<td><strong>Other Current Assets</strong></td>
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<td>11050 · Reimbursements Receivable</td>
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<td>11200 · Prepaid Expenses</td>
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<td>11210 · Prepaid Insurance</td>
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<td>18000 · Deferred Outflows-Pension</td>
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<td><strong>TOTAL ASSETS</strong></td>
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## LIABILITIES & FUND BALANCE

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<th>Liabilities</th>
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<td>Accounts Payable</td>
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<td>22125 · DDS Deferred Revenue</td>
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<td>22136 · RDH Deferred Revenue</td>
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<td>20500 · Fines Payable-State of Nevada</td>
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<td>23750 · Accrued Vacation/Sick Leave</td>
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<td>23820 · Employee HSA/Ins Payable</td>
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<td><strong>Fund Balance</strong></td>
<td>972,735</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; FUND BALANCE</strong></td>
<td>3,065,142</td>
</tr>
</tbody>
</table>
## Nevada State Board of Dental Examiners
### Statement of Revenues, Expenses and Fund Balance
#### July through August 2017

<table>
<thead>
<tr>
<th>Ordinary Income/Expense</th>
<th>Jul - Aug 17</th>
<th>Budget</th>
<th>$ Over Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>40000 · Dentist Licenses &amp; Fees</strong></td>
<td></td>
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</tr>
<tr>
<td>40100 · DDS Active License Fee</td>
<td>88,436.23</td>
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<tr>
<td>40102 · DDS Inactive License Fee</td>
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<tr>
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<td>1,000.00</td>
<td>1,650.00</td>
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<tr>
<td>40145 · Limited License App</td>
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<td>500.00</td>
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<tr>
<td>40115 · Limited License Renewal Fee</td>
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<tr>
<td>40116 · LL-S Renewal Fee</td>
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<td>400.00</td>
<td>13.42</td>
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<td>40150 · Restricted License App</td>
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<td>40180 · Anesthesia Site Permit App</td>
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<tr>
<td>40182 · CS/GA/Site Permit Renewals</td>
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<td>40170 · General Anesthesia Permit App</td>
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<td>40184 · Infection Control Inspection</td>
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<td>40212 · DDS ADEX License Application</td>
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<td>5,000.00</td>
<td>(2,600.00)</td>
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<tr>
<td>40205 · DDS Credential Appl Fee-Spctly</td>
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<td>7,200.00</td>
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<tr>
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<tr>
<td><strong>Total 40000 · Dentist Licenses &amp; Fees</strong></td>
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<tr>
<td><strong>50000 · Dental Hygiene Licenses &amp; Fees</strong></td>
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<tr>
<td>40213 · RDH Endorsement License App</td>
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<td>40105 · RDH Active License Fee</td>
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<td><strong>50750 · Other Licenses &amp; Fees</strong></td>
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<tr>
<td>40220 · License Verification Fee</td>
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<td>40227 · CEU Provider Fee</td>
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<tr>
<td>40225 · Duplicate License Fee</td>
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<td>40555 · Fines</td>
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<td>40600 · Miscellaneous Income</td>
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<tr>
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## Expense

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<th>Jul - Aug 17</th>
<th>Budget</th>
<th>$ Over Budget</th>
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</thead>
<tbody>
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<tr>
<td>63000 · Dues &amp; Subscriptions</td>
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<td>65100 · Furniture &amp; Equipment</td>
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<td>11,696.68</td>
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Unaudited-Interim Financial Report  
Page 2 of 4
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<thead>
<tr>
<th>Account Code</th>
<th>Description</th>
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<th>$ Over Budget</th>
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</thead>
<tbody>
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<td>66500</td>
<td>Finance Charges</td>
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<td>(10.00)</td>
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<td>Insurance</td>
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<td>66520</td>
<td>Internet/Web/Domain</td>
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<td>73500</td>
<td>Information Technology</td>
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<tr>
<td>73500-1</td>
<td>Computer Repair/Upgrade</td>
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<td>Office Expense</td>
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<tr>
<td>68710</td>
<td>Miscellaneous Expenses</td>
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<tr>
<td>68700</td>
<td>Repairs &amp; Maintenance</td>
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<td>68700-1</td>
<td>Janitorial</td>
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<td>68500</td>
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<td>Equipment Lease</td>
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<td>68500-2</td>
<td>Office</td>
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<tr>
<td>68500-4</td>
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<td>75000</td>
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<tr>
<td>73550</td>
<td>Per Diem (Staff)</td>
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<td>50.00</td>
<td>(50.00)</td>
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<tr>
<td>73600</td>
<td>Professional Fee</td>
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<tr>
<td>73600-1</td>
<td>Accounting/Bookkeeping</td>
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<td>3,840.00</td>
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<tr>
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<td>Legal-General</td>
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<tr>
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<td>72132</td>
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<tr>
<td>72200</td>
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<td>72130</td>
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<td>(1,655.08)</td>
</tr>
</tbody>
</table>

Unaudited-Interim Financial Report
## Statement of Revenues, Expenses and Fund Balance

### July through August 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Jul - Aug 17</th>
<th>Budget</th>
<th>$ Over Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>65525 · Health Insurance</td>
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<td>72400 · Board of Directors Expense</td>
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<tr>
<td>72400-1 · Director Stipends</td>
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<tr>
<td>72400-3 · Director Travel Expenses</td>
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<tr>
<td>72400-9 · Refreshments - Board Meetings</td>
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<td>Total 72400 · Board of Directors Expense</td>
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<tr>
<td>60001-1 · Evaluator's Fee</td>
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<td>73650 · Investigations/Complaints</td>
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<tr>
<td>72550 · DSO Coordinator</td>
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<tr>
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<td>73650-7 · Miscellaneous Investigation Exp</td>
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</tr>
<tr>
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</tr>
<tr>
<td>60002-1 · Initial Inspection Expense</td>
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<td>60002-2 · Reinspection Expense</td>
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<tr>
<td>60002-3 · Random Inspection Expense</td>
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<td>60002-4 · Travel/Misc. Expense</td>
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<td>Other Income/Expense</td>
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<tr>
<td>Other Income</td>
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<tr>
<td>Total Other Income</td>
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<td>(47.58)</td>
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<td>Net Other Income</td>
<td>92.42</td>
<td>140.00</td>
<td>(47.58)</td>
</tr>
<tr>
<td>Net Income</td>
<td>21,991.22</td>
<td>33,461.00</td>
<td>(11,469.78)</td>
</tr>
</tbody>
</table>
Old Business:
Licensure by Endorsement
I hereby make application for Nevada Dental Hygiene licensure by: (Please check one below)

<table>
<thead>
<tr>
<th>Licensure by ADEX Exam (NRS 631.300): $600</th>
<th>Licensure by WREB Exam (NRS 631.300): $600</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Licensure (NRS 631.271): $125</td>
<td>Restricted Geographical (NRS 631.274): $150</td>
</tr>
<tr>
<td>Resident: □</td>
<td>Underserved County(ies): □</td>
</tr>
<tr>
<td>Instructor: □</td>
<td>FQHC or Non-Profit: □</td>
</tr>
<tr>
<td>Indicate Residency Program:</td>
<td>Indicate Instructor Facility:</td>
</tr>
<tr>
<td></td>
<td>Indicate County(ies)</td>
</tr>
<tr>
<td></td>
<td>Indicate FQHC Facility or Non Profit</td>
</tr>
<tr>
<td>Military Spouse by Reciprocity/Credential:</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

**NOTE:** An application is considered complete when the application, all required documents, background information, and fees are on file with the Board office. APPLICATION FEES MUST BE PAID IN ADVANCE AND MAY NOT BE REFUNDED PURSUANT TO NEVADA REVISED STATUTE (NRS) 631.345. YOU WILL BE NOTIFIED WITHIN 15 BUSINESS DAYS UPON APPROVAL OF YOUR APPLICATION BY THE BOARD.

Please type or print legibly. All questions must be answered. If additional space is needed, attach a separate sheet identifying additional information by Section number. Applicants acknowledge they have a continuing responsibility to update all information contained in this application until such time as the Board takes final action on this application. Failure of an applicant to update the information prior to final action of the Board is grounds for subsequent disciplinary action.

<table>
<thead>
<tr>
<th>Last:</th>
<th>First:</th>
<th>Middle:</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chioffe</td>
<td>Anna</td>
<td>Michelle</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Soc. Security #:</th>
<th>Age:</th>
<th>Male</th>
<th>Female</th>
<th>Birthdate:</th>
<th>Birthplace (City, County, State, &amp; Country):</th>
</tr>
</thead>
</table>

Have you ever been known by any other name? Yes □ No √

If yes, state in full every other name by which you have been known, the reason therefore, and the inclusive dates so known:

If a married woman, state maiden name: King

If a name change was made by court order, attach a CERTIFIED COPY of the court order.

<table>
<thead>
<tr>
<th>Are you a U.S. born citizen?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no, are you naturalized?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes, naturalization #

<table>
<thead>
<tr>
<th>Naturalization Date:</th>
<th>Place:</th>
</tr>
</thead>
</table>

If no, were you born abroad of US citizens? Yes □ No

If no, are you a legal resident? Yes □ No

Is your application for naturalization pending? Yes □ No

Date of Application:       Place:

*You must submit appropriate proof of Citizenship or legal documentation for lawful entitlement to remain in the U.S. and work in the U.S.*
### (A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY

<table>
<thead>
<tr>
<th>Current Home Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mailing Address (if different):**

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Telephone Residence:**

<table>
<thead>
<tr>
<th>Telephone Cell:</th>
<th>Email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (B) PREVIOUS STREET ADDRESSES

List all home addresses for the past seven (7) years. If you cannot recall certain information please indicate cannot recall. Do not leave blank. Please be sure that if you were in school you have a home address listed in the same state you went to school. (Please add additional pages as needed)

<table>
<thead>
<tr>
<th>1. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**County:**

<table>
<thead>
<tr>
<th>Dates:</th>
<th>to</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/96</td>
<td>1/5/2017</td>
</tr>
</tbody>
</table>

**Current**

<table>
<thead>
<tr>
<th>2. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**County:**

<table>
<thead>
<tr>
<th>Dates:</th>
<th>to</th>
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<table>
<thead>
<tr>
<th>3. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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**County:**

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<tr>
<th>Dates:</th>
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<table>
<thead>
<tr>
<th>4. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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**County:**

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<th>Dates:</th>
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<tr>
<th>5. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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**County:**

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<th>Dates:</th>
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<table>
<thead>
<tr>
<th>6. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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**County:**

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<tr>
<th>Dates:</th>
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<tr>
<th>7. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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**County:**

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<th>Dates:</th>
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<th>8. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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**County:**

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<th>Dates:</th>
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<table>
<thead>
<tr>
<th>9. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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</table>

**County:**

<table>
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<th>Dates:</th>
<th>to</th>
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<table>
<thead>
<tr>
<th>10. Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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**County:**

<table>
<thead>
<tr>
<th>Dates:</th>
<th>to</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Received May 09 2017</th>
</tr>
</thead>
</table>

Page 2 of 9
(C) MILITARY SERVICE

Have you ever served in the military? (If yes, you must answer the questions below) Yes ☐ No ☑

<table>
<thead>
<tr>
<th>Branch of Service</th>
<th>Military Occupation Specialty/Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army/Army Reserve</td>
<td>Marine Corps/Marine Corps Reserve</td>
</tr>
<tr>
<td>Navy/Navy Reserve</td>
<td>Air Force/ Air force Reserve</td>
</tr>
<tr>
<td>Coast Guard/ Coast Guard Reserve</td>
<td>National Guard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Military Occupation Specialty/Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 08/2005</td>
<td>to 05/2007</td>
</tr>
<tr>
<td>Graduation Date</td>
<td>05/08/2007</td>
</tr>
</tbody>
</table>

(D) EDUCATION & CERTIFICATIONS

DENTAL HYGIENE EDUCATION:

Dental Hygiene School: Palm Beach State College

City: Lake Worth  State: Florida

Years Attended: (month/year) 08/2005 to 05/2007  Graduation Date: (month/year) 05/08/2007

Degree Earned: Associates ☑ Bachelors ☐

(E) LASER USE AND CERTIFICATION

I utilize laser radiation in the performance of my practice of dental hygiene. Yes ☐ No ☑

I certify that each laser I use in my practice of dental hygiene has been cleared by the United States Food and Drug Administration for use in dental hygiene. Yes ☐ No ☑

Attach a copy of proof of course completion of laser proficiency indicating successful completion of a recognized course pursuant to Board regulation NAC 631.033 and NAC 631.035 based on the curriculum guidelines and standards for dental laser education as adopted by the Academy of Laser Dentistry.

(F) CONTINUED CLINICAL COMPETENCY

Have you been out of active practice for one or more years just prior to completing this application? Yes ☐ No ☑

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

(G) HISTORY OF IMPAIRMENT

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

Yes ☐ No ☑

(2) Do you now, or have you ever had, any contagious or infectious disease(s) that would impair your ability to perform as a licensee pursuant to NRS and NAC Chapters 631? (If yes, submit details on separate sheet)

Yes ☐ No ☑
**H. DENTAL HYGIENE PRACTICE & EMPLOYMENT HISTORY**

Have you ever been employed as a dental hygienist?  
Yes [x]  No [ ]

For each position listed, list the following information for the past ten years including the dates you practiced dental hygiene: the names of all employers and the reason for leaving each practice. If you were unemployed for any period of time please write the month and year of unemployment. (Use additional sheets if necessary)

<table>
<thead>
<tr>
<th>Current Practice Address (if any):</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Fax:</th>
<th>Email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I. PREVIOUS EMPLOYMENT**

1. **Address:**  
   2700 NE 14th Street, Suite #102  
   City: Pompano Beach  
   State: FL  
   Zip Code: 33062

   **From:**  
   **To:**  
   **(Include month/year)**  
   **Telephone:**

   **Name of Employers:**

   **Reason for leaving:**

2. **Practice Address:**  
   7000 W. Camino Real, Suite #120  
   City: Boca Raton  
   State: FL  
   Zip Code: 33433

   **From:**  
   **To:**  
   **(Include month/year)**  
   **Telephone:**

   **Name of Employers:**

   **Reason for leaving:**

3. **Practice Address:**  
   301 SE 16th Street  
   City: Fort Lauderdale  
   State: FL  
   Zip Code: 33316

   **From:**  
   **To:**  
   **(Include month/year)**  
   **Telephone:**

   **Name of Employers:**

   **Reason for leaving:**

4. **Practice Address:**  
   7025 Beracasa Way, Suite #203  
   City: Boca Raton  
   State: FL  
   Zip Code: 33433

   **From:**  
   **To:**  
   **(Include month/year)**  
   **Telephone:**

   **Name of Employers:**

   **Reason for leaving:**

5. **Practice Address:**  
   8903 Glades Road, Suite #D4  
   City: Boca Raton  
   State: FL  
   Zip Code: 33434

   **From:**  
   **To:**  
   **(Include month/year)**  
   **Telephone:**

   **Name of Employers:**

   **Reason for leaving:**

**Page 4 of 9**
### (I) EXAMINATION AND LICENSURE HISTORY

#### NATIONAL BOARD EXAMINATION

- **Date Taken:** 12/12/2006
- **Pass:** ✓
- **Fail:** □

Please list below all dental hygiene clinical examinations in which you have participated:

(Use additional sheets if necessary)

### CLINICAL EXAMS:

- **ADEX ✓**
  - **Date(s) of Clinical Examination:** 06/02/2007 to 06/02/2007
  - **Pass:** ✓
  - **Fail:** □

- **WREB □**
  - **Date(s) of Clinical Examination:** to
  - **Pass:** □
  - **Fail:** □

### OTHERS EXAMS:

#### Regional/State, Territory, DC:

- **Date(s) of Clinical Examination:** to
  - **Pass:** □
  - **Fail:** □

#### Regional/State, Territory, DC:

- **Date(s) of Clinical Examination:** to
  - **Pass:** □
  - **Fail:** □

#### Regional/State, Territory, DC:

- **Date(s) of Clinical Examination:** to
  - **Pass:** □
  - **Fail:** □

---

**Have you ever applied for a license to practice dental hygiene?**

- **Yes:** ✓
- **No:** □

If yes, list the following for each state, territory or the District of Columbia. Use additional sheets if necessary:

#### State, Territory, DC: Florida

- **Date of Application:** 06/02/2007

- **Result of Application (Granted, Denied, Pending):** Granted

#### State, Territory, DC:

- **Date of Application:**

- **Result of Application (Granted, Denied, Pending):**

#### State, Territory, DC:

- **Date of Application:**

- **Result of Application (Granted, Denied, Pending):**

---

1. Have any proceedings been initiated against you to revoke or suspend your dental hygiene license? **Yes** □ **No** ✓

2. At the time you filed this application, were any disciplinary proceedings pending against you, including complaints or investigations, in any other state, territory or the District of Columbia? **Yes** □ **No** ✓

3. Have you ever been terminated or attempted to terminate or surrender a dental hygiene license in any state, territory or the District of Columbia? **Yes** □ **No** ✓

4. Have you ever been denied a dental hygiene license in this state, another state, or a territory of the U.S. or the District of Columbia? **Yes** □ **No** ✓

*If you answered 'yes' to questions 1, 2, 3 and/or 4, provide a full explanation of each answer on a separate sheet and attach to this application.*
**K) MALPRACTICE**

Have you ever had any claims of malpractice filed against you? [ ] Yes [ ] No

Yes, list all malpractice, negligence lawsuits and claims you have ever had against you. Include dates, names, settlements or resolutions. Please include malpractice and lawsuits that were dismissed. Provide additional pages as needed.

Do you or have you ever carried malpractice (professional liability) insurance? [ ] Yes [ ] No

List all malpractice carriers since licensed or for the past 10 years (which ever is longer). Leave no time gaps and account for periods with no insurance. Provide additional pages as needed.

<table>
<thead>
<tr>
<th>Carrier:</th>
<th>Policy Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City: State: Zip Code:</td>
</tr>
<tr>
<td>From:</td>
<td>To: (Include month/year) Telephone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carrier:</th>
<th>Policy Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City: State: Zip Code:</td>
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<tr>
<td>From:</td>
<td>To: (Include month/year) Telephone:</td>
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<table>
<thead>
<tr>
<th>Carrier:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>City: State: Zip Code:</td>
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<tr>
<td>From:</td>
<td>To: (Include month/year) Telephone:</td>
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<table>
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<tr>
<th>Carrier:</th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>From:</td>
<td>To: (Include month/year) Telephone:</td>
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</table>

<table>
<thead>
<tr>
<th>Carrier:</th>
<th>Policy Number:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>City: State: Zip Code:</td>
</tr>
<tr>
<td>From:</td>
<td>To: (Include month/year) Telephone:</td>
</tr>
</tbody>
</table>
### (L) MORAL CHARACTER

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

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have you ever been suspended or otherwise disqualified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Have you ever been reprimanded, censored, restricted or otherwise disciplined?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Have any charges or complaints, formal or informal, ever been made or filed against you, or have any proceedings been instituted against you? (Dental Society, Associations, Hospitals, or States)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (a)</td>
<td>Have you ever been arrested, convicted, charged with, entered a plea of nolo contendere or pleaded guilty to the violation of any law [misdemeanor(s) or felony(ies)]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (b)</td>
<td>Have you ever received a citation or been cited for any traffic violations?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your answer is ‘yes’ to any of the foregoing questions (1-4), furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, case number, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof. You must provide certified copies of any arrest or conviction and/or any plea agreements entered into for any felony(ies) or misdemeanor(s).

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Have you ever been declared a ward of any court, or adjudged as incompetent, or have any proceedings ever been brought to have you declared a ward of any court or adjudged as incompetent, or have you ever been committed to any institution?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Have you ever been dropped, suspended, expelled or disciplined by any school or college for any cause whatsoever:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your answer is ‘yes’ to questions 5 or 6, furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof.

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Have you ever been denied participation in, or suspended from, the Medicaid or Medicare benefit program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Have you ever had a civil court action in which you were either the plaintiff or defendant? (please include all civil actions civil disputes, negligence or personal injury)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your answer is ‘yes’ to questions 7 or 8, furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof.

### (M) STATEMENT OF CHILD SUPPORT

Pursuant to state and federal mandated requirements, I further certify that (CHECK the appropriate box):

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am NOT subject to a court order for the support of one or more children.</td>
<td></td>
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<td>2</td>
<td>I AM subject to a court order for the support of one or more children and: (continue to 2a or 2b below)</td>
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<td>2a</td>
<td>I am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.</td>
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<tr>
<td>2b</td>
<td>I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me or who may hereafter attend or examine me from disclosing any knowledge or information that is thereby acquired, and I hereby consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.

The person named as the applicant in the foregoing application and questionnaire, being first duly sworn, deposes and says: I am the applicant for dental hygiene licensure referred to; and I have carefully read and understand the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservation of any kind. I further understand I have a continuing obligation to inform the Board should any of my answers since filing this application change prior to the Board issuing my license. In the event I fail to update the answers which have changed since submitting this application, I understand that such failure is ground for revocation of any license issued or denial of the application.

I hereby authorize educational and other institutions, my references (past and present), business and professional associates (past and present), insurance carriers, professional societies, governmental agencies and Instrumentalities (local, state, federal or foreign), and independent information gathering services to release to the Nevada State Board of Dental Examiners any information, files or records requested by the Board in connection with the processing of this application.

I hereby pledge myself to the highest standards and ethics in the Practice of Dental Hygiene and further pledge to abide by the laws and regulations pertaining to the practice of dental hygiene. I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board.

I hereby understand and agree that the title of all licenses shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.

I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THIS APPLICATION ARE GROUNDS FOR REJECTION OF THIS APPLICATION AND THE REVOCATION OF A LICENSE WHICH MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

APPLICANT

[Signature]
Applicant Signature

[Printed Name]
Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)

5-1-17
Date of Signature (must correspond with notary date)

[Date]
Applicants Date of Birth (month/day/year)

[Number]
Social Security Number

NOTARY

State of Florida County of Palm Beach

The statement on this document are subscribed and sworn before me this

1st day of May, 2017
Notary Public

[Signature]
My Commission Expires Oct 16, 2020

[Stamp]
Received
MAY 8, 2017
NSBDE
Advisory Opinion
PETITION FOR ADVISORY OPINION

Applicant/Licensee: HARVEY A. QUIT, DDS
Date: 10/19/17
Address: 6870 S. RAINBOW BLVD.
Suite No.: 119
City: LAS VEGAS
State: NV
Zip Code: 89118
Telephone: 702 876 6064 Fax: 702 873 2896

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.

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.

IS IT LEGAL TO PERFORM BUCCAL FAT PAD REMOVAL IN STATE OF NEVADA FOR COSMETIC REASONS BY A DENTIST?
IS IT LEGAL TO PERFORM BUCCAL FAT PAD REMOVAL BY A DENTIST FOR ANY OTHER REASON?

(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.

Applicant/Licensee Signature

REvised 1/2014
Request to Reinstate
Revoked License
VIA U.S. MAIL

Candice Stratton
License and Credentialing Specialist
Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118

Re: Client: Stanley Pinkus, DDS
    Our File No.: 24733

RE: FORMAL REQUEST AND PROPOSAL FOR REISSUANCE OF STANLEY PINKUS D.D.S.’ NEVADA DENTAL LICENSE

Dear Board of Dental Examiners:

This law firm and the undersigned represent Stanley Pinkus, DDS (“Dr. Pinkus”) with respect to licensing issues before the Nevada Board of Dental Examiners (the “Board”).

It is our understanding, based on a review of correspondence from the Board and discussions with Dr. Pinkus that his Nevada Dental license was revoked at a Board hearing in February, 2012. At this time, we formally request the Board reconsider its revocation, pursuant to NAC 631.050(3), based on the below stated facts and arguments.

STATEMENT OF FACTS

Dr. Pinkus practiced dentistry in New York from 1997 through 2006. During that period of time, Dr. Pinkus was not subject to any complaints or investigation from the New York Dental Board (hereinafter referred to as the “New York Board”). Thereafter, Dr. Pinkus relocated and practiced dentistry in Nevada from 2006 through 2011.

In March 2009, the Board conducted an informal hearing related to complaints filed on behalf of three patients between October 2007 and November 2008. These patients alleged Dr. Pinkus fell below the standard of care with relation to crowns, bridges, and extractions. Dr. Pinkus denied all allegations.

August 7, 2017
In July 2009, Dr. Pinkus entered into a stipulation agreement (attached hereto as Exhibit “A” and hereinafter referred to as the “Stipulation”) with the Board. In that agreement, Dr. Pinkus agreed to a twelve (12) month monitoring period; 54 hours of supplementary education relating to pediatric dentistry, crowns, and bridges; reimbursement of Board investigation fees; and patient reimbursement. Dr. Pinkus completed these requirements as written and continued practicing dentistry without interruption.

In January 2011, Dr. Pinkus stopped practicing dentistry in Nevada, as he planned to relocate to New York.

In June 2011, the Board proposed a stipulation agreement (attached hereto as Exhibit “B” and hereinafter referred to as “Stipulation II”) related to complaints filed on behalf of two patients between August 2009 and November 2010. These complaints alleged Dr. Pinkus fell below the standard of care with relation to crowns and bridges. In Stipulation II, the Board recommended a 24 month monitoring period; 21 hours of supplementary education related to crowns and bridges; reimbursement of Board investigation fees; patient reimbursement; and a $500.00 fine, payable to the Board. Stipulation II was based on the “limited investigation” of Disciplinary Screening Officer Robert Thiriot, D.D.S., which found both patients had open margins in the subject crowns.

Section 8(b) of the proposed agreement stated:

In the event Respondent no longer practices dentistry in the State of Nevada prior to completion of the probationary period, the probationary period shall be tolled. In the event the probationary period is tolled because Respondent does not practice in the State of Nevada and the terms and conditions of this Stipulation II are not satisfied within thirty six (36) months of adoption of this Stipulation II by the Board, Respondent agrees his license to practice dentistry in Nevada shall will [sic] be deemed voluntarily surrendered with disciplinary action.

See Stipulation II at 5. Dr. Pinkus rejected the proposed stipulation, denied all allegations, and notified the Board in writing that he would not attend the informal hearing or renew his Nevada Dental License upon its expiration on June 30, 2011.

In June 2011, Dr. Pinkus left Nevada. He resumed practicing dentistry in Brooklyn, New York, where he remains to date. In retrospect, Dr. Pinkus recognizes that his failure to appear at the hearing was an inappropriate and regretful decision. At the time of the formal hearing, Dr. Pinkus had already relocated to New York and returning to Las Vegas created a significant hardship. Dr. Pinkus did not intend on returning to Las Vegas and had no intentions of renewing his license so he believed that his presence was immaterial. However, Dr. Pinkus sincerely apologizes for not notifying the Board of his hardship to return and his subsequent
nonappearance at the hearing. Dr. Pinkus is cognizant that his actions and beliefs were inexcusable and he truly regrets his failure to appear.

In August 2011, the Board conducted an informal hearing related to the two complaints. At that hearing, the Board found against Dr. Pinkus and suspended his Nevada Dental License.

Thereafter, the Board issued Dr. Pinkus a notice of formal hearing relating to the same patient complaints. Dr. Pinkus submitted his response, but due to his hardships and inappropriate beliefs he did not attend the Board hearing, or assign counsel to attend on his behalf. As part of his response, Dr. Pinkus submitted a letter from Dr. Peter Glavas, D.D.S, a specialist in reconstructive and cosmetic dentistry (attached hereto as Exhibit “C”). Dr. Glavas opined that Dr. Pinkus did not fall below the standard of care in his treatment. Further, Dr. Glavas stated the records and x-rays submitted to the Board were not consistent with the records and x-rays provided by Dr. Pinkus in his response. As such, Dr. Glavas believed that the records and x-rays indicated the patients had additional treatments on the same teeth after seeing Dr. Pinkus, making it impossible to properly evaluate Dr. Pinkus’ treatment.

On February 3, 2012, the Board held a formal hearing. In its Findings of Facts, Conclusions of Law, and Decisions (attached hereto as Exhibit “D” and hereinafter referred to as the “Findings”), the Board adopted statements from the Stipulation and Stipulation II and found Dr. Pinkus had violated NRS §331.3475 (2), professional incompetence. In addition to revoking his license, the board required Dr. Pinkus to reimburse the patients, reimburse the Board for its legal fees, and pay a $500.00 fine to the Nevada Dental Board.

Since Dr. Pinkus’ return to New York, Dr. Pinkus has not been subject to any patient complaints or disciplinary investigations. At this time, Dr. Pinkus is requesting the Board reevaluate the revocation of his Nevada Dental License.

REQUEST FOR RECONSIDERATION

1. Dr. Pinkus wishes to enter into an agreement proposed by the Board in 2011

Pursuant to NRS §631.350, the Board may issue discipline in a number of ways, including, but not limited to, revocation, suspension, required supervision, continuing education, fines, or limiting the scope of a dental practice. See generally NRS § 631.350. The statute does not require, or recommend, specific discipline for any violation of the statute. Further, the only circumstance under which a licensee’s application must be rejected is if the application is incomplete, does not include the required fees, or the applicant has not achieved the necessary examination scores. See generally NAC § 631.050 (1). None of these circumstances apply to Dr. Pinkus.

In June 2011, the Board proposed Stipulation II, which would allow Dr. Pinkus to continue practicing dentistry under the supervision of the Board. The Board also proposed Dr. Pinkus take additional courses in crown and bridge work, and reimburse the complaining patients
for the work the Board deemed to be below the standard of care. As Dr. Pinkus did not agree with the Board’s findings, and he no longer planned on practicing dentistry in Nevada, he did not enter into Stipulation II at that time. When the Board found against Dr. Pinkus in 2012, they revoked his Nevada Dental License, in addition to the same fines, costs, and reimbursements. The Board had discretion in its assignment of disciplinary action; however, it chose the most severe penalty.

However, there is no statute or administrative code that prohibits the Board from revisiting the conditions of Stipulation II at this time and revising its Findings to reflect the same. As the Board’s ultimate decision included most of the same provisions as Stipulation II, Dr. Pinkus has already completed many of the Board’s original proposed requirements. While the Nevada Board has not been able to supervise his ongoing practice, Dr. Pinkus has been subject to all of the rules and regulations of the New York Board. Since his return to New York in 2011, Dr. Pinkus has not received any complaints or been subjected to any disciplinary proceedings at the hand of the New York Board. This six (6) year period is more than double the length of the Board’s proposed two (2) year supervisory period and should satisfy the Board’s 2012 uncertainty about Dr. Pinkus’ skills.

Dr. Pinkus continues to work in New York and has no plans to return to Nevada now, or in the future. But, Dr. Pinkus’ decisions not to enter into Stipulation II and not to participate in the informal or formal hearings against him have had unexpected consequences with the New York Dental Licensing Board, which Dr. Pinkus must resolve. Dr. Pinkus is more than willing to satisfy any outstanding obligations to the Board he may have inadvertently overlooked. He further requests that alternative conditions be entertained in lieu of requiring monitoring in Nevada during a probationary period or face voluntary surrender of his license, as set forth in the stipulation. See Stipulation II at 5.

As such, Dr. Pinkus respectfully asks the Board to reconsider the totality of his circumstances and allow him to enter into an agreement which rescinds the prior revocation and reinstate his Nevada license.

2. Nevada Administrative Code 631.380 states the Board will decide matters based on all evidence it has before it

The Nevada Administrative Code (NAC) 631.380 states “If a party fails to appear at a hearing scheduled by the Board and no continuance has been requested or granted, the Board will hear the evidence and proceed to consider the matter and dispose of it on the basis of the evidence before it.” See NAC § 631.380 (emphasis added). However, there is no indication that the Board took into account any of the evidence that Dr. Pinkus provided in his response before revoking his license.

In its Findings, the Board stated that Legal Conclusions were decided “by virtue of the foregoing facts.” See Findings at 8. However, the Board failed to identify any facts which supported its conclusions, let alone supported the revocation of his license. The facts section
only detailed the allegations against Dr. Pinkus; the findings of the 2009 Stipulation; and the correspondence the Board provided to Dr. Pinkus after the informal hearing, asserting he had violated sections of Nevada Revised Statute section 631. See generally, Id. at 2 – 7. This correspondence was written before Dr. Pinkus had an opportunity to respond to the Board’s findings at that informal hearing and before Dr. Pinkus submitted his response to the Board, refuting the Board’s factual conclusions. Id. at 7. Specifically, Dr. Pinkus objected to findings based on the Disciplinary Screening Officer’s evaluation, as those evaluations took place after the patients went to another office for additional dental work on the same crowns called into question. Nevertheless, based on its Findings, the Board did not take any of Dr. Pinkus’ objections into consideration.

Dr. Glavas provided an opinion letter to the Board suggesting that an independent third party examine the patients and records in question due to inconsistencies in the x-rays. Dr. Glavas stated that the records provided by the Board “show a large difference suggesting second restorations were in place.” See Exhibit C. Dr. Glavas pointed out specific differences between Dr. Pinkus’ records and the records provided to the Board, including newly visible margins and overhangs, and the appearance of differently shaped crowns. Id. These discrepancies should have been sufficient for the Board to reevaluate the records or perform thorough physical examinations, but that does not seem to be what happened.

It appears that the Board took the most drastic position, permanent revocation of his Nevada Dental License, simply because Dr. Pinkus was not present to object. As discussed previously, Dr. Pinkus was unable to attend the hearing as he had already relocated to New York. He was unable to arrange for travel back to Las Vegas as he was building career and faced significant time and financial constraints. Dr. Pinkus sincerely apologizes to the Board for his nonappearance and acknowledges he should have notified the Board of the hardships in advance of the hearing. He also accepts that his belief that he would not return to Las Vegas or reinstate his license was an inappropriate reason to not attend.

Dr. Pinkus disputed the facts presented at the hearing, yet the Board based this drastic action on work deemed to be below the standard of care in five (5) patients over a period of five (5) years, two of which are related to each other. This should not have been sufficient to permanently revoke the license of a dental professional that had been practicing for over a decade. Dr. Pinkus practiced dentistry in New York for ten (10) years without complaint before coming to Nevada to practice for an additional five (5) years. During that fifteen (15) year period, five (5) patients complained about the outcome of Dr. Pinkus’ treatment, while thousands left his office satisfied. It is not reasonable to revoke Dr. Pinkus’ Nevada Dental license based on a few dissatisfied patients in a 15 year period.

Thus, Dr. Pinkus respectfully asks that the Board review the totality of his circumstances and reconsider the status of his license based on all available evidence and documentation.
3. **Dr. Pinkus does not pose any threat to the health and safety of his patients**

Pursuant to NRS §631.350, the Board may issue discipline in a number of ways, including, but not limited to, revocation, suspension, required supervision, continuing education, fines, or limiting the scope of a dental practice. See generally NRS § 631.350. The statute does not require, or recommend, specific discipline for any violation of the statute. Further, the only circumstance under which a licensee’s application must be rejected is if the application is incomplete, does not include the required fees, or the applicant has not achieved the necessary examination scores. See generally NAC § 631.050 (1). None of these circumstances apply to Dr. Pinkus.

Dr. Pinkus continued to practice dentistry in New York from 2011 through present. During that six year period, he has not received any additional complaints or disciplinary actions, indicating that the Board’s decision to revoke Dr. Pinkus’ Nevada Dental License may have been overzealous. While the Board’s allegations indicate they believed Dr. Pinkus did not possess the appropriate bridge and crown skills, they do not indicate he was unfit to ever practice dentistry. Dr. Pinkus’ spotless New York Dental License indicates he was not unfit for practice.

Therefore, reinstating Dr. Pinkus’ Nevada Dental License does not pose any threat to the health and safety of dental patients in Nevada, or elsewhere. Dr. Pinkus is a competent dentist with a spotless New York Dental License. He treats patients in Brooklyn, New York six days per week and remains a provider under numerous public and private dental insurance plans. There have never been any allegations in Nevada, or elsewhere, which would indicate Dr. Pinkus does not or cannot meet the standards of a practicing dentist. While the Board was hesitant about Dr. Pinkus’ skills in bridge and crown work, their initial instinct was to require additional education and monitoring.

In his continued practice, Dr. Pinkus has shown that his skills meet the standard of care for a dental professional. Thus, it is within the Board’s discretion to reinstate Dr. Pinkus’ Nevada Dental License. Dr. Pinkus believes that the Board can feel secure that he can continue to meet the appropriately high standards of a dental professional under the watchful eye of the New York Board. If the Board is unwilling to reinstate Dr. Pinkus’ Nevada License, Dr. Pinkus is likely to suffer adverse action from the New York licensing committee. Dr. Pinkus needs his Nevada Dental License reinstated so that his New York Dental License will be unaffected. Practicing dental medicine is Dr. Pinkus’ passion and livelihood. Dr. Pinkus requests that this Board reinstate his Nevada License to avoid any repercussions with his New York license due to the current state of his Nevada Dental License. Dr. Pinkus is hopeful that the Board agrees with this proposal and is willing to give Dr. Pinkus the same opportunity that was previously offered, had he appeared at the hearing and accepted the terms.

**CONCLUSION**

In light of the circumstances in this case, and based on the Dr. Pinkus’ good faith efforts, our client hereby requests and proposes that his license be reactivated subject to. Dr. Pinkus will
eagerly satisfy any outstanding obligation to the Board. Dr. Pinkus sets forth these proposed courses of action in the best of faith, and we look forward to your response to the foregoing request, including any counter-proposal(s) to rectify the issues related to Dr. Pinkus’ license.

Should you have any questions regarding the foregoing or wish to discuss any details of this request and proposal, please do not hesitate to contact me. In that regard, I look forward to speaking with you.

Very truly yours,

ALVERSON TAYLOR
MORTENSEN & SANDERS

David J. Mortensen, Esq.

DJM/mb
Enclosure as stated
n:\david.gpr\clients\24733\letters\bdltr to board re pinkus license.docx
Exhibit A
STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS,

Complainant,

vs.

STANLEY PINKUS, D.D.S.,

Respondent.

Case No. 08-01721

STIPULATION AGREEMENT

IT IS HEREBY STIPULATED AND AGREED by and between STANLEY PINKUS, D.D.S. (hereafter "Respondent"), by and through his attorney, DAVID J. MORTENSEN, ESQ., from the firm of ALVERSON, TAYLOR, MORTENSEN & SANDERS and the NEVADA STATE BOARD OF DENTAL EXAMINERS (hereafter "Board"), by and through RICK THIRIOT, DDS, Disciplinary Screening Officer, and the Board's legal counsel, JOHN A HUNT, ESQ., of the law firm of FOX ROTHSCILD, LLP as follows:

1. On October 25, 2007, the Board notified Respondent of a verified complaint received from Troy and Sharon Gerber. On November 27, 2007, the Board received an answer to the complaint from Respondent.

2. On August 11, 2008, the Board notified Respondent of a verified complaint received from Joseph Rytel (on behalf of minor Ryan Rytel). On September 26, 2008, the Board received an answer to the complaint from Respondent.
3. On March 2, 2009, an informal hearing was held in Las Vegas, Nevada, regarding alleged violations of chapter 631 of the Nevada Revised Statutes ("NRS") and chapter 631 of the Nevada Administrative Code ("NAC") by licensee, STANLEY PINKUS, D.D.S. The informal hearing was held pursuant to NRS § 631.363 and NAC §§ 631.250 and 631.255.

4. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other subsequent civil action, finds there is substantial evidence Respondent violated NAC 631.230(1)(c) regarding treatment rendered to patient Troy Gerber based upon the following:

a. Respondent did not diagnose and chart the patient’s Periodontal condition prior to placing a bridge on Teeth #19, 20, and 21.

b. Respondent did not obtain a written informed consent regarding acceptance of the shade of color for the bridge.

c. The Crown placed on Tooth #22 had an open margin on the distal of Tooth #22.

d. The Respondent extracted tooth #19 and left a residuum root tip. Thereafter Respondent placed a bridge over teeth #19, 20, 21, and 22 without first removing the root tip.

5. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other
subsequent civil action, finds there is substantial evidence that Respondent violated NAC 631.230(1)(c) regarding treatment rendered to patient Sharon Gerber based upon the following:

a. Respondent did not chart the Periodontal condition of the patient prior to placing the bridge on Teeth #18, 19, 20, 21, and 22.

b. The crown placed on Tooth #22 had an open margin on the distal of tooth #22. The crown placed on Tooth #22 was also too short.

c. There was an open margin on the distal of tooth #30.

6. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other subsequent civil action, finds there is substantial evidence that Respondent violated NAC 631.230(1)(c) regarding patient Ryan Rytel (minor) when Respondent placed crowns on teeth #8 and #9, which should have been bonded based upon the age of the patient.


233B.135(3)(e) & NRS 631.350(1), Respondent admits, but not for any other purpose, including any subsequent civil action, that the treatment provided to Sharon Gerber as set forth in paragraph 5 was in violation of NAC 631.230(1)(c).


10. Based upon the limited investigation conducted to date, the findings of the Disciplinary Screening Officer, Rick Thiriot, DDS, and the admissions contained in Paragraphs 7, 8, and 9, the parties have agreed to resolve the pending disciplinary action pursuant to the following terms and conditions:

a. Respondent's shall be monitored for a period of twelve (12) months from the adoption of the Stipulation Agreement to insure compliance by Respondent subsequent to the execution and adoption of this Stipulation Agreement by the Board. During the twelve (12) month monitoring period, Respondent shall allow either the Executive Director of the Board and/or an agent appointed by the Executive Director of the Board to inspect Respondent’s records during normal business hours without notice to inspect the billing and patient records for patients who have received crown(s) and/or patient(s) who have received a three or more unit bridge treatments. During the twelve (12) month monitoring period Respondent shall maintain a daily log containing the following information for any patient(s) who receives a three or more multiple unit bridge,

   a). Name of patient
   b). Date of treatment bridge was placed

VG1 9116v2 05/18/09

Page 4 of 14

Fax Rothschild LLP
3000 Howard Hughes Parkway
Suite 900
Las Vegas, Nevada 89169

Received
AUG 9 2017
NSBDE
c. Explanation of treatment
d. Pre and Post cementations, bitewings, and radiographs.

The daily log for each facility where the treatment is rendered shall be made available during normal business hours without notice. Failure to maintain and/or provide the daily log upon request by an agent of the Board shall be an admission of unprofessional conduct. Upon receipt of substantial evidence that Respondent has either failed to maintain or refused to provide the daily log upon request by an agent of the Board, Respondent agrees his license to practice dentistry in the State of Nevada shall be automatically suspended without any further action of the Board other than the issuance of an Order of Suspension by the Executive Director. Thereafter, Respondent may request in writing a hearing before the Board to reinstate Respondents' license. However, prior to the full Board hearing, Respondent waives any right seek judicial review, including injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing. Respondent shall also be responsible for any costs or attorney's fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license is automatically suspended.

b. Pursuant to NRS 631.350(1)(f), Respondent, upon adoption of this Stipulation, shall not provide pediatric dentistry to patients under the age of eighteen (18) until Respondent has completed the nineteen (19) hours supplemental education set forth in paragraph 10(c)(4) of this Stipulation. It should be noted that prior to the Board's adoption of this Stipulation, the Executive Director of the Board authorized a course in pediatric dentistry sponsored by the American Academy of Pediatric Dentistry in partial satisfaction of the continuing education requirement contained in paragraph 10(c) of this Stipulation. Respondent completed the
Board-approved course in pediatric dentistry, receiving 19.75 hours of continuing education credit in pediatric dentistry. Respondent submitted to the Executive Director of the Board a Continuing Education Certification of Attendance as proof of completion of 19.75 hours of continuing education in pediatric dentistry prior to Board adoption of this Stipulation.

c. Pursuant to NRS 631.350(k), in addition to completing the required continuing education, Respondent shall obtain a total of Fifty-four (54) hours of additional supplemental education in the following areas:

1. Seven (7) hours shall be regarding proper billing and record keeping.

2. Seven (7) hours shall be regarding radiographic interpretation and diagnosing.

3. Twenty-one (21) hours shall be regarding the proper diagnosis and treatment of Periodontal conditions prior performing any other dental treatments, including but not limited to the placement of crowns and bridges.

4. Nineteen (19) additional hours shall be in the area of appropriate diagnosis for Pediatric patients.

Record keeping, radiography, and diagnosis and treatment of Periodontal education set forth in this paragraph must be completed within twelve (12) months of the adoption of this Stipulation Agreement while the nineteen (19) hours in the area of Pediatric Dentistry set forth in this paragraph must be completed within six (6) months of the adoption of this Stipulation Agreement. Respondent can not treat children under the age of eighteen (18) until above-referenced education in the area of Pediatric Dentistry is completed. As noted in Paragraph 10 (b), prior to adoption of this Stipulation, Respondent began taking
approved courses to satisfy the requirements of Paragraphs 10(b) & 10(c)(4). Respondent acknowledges and agrees he is taking such courses knowing in the event the Board does not approve this Stipulation the courses taken may only be applied to the regular continuing education requirements set forth in NAC 631.173 thru NAC 631.178. Further Respondent acknowledges and agrees the taking such courses prior to adoption of this Stipulation in no way obligates the Board to adopt this Stipulation. The Board is still permitted to adopt or reject this Stipulation regardless of whether Respondent has taken pre-approved courses prior to the adoption of this Stipulation in order to comply with the requirements set for in Paragraphs 10(b) & 10(c)(4).

The supplemental education must be submitted in writing to the Executive Director of the Board for approval prior to attendance. Upon the receipt of the written request to attend the supplemental education the Executive Director of the Board shall notify Respondent in writing whether the requested supplemental education is approved for attendance. Respondent agrees seventy (70%) percent of the supplemental education shall be completed through attendance at live lecture and/or hand on clinical demonstration, which include in-office education/training in record keeping and billing practices. The remaining thirty (30%) percent of the supplemental education may be completed through online/home study courses. The cost associated with this supplemental education shall be paid by Respondent.

In the event Respondent fails to complete the supplemental education for Pediatric Dentistry within six (6) months of adoption of this Stipulation by the Board, Respondent agrees his license to practice dentistry in the State of Nevada shall be automatically suspended without any further action of the Board other
than the issuance of an Order of Suspension by the Executive Director. Upon Respondent submitting written proof of the completion of the supplemental education, Respondent’s license to practice dentistry in the State of Nevada will be automatically reinstated, assuming all other provisions of the Stipulation Agreement are in compliance.

In the event Respondent fails to complete the supplemental education set forth in paragraphs 10(c)(1), or 10(c)(2), and/or 10(c)(3) within twelve (12) months of adoption of this Stipulation by the Board, Respondent agrees his license to practice dentistry in the State of Nevada shall be automatically suspended without any further action of the Board other than the issuance of an Order of Suspension by the Executive Director. Upon Respondent submitting written proof of the completion of the supplemental education, Respondent’s license to practice dentistry in the State of Nevada will be automatically reinstated, assuming all other provisions of the Stipulation Agreement are in compliance.

Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent's license to practice dentistry in the State of Nevada due to Respondent’s failure to comply with Paragraph 10(c).

Respondent shall also be responsible for any costs or attorney’s fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent’s license is automatically suspended.

d. Respondent agrees to reimburse the “Board” for the cost of the investigation and the monitoring of this Stipulation Agreement in the amount of Eight Thousand
($8,000.) Dollars within thirty (30) days of the adoption of this Stipulation Agreement.

e. Pursuant to NRS 631.350(1), Respondent agrees to reimburse Troy Gerber in the amount of Two Thousand Nine Hundred and Seventy Nine ($2,979.00) Dollars within thirty (30) days of adoption of this Stipulation by the Board. Within thirty (30) days of the adoption of this Stipulation by the Board, Respondent shall deliver to the Board, a check made payable to Troy Gerber.

f. Pursuant to NRS 631.350(1), Respondent agrees to reimburse Sharon Gerber in the amount of Three Thousand Five Hundred and Fifty Three ($3,553.00) Dollars within thirty (30) days of adoption of this Stipulation by the Board. Within thirty (30) days of the adoption of this Stipulation by the Board, Respondent shall deliver to the Board, a check made payable to Sharon Gerber.

g. Pursuant to NRS 631.350(1), Respondent agrees to reimburse Joseph Rytel (for minor Ryan Rytel) in the amount of One Thousand Four Hundred and Twenty Two ($1,422.00) Dollars within thirty (30) days of adoption of this Stipulation by the Board. Within thirty (30) days of the adoption of this Stipulation by the Board, Respondent shall deliver to the Board, a check made payable to Joseph Rytel (for Ryan Rytel).

h. In the event Respondent defaults on the payment set forth in Paragraph 10(d) or, 10(e) or, 10(f) or, and/or 10(g), Respondent agrees his license to practice dentistry in the State of Nevada shall automatically be suspended without any further action of the Board other than issuance of an Order of Suspension by the Executive Director. Respondent agrees to pay a liquidated damage amount of Twenty Five Dollars ($25.00) for each day Respondent is in default on the payment(s) of any
of the amounts set forth in either paragraphs 10(d) or, 10(e) or, 10(f) and/or 10(g).
Upon curing the default of the applicable defaulted paragraph, Respondent's license to practice dentistry in the State of Nevada will automatically be reinstated by the Executive Director of the Board, assuming there are no other violations of any of the provisions contained in this Stipulation. Respondent shall also be responsible for any costs or attorney's fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period in which her license is suspended. Respondent agrees to waive any right to seek injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate his license prior to curing any default on the amounts due and owing.

j. In the event Respondent fails to cure any defaults in payment within forty-five (45) days of the default, Respondent agrees the amount may be reduced to judgment.

k. Respondent waives any right to have the amount owed pursuant to Paragraphs 10(d) or, 10(e) or, 10(f), and/or 10(g) discharged in bankruptcy.

CONSENT

11. Respondent has read all of the provisions contained in this Stipulation Agreement and agrees with them in their entirety.

12. Respondent is aware by entering into this Stipulation Agreement he is waiving certain valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and NAC 233B.
13. Respondent expressly waives any right to challenge the Board for bias in deciding whether or not to adopt this Stipulation Agreement in the event this matter was to proceed to a full Board hearing.

14. Respondent and the Board agree any statements and/or documentation made or considered by the Board during any properly noticed open meeting to determine whether to adopt or reject this Stipulation Agreement are privileged settlement negotiations and therefore such statements or documentation may not be used in any subsequent Board hearing or judicial review, whether or not judicial review is sought in either the State or Federal District Court.

15. Respondent has reviewed the Stipulation with his attorney, David Mortensen, Esquire, who has explained each and every provision contained in this Stipulation to the Respondent.

16. Respondent acknowledges he is consenting to this Stipulation Agreement voluntarily, without coercion or duress and in the exercise of his own free will.

17. Respondent acknowledges no other promises in reference to the provisions contained in this Stipulation Agreement have been made by any agent, employee, counsel or any person affiliated with the Nevada State Board of Dental Examiners.

18. Respondent acknowledges the provisions in this Stipulation Agreement contain the entire agreement between Respondent and the Board and the provisions of this Stipulation can only be modified, in writing, with Board approval.
19. Respondent agrees in the event the Board adopts this Stipulation Agreement he hereby waives any and all rights to seek judicial review or otherwise to challenge or contest the validity of the provisions contained in the Stipulation.

20. Respondent and the Board agree none of the parties shall be deemed the drafter of this Stipulation Agreement. In the event this Stipulation Agreement is construed by a court of law or equity, such court shall not construe this Stipulation Agreement or any provision hereof against any party as the drafter of the Stipulation Agreement. The parties hereby acknowledge all parties have contributed substantially and materially to the preparation of this Stipulation Agreement.

21. Respondent specifically acknowledges by his signature herein and by his initials at the bottom of each page of this Stipulation Agreement, he has read and understands its terms and acknowledges he has signed and initialed of his own free will and without undue influence, coercion, duress, or intimidation.

22. Respondent acknowledges in consideration of execution of this adopted Stipulation Agreement, Respondent hereby releases, remises, and forever discharges the State of Nevada, the Board, and each of their members, agents, and employees in their individual and representative capacities, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have, or claim to have against any or all of the persons or entities named in this section, arising out the complaint of Mr. Troy Gerber, Ms. Sharon Gerber, and Mr. Joseph Rytel (for minor Ryan Rytel).

23. Respondent acknowledges in the event the Board adopts this Stipulation Agreement, this Stipulation may be considered in any future Board proceeding(s) or judicial review, whether such judicial review is preformed by either the State or Federal District Court(s).
24. This Stipulation Agreement will be considered by the Board in an open meeting. It is understood and stipulated the Board is free to accept or reject the Stipulation Agreement and, if the Stipulation Agreement is rejected by the Board, further disciplinary action may be implemented. This Stipulation Agreement will only become effective when the Board has approved the same in an open meeting. Should the Board adopt this Stipulation Agreement, such adoption shall be considered a final disposition of a contested case and will become a public record.

DATED this 20th day of May, 2009.

STANLEY PINKUS, DDS
Respondent

STATE OF NEVADA )
 ) ss.
COUNTY OF CLARK )

On this 20th day of May, 2009, before me the undersigned Notary Public in and for said County and State, personally appeared the Stanley Pinkus, DDS, who is known to me (or satisfactorily proven) to be the person described in and who executed the foregoing instrument, and who acknowledged to me that she did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Debra E. Swann
NOTARY PUBLIC
This foregoing Stipulation Agreement was:
Approved     Disapproved
by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this 16th day of JULY, 2009.

WILLIAM G. PAPPAS, DDS PRESIDENT
NEVADA STATE BOARD OF DENTAL EXAMINERS

VA1 9116v2 05/18/09
Exhibit B
STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS,

Complainant,

vs.

STANLEY PINKUS, D.D.S.,

Respondent.

Case No. 11-2065

STIPULATION II AGREEMENT

IT IS HEREBY STIPULATED AND AGREED by and between STANLEY PINKUS, D.D.S. (hereafter "Respondent"), in proper person and the NEVADA STATE BOARD OF DENTAL EXAMINERS (hereafter "Board"), by and through RICK THIRIOT, DDS, Disciplinary Screening Officer, and the Board's legal counsel, JOHN A HUNT, ESQ., of the law firm of RAILEIGH & HUNT, PC as follows:

1. On July 16, 2009, Respondent entered into a Stipulation with the Board which in pertinent part provided for the following:
   a. Respondent's practice was monitored for a period of one (1) year;
   b. Respondent could not provide pediatric dentistry to patients under the age of eighteen (18) until Respondent has completed the twenty-one (21) hours supplemental education;
c. Respondent was required to obtain a total of Fifty-six (56) hours of additional supplemental education in the following areas:

1. Seven (7) hours shall be regarding proper billing and record keeping.

2. Seven (7) hours shall be regarding radiographic interpretation and diagnosing.

3. Twenty-one (21) hours shall be regarding the proper diagnosis and treatment of Periodontal conditions prior performing any other dental treatments, including but not limited to the placement of crowns and bridges.

4. Twenty-one (21) additional hours shall be in the area of appropriate diagnosis for Pediatric patients.

d. Respondent reimbursed the "Board" for the cost of the investigation and the monitoring of the Stipulation;

e. Respondent reimbursed patients; Troy Gerber ($2,979.00); Sharon Gerber ($3,553.00); and Joseph Rytel (for minor Ryan Rytel, $1,422.00).

Respondent has fully complied with all the terms and conditions of the previous Stipulation adopted by the Board on July 15, 2009.

2. On November 23, 2009, the Board notified Respondent of a verified complaint received from Tiana Elliot. On December 4, 2009, the Board received an answer to the complaint from Respondent.

3. On August 9, 2010, the Board notified Respondent of a verified complaint received from Robert Simons. On September 1, 2010, the Board received an answer to the complaint from Respondent.
4. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other subsequent civil action, finds there is substantial evidence Respondent’s treatment of patient Tiana Elliot regarding the fabrication of a PFM crown on Tooth #4 violated NAC 631.230(1)(c) due to an unacceptable open margin and an open contact on the distal surface on Tooth #4.

5. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other subsequent civil action, finds there is substantial evidence that Respondent treatment of patient Robert Simons regarding the fabrication of crowns on Teeth #18, 19 & 30 violated NAC 631.230(1)(c) due to unacceptable open margins of Teeth #18, 19, & 30.

6. Applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS 233B.135(3)(e) & NRS 631.350(1), Respondent admits, but not for any other purpose, including any subsequent civil action, that the treatment rendered to patient Tiana Elliot regarding the fabrication of a PFM crown on Tooth #4 violated NAC 631.230(1)(c) due to an unacceptable open margin and unacceptable open contact on the distal surface on Tooth #4.
7. Applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS 233B.135(3)(c) & NRS 631.350(1), Respondent admits, but not for any other purpose, including any subsequent civil action, that the treatment renderer to patient Robert Simons regarding the crowns fabricated for Teeth #18, 19 & 30 violated NAC 631.230(1)(c) due to unacceptable open margins on Teeth #18, 19, & 30.

8. Based upon the limited investigation conducted to date, the findings of the Disciplinary Screening Officer, Rick Thiriot, DDS, and the admissions contained in Paragraphs 6 & 7, the parties have agreed to resolve the pending disciplinary action pursuant to the following terms and conditions:

a. Pursuant to NRS 631.350(1)(d), Respondent’s shall be placed on probation for a period of twenty-four (24) months from the adoption of the Stipulation Agreement to insure compliance by Respondent subsequent to the execution and adoption of this Stipulation II Agreement by the Board. During the twenty-four (24) month probationary period, Respondent shall allow either the Executive Director of the Board and/or an agent appointed by the Executive Director of the Board to inspect Respondent’s records during normal business hours without notice to inspect and be provided copies of the billing and patient records for patients requested by the agent assigned by the Executive Director regarding those patients who have received either crown or bridge treatments. During the probationary period the agent assigned by the Executive Director duties shall include, but not be limit to having unrestricted access to observe Respondent performing crown and bridge treatments during normal business. During the probationary period the agent assigned by the Executive Director duties shall also include, but will not be limited to contacting patients who have received either crown or bridge treatments.
b. In the event Respondent no longer practices dentistry in the State of Nevada prior to completion of the probationary period, the probationary period shall be tolled. In the event the probationary period is tolled because Respondent does not practice in the State of Nevada and the terms and conditions of this Stipulation II are not satisfied within thirty-six (36) months of adoption of this Stipulation II by the Board, Respondent agrees his license to practice dentistry in Nevada shall be deemed voluntarily surrendered with disciplinary action. Thereafter the Board’s Executive Director without any further action or hearing by the Board shall issue an Order of Voluntary Surrender with disciplinary action and report same to the National Practitioners Data Bank.

c. During the twenty-four (24) probationary period wherein Respondent is practicing dentistry in the State of Nevada, Respondent shall maintain the attached daily log containing the following information for any patient(s) who receive either crown or bridge treatments:

a). Name of patient 
b). Date treatment commenced 
c). Explanation of treatment 
d). Pre and Post cementation, bitewings, and/or periapical x-rays

The daily log shall be made available during normal business hours without notice. Failure to maintain and/or provide the daily log upon request by an agent of the Board shall be an admission of unprofessional conduct. Upon receipt of substantial evidence that Respondent has either failed to maintain or has refused to provide the daily log upon requested by an agent the agent assigned by the Executive Director; or Respondent has refuse to allow the agent assigned by the
Executive Director to observe Respondent rendering treatments to patients who receive either crown or bridge treatments; or Respondent has refused to provide copies of patient records requested by the agent assigned by the Executive Director, Respondent agrees his license to practice dentistry in the State of Nevada shall be automatically suspended without any further action of the Board other than the issuance of an Order of Suspension by the Executive Director. Thereafter, Respondent may request in writing a hearing before the Board to reinstate Respondents’ license. However, prior to the full Board hearing, Respondent waives any right seek judicial review, including injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing. Respondent shall also be responsible for any costs or attorney’s fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent’s license is automatically suspended.

d. Pursuant to NRS 631.350(1)(f), Respondent, upon adoption of this Stipulation II, shall not provide either crown or bridge treatments to patients until Respondent has completed the twenty-one (21) hours supplemental education set forth in paragraph of this Stipulation. Upon completion of the supplemental education set forth in paragraph 9(e), Respondent may request in writing to the Executive Director of the Board permission to resume providing crown and bridge treatments. Upon receiving written permission from the Executive Director, Respondent may commence rendering crown and bridge treatments to patients pursuant to all the terms and conditions set forth in this Stipulation II. Respondent shall allow either the Executive Director of the Board and/or the agent appointed by the Executive Director of the Board to monitor Respondent’s dental practice without notice during normal
business hours to insure Respondent does not perform crown or bridge treatment(s) until Respondent has completed the supplemental education as set forth in paragraph 9(e). In the event the Executive Director receives substantial evidence Respondent has performed either crown or bridge treatments prior to completing the supplemental education required pursuant to paragraph 9(e), Respondent agrees his license to practice dentistry in the state of Nevada shall automatically be suspended without any further action of the Board other than the issuance of an Order by the Executive Director. Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent’s license to practice dentistry in the State of Nevada due to Respondent rendering crown and bridge treatments prior to completing the supplemental education required pursuant to paragraph 9(e). Thereafter, Respondent may request a full Board hearing to reinstate his license to practice dentistry in the State of Nevada. Respondent shall also be responsible for any costs or attorney’s fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent’s license is automatically suspended.

e. Pursuant to NRS 631.350(k), in addition to completing the required continuing education, Respondent shall obtain an additional twenty-one (21) hours of supplemental education related to crown and bridge treatments. Pursuant to paragraph 9(d) until such time Respondent completes the twenty-one (21) hours of supplemental education related to crown and bridge treatments, Respondent is prohibited from performing crown and bridge treatments. The supplemental education must be submitted in writing to the Executive Director of the Board for approval prior to attendance. Upon the receipt of the written request to attend the supplemental education the Executive Director of the Board shall notify Respondent in writing whether the requested supplemental education is approved for attendance. Respondent agrees seventy (70%) percent of the supplemental education shall be
completed through attendance at live lecture and/or hand on clinical demonstration, which include in-office education/training in record keeping and billing practices. The remaining thirty (30%) percent of the supplemental education may be completed through online/home study courses. The cost associated with this supplemental education shall be paid by Respondent. In the event Respondent fails to complete the supplemental education set forth in paragraph 9(e), within nine (6) months of adoption of this Stipulation II by the Board, Respondent agrees his license to practice dentistry in the State of Nevada may be automatically suspended without any further action of the Board other than the issuance of an Order of Suspension by the Executive Director. Upon Respondent submitting written proof of the completion of the supplemental education, Respondent's license to practice dentistry in the State of Nevada will be automatically reinstated, assuming all other provisions of the Stipulation Agreement II are in compliance. Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent's license to practice dentistry in the State of Nevada due to Respondent's failure to comply with Paragraph 9(e). Respondent shall also be responsible for any costs or attorney's fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license is automatically suspended.

f. Respondent agrees to reimburse the "Board" for the cost of the investigation and the monitoring of this Stipulation Agreement in the amount of Four Thousand ($4,000.) Dollars within thirty (30) days of the adoption of this Stipulation Agreement.

g. Pursuant to NRS 631.350(1), Respondent agrees to reimburse Tiana Elliott in the amount of Two thousand forty seven ($2,047.) Dollars within thirty (30) days of adoption of this Stipulation by the Board. Within thirty (30) days of the adoption of this Stipulation by the Board, Respondent shall deliver to the Board, a check made
payable to Tiana Elliott.

h. Pursuant to NRS 631.350(1), Respondent agrees to reimburse Robert Simons in the amount of Two thousand forty one ($2,041.) Dollars within thirty (30) days of adoption of this Stipulation by the Board. Within thirty (30) days of the adoption of this Stipulation by the Board, Respondent shall deliver to the Board, a check made payable to Robert Simons.

i. Pursuant to NRS 631.350(1), Respondent shall pay a fine in the amount of Five Hundred ($500.00) Dollars. Respondent within thirty (30) days of adoption of the Stipulation II by the Board shall deliver to the Board, a check made payable to the Board.

j. In the event Respondent defaults on the payment set forth in Paragraph 9(f) or, 9(g) or, 9(h) and/or 9(i), Respondent agrees his license to practice dentistry in the State of Nevada may be automatically be suspended without any further action of the Board other than issuance of an Order of Suspension by the Executive Director. Subsequent to the issuance of the Order of Suspension, Respondent agrees to pay a liquidated damage amount of Twenty Five Dollars ($25.00) for each day Respondent is in default on the payment(s) of any of the amounts set forth in Paragraph 9(f) or, 9(g) or, 9(h) and/or 9(i). Upon curing the default of the applicable defaulted paragraph, Respondent’s license to practice dentistry in the State of Nevada will automatically be reinstated by the Executive Director of the Board, assuming there are no other violations of any of the provisions contained in this Stipulation. Respondent shall also be responsible for any costs or attorney’s fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period in which her license is suspended. Respondent agrees to waive any right to seek injunctive relief from either the Nevada Federal District Court or the Nevada
State District Court to reinstate his license prior to curing any default on the amounts due and owing.

j. In the event Respondent fails to cure any defaults in payment within forty-five (45) days of the default, Respondent agrees the amount may be reduced to judgment.

k. Respondent waives any right to have the amount owed pursuant to Paragraph 9(f) or, 9(g) or, 9(h) and/or 9(i) discharged in bankruptcy.

CONSENT

10. Respondent has read all of the provisions contained in this Stipulation II Agreement and agrees with them in their entirety.

11. Respondent is aware by entering into this Stipulation II Agreement he is waiving certain valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and NAC 233B.

12. Respondent expressly waives any right to challenge the Board for bias in deciding whether or not to adopt this Stipulation II Agreement in the event this matter was to proceed to a full Board hearing.

13. Respondent and the Board agree any statements and/or documentation made or considered by the Board during any properly noticed open meeting to determine whether to adopt or reject this Stipulation Agreement are privileged settlement negotiations and therefore such statements or documentation may not be used in any subsequent Board hearing or judicial
review, whether or not judicial review is sought in either the State or Federal District Court.

14. Respondent acknowledges he has read the Stipulation II Agreement. Respondent acknowledges he has been advised he has the right to have this matter reviewed by independent counsel and he has had ample opportunity to seek independent counsel. Respondent has been specifically informed he should seek independent counsel and advice of independent counsel would be in Respondent’s best interest. Having been advised of his right to independent counsel, as well as had the opportunity to seek independent counsel, Respondent hereby acknowledges, by his own free will, he is consenting to the Stipulation II Agreement without independent counsel.

15. Respondent acknowledges he is consenting to this Stipulation II Agreement voluntarily, without coercion or duress and in the exercise of his own free will.

16. Respondent acknowledges no other promises in reference to the provisions contained in this Stipulation II Agreement have been made by any agent, employee, counsel or any person affiliated with the Nevada State Board of Dental Examiners.

17. Respondent acknowledges the provisions in this Stipulation II Agreement contain the entire agreement between Respondent and the Board and the provisions of this Stipulation can only be modified, in writing, with Board approval.

18. Respondent agrees in the event the Board adopts this Stipulation II Agreement he hereby waives any and all rights to seek judicial review or otherwise to challenge or contest the validity of the provisions contained in the Stipulation.
19. Respondent and the Board agree none of the parties shall be deemed the drafter of this Stipulation II Agreement. In the event this Stipulation II Agreement is construed by a court of law or equity, such court shall not construe this Stipulation II Agreement or any provision hereof against any party as the drafter of the Stipulation II Agreement. The parties hereby acknowledge all parties have contributed substantially and materially to the preparation of this Stipulation II Agreement.

20. Respondent specifically acknowledges by his signature herein and by his initials at the bottom of each page of this Stipulation II Agreement, he has read and understands its terms and acknowledges he has signed and initialed of his own free will and without undue influence, coercion, duress, or intimidation.

21. Respondent acknowledges in consideration of execution of this adopted Stipulation II Agreement, Respondent hereby releases, remises, and forever discharges the State of Nevada, the Board, and each of their members, agents, and employees in their individual and representative capacities, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have, or claim to have against any or all of the persons or entities named in this section, arising out the complaint of Tiana Elliot, and Robert Simons.

22. Respondent acknowledges in the event the Board adopts this Stipulation II Agreement, this Stipulation may be considered in any future Board proceeding(s) or judicial review, whether such judicial review is preformed by either the State or Federal District Court(s).

23. This Stipulation II Agreement will be considered by the Board in an open meeting. It is understood and stipulated the Board is free to accept or reject the Stipulation II Agreement and, if the Stipulation II Agreement is rejected by the Board, further disciplinary action may be
implemented. This Stipulation II Agreement will only become effective when the Board has approved the same in an open meeting. Should the Board adopt this Stipulation II Agreement, such adoption shall be considered a final disposition of a contested case and will become a public record and shall be reported to the National Practitioners Data Bank.


DATED this ____ day of ____________, 2011.

________________________________________________________________________

STANLEY PINKUS, DDS
Respondent

STATE OF NEVADA  )
) ss.
COUNTY OF CLARK  )

On this ______ day of ____________, 2011, before me the undersigned Notary Public in and for said County and State, personally appeared the Stanley Pinkus, DDS, who is known to me (or satisfactorily proven) to be the person described in and who executed the foregoing
instrument, and who acknowledged to me that she did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

______________________________
NOTARY PUBLIC

APPROVED TO FORM AND CONTENT

______________________________
JOHN HUNT, ESQ.
Fox Rothschild, LLP
Board Counsel

APPROVED TO FORM AND CONSENT

______________________________
RICK THIRIOT, DDS
Disciplinary Screening Office

This foregoing Stipulation Agreement was:

Approved ____________ Disapproved ____________

by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this ____ day of __________, 2011.

______________________________
WILLIAM G. PAPPAS, DDS, PRESIDENT

Page 14 of 15
Exhibit C
September 26, 2011

To Whom It May Concern,

I met with Dr. Pinkus on September 14, 2011 personally, and he recanted the history of treatment on two patients (Robert Simmons and Tiana Elliot) that he treated at his Las Vegas, Nevada from 2009 - 2010.

Dr. Pinkus advises me that he was accused of inappropriate care by Dr. Rick Thirott and the Nevada State Board as he understands it. At Dr Pinkus’ request I have been asked to evaluate the cases and offer my professional opinion. I evaluated the x-rays as they were presented to me (copies enclosed).

My credentials as an examiner include 14 years of private practice experience, a certificate of Prosthodontics from the Manhattan Veteran Affairs in NY, and an active appointment as Director of the General Practice Residency program at Staten Island University Hospital in NY where I supervise the academic training of 17 GPR residents.

I can not agree with the findings of open margins based solely on the radiographic findings. In fact, some of the films show a large difference suggesting second restorations were in place.

- **Patient: Tiana Elliot Crown #4**
  - Dr. Pinkus presented to me a periapical x-ray and a photo image with the crown seated showing no open margins at the time of delivery on 07-27-2009. Contrary to Dr. Thirotts statement of open margins.
  - **KEY POINT:** A periapical x-ray taken by another dentist 6 months later and submitted to the board appears as if a different crown than that of Dr. Pinkus is present. Please note the overhangs not visible on Dr. Pinkus’ x-ray.

- **Patient: Robert Simmons Crowns #18, 19 and 30**
  - Dr. Pinkus presented to me a periapical x-ray and a photo image with crown #30 seated showing no open margins at the time of delivery on 01-20-2010.
  - Dr. Pinkus presented to me a periapical and a photo image with 2 splinted crowns #18 and #19 seated showing no open margins at the time of delivery on 02-10-2010.
  - **KEY POINT:** I am also informed by Dr. Pinkus that patient Robert Simmons had all of his crowns remade by another dentist prior to his complaint, making it impossible for Dr. Rick Thirott to examine him accurately.

I can not see how a credible diagnosis of inappropriate care can be drawn from these x-rays alone. Absent other findings, I find the charges and claims of Dr. Thirott to be erroneous, biased, and unsubstantiated.

I recommend that an independent examiner be appointed to evaluate this case and rule out any personal, religious or ethnic discrimination against Dr. Pinkus.

Respectfully,

[Signature]

PETER GLAVAS, DDS
Prosthodontist, Great Neck, NY
GPR Director, SIUH, Staten Island, NY

Received
AUG 09 2017
NSBDE

DEC 29 2011
N.S.B.D.E.
Exhibit D
STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS,

Complainant,

vs.

STANLEY PINKUS, D.D.S.

Respondent.

Case No. 11-02222

FINDINGS OF FACT,
CONCLUSIONS OF LAW,
& DECISION

WHEREAS, on February 3, 2012, at 9:00 a.m., the Nevada State Board of Dental Examiners (the “Board”) held a hearing relative to the Complaint dated and signed December 22, 2011, in the above-captioned matter.

I.
INTRODUCTION/GENERAL MATTERS

Board members present were: William G. Pappas, DDS, Chairman; Tuko McKernan, RDH; Jade Miller, DDS; Donna Hellwinkel, DDS; Stephen Sill, DMD; Leslea R. Villigan, RDH; M. Masih Soltani, DDS; Timothy T. Pinther, DDS; and Lisa M. Wark, Consumer Member.

Also present were Kathleen J. Kelly, Executive Director, and Debra A. Shaffer, Deputy Executive Director.

Rick Thriot, DDS, appeared as Disciplinary Screening Officer.

John A. Hunt, Esq. of the law firm Raleigh & Hunt, P.C. was present and appeared as prosecutor for the Board. Sophia Long, Deputy Attorney General, was present and appeared as counsel for the Board. Respondent, Stanley Pinkus, DDS (“Respondent” or “Dr. Pinkus”), did not appear and neither did any attorney on his behalf.
The Board offered the following exhibits which were admitted:

<table>
<thead>
<tr>
<th>Ex.</th>
<th>Document</th>
<th>Bate number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Stipulation Agreement</td>
<td>PINKUSFORMAL000001-000014</td>
</tr>
<tr>
<td>2</td>
<td>Notice of Complaint &amp; Request For Records – Tiana Elliott</td>
<td>PINKUSFORMAL000015-000044</td>
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<tr>
<td>3</td>
<td>Notice of Complaint &amp; Request For Records – Robert Simons</td>
<td>PINKUSFORMAL000045-000084</td>
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<td>4</td>
<td>Notice of Informal Hearing</td>
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<tr>
<td>5</td>
<td>Certified Mail/Return Receipt</td>
<td>PINKUSFORMAL000090</td>
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<td>6</td>
<td>7/26/11 Correspondence From Stanley Pinkus Informing The Board He Will Not Be Attending Informal Hearing</td>
<td>PINKUSFORMAL000091</td>
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<tr>
<td>7</td>
<td>Order of Suspension</td>
<td>PINKUSFORMAL000092</td>
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<tr>
<td>8</td>
<td>Findings and Recommendations</td>
<td>PINKUSFORMAL000093-000012</td>
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<td>9</td>
<td>Formal Complaint to Stanley Pinkus</td>
<td>PINKUSFORMAL000113-000123</td>
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<td>10</td>
<td>12/25/11 Response to Formal Complaint From Stanley Pinkus to NSBDE</td>
<td>PINKUSFORMAL000124-000140</td>
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<tr>
<td>11</td>
<td>Notice of Filing of Complaint, Date(S) Set For Formal Hearing &amp; Related Matters</td>
<td>PINKUSFORMAL000141-000144</td>
</tr>
<tr>
<td>12</td>
<td>Pictures and X-Rays of Tiana Elliott</td>
<td>PINKUSFORMAL000145-000153</td>
</tr>
<tr>
<td>13</td>
<td>Pictures of Robert Simons</td>
<td>PINKUSFORMAL000154-000157</td>
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<tr>
<td>14</td>
<td>Reporter's Transcript of Proceedings Regarding Hearing for Stanley Pinkus, DDS dated August 24, 2011</td>
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II. FINDINGS OF FACT

The Board, having considered all evidence presented and considered the arguments of counsel, for good cause appearing, finds there being proof satisfactory (i.e., clear and convincing evidence; see N.R.S. § 631.350; see also Gilman v. Nevada St. Brd. of Veterinary Med. Examiners, 120 Nev. ___, 89 P.3d 1000, 1007-08 (2004)) that:

1. The Board is empowered to enforce the provisions of Chapter 631 of the Nevada Revised Statutes ("NRS"). NRS 631.190.
2. The Board, pursuant to NRS 631.190(6), keeps a register of all dentists and dental hygienists licensed in the State of Nevada; said register contains the names, addresses, license numbers, and renewal certificate numbers of said dentists and dental hygienists.

3. Respondent is licensed by the Board as a dentist to practice dentistry in the State of Nevada.

4. Respondent is licensed by the Board and, therefore, has submitted himself to the disciplinary jurisdiction of the Board.

5. On July 16, 2009, Respondent entered into a Stipulation with the Board which in pertinent part, provided for the following:

   a. Respondent’s practice was monitored for a period of twelve (12) months. During the twelve (12) month monitoring period, Respondent was required to allow either the Executive Director of the Board and/or an agent appointed by the Executive Director of the Board to inspect Respondent’s records during normal business hours without notice to inspect the billing and patient records for patients who have received crown(s) and/or patient(s) who have received a three or more unit bridge treatments. Respondent was also required to maintain a log of such treatment.

   b. Respondent could not provide pediatric dentistry to patients under the age of eighteen (18) until Respondent has completed the twenty-one (21) hours supplemental education;

   c. Respondent was required to obtain a total of Fifty-six (56) hours of additional supplemental education in the following areas:

      1. Seven (7) hours shall be regarding proper billing and record keeping.
      2. Seven (7) hours shall be regarding radiographic interpretation and diagnosing.
      3. Twenty-one (21) hours shall be regarding the proper diagnosis and treatment of Periodontal conditions prior performing any other dental treatments, including but not limited to the placement of crowns and bridges.
      4. Twenty-one (21) additional hours shall be in the area of
appropriate diagnosis for Pediatric patients.
d. Respondent reimbursed the "Board" for the cost of the investigation and
the monitoring of the Stipulation;
e. Respondent reimbursed patients; Troy Gerber ($2,979.00); Sharon Gerber
($3,553.00); and Joseph Rytel (for minor Ryan Rytel, $1,422.00).

Respondent has fully complied with all the terms and conditions of the previous Stipulation
adopted by the Board on or about July 16, 2009.

6. On November 23 2009, the Board notified Respondent of a verified complaint received
from Tiana Elliot. On December 4, 2009, the Board received an answer to the complaint from
Respondent.

7. On August 9, 2010, the Board notified Respondent of a verified complaint received from
Robert Simons. On September 1, 2010, the Board received an answer to the complaint from
Respondent.

8. On July 7, 2011, Executive Director Kathleen Kelly issued an Order of Suspension to
Respondent for failure to renew his license to practice dentistry in the State of Nevada pursuant
to NRS 631.330.

9. On July 21, 2011, a Notice of Informal Hearing was forwarded to Dr. Pinkus at his last
known address known to the Board by certified mail, return receipt requested, by regular mail,
and personal service was attempted. See NRS 631.363(2). The Notice of Informal Hearing, in
pertinent part, stated as follows:
Pursuant to NRS 631.363(1) be advised the Board has appointed Rick Thiriot, DSO (hereinafter “Disciplinary Screening Officers or investigators”), to conduct an investigation and an informal hearing regarding the verified complaints of Robert Simons and Tiana Elliott and the Order of Suspension dated July 7, 2011.

Pursuant to NAC 631.250(1), the Disciplinary Screening Officers shall not limit the scope of this investigation to the matters set forth in the authorized investigation noted above, “but will extend the investigation to any additional matters which appear to constitute a violation of any provision of Chapter 631 of the Nevada Revised Statutes or the regulations contained in Chapter 631 of NAC of this Chapter.” Therefore, during the informal hearing you will be asked questions whether or not you have complied with the reporting requirements set forth in NAC 631.155.

NOTICE IS HEREBY GIVEN pursuant to NRS 631.363(2) the informal hearing will occur on the following date and time at the following location:

DATE: August 24, 2011
TIME: 10:00 a.m.
LOCATION: Raleigh & Hunt, Attorneys at Law
Las Vegas, Nevada 89106

Pursuant to NAC 631.255, the informal hearing will be recorded and transcribed by a court reporter.

You may choose to appear with or without legal counsel at the informal hearing. It would be in your best interest to have legal counsel present. Your participation in the informal hearing is strictly voluntary. However, be advised the informal hearing will take place and the procedures referenced herein will be undertaken without or without your attendance. If you plan on attending the informal hearing and you have additional documents, written statements or supplemental responses you would like the Disciplinary Screening Officers to consider, please forward such information and/or documentation to the Board at least five (5) days prior to the informal hearing date. Please note if you decide not to attend the informal hearing you still must produce the documents requested in the attached Subpoena Duces Tecum.

Be advised as counsel for the Nevada State Board of Dental Examiners, I will be present and will be assisting Disciplinary Screening Officer, Rick Thiriot, DDS during the informal hearing. My participation in the informal hearing shall include, but will not be limited to, making an opening/introductory statement outlining and explaining the informal hearing process and how the informal hearing will be conducted. I may also be asking questions of you and/or your attorney at the informal hearing, in addition to questions directly posed of you.
and/or your attorney by the Disciplinary Screening Officer. At your discretion or
with advice of counsel you may choose whether or not to answer any questions
asked by either myself or the Disciplinary Screening Officer. As Board counsel
my function at the informal hearing is but a part of the administrative
investigatory process. The decision whether to dismiss or recommend the Board
take further action rests solely with the Disciplinary Screening Officer, Rick
Thiriot, DDS.

In accordance with NRS 631.363(3) if, after the informal hearing, the
Disciplinary Screening Officers determine the Board should take further action
concerning the matter, they shall prepare written findings of fact and conclusions
("report") and submit them to the Board, with a copy being sent to you.

Pursuant to NRS 631.363(4) if the Board, after receiving the report of the
Disciplinary Screening Officer holds its own hearing on the matter pursuant to
NRS 631.360, the Board may consider the Disciplinary Screening Officer's report
but is not bound by the Disciplinary Screening Officer's findings and conclusions.

Pursuant to NRS 631.363(5) if you, as the person being investigated, agree
in writing to the findings and conclusion of the Disciplinary Screening Officer as
contained in their reports, the Board may adopt the report as a final order of a
contested matter and take such action as is necessary without conducting its own
hearing on the matter. If adopted by the Board, the consented to findings and
conclusions report shall become public record.

If, after the informal hearing, the Disciplinary Screening Officer
determines the Board should take further action as noted in his report and if you
do not agree in writing to the report, then a Complaint may be filed with the
Board after which a formal hearing will be scheduled before the Board. Pursuant
to NRS 361.363(3) and (4), be advised the report may be attached as an exhibit to
any such Complaint.

Id., at pgs. 1-3.

10. On July 26, 2011, Respondent informed the Board in writing he would not be attending
the Informal Hearing scheduled for August 24, 2011.

11. On August 24, 2011, at 10:00 a.m. the Informal Hearing was held in Las Vegas, Nevada,
as set forth in the Notice of Informal Hearing. Present were Rick Thiriot, DDS, DSO
12. Eight (8) exhibits were marked and discussed at the Informal Hearing. After discussion, the Informal Hearing was adjourned with the DSO indicating findings and recommendations would be issued.

13. NRS 631.075 provides as follows:

 "Malpractice" defined. "Malpractice" means failure on the part of a dentist to exercise the degree of care, diligence and skill ordinarily exercised by dentists in good standing in the community in which he or she practices. As used in this section, "community" means the entire area customarily served by dentists among whom a patient may reasonably choose, not merely the particular area inhabited by the patients of that individual dentist or the particular city or place where the dentist has an office.

14. NRS 631.095 provides, in pertinent part:

 "Professional incompetence" defined. "Professional incompetence" means lack of ability safely and skillfully to practice dentistry, or to practice one or more specified branches of dentistry, arising from:

 1. Lack of knowledge or training;
 2. Any other sole or contributing cause.

15. NRS 631.3475 provides, in pertinent part:

 The following acts, among others, constitute unprofessional conduct:

 1. Malpractice;
 2. Professional incompetence;
 3. More than one act by the dentist or dental hygienist constituting substandard care in the practice of dentistry or dental hygiene;

16. NAC 631.155 provides, in pertinent part:
Licensee to notify Board of certain events. (NRS 631.190) Each licensee shall, within 30 days after the occurrence of the event, notify the Board in writing by certified mail of:

***

3. The suspension or revocation of his license to practice dentistry or the imposition of a fine or other disciplinary action against him by any agency of another state authorized to regulate the practice of dentistry in that state;

***

17. This action relates to the Board, a regulatory body, undertaking action as part of its investigative, administrative, and disciplinary proceedings against Respondent as to the enforcement of provisions of chapter 631 of the Nevada Revised Statutes and/or chapter 631 of the Nevada Administrative Code which the Board has the authority to enforce and, therefore, NRS 622.400(1) is satisfied.

III. CONCLUSIONS OF LAW

Having made the aforementioned findings, the Board decides there is proof satisfactory (i.e., clear and convincing evidence; see N.R.S. § 631.350; see also Gilman v. Nevada St. Board of Veterinary Med. Examiners, 120 Nev. ___, 89 P.3d 1000, 1007-08 (2004)) to make the following conclusions of law:

1. By virtue of the foregoing findings, Respondent’s treatment of patient Tiana Elliot regarding the fabrication of a PFM crown on Tooth #4, Respondent violated NRS 631.3475(1) due to an unacceptable open margin and an open contact on the distal surface on Tooth #4.

2. By virtue of the foregoing findings, Respondent’s treatment of patient Robert Simons regarding the fabrication of crowns on Teeth #18, 19 & 30, Respondent violated NRS 631.3475(1) due to unacceptable open margins of Teeth #18, 19, & 30.
3. By virtue of the foregoing findings, Respondent’s delivery of crowns with unacceptable open margin crowns was previously identified in the Stipulation adopted by the Board on or about July 16, 2009. See Exhibit #1. As a result of continuing to deliver crowns with open margins below the standard of care, Respondent’s conduct is in violation of NRS 631.3475(2).

4. By virtue of the foregoing findings, as a result of NRS 622.400(1) being satisfied, the Board may, pursuant to NRS 622.400(1)(a) or (b), recover from Respondent its attorney’s fees and costs.

IV.
ORDER

Having found by proof satisfactory the Findings of Fact and Conclusions of Law set forth herein,

1. IT IS FURTHER ORDERED, pursuant to NRS 631.350(1)(b), Dr. Pinkus’ license to practice dentistry in the State of Nevada be and is hereby Revoked.

2. IT IS FURTHER ORDERED that Dr. Pinkus reimburse the Board all costs, including investigative and attorney’s fees, incurred by Board in connection with the above-captioned matter. See NRS 622.400. The Board’s staff is directed to tally the costs and fees and to advise Dr. Pinkus of the total amount due for such costs and fees.

3. IT IS FURTHER ORDERED, pursuant to NRS 631.350(1)(c), that Dr. Pinkus pay a fine to the Board of FIVE HUNDRED and XX/100 DOLLARS ($500.00).

4. IT IS FURTHER ORDERED, pursuant to NRS 631.350(1), that Dr. Pinkus reimburse Patient, Robert Simons, in the amount of TWO THOUSAND FORTY-ONE and XX/100
DOLLARS ($2,041.00), within thirty (30) days of service of this Findings of Fact, Conclusions of Law, & Decision.

5. IT IS FURTHER ORDERED, pursuant to NRS 631.350(1), that Dr. Pinkus reimburse Patient, Tiana Elliott, in the amount of TWO THOUSAND FORTY-SEVEN and XX/100 DOLLARS ($2,047.00), within thirty (30) days of service of this Findings of Fact, Conclusions of Law, & Decision.

Dated this 3rd day of February, 2012.

Nevada State Board of Dental Examiners

[Signature]

William G. Pappas, D.D.S., President

[Handwritten Note]

[Signature]
BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS,

Complainant,

vs.

STANLEY PINKUS, DDS,

Respondent.

Case No.: 11-02222

NOTICE OF ENTRY OF
FINDINGS OF FACT, CONCLUSIONS OF LAW, & DECISION
DATED AND SIGNED FEBRUARY 3, 2012

TO: STANLEY PINKUS, DDS, Respondent:

NOTICE IS HEREBY given that the Findings of Fact, Conclusions of Law & Decision were entered in the above-entitled matter on February 3, 2012, a copy of which is attached hereto.

Respectfully submitted this ___ day of March, 2012.

RALEIGH & HUNT, P.C.

By
John A. Hunt, Esq. (NSBN 1888)
500 South Rancho Drive, Suite 17
Las Vegas, Nevada 89106
ph. (702) 436-3835; fax (702) 436-3836
email: john@lvattorneys.net
Attorney for Complainant
CERTIFICATE OF SERVICE REGARDING REGULAR MAILING

The undersigned does hereby certify on the 21st day of March, 2012, I deposited a true and correct copy of the foregoing from Las Vegas, Nevada, postage prepaid, in the U.S. regular mail addressed as follows to Dr. Pinkus at the following four (4) addresses:

Stanley Pinkus, DDS
120 Kensington Street
Brooklyn, New York 11235

Stanley Pinkus, DDS
501 Regents Gate Drive
Henderson, Nevada 89012

Stanley Pinkus, DDS
409 E. 14th Street, Suite G
New York, New York 10009

CERTIFICATE OF SERVICE REGARDING MAILING CERTIFIED, RETURN RECEIPT REQUESTED

The undersigned does hereby certify that on the 21st day of March, 2012, I served from Las Vegas, Nevada, the foregoing via CERTIFIED, RETURN RECEIPT REQUESTED, addressed as follows to Dr. Pinkus at the following four (4) addresses:

Stanley Pinkus, DDS
120 Kensington Street
Brooklyn, New York 11235

Stanley Pinkus, DDS
501 Regents Gate Drive
Henderson, Nevada 89012

Stanley Pinkus, DDS
409 E. 14th Street, Suite G
New York, New York 10009

CERTIFICATE OF SERVICE VIA EMAIL

The undersigned does hereby certify that on the 21st day of March, 2012, I sent the foregoing as an attachment to an email in PDF format to Stanley Pinkus, DDS at the following email:

stanleypinkus@gmail.com

By [Signature]
Employee of Raleigh & Hunt, P.C.
New Business:
Licensure by Endorsement
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

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

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Military by Reciprocity/Credential: $600.00 License by Endorsement: $1200

NOTE: An application is considered complete when the application, all required documents, background information, and fees are on file with the Board office. APPLICATION FEES MUST BE PAID IN ADVANCE AND MAY NOT BE REFUNDED PURSUANT TO NEVADA REVISED STATUTE (NRS) 631.345.
Please type or print legibly. All questions must be answered. If additional space is needed, attach a separate sheet identifying additional information by Section number. Applicants acknowledge they have a continuing responsibility to update all information contained in this application until such time as the Board takes final action on this application. Failure of an applicant to update the information prior to final action of the Board is grounds for subsequent disciplinary action.

Last: **DUNHAM** First: **ROBERT** Middle: **NEIL** Suffix: 

Social Security #: Age: Male ☒ Female ☐ Birthdate: Birthplace (City, County, State, & Country):

Have you ever been known by any other name? Yes ☐ No ☒

If yes, state in full every other name by which you have been known, the reason therefore, and the inclusive dates so known:

If a married woman, state maiden name:

If a name change was made by court order, attach a CERTIFIED COPY of the court order.

Are you a U.S. born citizen? Yes ☐ No ☒

If no, are you naturalized? Yes ☒ No ☐

If yes, naturalization Naturalization Date: Place:

If no, were you born abroad of US citizens? Yes ☐ No ☒

If no, are you a legal resident? Yes ☒ No ☐

Is your application for naturalization pending? Date of Application: Place:

*You must submit appropriate proof of Citizenship or legal documentation for lawful entitlement to remain in the U.S. and work in the U.S.*
### (A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY

*Current Home Address:* [Redacted]  
*City:* [Redacted]  
*State:* [Redacted]  
*Zip code:* [Redacted]  

*Addressing Note:* This is the address that all correspondence from NSBDE will be mailed.

If same as current home address please check box.

- [ ]

*Mailing Address (if different):*

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*Telephone Residence:* [Redacted]  
*Telephone Cell:* [Redacted]  
*Email:* [Redacted]  

### (B) PREVIOUS STREET ADDRESS

List all home addresses for the past seven (7) years. If you cannot recall certain information please indicate cannot recall. Do not leave blank. Please be sure that if you were in school you have a home address listed in the same state you went to school.

(Please add additional pages as needed)

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*Received*

AUG 2 2017
NSBDE
(C) MILITARY SERVICE

Have you ever served in the military? (If yes, you must answer the questions below) Yes ☐ No ☒

Date of Service:
From   to
Branch of Service:
Army/Army Reserve ☐ Marine Corps/Marine Corps Reserve ☐
Navy/Navy Reserve ☐ Air Force/ Air force Reserve ☐
Coast Guard/ Coast Guard Reserve ☐ National Guard ☐

(D) EDUCATION & CERTIFICATIONS

Doctoral:
University/College: UNIVERSITY OF OREGON / OHSU
City: PORTLAND
State: OREGON
Years Attended: (month/year) 9/1972 to 6/1976
Graduation Date: June 1976
Degree Earned: DDS ☐ DMD ☒

Post Doctoral:
University/College:
City:
State:
Years Attended: (month/year) to
Graduation Date:
Specialty (MS):

(E) LASER USE AND CERTIFICATION

I utilize laser radiation in the performance of my practice of dentistry. Yes ☐ No ☒

I certify that each laser I use in my practice of dentistry has been cleared by the United States Food and Drug Administration for use in dentistry. Yes ☐ No ☐

Attach a copy of proof of course completion of laser proficiency indicating successful completion of a recognized course pursuant to Board regulation NAC 631.033 and NAC 631.035 based on the curriculum guidelines and standards for dental laser education as adopted by the Academy of Laser Dentistry.

(F) CONTINUED CLINICAL COMPETENCY

Have you been out of active practice for two or more years just prior to completing this application? Yes ☐ No ☒

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

(G) HISTORY OF IMPAIRMENT

Yes ☐ No ☒

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

(2) Do you now, or have you ever had, any contagious or infectious disease(s) that would impair your ability to perform as a licensee pursuant to NRS and NAC Chapters 631? (If yes, submit details on separate sheet)
(H) DENTAL PRACTICE & EMPLOYMENT HISTORY

Have you ever been engaged in private dental practice, been employed as a dentist, been self-employed or done business under a fictitious name (D.B.A.)?  
Yes ☐ No ☒

Yes, list the following information for the past ten years including the dates you practiced dentistry: the names of all employers; partners, associates or persons sharing office space; list dates of self-employment and nature of business; list all fictitious names (D.B.A.), dates and nature of business; and the reason for leaving each practice. If you were unemployed for any period of time please write the month and year of unemployment. (Use additional sheets if necessary)

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(ii) PREVIOUS EMPLOYMENT

1. Practice Address: 1730 CHAMBERS
   City: EUGENE
   State: OREGON
   Zip Code: 97402
   From: [ ] To: [ ] (Include month/year) Telephone: [ ]
   Name of Employers, Associates, Etc: [ ]
   Reason for leaving: [ ]

2. Practice Address: 2417 OAKMONT Way
   City: EUGENE
   State: OREGON
   Zip Code: 97401
   From: [ ] To: [ ] (Include month/year) Telephone: [ ]
   Name of Employers, Associates, Etc: [ ]
   Reason for leaving: [ ]

3. Practice Address: [ ]
   City: [ ]
   State: [ ]
   Zip Code: [ ]
   From: [ ] To: [ ] (Include month/year) Telephone: [ ]
   Name of Employers, Associates, Etc: [ ]
   Reason for leaving: [ ]

4. Practice Address: [ ]
   City: [ ]
   State: [ ]
   Zip Code: [ ]
   From: [ ] To: [ ] (Include month/year) Telephone: [ ]
   Name of Employers, Associates, Etc: [ ]
   Reason for leaving: [ ]

5. Practice Address: [ ]
   City: [ ]
   State: [ ]
   Zip Code: [ ]
   From: [ ] To: [ ] (Include month/year) Telephone: [ ]
   Name of Employers, Associates, Etc: [ ]
   Reason for leaving: [ ]

Received AUG 25 2017 NSBDE
### (I) EXAMINATION AND LICENSURE HISTORY

#### NATIONAL BOARD EXAMINATION

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</tbody>
</table>

Please list below all dental/hygiene clinical examinations in which you have participated: *(Use additional sheets if necessary)*

#### CLINICAL EXAMS:

<table>
<thead>
<tr>
<th>Test</th>
<th>Date(s) of Clinical Examination</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADEX</td>
<td>[ ] Date(s) of Clinical Exam</td>
<td>PASS</td>
</tr>
<tr>
<td>WREB</td>
<td>[ ] Date(s) of Clinical Exam</td>
<td>PASS</td>
</tr>
</tbody>
</table>

#### OTHER EXAMS:

Regional/State, Territory, DC:

<table>
<thead>
<tr>
<th>Date(s) of Clinical Examination</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PASS</td>
</tr>
</tbody>
</table>

Have you ever applied for a license to practice dentistry?  
Yes [ ] No [ ]

If yes, list the following for each state, territory or the District of Columbia. Use additional sheets if necessary:

<table>
<thead>
<tr>
<th>State, Territory, DC</th>
<th>Date of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>OREGON</td>
<td>06/1976</td>
</tr>
</tbody>
</table>

Result of Application ( Granted, Denied, Pending):

State, Territory, DC:

<table>
<thead>
<tr>
<th>Date of Application</th>
</tr>
</thead>
</table>

Result of Application ( Granted, Denied, Pending):

State, Territory, DC:

<table>
<thead>
<tr>
<th>Date of Application</th>
</tr>
</thead>
</table>

Result of Application ( Granted, Denied, Pending):

1. Have any proceedings been initiated against you to revoke or suspend your dental license? Yes [ ] No [ ]
2. At the time you filed this application, were any disciplinary proceedings pending against you, including complaints or investigations, in any other state, territory or the District of Columbia? Yes [ ] No [ ]
3. Have you ever been terminated or attempted to terminate or surrender a dental license in any state, territory or the District of Columbia? Yes [ ] No [ ]
4. Have you ever been denied a dental license in this state, another state, or a territory of the U.S. or the District of Columbia? Yes [ ] No [ ]

If you answered 'yes' to questions 1, 2, 3 and/or 4, provide a full explanation of each answer on a separate sheet and attach to this application.
### (K) MALPRACTICE

Have you ever had any claims of malpractice filed against you?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, list all malpractice, negligence lawsuits and claims you have ever had against you. Include dates, names, settlements or resolutions. Please include malpractice and lawsuits that were dismissed. Provide additional pages as needed.

  
  **2/20/2013 - Closed 6/6/2013**: No further legal action  

---

Do you or have you ever carried malpractice (professional liability) insurance?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

List all malpractice carriers since licensed or for the past 10 years (which ever is longer). Leave no time gaps and account for periods with no insurance. Provide additional pages as needed.

<table>
<thead>
<tr>
<th>Carrier: Dentists Benefits Insurance Co.</th>
<th>Policy Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: 8/20/1986 To: 3/22/2016</td>
<td>Telephone: 800-452-0504</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carrier:</th>
<th>Policy Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City: State: Zip Code:</td>
</tr>
<tr>
<td>From: To:</td>
<td>(Include month/year) Telephone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carrier:</th>
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<tr>
<td>From: To:</td>
<td>(Include month/year) Telephone:</td>
</tr>
</tbody>
</table>
(L) MORAL CHARACTER

1. Have you ever been reprimanded, censured, restricted or otherwise disciplined? Yes ☐ No ☒

2. Have any claims or complaints of malpractice, formal or informal, ever been made or filed against you, or have any proceedings been instituted against you? Yes ☐ No ☒

3. Have you ever been arrested, convicted, charged with, entered a plea of nolo contendere or pleaded guilty to the violation of any law [misdemeanor(s) or felony(ies)]? Yes ☐ No ☒

If your answer is ‘yes’ to any of the foregoing questions (1-3), furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, case number, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof. You must provide certified copies of any arrest or conviction and/or any plea agreements entered into for any felony(ies) or misdemeanor(s).

4. Have you ever been denied participation in, or suspended from the Medicaid or Medicare benefit program? Yes ☐ No ☒

If your answer is ‘yes’ to questions 4, furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof.

5. Do you hold a DEA license? Yes ☒ No ☐

If yes list DEA Number #

6. Have you ever surrendered your DEA number or had it revoked or restricted? Yes ☐ No ☒

(M) STATEMENT OF CHILD SUPPORT

Pursuant to state and federal mandated requirements, I further certify that (CHECK the appropriate box):

1. I am NOT subject to a court order for the support of one or more children. ☒

2. I AM subject to a court order for the support of one or more children and: (continue to 2a or 2b below)

   2a. I am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children. ☐

   2b. I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children. ☐
(N) AFFIDAVIT AND PLEDGE

hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me or who may hereafter attend or examine me from disclosing any knowledge or information that is thereby acquired, and I hereby consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.

The person named as the applicant in the foregoing application and questionnaire, being first duly sworn, deposes and says: I am the applicant for dental licensure referred to; and I have carefully read and understand the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservation of any kind. I further understand I have a continuing obligation to inform the Board should any of my answers since filing this application change prior to the Board issuing my license. In the event I fail to update the answers which have changed since submitting this application, I understand that such failure is ground for revocation of any license issued or denial of the application.

I hereby authorize educational and other institutions, my references (past and present), business and professional associates (past and present), insurance carriers, professional societies, governmental agencies and instrumentalities (local, state, federal or foreign), and independent information gathering services to release to the Nevada State Board of Dental Examiners any information, files or records requested by the Board in connection with the processing of this application.

I hereby pledge myself to the highest standards and ethics in the Practice of Dentistry and further pledge to abide by the laws and regulations pertaining to the practice of dentistry. I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board.

I hereby understand and agree that the title of all licenses shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.

I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THIS APPLICATION ARE GROUNDS FOR REJECTION OF THIS APPLICATION AND THE REVOCATION OF A LICENSE WHICH MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

APPLICANT

DUNHAM, ROBERT N.

Applicant Signature

Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)

Date of Signature (must correspond with notary date)

Date of Birth (month/day/year)

Social Security Number

NOTARY

State of Nevada County of Clark

The statement on this document are subscribed and sworn before me this

21 day of Aug 2017

Notary Public

My Commission Expires

ANIS SABERIA
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 14-15104-1
MY APPT. EXPIRES JULY 2, 2018

Received
AUG 2 5 2017
NSBDE
NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, Robert N. Dunham, designate the Nevada State Board of Dental Examiners to collect, verify and maintain information, and copies of documents and records that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment, or other privileges.

I request and authorize every person, institution, professional licensing board or any state in which I hold or may have held a license to practice my profession, Joint Commission on National Dental Examinations, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other other documents, concerning my professional qualifications and competence, ethics, character, and other information pertaining to me to the Nevada State Board of Dental Examiners.

I further request and authorize that the requested information, documents and records be sent directly to:

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

I hereby release, discharge, and hold harmless the Nevada State Board of Dental Examiners, or representatives and any person furnishing information, records, or documents of any and all liability. I authorize the Nevada State Board of Dental Examiners to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institutions, individual, or any person or groups must be sent directly by such persons to Nevada State Board of Dental Examiners. I understand that Nevada State Board of Dental Examiners will not accept such information, records, or documents forwarded by me.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid for a period of one (1) year from the date of signature.

APPLICANT

Robert N. Dunham
Applicant Signature

Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)

8/21/2017
Date of Signature (must correspond with notary date)

Social Security Number

NOTARY

State of Nevada County of Clark

The statement on this document are subscribed and sworn before me this

21 day of Aug., 2017

Notary Public

7-02-2018

My Commission Expires

Received

AUG 25 2017

NSBDE
Request to Voluntary Surrender License
Travis M. Sorensen, D.D.S., Voluntary Surrender of Nevada License

I, Travis Michael Sorensen, D.D.S., being first duly sworn, deposes and states as follows:

1. I am a dentist licensed to practice in jurisdictions outside the State of Nevada. I currently hold a license to practice dentistry in the State of Nevada which is on inactive status, license No. S2-130.

2. Pursuant to NAC 631.160, I wish to voluntarily surrender my license to practice dentistry in the State of Nevada.

3. By executing this sworn, written statement herein, I am voluntarily surrendering my license to practice dentistry in the State of Nevada. My Nevada certificate of registration is attached hereto.

4. I am voluntarily surrendering my license to practice dentistry in the State of Nevada for personal reasons. Specifically, I no longer wish to practice dentistry in the State of Nevada now or in the future. I wish to confine my practice of dentistry to jurisdictions outside the State of Nevada. While I may in the future seek to practice in an additional state or states, I do not intend at this time to ever practice in the State of Nevada again.

5. I am not surrendering my license to practice in Nevada while under investigation by the Nevada State Board of Dental Examiners. I am not surrendering my license to practice in Nevada in return for avoiding any investigation by the Nevada State Board of Dental Examiners.

6. I hereby request that the Nevada State Board or Dental Examiners accept this voluntary surrender of my license to practice in the State of Nevada.

7. 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 form hearing a complaint for disciplinary action filed against this licensee.

Licensee Signature: TRAVIS SORENSEN, D.D.S.

10/20/17

Date

SUBSCRIBED AND SWORN TO before me this 20th day of October, 2017.

NOTARY PUBLIC, in and for said County and State

[Stamp with notary information]