

NEVADA STATE BOARD  
of  
DENTAL EXAMINERS



BOARD MEETING

NOVEMBER 01, 2019

9:00 A.M.

**PUBLIC BOOK**

PLEASE DO NOT REMOVE BOOK FROM OFFICE

**Agenda Item: (3)(C)(1)**  
**Proposed 2020 Meeting Dates**

# 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

## Calendar of Events for 2020

**TENTATIVE**

### **Board Meetings Dates.**

Friday January 31, 2020

Friday February 28, 2020

Friday March 27, 2020

Friday April 24, 2020

Friday May 29, 2020

Friday June 26, 2020

Friday July 24, 2020

August: No Meeting

Friday September 18, 2020

Friday October 23, 2020

Friday November 20, 2020

Friday December 18, 2020

### **American Association of Dental Board Meetings:**

Mid-Year Meeting 2020 – AADB- Chicago, IL – TBA

Annual Meeting 2020- AADB- TBA

**Agenda Item: (4)(a):  
FINANCIALS**

# Nevada State Board of Dental Examiners

## Balance Sheet

As of August 31, 2019

Aug 31, 19

<b>ASSETS</b>	
Current Assets	
Checking/Savings	
10000 · Wells Fargo-Operating	724,567.56
10015 · Wells Fargo - Saving	1,335,507.67
10010 · Wells Fargo-Reserves	<u>1,200,419.42</u>
Total Checking/Savings	3,260,494.65
Accounts Receivable	
11001 · Allowance for Bad Debts	-84,477.53
11000 · Accounts Receivable	<u>108,279.26</u>
Total Accounts Receivable	23,801.73
Other Current Assets	
11050 · Reimbursements Receivable	799.21
11200 · Prepaid Expenses	33,973.90
11210 · Prepaid Insurance	4,616.22
18000 · Deferred Outflows-Pension	<u>484,076.00</u>
Total Other Current Assets	<u>523,465.33</u>
Total Current Assets	3,807,761.71
<b>TOTAL ASSETS</b>	<u><u>3,807,761.71</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	<u>20,505.10</u>
Total Accounts Payable	20,505.10
Other Current Liabilities	
22125 · DDS Deferred Revenue	1,187,240.61
22136 · RDH Deferred Revenue	199,842.69
23750 · Accrued Vacation/Sick Leave	<u>98,653.92</u>
Total Other Current Liabilities	<u>1,485,737.22</u>
Total Current Liabilities	1,506,242.32
Long Term Liabilities	
20601 · Pension Liability	947,807.00
21001 · Deferred Inflows-Pension	<u>51,271.00</u>
Total Long Term Liabilities	<u>999,078.00</u>
Total Liabilities	2,505,320.32
Equity	<u>1,302,441.39</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>3,807,761.71</u></u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July through August 2019

	<u>Jul - Aug 19</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
40000 · Dentist Licenses & Fees	179,884.39	177,405.00	2,479.39
50000 · Dental Hygiene Licenses & Fees	59,304.91	59,790.00	(485.09)
50750 · Other Licenses & Fees			
43650 · Reimbursed Investigation Costs	25,220.60	3,300.00	21,920.60
40220 · License Verification Fee	1,025.00	1,025.00	0.00
40227 · CEU Provider Fee	2,900.00	1,666.00	1,234.00
40225 · Duplicate License Fee	450.00	200.00	250.00
40555 · Fines	0.00	100.00	(100.00)
40185 · Lists/Labels Printed	128.00	225.00	(97.00)
40600 · Miscellaneous Income	18.00	18.00	0.00
<b>Total 50750 · Other Licenses &amp; Fees</b>	<u>29,741.60</u>	<u>6,534.00</u>	<u>23,207.60</u>
<b>Total Income</b>	268,930.90	243,729.00	25,201.90
<b>Expense</b>			
60500 · Bank Charges	3,758.09	3,815.00	(56.91)
63000 · Dues & Subscriptions	2,122.28	2,364.00	(241.72)
66500 · Insurance			
66500-1 · Liability	1,017.42	1,080.00	(62.58)
66500-2 · Workers Compensation	963.34	680.00	283.34
<b>Total 66500 · Insurance</b>	<u>1,980.76</u>	<u>1,760.00</u>	<u>220.76</u>
66520 · Internet/Web/Domain	1,633.72	1,122.00	511.72
73500 · Information Technology			
73500-1 · Computer Repair/Upgrade	735.00	735.00	0.00
<b>Total 73500 · Information Technology</b>	<u>735.00</u>	<u>735.00</u>	<u>0.00</u>
66600 · Office Supplies	1,445.53	2,330.00	(884.47)
66650 · Office Expense			
68710 · Miscellaneous Expenses	219.00	800.00	(581.00)
68700 · Repairs & Maintenance	1,735.24	1,540.00	195.24
68725 · Security	265.05	265.00	0.05
68715 · Shredding Services	46.00	46.00	0.00
68720 · Utilities	1,085.70	1,080.00	5.70
<b>Total 66650 · Office Expense</b>	<u>3,350.99</u>	<u>3,731.00</u>	<u>(380.01)</u>
67000 · Printing	538.41	1,200.00	(661.59)
67500 · Postage & Delivery	2,164.48	2,300.00	(135.52)
68500 · Rent/Lease Expense	13,325.56	13,326.00	(0.44)
75000 · Telephone	363.38	358.00	5.38
73600 · Professional Fee			
73600-1 · Accounting/Bookkeeping	4,887.50	4,887.00	0.50
73600-4 · Legislative Services	6,857.14	6,858.00	(0.86)
73600-2 · Legal-General	8,283.09	8,195.00	88.09
<b>Total 73600 · Professional Fee</b>	<u>20,027.73</u>	<u>19,940.00</u>	<u>87.73</u>
73700 · Verification Services	4,228.50	3,650.00	578.50

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July through August 2019

	<u>Jul - Aug 19</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>72000 · Employee Wages &amp; Benefits</b>			
72100 · Executive Director	20,014.72	23,128.00	(3,113.28)
72300 · Credentialing & Licensing Coord	8,951.16	9,920.00	(968.84)
72132 · Site Inspection Coordinator	6,279.85	7,176.00	(896.15)
72200 · Technology/Finance Liaison	8,298.20	8,232.00	66.20
72130 · Public Info & CE Coordinator	5,242.82	5,586.00	(343.18)
72160 · Legal Counsel	20,935.96	20,516.00	419.96
72010 · Payroll Service Fees	695.84	466.00	229.84
72005 · Payroll Tax Expense	1,159.67	1,720.00	(560.33)
72600 · Retirement Fund Expense (PERS)	20,116.96	20,116.00	0.96
65525 · Health Insurance	10,738.76	12,641.00	(1,902.24)
<b>Total 72000 · Employee Wages &amp; Benefits</b>	<u>102,433.94</u>	<u>109,501.00</u>	<u>(7,067.06)</u>
72400 · Board of Directors Expense	1,907.57	1,908.00	(0.43)
60001 · Anesthesia Eval Committee	1,844.83	2,328.00	(483.17)
73650 · Investigations/Complaints	2,894.52	2,600.00	294.52
60002 · Infection Control Inspection	2,619.30	2,342.00	277.30
<b>Total Expense</b>	<u>167,374.59</u>	<u>175,310.00</u>	<u>(7,935.41)</u>
<b>Net Ordinary Income</b>	101,556.31	68,419.00	33,137.31
<b>Other Income/Expense</b>			
<b>Other Income</b>			
40800 · Interest Income	88.46	100.00	(11.54)
<b>Total Other Income</b>	<u>88.46</u>	<u>100.00</u>	<u>(11.54)</u>
<b>Net Other Income</b>	88.46	100.00	(11.54)
<b>Net Income</b>	<u>101,644.77</u>	<u>68,519.00</u>	<u>33,125.77</u>

**Agenda Item (4)(b):  
DRAFT MINUTES**





# NEVADA STATE BOARD OF DENTAL EXAMINERS

(Video Conferenced)



## Meeting Location

Board of Dental Examiners  
6010 S Rainbow Boulevard, Suite A-1  
Las Vegas, Nevada 89118  
(702) 486-7044

&

Board of Medical Examiners  
9600 Gateway Drive  
Reno, Nevada 89521

## Meeting Date & Time

Friday, September 13, 2019  
9:10 a.m.

## **DRAFT MINUTES**

### **NOTICE OF AGENDA & PUBLIC MEETING FOR THE BUDGET AND FINANCE COMMITTEE**

(R. Michael Sanders, DMD, (Chair); D. Kevin Moore, DDS; Yvonne Bethea, RDH; Gabrielle Cioffi (Public Member))

**Note:** Asterisks (\*) denote items on which the Board may take action.

**Note:** Action by the Board on an item may be to approve, deny, amend, or table.

#### **1. Call to Order, roll call, and establish quorum:**

Committee Chairman Sanders called the meeting to order and the Executive Director conducted the following roll call:

Dr. R. Michael Sanders ("Dr. Sanders") ----- PRESENT  
Mrs. Yvonne Bethea ("Ms. Bethea") ----- PRESENT  
Dr. D. Kevin Moore ("Dr. Moore") ----- PRESENT  
Ms. Gabrielle Cioffi ("Ms. Cioffi") ----- EXCUSED

**Others Present:** Melanie Bernstein Chapman, Board General Counsel; Debra Shaffer-Kugel, Executive Director.

**Public Attendees:** Daniel Bouer, Cameraman for LVDA; Bizu Tesfayz, media from the LVRJ; Arthur Kane, Reporter for the LVRJ; photographer with the LVRJ; Riley Snyder, Reporter for the Nevada Independent.

**2. Public Comment:** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

No public comment was made.

#### **\*3. Approve Agenda and Disclosures (For Possible Action)**

MOTION: Committee Member Sanders moved that the Board approve the agenda as outlined and no disclosures were noted. Seconded by Committee Member Moore. No discussion. All in favor. Motion Passed.

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**\*4. Review, Discussion and make recommendations to the Board regarding FY20 Draft/Proposed Budget – NRS 631.190 (For Possible Action)**

Mrs. Hummel presented the proposed budget to the Board. The discussion included the process for drafting this particular budget and a review of the accounts listed under Revenue and the accounts listed under Expenses.

Committee Member Moore had various questions pertaining to budgeted items including, but not limited to, free CE courses offered by the Board, AADB Board Members attendance and the budget items for three new staff positions. Committee Member Moore expressed his opposition for the three new staff positions.

MOTION: Committee Member Sanders moved that the committee recommend the proposed budget as outlined to the entire Board at the next scheduled meeting. No second. Motion failed.

There was discussion regarding Committee Member Moore's opposition to the proposed three new staff positions.

MOTION: Committee Member Sanders moved that the Committee recommend the proposed budget with the exclusion of the 3 new staff positions. Seconded by Committee Member Moore. No discussion. All in favor. Motion Passed.

**5. Public Comment:** This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

No public comment was made.

**\*6. Adjournment (For Possible Action)**

Committee Member Sanders called for adjournment  
Seconded by Committee Member Moore  
No discussion  
All in favor  
Motion passed

Meeting adjourned at 10:28 a.m.

*Minutes approved at the November 1, 2019 Board Meeting*  
Respectfully Submitted by:

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

**09/20/2019**  
**Anesthesia Sub-Committee**  
**Meeting Draft Minutes**



# NEVADA STATE BOARD OF DENTAL EXAMINERS



## Meeting Location

Board of Dental Examiners  
6010 S Rainbow Boulevard, Suite A-1  
Las Vegas, Nevada 89118  
(702) 486-7044

Video Conferencing was available at

Board of Nursing  
5011 Meadowood Mall Way, Suite 300  
Reno, Nevada 89502

## Meeting Date & Time

Friday, September 20, 2019  
12:19 p.m.

## DRAFT Minutes

### **NOTICE OF AGENDA & PUBLIC MEETING FOR THE ANESTHESIA SUB-COMMITTEE**

(D. Kevin Moore, DDS (Chair); Brendan Johnson, DDS; R. Michael Sanders, DMD; A. Ted Twesme, DDS; Amada Okundaye, DDS; Jade Miller, DDS; Joshua Saxe, DDS)

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**Note:** Asterisks (\*) denote items on which the Board may take action.

**Note:** Action by the Board on an item may be to approve, deny, amend, or table.

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#### **1. Call to Order, roll call, and establish quorum:**

Committee Member Moore called the meeting to order and the Executive Director conducted the following roll call:

Dr. D. Kevin Moore ----- PRESENT  
Dr. Brendan Johnson ----- PRESENT  
Dr. R. Michael Sanders ----- PRESENT  
Dr. A. Ted Twesme ----- PRESENT  
Dr. Amanda Okundaye ----- PRESENT  
Dr. Jade Miller ----- EXCUSED  
Dr. Joshua Saxe ----- PRESENT

**Others Present:** Melanie Bernstein Chapman, Esq., Board General Counsel; Rosalie Bordelove, Esq., Deputy Attorney General/Board Co-Counsel; Debra Shaffer-Kugel, Executive Director.

**Public Attendees:** Richard Dragon, DMD, NDA.

**2. Public Comment:** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place, and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

No public comment made.

#### **\*3. Approve Agenda** (For Possible Action)

MOTION: Committee Member Twesme moved that the sub-committee approve the agenda.  
Motion seconded by committee member Sanders. No further discussion, motion was unanimously approved.

57 **\*4. New Business:** (For Possible Action)  
58

- 59 (a) Review and Discuss updating the emergency scenarios used when conducting evaluations for  
60 the administration of moderate sedation and general anesthesia (For Possible Action)  
61  
62 (b) Creation of emergency scenarios used when conducting evaluations for the administration of  
63 pediatric moderate sedation (12 years of age or younger) (For Possible Action)  
64  
65 (c) Review and Discuss creation of new calibration to incorporate the recent regulation changes  
66 for moderate sedation, pediatric moderate sedation and general anesthesia. (For Possible Action)  
67

68 Chairman Moore opened the floor for discussion of agenda items (4)(a)-(c). There was discussion  
69 regarding emergency scenarios and calibration of all anesthesia evaluators and the possibility of the  
70 Board seeking an outside entity to conduct anesthesia evaluations rather than Board-appointed  
71 anesthesia evaluators.  
72

73 MOTION: Committee Member Okundaye requested tabling this discussion for a future meeting. Motion  
74 seconded by Committee Member Twesme. All were in favor of the motion. None opposed. Motion to  
75 hold future meeting to establish emergency case scenarios during closed session passed unanimously.  
76

77 MOTION: Committee Member Twesme made a motion to develop 3 different categories of scenarios,  
78 separate algorithms for under 12 years of age and for those over the age of 12, with a third algorithm  
79 specifically for general anesthesia. Motion seconded by Committee Member Sanders. Opposition: None.  
80 Motion passed unanimously.  
81

- 82 (d) Discuss whether to contract with the Board approved Anesthesia Evaluators/Inspectors or  
83 consider a Board approved accrediting entity conduct the evaluation and/or inspections prior  
84 to issuing a Sedation, General Anesthesia or Site permits (For Possible Action)  
85

86 The sub-committee members stated their opposition to becoming independent contractors to conduct  
87 evaluations due to personal liability concerns. Committee Member Twesme noted that CDCA has  
88 established an anesthesia evaluation protocol for this purpose. A presentation was given by the  
89 Accreditation Association for Dental Offices ("AAFDO"). Chairman Moore requested that the AAFDO  
90 forward the slides from the presentation for consideration by the Board.  
91

92 Motion: Committee Member Okundaye requested tabling this discussion for a future meeting. Motion  
93 seconded by Committee Member Twesme. All were in favor of the motion. None opposed. Motion  
94 passed unanimously.  
95

- 96 (e) Review, Discuss and make Recommendations to the Board regarding the application to  
97 become a recognized provider for a moderate sedation certification course for the  
98 administration of moderate sedation to patients 13 years of age or older (For Possible Action)  
99

100 (1) Augusta University's Dental College of Georgia  
101

102 Committee Member Okundaye noted some of her concerns with this CODA accredited course. After  
103 some discussion Committee Member Johnson recommended rejecting the course as the course  
104 presented did not meet the Board's standards currently.  
105

106 MOTION: Committee Member Johnson motioned to deny the application until they meet Nevada  
107 standards. Motion seconded by Committee Member Saxe. With no further discussion, the vote was  
108 unanimous, motion passed.  
109

110 **5. Public Comment:** This public comment period is for any matter that is within the jurisdiction of the public body.  
111 No action may be taken upon the matter raised during public comment unless the matter itself has been specifically  
112 included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes.  
113 The Chairperson may allow additional time at his/her discretion.  
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115 There was no public comment.  
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**\*6. Adjournment** (For Possible Action)

Committee Member Moore called for adjournment.

Motion to adjourn by Committee Member Twesme  
Motion seconded by Committee Member Sanders.  
All were in favor, motion passed unanimously.

Meeting adjourned at: 1:47 p.m.

*Minutes approved at the November 1, 2019 Board Meeting*  
Respectfully Submitted by:

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**Debra Shaffer-Kugel, Executive Director**

DRAFT

**09/20/2019**  
**Legislative & Dental Practice Committee**  
**Meeting Draft Minutes**



# NEVADA STATE BOARD OF DENTAL EXAMINERS

(Video Conferenced)



## Meeting Location

Board of Dental Examiners  
6010 S Rainbow Boulevard, Suite A-1  
Las Vegas, Nevada 89118  
(702) 486-7044

&

## Video Conferencing was Available

Board of Nursing  
5011 Meadowood Mall Way, Suite 300  
Reno, Nevada 89502

## Meeting Date & Time

Friday, September 20, 2019  
2:33 p.m.

## **DRAFT** Minutes

### **NOTICE OF AGENDA & PUBLIC MEETING FOR THE LEGISLATIVE AND DENTAL PRACTICE COMMITTEE**

(Timothy Pinther, DDS, (Chair); D. Kevin Moore, DDS; David Lee, DMD; Joan Shadler, RDH; Gabrielle Cioffi [Public Member])

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**Note:** Asterisks (\*) denote items on which the Board may take action.

**Note:** Action by the Board on an item may be to approve, deny, amend, or table.

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#### **1. Call to Order, roll call, and establish quorum:**

Committee Member Pinther called the meeting to order and the Executive Director conducted the following roll call:

Dr. Timothy Pinther ----- PRESENT  
Dr. D. Kevin Moore ----- PRESENT  
Dr. David Lee ----- PRESENT  
RDH Joan Shadler ----- PRESENT  
Ms. Gabrielle Cioffi ----- PRESENT

**Others Present:** Melanie Bernstein Chapman, Esq., Board General Counsel; Rosalie Bordelove, Esq., Deputy Attorney General/Board Co-Counsel; Debra Shaffer-Kugel, Executive Director.

**Public Attendees:** Ariana Gaertz, Future Smiles; Maria Merrin, RDH, Future Smiles; Elizabeth Metz, Future Smiles; Xochitl Flores, Future Smiles; Brenda Thomas, Future Smiles; Elizabeth Bruins, Future Smiles; Steven Saxe, DMD, NSSOMS; Neena Laxalt, Nevada Dental Hygienists Association ("NDHA"); Caryn Solie, RDH, NDHA.

**2. Public Comment:** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place, and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Caryn Solie, RDH is the immediate past president of the NDHA and was speaking on their behalf; she commented in regards to Senate Bill 366 regarding dental therapists and dental hygienist use of laser treatment. The NDHS recommended the board adopt the following three (3) changes to NAC 631.210:



- NAC 631.210(3)(f) – Laser use and subsequent educational criteria – to proposed section (2)(o) and remove the proposed language limiting the use to only office lesions and herpes labialis
- Move wording of NAC 631.210 section (4) (a) and (b) regarding local anesthesia, nitrous oxide and its educational criteria to section (2) and title it (2)(p) – Justification: in accordance with S.B. 366 included language that allowed dental therapists and dental hygienists to administer local anesthesia and use of laser under the authorization as stated in section (74)(2)(b) of S.B. 366
- In existing NAC 631.210(6) change the letter (n) to (p) upon the approval of the 2 previously listed recommended changes – Justification: the scope of practice for the Public Health Dental Hygienist should not differ from that of a dental hygienist in private practice

**\*3. Approve Agenda** (For Possible Action)

MOTION: Committee Member Cioffi moved that the committee approve the agenda. Motion seconded by Committee Member Lee. No further discussion, motion was unanimously approved.

**\*4. New Business:** (For Possible Action)

(a) Review, Discuss and Make proposed changes to amend, add or repeal the following regulations:  
(For Possible Action)

(1) NAC 631.0005 through NAC 631.023 (contains new sections)

(2) NAC 631.028 through NAC 631.2256 (contains new sections)

(3) NAC 631.230 through NAC 631.410 (contains new sections)

Chairman Pinther advised that the Committee is conducting a review of the administrative codes, to include, amendments/changes, repeal and new sections. Upon review and any changes the Committee proposes will be forwarded to the Board through a Public Workshop.

The Executive Director suggested going through each regulation, discussing the reason for the proposed new section or changes, if any, and potential motion for recommended approval may be helpful to new committee members.

- NAC 631.\_\_\_\_ "Dental Practice Act" defined.

There was no concern or discussion with the language of how 'Dental Practice Act' is defined.

- NAC 631.\_\_\_\_ "Certain Method of technical procedures" defined.

This proposed regulation is to define "Certain methods of technical procedures." The discussion included examples of why this definition may be needed, it was agreed upon to clearly define that certain methods of technical procedures should read "... procedures that do not involve potential infection control, biohazard or sterilization concerns when performed on live patients."

MOTION: Committee Member Moore moved that they add "when performed on live patients" to the end of the proposed language. Motion seconded by Committee Member Shadler. With no further discussion, motion passed unanimously.

- NAC 631. \_\_\_\_ "Hearing" defined.

This proposed regulation is to define "Hearing". The discussion addressed why it necessary to clarify the difference between a 'Hearing' and an 'Informal Hearing.'" General Counsel explained the two types of hearings. General Counsel believes by defining a 'Hearing' this may avoid confusion in the future.

117 MOTION: Committee Member Moore motion to recommend the adoption of the regulation to  
118 define 'hearing' as proposed. Motion seconded by Committee Member Lee. With no  
119 further discussion, vote was unanimous. Motion passed.

- 120 • NAC 631.\_\_\_\_ "Hearing Officer or Panel"
- 121 •

122  
123 The proposed regulation defines "Hearing Officer or Panel." It was noted the Board has not used hearing  
124 officers or panel to adjudicate cases on behalf of the Board. The discussion emphasized the importance  
125 of defining what each one is to avoid confusion especially with the newly implemented review panel.

126  
127 MOTION: Committee Member Moore motioned to approve the definitions as proposed. Motion  
128 seconded by Committee Member Shadler. With no further discussion, vote was  
129 unanimous. Motion passed.

- 130  
131 (b) Make Recommendations to the Board to conduct a Public Workshop regarding the proposed  
132 regulations: (For Possible Action)

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134 Chairman Pinther stated that the committee was short on time and suggested the committee reconvene  
135 the meeting with the full board for discussion, review, and potential approval of the proposed changes.

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138 **5. Public Comment:** This public comment period is for any matter that is within the jurisdiction of the public body.  
139 No action may be taken upon the matter raised during public comment unless the matter itself has been specifically  
140 included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes.  
141 The Chairperson may allow additional time at his/her discretion.

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143 Dr. Steven Saxe commented on S.B. 366 and noted some statute conflicts and read the conflict listed  
144 under section (2). Dr. Saxe stated there were no teledentistry provisions in Chapter 631 and therefore he  
145 believes it creates a conflict and wanted it noted that for the record. Dr. Saxe expressed his concern for  
146 patient safety.

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148 **\*6. Adjournment** (For Possible Action)

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150 Committee Member Pinther called for adjournment.

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152 Motion to adjourn by Committee member Moore.  
153 Motion seconded by Committee member Cioffi.  
154 All were in favor, motion passed unanimously.

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156 Meeting adjourned at: 4:37 p.m.

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158 *Minutes approved at the November 1, 2019 Board Meeting*  
159 *Respectfully Submitted by:*

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**Debra Shaffer-Kugel, Executive Director**

**09/23/2019**  
**Board Meeting Draft Minutes**



# NEVADA STATE BOARD OF DENTAL EXAMINERS

## Telephone Conference Call Meeting



### Meeting Location:

Board of Dental Examiners  
6010 S Rainbow Blvd, Suite A1  
Las Vegas, Nevada 89118

### Meeting Date & Time

Monday, September 23, 2019  
6:02 p.m.

### **DRAFT MINUTES**

### Agenda and Public Meeting

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**Note:** Asterisks (\*) denote items on which the Board may take action.

**Note:** Action by the Board on an item may be to approve, deny, amend, or table.

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

Board Member Bethea called the meeting to order and the Executive Director conducted the following roll call:

Mrs. Yvonne Bethea ("Ms. Bethea") ----- PRESENT (President)  
Dr. R. Michael Sanders ("Dr. Sanders") ----- PRESENT (Secretary-Treasurer)  
Dr. Byron Blasco ("Dr. Blasco") ----- PRESENT  
Dr. Timothy Pinther ("Dr. Pinther") ----- PRESENT  
Dr. Jason Champagne ("Dr. Champagne") ---- PRESENT  
Dr. Gregory Pisani ("Dr. Pisani") ----- PRESENT  
Dr. D. Kevin Moore ("Dr. Moore") ----- PRESENT  
Dr. David Lee ("Dr. Lee") ----- PRESENT  
Ms. Betty Pate ("Ms. Pate") ----- PRESENT  
Ms. Joan Shadler ("Ms. Shadler") ----- PRESENT  
Ms. Gabrielle Cioffi ("Ms. Cioffi") ----- PRESENT

**Others Present:** Melanie Bernstein Chapman, Board General Counsel; Rosalie Bordelove, Esquire, Deputy Attorney General/Board Co-Counsel; Debra Shaffer-Kugel, Executive Director.

**Public Attendees:** Daniel Bouer, Cameraman for LVDA; Caryn Solie, RDH, NDHA; Donna Brown, Pyramid Lake Paiute Tribe – on behalf of Chairman Anthony Sampson; Neena Laxalt, NDHA; Robert Talley, NDA.

**2. Public Comment:** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion

(Via telephone) Chairman Anthony Sampson with the Pyramid Lake Paiute Tribe read a statement into the record regarding the Committee on Public Health. Mr. Sampson expressed concerns that the proposed committee membership includes the Executive Director of the Nevada Dental Association, but did not list a representative of the Nevada Dental Hygienist Association; furthermore, that the proposed committee did not include representation from the rural or tribal public health areas that dental therapists are allowed to serve.

50 Caryn Solie representing NDHA as written by Lancette VanGuilder, public comment was submitted for the  
51 record. Ms. VanGuilder requested that the Board consider including dental hygienists to the proposed  
52 public health committee, as well as representation from the rural and tribal communities.

53  
54 Terri Chandler, Executive Director for Future Smiles, commented that she offer over twenty (20) years of  
55 public health expertise. She noted that she would be honored to work on the proposed committee. She  
56 commended the board for establishing the Public Health Committee. She noted that she would not be  
57 participating as a NDHA representative, but rather as a representative of public health and the public  
58 health dental hygiene endorsement.

59  
60 **\*3. Approval of Agenda and Disclosures:** (For Possible Action)

61 Board Member Bethea inquired if any Board members had any disclosures. There were none.

62  
63 MOTION: Board Member Sanders moved that the Board approve the agenda as  
64 presented. Motion seconded by Board Member Blasco. No discussion was held,  
65 vote was unanimous, motion passed.

66  
67  
68 **\*4. Executive Director's Report** (For Possible Action)

69  
70 **\*a. Minutes** – NRS 631.190 (For Possible Action)

71  
72 (1) Board Meeting – July 19, 2019

73  
74 Executive Director presented the draft minutes for approval and requested any amendments/corrections  
75 to disclose. General Counsel noted several corrections. Brief discussion was held. Board member Lee  
76 inquired what public health was. General Counsel advised that the Board Members could address that  
77 question upon reaching that agenda item. With no further corrections, Executive Director requested  
78 approval.

79  
80 MOTION: Board Member Lee motioned that the Board adopt the draft minutes with  
81 corrections noted. Motion seconded by Board Member Sanders. With no further  
82 discussion, the vote was unanimous, motion passed.

83  
84 **\*b. Lease:** NRS 631.190 (For Possible Action)

85  
86 (1) Approval of New Office Lease with Transwestern Investment Holdings VD, LLC

87  
88 Discussion was held noting that the Board had previously approved consideration of new office space at  
89 a previous meeting. Executive Director presented a proposed lease for consideration. Discussion was  
90 held amongst the Board members regarding the office lease and the need for additional office space.

91  
92 MOTION: Board Member Pisani motioned that the Board approve the new office lease. Motion  
93 seconded by Board Member Blasco. With no further discussion, motion passed. Board  
94 Members Moore and Lee opposed the motion.

95  
96 **\*c. Authorized Investigative Complaint(s):** NRS 631.360 (For Possible Action)

97  
98 (1) Dr. Y: Received information from the Board's Licensing Specialist that Dr. Y has  
99 failed to file current board re-certification for his/her designated specialty in  
100 accordance with NRS 631.255 (For Possible Action)

101  
102 Executive Director advised the Board members of the alleged violations of Dr. Y and requested the Board  
103 authorize an investigation against Dr. Y.

104  
105 MOTION: Board Member Moore moved that the Board not authorize the investigation against Dr.  
106 Y until the Board has had time to review the audit. Motion seconded by Board Member  
107 Lee. No further discussion, vote was called with the following opposed: Board Members  
108 Blasco, Sanders, Pisani, and Pinther, Champagne, Pate, and Cioffi. Motion failed.

112 MOTION: Board Member Pate motioned that the Board authorize the investigation against Dr. Y.  
113 Motion was seconded by Board Member Sanders. No further discussion, motion passed,  
114 with the following opposed: Board Members Moore and Lee. Roll Call Vote:  
115  
116

<u>Vote:</u>		<u>Vote:</u>	
Dr. Byron Blasco -----	Yes	Dr. David Lee -----	No
Dr. Gregory Pisani -----	Yes	Ms. Betty Pate -----	Yes
Dr. R. Michael Sanders -----	Yes	Mrs. Yvonne Bethea -----	Yes
Dr. Timothy Pinther -----	Yes	Ms. Joan Shadler -----	Excused
Dr. Jason Champagne -----	Yes	Ms. Gabrielle Cioffi -----	Yes
Dr. D. Kevin Moore -----	No		

117 Motion passed, investigation against Dr. Y authorized.  
118  
119  
120

121 (2) Dr. Z: Received information from the State Board of Pharmacy regarding  
122 allegations of non-compliance with AB 474, failing to conduct patient-queries  
123 and self-queries to the PMP possible violations of Chapter 639 and NRS  
124 631.3485(2) and NAC 631.045(4) (For Possible Action)  
125

126 Executive Director advised the Board members of the alleged violations of Dr. Z and requested the Board  
127 authorize an investigation against Dr. Z.  
128

129 MOTION: Board Member Blasco motioned that the Board authorize the investigation against Dr. Z.  
130 Motion was seconded by Board Member Sanders. Discussion: discussion was held  
131 regarding the investigation process and policies and how authorized investigations are  
132 brought about. No further discussion, the motion passed, with the following oppositions:  
133 Board Members Lee & Moore.  
134  
135  
136  
137

138 **\*5. New Business** (For Possible Action)  
139

140 **\*a. Approval/Rejection of Part-time Employee Investigator Position** – NRS 631.190  
141 (For Possible Action)  
142

143 Board Member Bethea explained the need for a part-time investigator and called for a motion.  
144

145 MOTION: Board Member Pate moved that the Board approve the part-time employee  
146 investigator position. Motion seconded by Board Member Pisani. Discussion:  
147 Discussion was held regarding the recommendation from Board Member Cioffi and  
148 Dr. Lee from a previous meeting regarding the possibility of hiring an in-house  
149 investigator in lieu of using disciplinary screening officers. Additional discussion  
150 held. Majority voted in favor of motion, with the following oppositions: Board  
151 Members Lee and Moore. Roll Call Vote:  
152

<u>Vote:</u>		<u>Vote:</u>	
Dr. Byron Blasco -----	Yes	Dr. David Lee -----	No
Dr. Gregory Pisani -----	Yes	Ms. Betty Pate -----	Yes
Dr. R. Michael Sanders -----	Yes	Mrs. Yvonne Bethea -----	Yes
Dr. Timothy Pinther -----	Yes	Ms. Joan Shadler -----	Excused
Dr. Jason Champagne -----	Yes	Ms. Gabrielle Cioffi -----	Yes
Dr. D. Kevin Moore -----	No		

153 Motion passed.  
154  
155

156 **\*b. Approval/Rejection of Full-time In-House Deputy General Counsel Position** – NRS 631.190  
157 (For Possible Action)  
158

159 Board Member Bethea explained the need for the deputy general counsel position and called for a  
160 motion.  
161

162 MOTION: Board Member Sanders moved that the Board the full-time in-house Deputy  
 163 General Counsel position. Motion seconded by Board Member Pate. Discussion:  
 164 Discussion was held. Board member Lee asked that they add to the next board  
 165 meeting agenda consideration of contracting with outside counsel for oversight of  
 166 in-house general counsel. Additional discussion held. Majority voted in favor of  
 167 motion, with the following oppositions: Board Members Lee and Moore;  
 168 Abstentions: Board Member Shadler – joined meeting during discussion. Roll Call  
 169 Vote:  
 170

<u>Vote:</u>		<u>Vote:</u>	
Dr. Byron Blasco -----	Yes	Dr. David Lee -----	No
Dr. Gregory Pisani -----	Yes	Ms. Betty Pate -----	Yes
Dr. R. Michael Sanders -----	Yes	Mrs. Yvonne Bethea -----	Yes
Dr. Timothy Pinther -----	Yes	Ms. Joan Shadler -----	Abstain
Dr. Jason Champagne -----	Yes	Ms. Gabrielle Cioffi -----	Yes
Dr. D. Kevin Moore -----	No		

171  
 172 Motion passed.

173  
 174  
 175 **\*c. Approval/Rejection of Full-Time Employee Receptionist Position – NRS 631.190**  
 176 (For Possible Action)  
 177

178 Board Member Bethea noted the vacant position for a legal assistant and the Executive Director  
 179 would like to promote from within the office, but that the promotion would create the need for a full-  
 180 time receptionist. Board Member Bethea called for a motion.  
 181

182 MOTION: Board Member Pisani moved that the Board the full-time employee receptionist  
 183 position. Motion seconded by Board Member Pate. Discussion: Board Member  
 184 Cioffi asked for clarification of the positions for legal assistant and receptionist.  
 185 Executive Director clarified the legal assistant vacancy and the idea to promote  
 186 from within the office, thus creating a need for a receptionist. Additional discussion  
 187 held. Majority voted in favor of motion, with the following opposition: Board  
 188 Member Moore. Roll call vote:  
 189

<u>Vote:</u>		<u>Vote:</u>	
Dr. Byron Blasco -----	Yes	Dr. David Lee -----	Yes
Dr. Gregory Pisani -----	Yes	Ms. Betty Pate -----	Yes
Dr. R. Michael Sanders -----	Yes	Mrs. Yvonne Bethea -----	Yes
Dr. Timothy Pinther -----	Yes	Ms. Joan Shadler -----	Excused
Dr. Jason Champagne -----	Yes	Ms. Gabrielle Cioffi -----	Yes
Dr. D. Kevin Moore -----	No		

190  
 191 Motion passed.  
 192  
 193

194 **\*d. Financials: NRS 631.190 (For Possible Action)**  
 195

196 (1) Consideration of Fiscal Year 2020 Budget (For Possible Action)  
 197

198 a. Approve/Reject the recommendations from the Budget & Finance Committee  
 199 regarding the Proposed Draft Budget for FY 20 (For Possible Action)  
 200

201 Mrs. Hummel presented the proposed budget and the modified proposed budget. The modified  
 202 budget includes the three new staff position and costs associated with these positions and the  
 203 proposed budget approved by the Budget & Finance Committee excludes the three new positions.  
 204 After much discussion a motion was called for.  
 205

206 No action taken on this item.  
 207  
 208  
 209  
 210

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219  
220

b. Approve/Reject Modified Budget (For Possible Action)

Board Member Bethea called for a motion.

MOTION: Board Member Pisani moved that the Board approve the modified budget – also known as the original budget. Motion seconded by Board Member Blasco. With no further discussion, majority voted in favor of motion, with the following oppositions: Board Members Lee and Moore.

<u>Vote:</u>	<u>Vote:</u>
Dr. Byron Blasco ----- Yes	Dr. David Lee ----- No
Dr. Gregory Pisani ----- Yes	Ms. Betty Pate ----- Yes
Dr. R. Michael Sanders ----- Yes	Mrs. Yvonne Bethea ----- Yes
Dr. Timothy Pinther ----- Yes	Ms. Joan Shadler ----- yes
Dr. Jason Champagne ----- Yes	Ms. Gabrielle Cioffi -----Yes
Dr. D. Kevin Moore ----- No	

Motion passed.

**\*e. Approve/Reject Application for Part-time Employee Investigator Position – NRS 631.190 (For Possible Action)**

(1) Steven Hall, DDS

Board Member Bethea gave an overview of Dr. Hall's history as a dentist.

MOTION: Board Member Blasco moved that the Board approve the application of Dr. Hall for the part-time investigator position. Motion seconded by Board Member Pisani. Board Member Sanders abstained due to his previous employment at the Dental School, where Dr. Hall was also a previous employee. Discussion held regarding the position. Majority voted in favor of motion, with the following oppositions: Board Members Lee and Moore.

<u>Vote:</u>	<u>Vote:</u>
Dr. Byron Blasco ----- Yes	Dr. David Lee ----- No
Dr. Gregory Pisani ----- Yes	Ms. Betty Pate ----- Yes
Dr. R. Michael Sanders ----- Abstained	Mrs. Yvonne Bethea ----- Yes
Dr. Timothy Pinther ----- Yes	Ms. Joan Shadler ----- yes
Dr. Jason Champagne ----- Yes	Ms. Gabrielle Cioffi -----Yes
Dr. D. Kevin Moore ----- No	

Motion passed.

**\*f. Approval for Board Members/Staff and Travel to attend the AADB Meeting – October 19-20, 2019 in Las Vegas, Nevada (For Possible Action)**

Select Board Members and staff confirmed their attendance for the AADB meeting.

MOTION: Board Member Sanders moved that the Board approve board members, staff, and travel to attend the AADB meeting. Motion seconded by Board Member Shadler. With no further discussion, vote was unanimous, motion passed.

**\*g. Approval for Yvonne Bethea, RDH to be the ADEX District Dental Hygiene Representative for District 2 (For Possible Action)**

Discussion was held regarding the positions to serve as an ADEX representative. Board Member Sanders recommended appointed Board Member Bethea to serve as the ADEX Dental Hygiene representative.

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260 MOTION: Board Member Pate moved that the Board approve to appoint Board Member  
261 Bethea to the ADEX District Dental Hygiene Representative for District 2. Motion  
262 seconded by Board Member Pisani. With no further discussion, vote was  
263 unanimous, motion passed.  
264

265  
266 **\*h. Pursuant to NRS 631.385 and NAC 631.273 appoint an agent of the Board to conduct an**  
267 **investigation into deceased dentist(s) practice to ensure compliance with the statutes and/or**  
268 **regulations** (For Possible Action)  
269

- 270 (1) Chance Haider, DDS  
271 (2) James Whalen, DDS  
272

273 Discussion was held regarding the appointment of an agent to oversee the practice to ensure the  
274 practices of the deceased dentists listed above are in compliance with the statutes and/or  
275 regulations.  
276

277 MOTION: Board Member Sanders moved that the Board approve to appoint Dr. Steven Hall  
278 as an agent of the Board to oversee the practice of the late Dr. Haider and Dr.  
279 Whalen. Motion seconded by Board Member Blasco. With no further discussion,  
280 majority voted in favor of motion, with the following oppositions: Board Members  
281 Lee and Moore. Roll Call vote:  
282

	<u>Vote:</u>		<u>Vote:</u>
Dr. Byron Blasco -----	Yes	Dr. David Lee -----	No
Dr. Gregory Pisani -----	Yes	Ms. Betty Pate -----	Yes
Dr. R. Michael Sanders -----	Yes	Mrs. Yvonne Bethea -----	Yes
Dr. Timothy Pinther -----	Yes	Ms. Joan Shadler -----	yes
Dr. Jason Champagne -----	Yes	Ms. Gabrielle Cioffi -----	Yes
Dr. D. Kevin Moore -----	No		

283 Motion passed.  
284  
285  
286  
287

288 **\*i. Request the Board issue a subpoena duces tecum signed by the Board's Secretary-Treasurer to**  
289 **Dr. S. Dr. S has refused to provide the Board with unredacted patient records in connection with**  
290 **an authorized investigative complaint approved by the Board and in violation of NRS 629.061.**  
291 (For Possible Action)  
292

293 Board Member Bethea called for a motion.  
294

295 MOTION: Board Member Pisani moved that the Board approve the issuance of a subpoena  
296 signed by the Secretary-Treasurer. Motion seconded by Board Member Pate.  
297 Discussion: Board Member Moore asked that the Board consider tabling this  
298 agenda item due to concerns with the audit. Discussion held regarding the matter.  
299 Majority voted in favor of motion, with the following oppositions: Board Members  
300 Lee and Moore. Roll Call vote:  
301

	<u>Vote:</u>		<u>Vote:</u>
Dr. Byron Blasco -----	Yes	Dr. David Lee -----	No
Dr. Gregory Pisani -----	Yes	Ms. Betty Pate -----	Yes
Dr. R. Michael Sanders -----	Yes	Mrs. Yvonne Bethea -----	Yes
Dr. Timothy Pinther -----	Yes	Ms. Joan Shadler -----	yes
Dr. Jason Champagne -----	Yes	Ms. Gabrielle Cioffi -----	Yes
Dr. D. Kevin Moore -----	No		

302 Motion passed.  
303  
304  
305  
306  
307

308 \*j. **Request the Board issue a subpoena duces tecum signed by the Board's Secretary-Treasurer to**  
309 **Dr. Z. Dr. Z has refused at the request of the Board to submit a copy of patients' records in**  
310 **connection with an authorized investigative complaint approved by the Board and in violation**  
311 **of NRS 629.061** (For Possible Action)  
312

313 Board Member Bethea called for a motion, after explaining the alleged violations that Dr. Z failed to  
314 comply with.  
315

316 MOTION: Board Member Blasco moved that the Board approve the issuance of a subpoena  
317 signed by the Secretary-Treasurer, to Dr. Z. Motion seconded by Board Member  
318 Shadler. With no discussion, majority voted in favor of motion, with the following  
319 oppositions: Board Members Lee and Moore. Roll Call vote:  
320

	<u>Vote:</u>		<u>Vote:</u>
Dr. Byron Blasco -----	Yes	Dr. David Lee -----	No
Dr. Gregory Pisani -----	Yes	Ms. Betty Pate -----	Yes
Dr. R. Michael Sanders -----	Yes	Mrs. Yvonne Bethea -----	Yes
Dr. Timothy Pinther -----	Yes	Ms. Joan Shadler -----	yes
Dr. Jason Champagne -----	Yes	Ms. Gabrielle Cioffi -----	Yes
Dr. D. Kevin Moore -----	No		

321 Motion passed.  
322

323  
324 \*k. **Approval to seek order to compel/show cause and/or order of contempt pursuant to NRS**  
325 **631.366 regarding Dr. X's failure to comply with the subpoena duces tecum approved and**  
326 **issued by the Board** (For Possible Action)  
327

328 Board Member Bethea noted that the Board previously approved the issuance of a subpoena to Dr.  
329 X, whom has failed to comply with the subpoena. A motion was called for.  
330

331 MOTION: Board Member Pisani moved that the Board approve the request regarding Dr. X.  
332 Motion seconded by Board Member Pate. With no discussion, majority voted in  
333 favor of motion, with the following oppositions: Board Members Lee and Moore. Roll  
334 Call vote:  
335

	<u>Vote:</u>		<u>Vote:</u>
Dr. Byron Blasco -----	Yes	Dr. David Lee -----	No
Dr. Gregory Pisani -----	Yes	Ms. Betty Pate -----	Yes
Dr. R. Michael Sanders -----	Yes	Mrs. Yvonne Bethea -----	Yes
Dr. Timothy Pinther -----	Yes	Ms. Joan Shadler -----	yes
Dr. Jason Champagne -----	Yes	Ms. Gabrielle Cioffi -----	Yes
Dr. D. Kevin Moore -----	No		

336 Motion passed.  
337

338  
339  
340 \*l. **Approval of Public Health Endorsement** – NRS 631.287 (For Possible Action)  
341

342 (1) Diana M. Leimbach, RDH – Healthy Smile Healthy Child Program  
343

344 Board Member Bethea explained that this was an application for a PHE. Board Member Sanders  
345 reviewed the application and recommend approval.  
346

347 MOTION: Board Member Pate moved that the Board approve the PHE for Ms. Leimbach.  
348 Motion seconded by Board Member Shadler. With no discussion, vote was  
349 unanimous, motion passed; Dr. Pisani abstained.  
350

359 **\*m. Approval for Anesthesia-Permanent Permit** – NAC 631.2233 (For Possible Action)

360  
361 **(1) General Anesthesia** (For Possible Action)

- 362  
363 (a) Mahyar Ali Karimi, DDS  
364 (b) Luke M. Nicholson, DMD  
365

366 These applications were reviewed by Board Member Moore and Board Member Sanders. Board Member  
367 Moore recommended approval of the permanent General Anesthesia permit for Dr. Karimi and Dr.  
368 Nicholson.  
369

370 MOTION: Board Member Blasco moved that the board approve the permanent General  
371 Anesthesia permit for Dr. Karimi and Dr. Nicholson. Motion seconded by Board Member  
372 Shadler. No discussion, the vote was unanimous, motion passed; abstained from the  
373 motion were Board Members Moore and Sanders.  
374

375 **(2) Moderate Sedation (pediatric specialty)** (For Possible Action)

- 376  
377 (a) Andrek J. Ingersoll, DMD  
378 (b) Michael J. Purcell, DDS  
379

380 These applications were reviewed by Board Member Moore and Board Member Sanders. Board Member  
381 Moore recommended approval of the permanent Moderate Sedation (pediatric Specialty) permit for  
382 Drs. Ingersoll and Purcell.  
383

384 MOTION: Board Member Shadler moved that the board approve the permanent Moderate  
385 Sedation (pediatric specialty) permit for Dr. Ingersoll and Dr. Purcell. Motion seconded  
386 by Board Member Pate. No discussion, the vote was unanimous, motion passed;  
387 abstained from the motion were Board Members Moore and Sanders.  
388

389  
390 **\*n. Approval for Anesthesia – Temporary Permit** – NAC 631.2233 (For Possible Action)

391  
392 **(1) General Anesthesia** (For Possible Action)

- 393  
394 (a) Stavan Y. Patel, DDS  
395

396 The application was reviewed by Board Member Moore and Board Member Sanders. Board Member  
397 Moore recommended approval of a temporary permit for Dr. Patel.  
398

399 MOTION: Board Member Blasco moved that the board approve the temporary general  
400 anesthesia permit for Dr. Patel. Motion seconded by Board Member Lee. No discussion,  
401 the vote was unanimous, motion passed; abstained from the motion were Board  
402 Members Moore and Sanders.  
403

404 **(2) Moderate Sedation (pediatric specialty)** (For Possible Action)

- 405  
406 (a) Leilani D. M. Friesen, DDS  
407 (b) Rasika Y. Patel, DDS  
408

409 These applications were reviewed by Board Member Moore and Board Member Sanders. Board Member  
410 Moore recommended approval of a temporary permit for Drs. Friesen and Dr. Patel.  
411

412 MOTION: Board Member Blasco moved that the board approve the temporary Moderate  
413 Sedation (pediatric specialty) permit for Dr. Friesen and Dr. Patel. Motion seconded by  
414 Board Member Lee. No discussion, the vote was unanimous, motion passed; abstained  
415 from the motion were Board Members Moore and Sanders.  
416

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

418  
419 **(1) Moderate Sedation (patients 13 years of age & older)** (For Possible Action)

- 420  
421 (a) Damian V. Betancourt, DDS  
422

423 Board Member Bethea recommended approving an extension for Dr. Betancourt.  
424

425 MOTION: Board Member Pisani moved that the board approve the request for a 90-day extension  
426 for the applicant listed. Motion seconded by Board Member Blasco. No discussion, the  
427 vote was unanimous, motion passed; abstained from the motion were Board Members  
428 Moore and Sanders.

431 **\*p. Approve the Committee on Public Health-NRS 631.190** (For Possible Action)  
432

- 433 (1) Betty Pate, RDH  
434 (2) David Lee, DMD  
435 (3) Gregory Pisani, DDS  
436 (4) Antonina Capurro, DMD, State Dental Health Officer  
437 (5) Robert Talley, DDS  
438 (6) Terry Chandler, RDH  
439

440 Discussion was held regarding the proposed members listed. It was noted that currently there was a  
441 vacant spot being held for the state dental hygiene health officer that is currently vacant with the State.  
442 It was recommended to reserve a spot until the State filled their vacancy.  
443

444 MOTION: Board Member Pate moved that the Board approve the committee on Public Health.  
445 Motion seconded by Board Member Shadler. Discussion: Board Member Lee inquired  
446 what Public Health was. Board Member Sanders explained "public health". Discussion  
447 including the addition of dental hygiene members to the committee. There was  
448 discussion of possible dental hygienists that may have interest in serving on the  
449 committee, and if so were advised to contact Board Member Pate. Executive Director  
450 would reach out to Ms. Jessica Woods to serve since she is the President of the NDHA.  
451 With no further discussion, the vote was unanimous, motion passed; abstained from the  
452 motion was Board Member Pate.  
453

454 **\*q. Approve a 2.85 % COLA for Staff Members. This COLA increase is less 1.15% due to increase to**  
455 **PERS and is in accordance with the 2% COLA classified and unclassified employees received in**  
456 **2017 and 2018 retro-active to July 1, 2019.** (For Possible Action)  
457

458 Board Member Bethea stated that the budget approved earlier already included the COLA increase for  
459 staff members. A motion was called for.  
460

461 MOTION: Board Member Pate moved that the Board approve the COLA for staff members.  
462 Motion seconded by Board Member Sanders. Discussion: Board Member Lee expressed  
463 his opposition of approving an increase for staff since this is already a negative budget.  
464 Board Member Sanders called to question. With no further discussion, a majority voted in  
465 favor of the motion, with the following opposing: Board Members Lee and Moore. Roll  
466 Call Vote:  
467

	<u>Vote:</u>		<u>Vote:</u>
Dr. Byron Blasco -----	Yes	Dr. David Lee -----	No
Dr. Gregory Pisani -----	Yes	Ms. Betty Pate -----	Yes
Dr. R. Michael Sanders -----	Yes	Mrs. Yvonne Bethea -----	Yes
Dr. Timothy Pinther -----	Yes	Ms. Joan Shadler -----	yes
Dr. Jason Champagne -----	Yes	Ms. Gabrielle Cioffi -----	Yes
Dr. D. Kevin Moore -----	No		

468 Motion passed.  
469

470 **\*r. Approval of Byron Blasco, DMD and Joan Shadler, RDH to the Budget & Finance Committee**  
471 (For Possible Action)  
472

473 Board Member Bethea noted that they have had difficulties obtaining a quorum and was thus suggesting  
474 adding additional board members to the Budget and Finance committee.  
475  
476  
477

478 MOTION: Board Member Pisani moved that the Board approve to appoint Board Member Blasco  
479 and Board Member Shadler to the Budget and Finance Committee. Motion seconded  
480 by Board Member Sanders. Discussion: Board Member Moore inquired if this would  
481 affect the quorum. Mrs. Bordelove addressed Board Member Moore's concerns. With  
482 no further discussion, the vote was unanimous, motion passed.  
483

484 **6. Public Comment:** This public comment period is for any matter that is within the jurisdiction of the public body.  
485 No action may be taken upon the matter raised during public comment unless the matter itself has been specifically  
486 included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes.  
487 The Chairperson may allow additional time at his/her discretion.  
488

489 Ms. Chandler thanked the Board for the establishment of the Committee on Public Health  
490

491 **7. Announcements:**  
492

493 Executive Director noted that the dental hygienist mentioned for consideration to join the  
494 Committee on Public Health would be added to the next Board Meeting agenda for approval.  
495

496 **\*8. Adjournment** (For Possible Action)  
497

498 Board Member Bethea called for adjournment.  
499

500 Motion to adjourn by Board Member Blasco.  
501 Motion seconded by Board Member Sanders.  
502 All were in favor, motion passed unanimously.  
503

504 Meeting adjourned at: 8:34 p.m.  
505  
506  
507  
508

509 *Minutes approved at the November 1, 2019 Board Meeting*  
510 *Respectfully Submitted by:*  
511

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513  
514  

---

**Debra Shaffer-Kugel, Executive Director**

**Agenda Item: (6)(c)**  
**Motion to Continue Formal Hearing**

**FILED**

**OCT 14 2019**

STATE OF NEVADA **NEVADA STATE BOARD OF DENTAL EXAMINERS**  
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS

Case No. 6033-1456

Complainant,

vs.

MOTION TO CONTINUE

NAN PHAN, DDS,

Respondent.

Respondent, Nam Phan, DDS, by and through his Counsel of Record, Lawrence J. Semenza, Esq., of Lawrence J. Semenza, Ltd. and respectively moves the Board of Dental Examiners to Continue the Hearing set before the Board from November 8, 2019 to a time convenient to both the Board, the Board's Counsel and Counsel for the Respondent.

This motion is based upon the fact that the date scheduled for the Hearing in this matter was set before acceptance of the Complaint upon Counsel for the Respondent. Counsel had previously scheduled a jury trial in the case of Woodrow Fox v. David Warren, Case No.: A-16-738788-C for November 4, 2019 for five to seven days, and Counsel will not be able to appear for the Board Hearing.

Dated this 14<sup>th</sup> day of October 2019.

LAWRENCE J. SEMENZA, LTD.

*Lawrence J Semenza*

Lawrence J. Semenza, Esq.  
3753 Howard Hughes Parkway Suite 200  
Las Vegas, NV 89168  
Telephone: (702) 369-6999  
lsemenza@semenzalawfirm.com

*Counsel for Nam Phan DDS*

LAWRENCE J. SEMENZA, LTD.  
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Telephone: (702) 369-6999

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CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b) and NCFER 9, I hereby certify that on October 14, 2019, I caused to be sent by electronic transmission, a true copy of MOTION TO CONTINUE HEARING to the following email address:

Melanie Bernstein Chapman, Esq.  
General Consul  
Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118

mbchapman@nsbde.nv.gov

*Lawrence J. Semenza*  
Lawrence J. Semenza



**Agenda Item: (7)(a)**

**Request to Reactivate Suspended License for  
non-renewal and review terms and conditions  
of stipulation agreement approved 01/24/2014**

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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**Full Name :** Morris, Craig Steven , DDS

**Primary Office Address :** 7260 S Rainbow Blvd, Suite 104

**City, State Zip :** Las Vegas, NV 89118

**Office Phone :**

**License Number :** S2-31

**License Date :** 09/08/2000

**Status :** Revoked-Non Renewal

**Expiration Date :** 06/30/2017





**Graduated From :** Meharry Medical College

**Graduation Date :** 12/31/1991

**Permits :**

Permit	Permit Number	Issue Date	Exp Date
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**Board Action / Malpractice :**

Action Type	Date	Document Link
Board Action	01/24/2014	
Malpractice		
Malpractice		
Malpractice		

← Close detail

First () Previous () 

1 ()	2 ()	Next ()	Last ()
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July 18, 2019

Mailed Return Receipt Request

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

**RE: Petition to Reinstate License for Non-Renewal & Review of terms and conditions of Disciplinary Stipulation**

Dear Director Shaffer-Kugel:

Please accept this letter of Petition to Reinstate license number S2-31. I am in receipt of your correspondence dated July 9, 2019 regarding this matter. As you are aware, I reluctantly entered into an agreement with the Nevada State Board of Dental Examiners in January of 2014.

As a means of attempting to avoid "misunderstandings", my attorney and I maintained open and extended dialogue with Mr. John Hunt throughout this process. In addition, I and my attorney have retained pertinent records and correspondences pertaining to any communication between Mr. Hunt and my attorney, Lisa Rasmussen. As a result, I have taken the liberty of again providing you and the Nevada State Board of Dental Examiners proof that **ALL financial and remedial obligations have been met in accordance with the entered agreed stipulation and verified by Mr. John Hunt.**

Please be advised that after providing the enclosed information to the NSBDE through Mr. Hunt, the **ONLY** stipulation which had not been met was **4 Hours of Records Keeping (live) and 3 Hours of Informed Consent (live)**. Permission was granted to complete both course by you personally, and both courses were completed in a timely fashion and in complete accordance with the entered agreed stipulation. Proof of completion was provided to you and Mr. Hunt directly from the respective instructors. After receiving written verification that the remaining course work had indeed been completed, I was informed through my attorney by you that a "reinstatement fee" of \$300.00 must be remitted in care of the NSBDE. This was not anticipated or part of the agreement, since my license was never supposed to be placed on suspension or revoked during this process, but rather placed on probationary status. I however hand delivered payment in the requested amount and was subsequently informed that all academic and financial obligations had been met.

Since entering into the agreement with the NSBDE, the following things have occurred:

1. I have been accused of not making the last payment required to cover the "cost" of the investigation into my case. As a result, my license was placed in a "suspension" status.

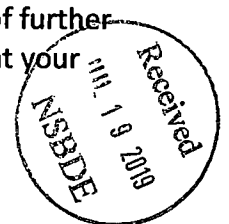


2. Proof of remittance of all required payments was provided to Mr. Hunt in the form of cancelled checks, clearly demonstrating dates cashed and therefore dispelling the myth that all payments had not been received in a timely fashion.
3. Governor's Audit was conducted, and its conclusion clearly stated that I was overcharged for the "investigation" by over Twelve Hundred Dollars (please see Governor's inquiry).
4. ~~I have been wrongfully accused not completing the required number of hours of remedial education and not completing the required content.~~ Written documentation has been submitted, reviewed and approved by both John Hunt, Esq. and the Executive Director. Upon careful review of the documentation provided, it was determined that I was lacking the required hours of education in Records Keeping and Informed Consent. Subsequent completion of the required live hours in both subject matters were completed, proof of completion was submitted in writing and my license was activated without further scrutiny or prejudice.
5. Up until the last renewal period, my license remained active and I continued to practice as an associate within the state of Nevada as agreed by stipulation. ~~A conscious decision was made not to renew during this last period.~~ The NSBDE is fully aware of the difficulties in obtaining gainful employment when a licensee has a stipulation attached to their license. It should be noted that my probationary status ended in 2018 as agreed upon by NSBDE and me.
6. Basic Life Support (BLS) was maintained as required in the form of Advanced Cardiac Life Support (ACLS) and /or Pediatric Advanced Life Support (PALS). Please be advised that in order to obtain ACLS and/or PALS, one must have completed and maintained BLS. Because of the level of anesthesia, I may provide, ACLS/PALS is required. Proof of maintenance has been repeatedly been provided to and verified by Mr. Hunt as required by the NSBDE stipulation.
7. ~~As a result of this on-going process, my life has been ruined. I have lost all worldly goods, my wife and have little hope of ever regaining viable employment within the state of Nevada.~~

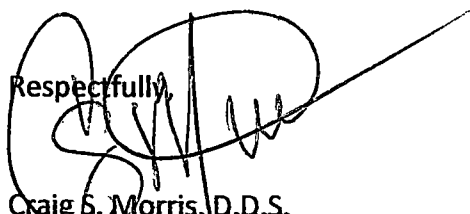
As a result, I am requesting the following occur:

1. Reinstatement of my license to practice and anesthesia permit in the state of Nevada with no further action or stipulation attached.
2. Any and all fees associated with reinstatement be extracted from the overpayment made to the state.
3. State of Nevada consider this and all matters pertaining to this subject closed and all requirements fulfilled by said licensee.
4. License S2-31 be reported as active and in good standing to the appropriate website and the National Practitioner Data Bank.

As always, I offer my sincere thanks to the NSBDE and to you personally. If I can be of further service to you or any further information is required, please feel free to contact me at your convenience.



Respectfully,

  
Craig S. Morris, D.D.S.  
Oral & Maxillofacial Surgeon  
Diplomate, American Society of Dental Anesthesiology  
Fellow, American College of Dental Anesthesiology

Enclosure

CSM

Cc: Attorney Lisa Rasmussen



**Stipulation Agreement: Craig Morris, DDS**  
**January 24, 2014**

NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF )  
DENTAL EXAMINERS, )

Complainant )

CASE NO: 74127-02457

vs. )

ORDER OF REINSTATEMENT

Craig S Morris, DDS )

Respondent, )

\_\_\_\_\_ )

On January 30, 2015, the Nevada State Board of Dental Examiners issued an Order of Suspension for the failure to complete the ten (10) additional hours of continuing education pursuant to Paragraph 20(e) of the Disciplinary Stipulation Agreement approved by the Board on January 24, 2014.

On November 10, 2016, the Board received the submission of the certificates of completion for the ten (10) hours of additional continuing education and the reinstatement fee of \$300.00. Therefore, effective November 10, 2016, your license to practice dentistry in the State of Nevada is hereby reinstated to active status and pursuant to the terms and conditions of the Disciplinary Stipulation Agreement dated January 24, 2014.

DATED this 10th day of November, 2016

NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE SEAL



Debra Shaffer-Kugel, Executive Director

NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF )  
DENTAL EXAMINERS, )  
 ) CASE NO: 16-74127-02457  
Complainant, )  
 )  
vs. )  
 ) ORDER OF SUSPENSION  
CRAIG S MORRIS, DDS )  
 )  
Respondent, )  
\_\_\_\_\_ )

On January 24, 2014, you entered into a Disciplinary Stipulation Agreement with the Nevada State Board of Dental Examiners. Pursuant to Paragraph 20(g)(II) you agreed to reimburse the Board the cost of the investigation in the amount of Twenty Four Thousand Five Hundred Fifty Dollars (\$24,550.00) you agreed to twenty two (22) consecutive monthly payments in the amount of \$869.47. The payment of \$869.47 due on January 1, 2016 has not been received.

Please be advised, the Board has issue two (2) previous Orders of Suspension. The first one issued January 30, 2015 for failing to comply with the terms and conditions of Paragraph 20(e) in where you agreed to complete an additional ten (10) hours of supplemental education and on May 13, 2015 the Board issued an Order of Suspension, for failing to submit the required reimbursement payment of \$869.47 on or before May 1, 2015 to include, the reinstatement fee and \$25.00 for each day you are in default. The late payment resulted in a default payment of \$75.00 currently owed to the Board. Correspondence sent to you each month has noted the default amount of \$75.00.

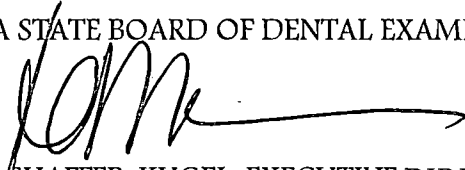
Therefore, your failure to submit the required payment of January 1, 2016 as set forth in Paragraph 20(g)(II) and pursuant to Paragraph 20 (h) shall result in the issuance of an additional Order of Suspension. Please be advised, effective immediately your license to practice dentistry in the State of Nevada is hereby suspended. You shall cease and desist from



practicing dentistry in the State of Nevada. Should you practice dentistry in this state, such actions would be deemed as the illegal practice of dentistry as set forth by NRS 631.395 and punishable criminally to the provisions of NRS 631.400.

DATED this 15th day of January, 2016

NEVADA STATE BOARD OF DENTAL EXAMINERS

A handwritten signature in black ink, appearing to read 'D. Shaffer-Kugel', with a long horizontal flourish extending to the right.

DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR

*Nevada State Seal*

NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF )  
DENTAL EXAMINERS, )

CASE NO. 15-74127-02457

Complainant, )

vs. )

ORDER OF SUSPENSION

CRAIG S MORRIS, DDS )

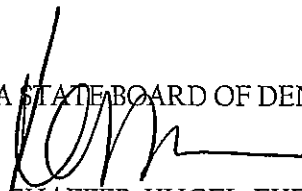
Respondent, )

On January 24, 2014, you entered into a Disciplinary Stipulation Agreement with the Nevada State Board of Dental Examiners. Pursuant to Paragraph 20(g)(II) you agreed to reimburse the Board the cost of the investigation in the amount of Twenty Four Thousand Five Hundred Fifty Dollars (\$24,550.00) you agreed to twenty two (22) consecutive monthly payments in the amount of \$869.47. The payment of \$869.47 due on May 1, 2015 was not received.

Therefore, your failure to submit the required payments as set forth in Paragraph 20(g)(II) and pursuant to Paragraph 20 (h) shall result in the issuance of an Order of Suspension. Please be advised, effective immediately your license to practice dentistry in the State of Nevada is hereby suspended. You shall cease and desist from practicing dentistry in the State of Nevada. Should you practice dentistry in this state, such actions would be deemed as the illegal practice of dentistry as set forth by NRS 631.395 and punishable criminally to the provisions of NRS 631.400.

DATED this 13th day of May, 2015

NEVADA STATE BOARD OF DENTAL EXAMINERS



DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR

Nevada State Seal

BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL  
EXAMINERS,

Complainant,

vs.

Craig S Morris, DDS  
Respondent,

ORDER OF SUSPENSION

15-74127-02457

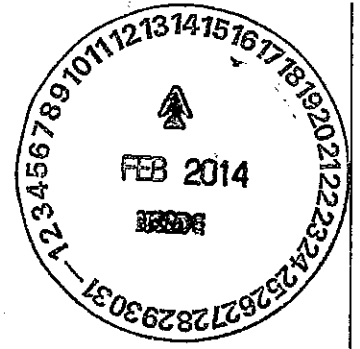
On January 24, 2014, at a properly notice meeting of the Nevada State Board of Dental Examiners, the Disciplinary Stipulation Agreement you entered into with the Board was adopted. Pursuant to Paragraph 20(e) you agreed to an additional ten (10) hours of supplemental education in addition to the required continuing education for licensure renewal. The ten (10) additional hours shall be completed within twelve (12) months from adoption of the disciplinary stipulated agreement and must be completed in the following areas: Six (6) hours related to anesthesia recordkeeping and Four (4) hours related to informed consent. The Board records show you have not submitted a request for approval of the required continuing education and have not submitted certificates of completion.

Therefore, based upon your failure to comply with Paragraph 20(e) your license to practice dentistry is hereby *SUSPENDED* effectively immediately. You shall cease and desist from practicing dentistry in the State of Nevada. Should you practice dentistry in the State of Nevada, such actions would be deemed as the illegal practice of dentistry as set forth by NRS 631.395 and punishable criminally to the provisions of NRS 631.400.

DATED this 30th day of January, 2015

NEVADA STATE BOARD OF DENTAL EXAMINERS

  
DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR



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STATE OF NEVADA  
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL  
EXAMINERS,  
  
Complainant,  
  
vs.  
  
CRAIG S. MORRIS, DDS,  
  
Respondent.

Case No. 74127-02457

**DISCIPLINARY  
STIPULATION AGREEMENT**

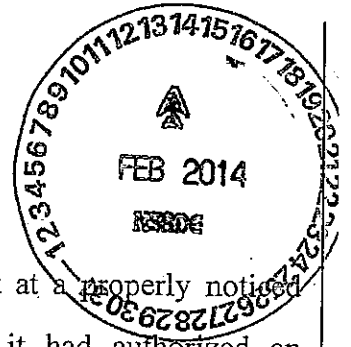
**IT IS HEREBY STIPULATED AND AGREED** by and between CRAIG S. MORRIS, DDS (hereafter "Respondent" or "Dr. Morris") present and represented by his counsel of record, LISA RASMUSSEN, ESQ., and the NEVADA STATE BOARD OF DENTAL EXAMINERS (hereafter "Board"), by and through THOMAS MYATT, DDS, Disciplinary Screening Officer ("DSO"), and the Board's legal counsel, JOHN A. HUNT, ESQ., of the law firm MORRIS, POLICH & PURDY, LLP as follows via this *Disciplinary Stipulation Agreement* ("Stipulation Agreement" or "Agreement"):

1. On March 7, 2011, the Board received Respondent's written notification dated March 4, 2011, regarding PATIENT A.<sup>1</sup>

<sup>1</sup>NRS 629.061(5) and (6) provide as follows regarding health care records and their use in public hearings:  
5. Records made available to a representative or investigator must not be used at any public hearing unless:  
(a) The patient named in the records has consented in writing to their use; or

SM  
Respondent's initials

Jak  
Respondent's Attorney's initials



1 2. Via notice dated May 23, 2011, the Board notified Respondent at a properly noticed  
2 meeting on May 6, 2011, and pursuant to Agenda item 5(a)(11), it had authorized an  
3 investigative complaint regarding whether Respondent violated NAC 631.2237 and NAC  
4 631.155, relative to PATIENT A. On June 15, 2011, the Board received Respondent's written  
5 response (w/attachments) dated June 8, 2011, in response to the notice of authorized  
6 investigation relative to PATIENT A.

7  
8 3. On July 2 and 3, 2012, the Board notified Respondent it had been brought to the Board's  
9 attention that a certain event may have occurred at his office recently requiring reporting as set  
10 forth in NAC 631.155.

11  
12 4. On July 9, 2012, the Board notified Respondent it was in receipt of written notification  
13 from Dr. Callaway-Nelson in accordance with NAC 631.155 of an occurrence on June 19, 2012,  
14 at the office of Dr. Callaway-Nelson regarding Respondent's patient, PATIENT B. The Board's  
15 July 9, 2012, correspondence also advised that the authorized investigation regarding PATIENT  
16 A has been expanded, pursuant to NAC 631.250, to include PATIENT B.

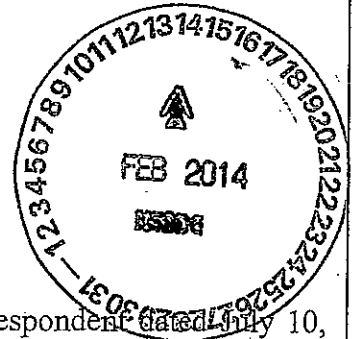
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18 5. On July 11, 2012, the Board received medical records of PATIENT A and PATIENT B  
19 from AMR, copies of which were provided to Respondent on July 11, 2012. On July 11, 2012,  
20 the Board received from the Office of the Coroner reports regarding PATIENT A, copies of  
21

22  
23 (b) Appropriate procedures are utilized to protect the identity of the patient from public disclosure.  
24 6. Subsection 5 does not prohibit:

25 (a) A state licensing board from providing to a provider of health care or owner or operator of an  
26 ambulance against whom a complaint or written allegation has been filed, or to his or her attorney, information on  
27 the identity of a patient whose records may be used in a public hearing relating to the complaint or allegation, but  
28 the provider of health care or owner or operator of an ambulance and the attorney shall keep the information  
confidential.

CSM  
Respondent's initials

fab  
Respondent's Attorney's initials



1 which were provided Respondent on July 12, 2012.

2 6. On July 16, 2012, the Board received correspondence from Respondent dated July 10,  
3 2012, regarding PATIENT B.

4  
5 7. The Board received Respondent's correspondence dated July 17, 2012, from Respondent  
6 advising, in pertinent part:

7  
8 Effective immediately, I hereby unconditionally relinquish my General  
9 Anesthesia Permit #GA-021. It is understood the relinquishment of my General  
10 Anesthesia Permit #GA-021 is **not** an adverse event reportable to the National  
11 Practitioner Data Bank. I acknowledge in the event I should administer either  
12 General or Conscious Sedation subsequent to the execution of this  
13 correspondence such conduct may be deemed unprofessional conduct.

14  
15 I understand in order to administer General Anesthesia in the future I must  
16 reapply pursuant to NAC 631.2213 for a permit.

17 Id. (emphasis in original).

18  
19 8. On July 24, 2012, the Board received from St. Rose Dominican Hospital records  
20 regarding PATIENT A, copies of which were provided Respondent on July 24, 2012.

21  
22 9. Via *Notice of Investigative Complaint & Request for Records* dated July 25, 2012, the  
23 Board notified Respondent at a properly noticed meeting on July 18, 2012, and pursuant to  
24 Agenda item 3(d)(2), it had authorized an investigative complaint regarding whether Respondent  
25 violated NRS 631.3475(4), NAC 631.2237, NAC 631.230(1)(c) and 1(k) (with reference to  
26 PATIENT B).

27  
28 10. On July 28, 2012, the Board received from the Office of the Coroner reports regarding  
PATIENT B, copies of which were provided Respondent on July 30, 2012.

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Respondent's Attorney's initials



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11. On August 3, 2012, the Board provided Respondent copies of medical records it received from Centennial Hospital regarding PATIENT B.

12. On September 5, 2012, the Board sent Respondent correspondence regarding NAC 631.350 and the failure of a party to answer complaint.

13. On September 12, 2012, the Board received Respondent's written response dated September 10, 2012, in response to the notice of authorized investigation regarding PATIENT B.

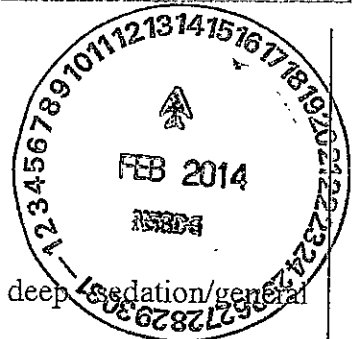
14. On February 8, 2013, the Board received additional material from Respondent dated February 6, 2013.

15. Via *Notice of Complaint & Request for Records* dated March 4, 2013, the Board notified Respondent of a verified complaint brought on behalf of PATIENT A. On March 12, 2013, the Board received Respondent's written response dated March 8, 2013, to the verified complaint brought on behalf of PATIENT A.

16. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, Thomas P. Myatt, 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), but not for any other purpose, including any other subsequent civil action, believes there is substantial evidence Respondent violated NRS 631.3465(4) as follows regarding PATIENT A:

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Respondent's Attorney's initials



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- a. Dr. Morris provided incomplete documentation of deep sedation/general anesthesia on PATIENT A. According to indicated AAOMS guidelines regarding therapeutic parameters for care it is recommended that patients be continuously supervised, monitored and have documentation on at least a five minute interval in the anesthetic record, including ventilation and oxygenation during the administration of anesthesia, continuous pulse oximetry during both the intraoperative and recovery period with appropriate alarm settings established, and continuous monitoring of heart rate, blood pressure and respiration, with EKG continuously displayed and/or recorded until the patient leaves the operation room with written documentation of its use in the anesthetic record. Except for preoperative vital signs, there is no written documentation regarding the above in PATIENT A's anesthetic record at five (5) minute intervals, as required. Dr. Morris even indicates in his narrative that times were approximate.
- b. Besides the failure to adequately record cardiovascular and respiratory vital signs in the chart, there is no record of what time and/or spacing emergency drugs were administered.
- c. Dr. Morris failed to respond in a timely manner in calling EMS. From the time that the patient regurgitated clear stomach fluid and aspirated prior to the time EMS called, approximately 14 minutes had elapsed. Apparently 10 more minutes transpired before EMS arrived and transported to the patient to the hospital. This was approximately 25 minutes or more if these times are approximate before EMS arrived at the scene. Dr. Morris notes that PO2 saturations were in the mid 60's /70's for a period of 14 minutes, before EMS was notified.
- d. In regards to the emergency algorithm for emesis and aspiration there is no mention in Dr. Morris' account that the patient was placed in Trendelenburg

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Respondent's initials

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Respondent's Attorney's initials





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position with head down at least 15 degrees and rolled to the right side, a position that would have allowed gravity to help the aspirant move towards the pharynx rather than down into the lungs. Although suctioning of the pharynx and hypopharynx of the vomitus was indicated, lack of positioning could have allowed the emesis to continue traveling to both right and left tracheal bronchial trees.

e. In regard to the emergency algorithm for bronchospasm, this patient aspirated clear stomach fluid causing signs similar to an acute asthma attack. These include dyspnea, laryngospasm (partial airway obstruction), cyanosis and hypoxia. All signs admitted to by Dr. Morris in his answer submitted to the Board.

The recommended treatment for an unresponsive patient who is having a bronchospasm from aspiration is to give epinephrine .3-.5 mg (1:1000 soln) intramuscularly or subcutaneously and should the patient continued to deteriorate, as Patient "A" continued to deteriorate the appropriate course of treatment is to intubate the patient. Dr. Morris inappropriate course of treatment was to give Patient "A" a cardiac dose (1mg) of epinephrine twice, which should be given only if the patient is suspected to have an acute anaphylaxis and hypotension or cardiac arrest. This was not the case, Patient "A" was in fact was having bronchospasm secondary to aspiration, not acute anaphylaxis secondary to an allergic reaction. In addition Dr. Morris's attempts to intubate the patient twice failed because Dr. Morris administered an incorrect dose of succinylcholine (20mg given v 100-120 mg recommended). Failure to intubate Patient "A" by not administering the appropriate dose of succinylcholine was a contributing factor that resulted in Dr. Morris failure properly control the airway and oxygenate

*CSM*

Respondent's initials

*Leah*

Respondent's Attorney's initials



1 Patient "A".

2  
3 17. Applying the administrative burden of proof of substantial evidence as set forth in *State,*  
4 *Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see *Minton v.*  
5 *Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS  
6 233B.135(3)(e), Respondent admits, but not for any other purpose, the Board has substantial  
7 evidence that Respondent violated NRS 631.3475(4) and NAC 631.2225 as more fully addressed  
8 in Paragraph 16 above regarding PATIENT A.

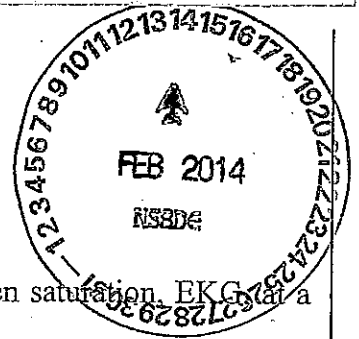
9  
10 18. Based upon the limited investigation conducted to date, Disciplinary Screening Officer,  
11 Thomas P. Myatt, DDS, applying the administrative burden of proof of substantial evidence as  
12 set forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986);  
13 and see *Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also  
14 NRS 233B.135(3)(e), but not for any other purpose, including any other subsequent civil action,  
15 believes there is substantial evidence Respondent violated NRS 631.3475(4) and NAC 631.2225  
16 as follows regarding PATIENT B:

17 a. PATIENT B was a moderately obese (almost morbidly obese) 29 year old female  
18 Hispanic who had acid reflux, seasonal allergies, and a childhood history of  
19 Asthma. Contrary to Dr. Morris' opinion that Patient "B" was "mildly obese" and  
20 a ASA Classification II patient, disciplinary screening officer is of the opinion she  
21 was a ASA Class III patient.

22 b. Dr. Morris' anesthetic record did not conform to AAOMS standards and  
23 requirements, nor did Dr. Morris' anesthetic record conform to the NSBDE  
24 Anesthesia Committee requirements. These failures to conform include, but are  
25 not limited to: no anesthesia, surgery, start times, or end times; incomplete vital  
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signs and monitoring of blood pressure, heart rate, oxygen saturation, EKG, etc. a minimum of every 5 minutes; and no record of when 911 was called; no times the emergency drugs were given; no vital signs when the emergency drugs were given; no interval between drugs.

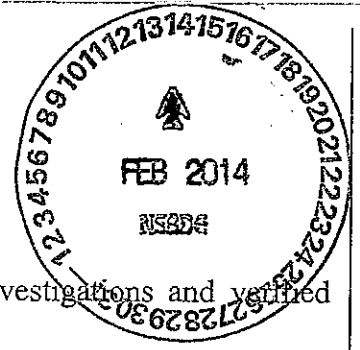
- c. The algorithm for difficult airway protocol was not followed completely. In retrospect, Dr. Morris should have attempted intubation with a laryngoscope. Also in retrospect, the algorithm was not followed because no surgical emergency intervention such as cricothyrotomy was attempted.
- d. The algorithm for basis BLS for adult was not followed:
  1. Unresponsive – no breathing or normal breathing.
  2. Active emergency response system, in other words call 911.
  3. Check pulse, was not followed. There was no pulse check at least for 10 minutes until paramedics arrived, and 911 was not called for at least 10 minutes.

19. 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), Respondent admits, but not for any other purpose, the Board has substantial evidence that Respondent violated NRS 631.3475(4) and NAC 631.2225 as more fully addressed in Paragraph 18 above regarding PATIENT B.

20. Based upon the limited investigation conducted to date, the findings of the Disciplinary Screening Officer, Thomas P. Myatt, DDS, and the Respondent's admissions contained in Paragraphs 17 (re: PATIENT A) and 19 (re: PATIENT B) above, the parties have agreed to

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1 resolve the matters addressed above regarding two (2) authorized investigations and verified  
2 complaint pursuant to the following terms and conditions:

3  
4 a. As referenced above in Paragraph 7, The Board received Respondent's  
5 correspondence dated July 17, 2012, from Respondent advising, in pertinent part:

6 Effective immediately, I hereby unconditionally relinquish  
7 my General Anesthesia Permit #GA-021. It is understood  
8 the relinquishment of my General Anesthesia Permit #GA-  
9 021 is **not** an adverse event reportable to the National  
10 Practitioner Data Bank. I acknowledge in the event I  
11 should administer either General or Conscious Sedation  
12 subsequent to the execution of this correspondence such  
13 conduct may be deemed unprofessional conduct.

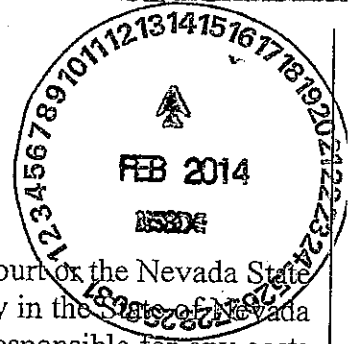
14 I understand in order to administer General Anesthesia in  
15 the future I must reapply pursuant to NAC 631.2113 for a  
16 permit.

17 Id. (emphasis in original). Upon adoption of this Stipulation by the Board,  
18 Respondent agrees to surrender his general anesthesia permit (GA-021) and site  
19 permit pursuant to NAC 631.160. Respondent is prohibited from administering  
20 conscious sedation, deep sedation or general anesthesia and Respondent shall not  
21 apply for permit(s) to administer conscious sedation, deep sedation, or general  
22 anesthesia for a period of eighteen (18) months. Respondent is also required to  
23 submit an informed consent form to the Board for approval and have same  
24 approved by the Board and Respondent shall complete a program subject to the  
25 approval of the Board of advanced training in anesthesiology and related  
26 academic subjects beyond the level of undergraduate dental school.

27 Upon receipt of substantial evidence Respondent has administering conscious  
28 sedation, deep sedation or general anesthesia without complying with the above  
and without the appropriate permit(s) for the same, Respondent agrees his license  
to practice dentistry in the State of Nevada shall be automatically revoked without  
any further action of the Board other than the issuance of an Order of Revocation  
by the Executive Director. Thereafter, Respondent may request in writing a  
hearing before the Board to reinstate Respondent's license. However, prior to the  
full Board hearing, Respondent waives any right seek judicial review, including

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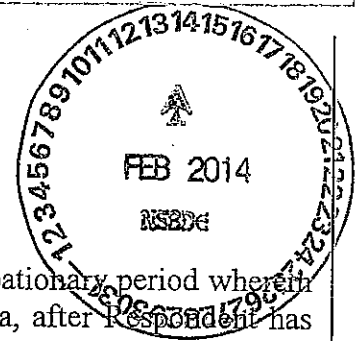
injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing. Respondent shall also be responsible for any costs or attorney's fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license is automatically revoked.

b. Pursuant to NRS 631.350(1)(d), Respondent's dental practice shall be placed on probation for a period of forty-eight (48) months from the adoption by the Board of this Stipulation Agreement (sometimes referred to as "probationary period"). During the forty-eight (48) months 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 and be provided copies of the billing and patient records if requested by the agent assigned by the Executive Director regarding those patients who receive treatment during the probationary period to insure that no patient has received either conscious sedation, deep sedation, and/or general anesthesia without Respondent first complying with the provisions contained in Paragraph 20.a. Respondent shall provide copies of requested patient records, including but not limited to charts, billing and/or radiographs at Respondent's expense at the time of the inspection. During the above-referenced forty-eight (48) months probationary period the agent assigned by the Executive Director duties shall include, but not be limit to having unrestricted access to observe Respondent performing conscious sedation, deep sedation, and/or general anesthesia during normal business after Respondent has been issued a permit to administer either conscious sedation, deep sedation, and/or general anesthesia . During the probationary period, the duties of the agent assigned by the Executive Director shall include, but are not necessarily limited to, to contacting patients who have received conscious sedation, deep sedation, and/or general anesthesia .

c. In the event Respondent no longer practices dentistry in the State of Nevada prior to completion of the above-referenced forty-eight (48) months 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 Agreement are not satisfied (i.e., including completion of the probationary period) within sixty (60) months of adoption of this Stipulation Agreement by the Board, Respondent agrees his license to practice dentistry in Nevada will 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.

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d. During the above-referenced forty-eight (48) months probationary period wherein Respondent is practicing dentistry in the State of Nevada, after Respondent has comply with Paragraph 20 (a), Respondent shall maintain a daily log containing the following information for any patient(s) who receive conscious sedation, deep sedation, and/or general anesthesia:

- i) Copy of the patient's medical history
- ii) Copy of pre-anesthetic evaluation and assessment
- iii) Copy of anesthetic record

The daily anesthesia log shall be made available during normal business hours without notice. In addition a copy of the daily anesthesia log shall be mailed to the Board office, no later than the fifth day of each preceding month during the probationary period. Failure to maintain and/or provide the daily anesthesia log upon request by an agent of the Board shall be an admission of unprofessional conduct. In addition failure to mail a copy of the daily anesthesia log by the fifth day of each preceding month during the probationary period 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 anesthesia file upon requested by an agent, the agent assigned by the Executive Director; or Respondent has refused to allow the agent assigned by the Executive Director to observe Respondent administering conscious sedation, deep sedation or general anesthetic; 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.

e. Pursuant to NRS 631.350(k), in addition to completing the required continuing education, Respondent shall obtain an additional ten (10) hours of supplemental education based upon the following hours:

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1. Six (6) hours related to anesthesia recordkeeping.
2. Four (4) hours related to informed consent.

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 fifty (50%) percent of the supplemental education in each category 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 fifty (50%) percent of the supplemental education in each category may be completed through online/home study courses. The cost associated with this supplemental education shall be paid by Respondent. All of the supplemental education must be completed with twelve (12) months of the adoption of this Stipulation Agreement by the Board. In the event Respondent fails to complete the supplemental education set forth in paragraph 20.e., within twelve (12) months of adoption of this Stipulation Agreement 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 and paying the reinstatement fee 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 Agreement. 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 20.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.

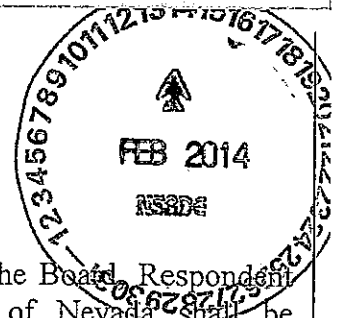
- f. Respondent agrees to retake the jurisprudence test as required by NRS 631.240(2) on the contents and interpretation of NRS 631 and the regulations of the Board. Respondent shall have ninety (90) days, commencing upon the date of adoption of this Stipulation by the Board, to complete the jurisprudence test. Respondent upon adoption of this stipulation shall receive a user/name and password to enable Respondent to access the online Jurisprudence Examination. In the event Respondent fails to successfully complete the jurisprudence test within ninety

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(90) days of the date 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 issuance of an order by the Executive Director. Upon successful completion of the jurisprudence test, Respondent's license to practice dentistry in the State of Nevada will be automatically reinstated, assuming all other provisions of this Stipulation 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 4.a. Respondent shall also be responsible for any costs or attorney's fees incurred in the event the Board seeks injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license is automatically suspended.

g. Pursuant to NRS 622.400, Respondent agrees to reimburse the Board for the cost of the investigation associated with the probationary period monetary addressed above in this Stipulation Agreement in the amount of TWENTY-FOUR THOUSAND FIVE HUNDRED FIFTY DOLLARS and 00/100 Dollars (\$24,550.00. All payments shall be made payable to the Nevada State Board of Dental Examiners and mailed directly to 6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118:

- I. Respondent agrees the first payment in the amount of FOUR THOUSAND FIVE HUNDRED FIFTY and 00/100 dollars (\$4,550.00) is due within thirty (30) days from adoption of the Stipulation Agreement;
- II. Respondent agrees to submit on the first day of each month thereafter for a period of 22 consecutive months, the sum of EIGHT HUNDRED SIXTY NINE and 57/00 dollars (\$869.47); and
- III. Respondent agrees to submit the final payment due on the first day of the final month, in the amount of EIGHT HUNDRED SIXTY NINE and 47/00 (\$869.47).

h. In the event Respondent defaults on any of the payments set forth in Paragraph 20.g. 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 and xx/100 Dollars (\$25.00) for each day

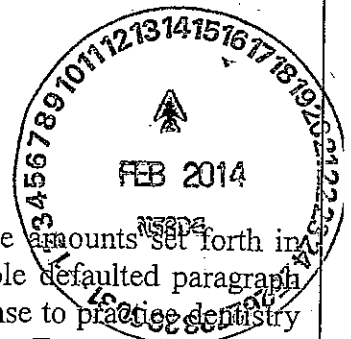
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Respondent is in default on the payment(s) of any of the amounts set forth in Paragraph 20.g. Upon curing the default of the applicable defaulted paragraph 20.g., and paying the reinstatement fee, Respondent's license to practice dentistry in the State 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 Agreement. 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.

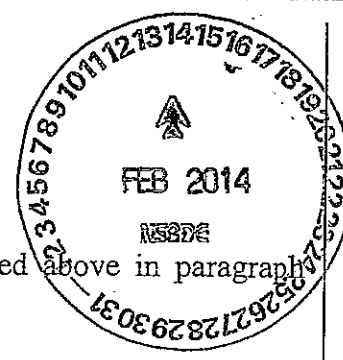
- i. In the event Respondent fails to cure any defaults in payment within forty-five (45) days of the default, Respondent agrees the amount may be reduced to judgment.
- j. Respondent waives any right to have the amount owed pursuant to paragraphs 20.g., and/or 20.i. discharged in bankruptcy.
- k. During the above-referenced forty-eight (48) months probationary period wherein Respondent is practicing dentistry in the State of Nevada, Respondent shall renew **annually** (during each of the four (4) years of the probationary period) in Basic Life Support for Healthcare providers and Respondent shall also complete eight (8) hours of continuing education **annually** (during each of the four (4) years of probationary period) in the area of Management of Medical Emergencies.

With regards to the (8) hours of continuing education in the area of Management of Medical Emergencies, information regarding the same 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 continuing education, the Executive Director of the Board shall notify Respondent in writing whether the requested continuing education in the area of Management of Medical Emergencies is approved for attendance. Respondent agrees fifty (50%) percent of the continuing education referenced in paragraph 20.k. shall be completed through attendance at live lecture and/or hand on clinical demonstration and the remaining fifty (50%) percent may be completed through online/home study courses.

The cost associated with the annual renewal in Basic Life Support for Healthcare providers and the continuing education in the area of Management of Medical

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Emergencies during the probationary period as referenced above in paragraph 20.k. shall be the responsibility of Respondent.

Respondent shall complete and provide evidence/documentation he has successfully completed the annual renewal in Basic Life Support for Healthcare providers and the continuing education in the area of Management of Medical Emergencies to the Board by the following due dates for the four (4) year probationary period:

- For year one: on or before June 30, 2014
- For year two: on or before June 30, 2015
- For year three: on or before June 30, 2016
- For year four: on or before June 30, 2017

Respondent agrees that should he fail to comply with paragraph 20.k.'s requirements as more fully noted above, 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 compliance with paragraph 20.k. and paying the reinstatement fee 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 Agreement. 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 20.k. 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.

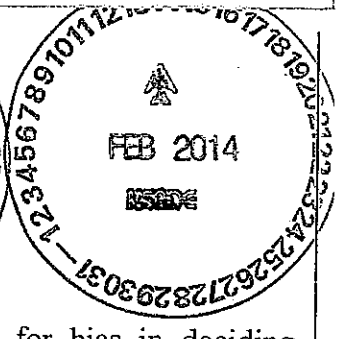
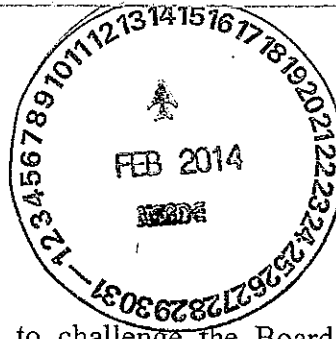
CONSENT

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

22. 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

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NAC 233B.

23. 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.

24. 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.

25. Respondent has reviewed the Stipulation Agreement with his attorney, LISA RASMUSSEN, ESQ., who has explained each and every provision contained in this Stipulation Agreement to the Respondent.

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

27. 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.

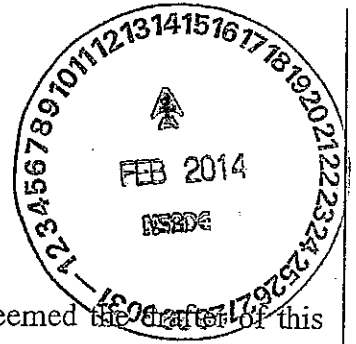
28. Respondent acknowledges the provisions in this Stipulation Agreement contain the entire agreement between Respondent and the Board and the provisions of this Stipulation Agreement can only be modified, in writing, with Board approval.

29. 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

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orris Polich & Purdy, LLP  
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of the provisions contained herein.

30. 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 it or any provision hereof against any party as the drafter. The parties hereby acknowledge all parties have contributed substantially and materially to the preparation of this Stipulation Agreement.

31. 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.

32. Respondent acknowledges in consideration of execution of this Stipulation Agreement, Respondent hereby releases, remises, and forever discharges the State of Nevada, the Board, and each of their members, agents, employees and legal counsel 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 Authorized Investigations regarding Patients "A" and "B".

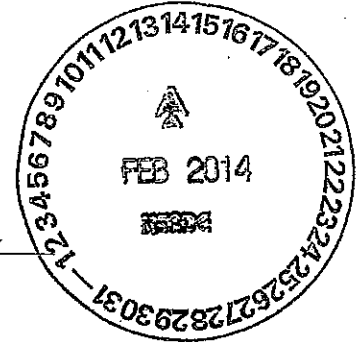
33. Respondent acknowledges in the event the Board adopts this Stipulation Agreement, it may be considered in any future Board proceeding(s) or judicial review, whether such judicial review is performed by either the State or Federal District Court(s).

34. 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 this Stipulation Agreement and if it is rejected by the Board, the Board may take other and/or further action as allowed by statute,

1 regulation, and/or appropriate authority. This Stipulation Agreement will only become effective  
2 when the Board has approved the same in an open meeting. Should the Board adopt this  
3 Stipulation Agreement, such adoption shall be considered a final disposition of a contested case  
4 and will become a public record and shall be reported to the National Practitioner Data Bank.  
5

6  
7 DATED this 24 day of January, 2014.

8  
9 By [Signature]  
10 Craig S. Morris, DDS  
11 Respondent



12  
13 **APPROVED AS TO FORM AND CONTENT**

14  
15 By [Signature] this 24<sup>th</sup> day of January, 2014.  
16 Lisa Rasmussen, Esq.  
17 Attorney for Respondent, Craig S. Morris, DDS

18  
19 **APPROVED AS TO FORM AND CONTENT**

20 By [Signature] this 24 day of Jan, 2014.  
21 John A. Hunt, Esq.  
22 Morris Polich & Purdy, LLP  
23 Board Counsel

24 **APPROVED AS TO FORM AND CONTENT**

25 By \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2014.  
26 Thomas P. Myatt, DDS  
27 Disciplinary Screening Office

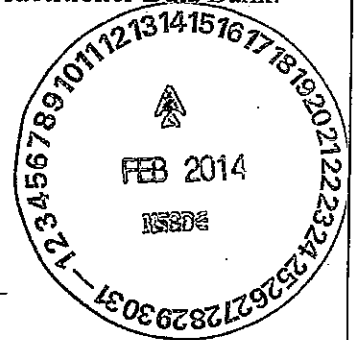
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1 regulation, and/or appropriate authority. This Stipulation Agreement will only become effective  
2 when the Board has approved the same in an open meeting. Should the Board adopt this  
3 Stipulation Agreement, such adoption shall be considered a final disposition of a contested case  
4 and will become a public record and shall be reported to the National Practitioner Data Bank.

7 DATED this 24 day of January, 2014.

9 By Craig S. Morris  
10 Craig S. Morris, DDS  
11 Respondent



13 APPROVED AS TO FORM AND CONTENT

14  
15 By Lisa Rasmussen this 24<sup>th</sup> day of January, 2014.  
16 Lisa Rasmussen, Esq.  
17 Attorney for Respondent, Craig S. Morris, DDS

18 APPROVED AS TO FORM AND CONTENT

19  
20 By John A. Hunt this 24 day of Jan, 2014.  
21 John A. Hunt, Esq.  
22 Morris Polich & Purdy, LLP  
23 Board Counsel

24 APPROVED AS TO FORM AND CONTENT

25 By Thomas P. Myatt this 4<sup>th</sup> day of February, 2014.  
26 Thomas P. Myatt, DDS  
27 Disciplinary Screening Office



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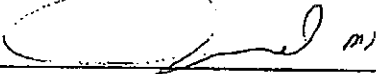
**BOARD ACTION**

This *Disciplinary Stipulation Agreement* in the matter captioned as Nevada State Board of Dental Examiners vs. Craig S. Morris, DDS, case no. 74127-02457 was:

Approved   /   Disapproved           

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

DATED this 5<sup>th</sup> day of Feb. 2014.

  
\_\_\_\_\_  
**J. Gordon Kinard, DDS - President**  
**NEVADA STATE BOARD OF DENTAL EXAMINERS**

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**BOARD ACTION**

This *Disciplinary Stipulation Agreement* in the matter captioned as Nevada State Board of Dental Examiners vs. Craig S. Morris, DDS, case no. 74127-02457 was:

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
**J. Gordon Kinard, DDS - President**  
NEVADA STATE BOARD OF DENTAL EXAMINERS

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Respondent's initials

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Respondent's Attorney's initials



**Agenda item (7)(b)**  
**Request to Reinstate suspended license**  
**- Georgene Chase, DDS**



NEVADA STATE BOARD OF DENTAL EXAMINERS



NEVADA STATE BOARD OF )  
 DENTAL EXAMINERS, )  
 )  
 Complainant, )  
 )  
 vs. )  
 )  
 Georgene Chase, DDS )  
 )  
 Respondent, )  
 \_\_\_\_\_ )

CASE NO: 16-74127-02697

ORDER OF SUSPENSION

On October 3, 2014, you entered into a Disciplinary Stipulation Agreement with the Nevada State Board of Dental Examiners. Pursuant to Paragraph 23(c), you agreed during the five (5) probationary period that your patient files shall include (in addition to any other matters generally required of a patient file) patient signed informed consents regarding implant treatment(s), both surgical and prosthetic (said informed consents shall be comprehensive and include discussion of mini versus standards implants, treatment by a general dentist versus specialist, and types of dental materials used in fabrication of crowns and removable prosthetics). In addition, your treatment records of implants restored patients shall include, diagnostic data, comprehensive treatment planning and documentation of all steps and procedures taken in the delivery of implant supported prosthetics. Further, patient files for orthodontic patients shall include a signed comprehensive informed consent, including discussion of treatment of a general dentist versus a specialist, orthodontic diagnostic records, a diagnostic summary, treatment objective, detailed treatment plan outlining steps of treatment and estimated treatment time, and periodontal evaluation, diagnosis, and treatment plan.

Pursuant to Paragraph 23(G), you agreed to cease and desist from using any ozone generating device in any dental or dental hygiene related treatment and/or providing any ozone treatment(s) and/or other therapies which are not approved by the Federal Drug Administration in any dental or dental hygiene related treatment.

On June 13, 2018, Rick Thiriot, DDS, the agent assigned to review your daily logs submitted to the Board office requested copies of dental records for several patients listed on your daily log submission to ensure compliance with the Disciplinary Stipulation Agreement. The review conducted by Rick Thiriot, DDS revealed substantial evidence that you are not in compliance with the Disciplinary Stipulation Agreement specifically Paragraph 23(C) and Paragraph 23(G). The dental records reviewed by Dr Thiriot are for patients; [REDACTED]

The substantial evidence for non-compliance for each patient is listed below:

██████████:

- Records does not show patient signed an informed consent form advising the patient that Dr. Chase is a General Dentist and is not a licensed specialist in the area of orthodontics as required pursuant to Paragraph 23(C).
- Review of x-rays show patient does not have behind the teeth braces as stated on the account ledger. According to the dental records, patient has lower brackets and removable invisalign type appl x 3.
- The Ortho Checklist in ██████████ file has all other items checked except for the signed comprehensive informed consent.

██████████:

- The informed consent form for implant treatment executed by ██████████ on either 03/15/2016 or on 04/22/2016 was signed one year before the implant was placed on Tooth #14. Account Statement and Chart notes do not show ██████████ being seen in the office on 03/15/2016 or on 04/22/2016 as required by Paragraph 23(C).
- Dental records are inadequate records lack diagnostic data and documentation of all steps and procedures taken in the delivery of implants as required by Paragraph 23(C).
- Patient did not execute informed consent form for implant treatment on 12/19/2017 for bone graft and implant as required by Paragraph 23(C).

██████████:

- Patient received ozone therapy on tooth and gum on March 1, 2018 and was billed according to the chart notes \$10.00 however the ledger shows for the same date of service a charge of \$5.00 in violation of Paragraph 23(G).
- Record lacks the required informed consents for implant treatment as required by Paragraph 23(C).

██████████:

- ██████████ (Dental Assistant) who prepared and reviewed patient file along with ██████████ (office staff) who submitted the file as authorized by ██████████ informed the Board that they submitted the dental record to you to review prior to submitting the copies to the Board office, ██████████ advised the Board that the informed consent is forged and it is not her signature and that the informed consent form was not present in the patient's chart until after you reviewed the file as required by Paragraph 23(C).

- The informed consent present in [REDACTED] file is not the customary form used. [REDACTED] contends she has never seen this version of the form as required by Paragraph 23(C).
- Review of the treatment plan shows no periodontal diagnosis as required by Paragraph 23(C).
- There is no documentation of periodontal condition or diagnosis. Record lacks diagnostic data and procedure detailed as required by Paragraph 23 (C).

[REDACTED]:

- Failure to obtain the signed comprehensive informed consent for orthodontic treatment required by Paragraph 23(C).
- The Ortho Checklist in [REDACTED] file has items checked except for the signed comprehensive informed consent, the detailed treatment plan and comprehensive orthodontic pictures as required by Paragraph 23(C).
- The record contains a Orthodontic Diagnosis, Treatment, and Mechanics Plan form but it is blank other than a last name, race, sex and DOB in violation of Paragraph 23(C).

[REDACTED]:

- Dental records are inadequate records lack diagnostic data and documentation of all steps and procedures taken in the delivery of implant(s) as required by Paragraph 23(C).
- Patient did not execute informed consent form for implant treatment on 12/19/2017 for bone graft and implant as required by Paragraph 23(C).

Therefore, effective immediately your license to practice dentistry in the State of Nevada is hereby **SUSPENDED**. You shall cease and desist from practicing dentistry in the State of Nevada. This suspension includes the designation as the Dental Director pursuant to NRS 631.3452.

Should you practice dentistry in this state, such actions would be deemed as the illegal practice of dentistry as set forth by NRS 631.395 and punishable criminally to the provisions of NRS 631.400.

Also, as of the date of this *ORDER* you failed to submit the monthly installment payment of \$567.00 due on or before November 15, 2018.

Pursuant to said agreement you may request in writing, a hearing before the Board for the reinstatement of your license.

DATED this 16th day of November, 2018

NEVADA STATE BOARD OF DENTAL EXAMINER

*Nevada State Seal*

DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR

NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF )  
DENTAL EXAMINERS, )  
 )  
Complainant )  
 )  
vs. )  
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GEORGENE B CHASE, DDS )  
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Respondent, )  
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CASE NO. 74127-02697

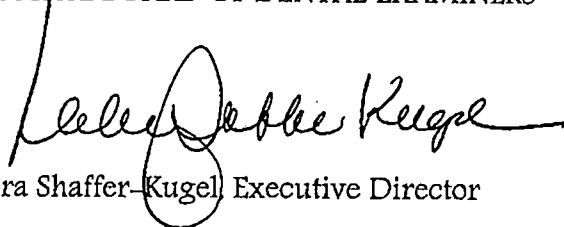
ORDER OF REINSTATEMENT

On October 3, 2014, the Nevada State Board of Dental Examiners at a properly noticed meeting approved the Disciplinary Stipulation II Agreement you entered into with the Board. Pursuant to Paragraph 23 (H) you agreed to the suspension of your license to practice dentistry in the State of Nevada for a period of thirty (30) days from the adoption of said agreement.

Effective November 3, 2014 your license to practice dentistry in the State of Nevada is hereby reinstated to active status with a five (5) year probationary period as set forth in Paragraph 23 (A) of the Disciplinary Stipulation II Agreement

DATED this 3rd day of November, 2014

NEVADA STATE BOARD OF DENTAL EXAMINERS



Debra Shaffer-Kugel Executive Director

NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF )  
DENTAL EXAMINERS, )  
 )  
Complainant, )  
 )  
vs. )  
 )  
GEORGENE B CHASE, DDS )  
 )  
Respondent, )  
\_\_\_\_\_ )

CASE NO: 74127-02697

ORDER OF SUSPENSION

On October 3, 2014, you entered into a Disciplinary Stipulation Agreement II with the Nevada State Board of Dental Examiners. Pursuant to Paragraph 23(H) you agreed upon adoption of this Stipulation Agreement II by the Board, your license to practice dentistry in the State of Nevada will be suspended for a period of thirty (30) days.

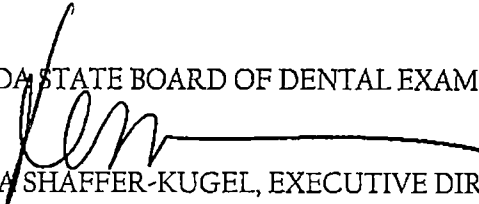
Please be advised, upon receipt of substantial evidence that you have violated the terms of Paragraph 23(H), you agree your license to practice dentistry in the State of Nevada shall be automatically revoked without any further action of the Board other than the issuance of an Order of Revocation by the Executive Director. Thereafter, you may request in writing, a hearing before the Board to reinstate your revoked license.

Therefore, pursuant to Paragraph 23(H) of your disciplinary stipulated agreement II, effective immediately your license to practice dentistry is hereby suspended. You shall cease and desist from practicing dentistry in the State of Nevada. Should you practice dentistry in this state, such actions would violate this stipulation agreement II and shall be deemed as the illegal practice of dentistry as set forth by NRS 631.395 and punishable criminally to the provisions of NRS 631.400.

After thirty (30) days, assuming you are in full compliance with all the terms and conditions of the Stipulation Agreement II approved by the Board on October 3, 2014, your dental license will be activated in accordance with the five (5) year probationary period.

DATED this 3rd day of October, 2014

NEVADA STATE BOARD OF DENTAL EXAMINERS



DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR

*Nevada State Seal*

1 STATE OF NEVADA  
2 BEFORE THE BOARD OF DENTAL EXAMINERS

3  
4 NEVADA STATE BOARD OF DENTAL  
EXAMINERS,

Case No. 74127-02697

5 Complainant,

6 vs.

7 DISCIPLINARY STIPULATION II  
8 AGREEMENT

9 GEORGENE B. CHASE, DDS,

10 Respondent.

11 IT IS HEREBY STIPULATED AND AGREED by and between GEORGENE B.  
12 CHASE, DDS ("Respondent" or "Dr. Chase"), by and through her attorneys, ANTHONY  
13 LAURIA, ESQ. of the law firm LAURIA TOKUNAGA GATES & LINN, LLP and EUGENE J.  
14 WAIT, JR., ESQ. of the WAIT LAW FIRM and the NEVADA STATE BOARD OF DENTAL  
15 EXAMINERS (the "Board"), by and through DONNA JO HELLWINKEL, DDS, Disciplinary  
16 Screening Officer ("DSO"), and the Board's legal counsel, JOHN A. HUNT, ESQ., of the law  
17 firm MORRIS, POLICH & PURDY, LLP as follows via this *Disciplinary Stipulation II*  
18 *Agreement* ("Stipulation Agreement," "Stipulation Agreement II," "Stipulation II," or  
19 "Stipulation"):


20 AUGUST 17, 2012, STIPULATION AGREEMENT

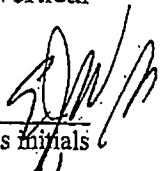
21 1. Respondent entered into a prior *Stipulation Agreement* with the Board in case no. 11-  
22 02225 which was approved by the Board on August 17, 2012. In pertinent part, the August 17,  
23 2012, *Stipulation Agreement* provides Disciplinary Screening Officer, Gregory Pisani, DDS,  
24 found:

25 Respondent's treatment of patient Jack Hanson resulted in a restorative failure  
26 Mini-implants and composite crowns and/or bridges were used to increase vertical

27 (LV146063;1)

Page 1 of 27

28   
Respondent's initials

  
Respondent's attorney's initials

1 dimension and restore posterior occlusion. There is evidence of diagnosis,  
2 treatment planning and restorative treatment below the standard of care resulting  
3 in violation of NAC 531.230(1)(c).

4 Id., at 2:9-13, at ¶ 3. Respondent admitted her treatment of patient Jack Hanson resulted in a  
5 restorative failure in violation of NRS 631.3475 (1) & (2). Id., at 2:14-19, at ¶ 4.

6 PATIENT, CANDACE SMART

7 2. Via a *Notice of Complaint & Request for Records* dated January 4, 2014, the Board  
8 notified Respondent of a verified complaint received from Candace Smart. On February 27,  
9 2014, the Board received Respondent's written response (w/enclosures) dated February 24, 2014,  
10 from her attorney, Anthony D. Lauria, Esq., in response to Ms. Smart's verified complaint, a  
11 copy of which was provided to Ms. Smart on February 28, 2014.<sup>1</sup>

12  
13 3. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
14 finds the treatment rendered to Ms. Smart was prior to the adoption of the Stipulation Agreement  
15 approved by the Board on August 17, 2012. To resolve this pending matter, Respondent shall  
16 reimburse Ms. Smart pursuant to the terms and conditions set forth in Paragraph 23M.

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19 PATIENT, JOSE CHURRUCA

20 4. Via a *Notice of Complaint & Request for Records* dated January 4, 2014, the Board  
21 notified Respondent of a verified complaint received from Jose Churruca. On February 28, 2014,  
22 the Board received Respondent's written response (w/enclosures) dated February 24, 2014, from  
23 her attorney, Anthony D. Lauria, Esq., in response to Mr. Churruca's verified complaint, a copy  
24 of which was provided to Mr. Churruca on February 28, 2014.

25  
26 <sup>1</sup> It is noted that with respect to each of the ten (10) patient verified complaints referenced herein, Board counsel sent  
27 a September 8, 2014, email to Respondent's attorney confirming that the DSO and Respondent's attorney's office  
each had identical copies of records received from Dr. Topham for each patient.  
(LV146063;1)



1  
2 5. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
3 finds for this matter and not for any other purpose, including any subsequent civil action,  
4 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
5 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Jose  
6 Churruca, as follows (matters noted below in sub-paragraphs A-F occurred before Dr. Chase  
7 entered into the *Stipulation Agreement* (case 11-02225) approved by the Board on August 17,  
8 2012):

9  
10 A. Inappropriate use of mini implants, bone grafting, and unhygienic bulk composite  
11 crowns and bridges as permanent fixed replacement of missing teeth #3, 4, 26, 28, 29, 30,  
and 31. NRS 631.3475 (1) & (2)

12 B. Subsequent failure of bone grafting, mini implant and implant supported  
13 composite crown #26. NRS 631.3475 (1) & (2)

14 C. Failure to provide informed consent to patient regarding mini implants versus  
15 standard implants. NRS 631.3475 (1) & (2)

16 D. False billing of composite crowns as implant supported porcelain or ceramic  
17 crowns (teeth #3, 4, 26, 28, 29, 30, 31). NRS 631.348(6); NRS 631.3475 (1) & (2)

18 E. Restorative failure of Maryland bridge at teeth #25, 26, and 27 due to poor design,  
19 poor retention and debonding. NRS 631.3475 (1) & (2)

20 F. Treatment records are insufficient, lacking diagnostic data and procedure detail.  
NRS 631.3475 (1) & (2).

21 G. The following occurred after Dr. Chase entered into the *Stipulation Agreement*  
22 (case 11-02225) approved by the Board on August 17, 2012, in violation of NRS  
23 631.3475 (1) & (2):

24 1. Previously placed mini implant tooth #3 was replaced and subsequently  
failed again due to unrecognized infection left from residual root tip #3.

25 2. No evidence of subsequent ridge augmentation and sinus lift #3.

26 3. Tooth #3 restored with unhygienic plastic/composite crown with  
27 (LV146063;1)

1 overhanging margins and excess cement imbedded in tissue causing gingival  
2 inflammation, pain, and difficulty chewing.

3 4. False billing of healing cuff and plastic/composite crown as a  
4 prefabricated abutment and an implant supported porcelain or ceramic crown (tooth #3).  
NRS 631.348(6)

5 5. Failure to provide informed consent to patient regarding mini implants,  
6 standard implants, ridge augmentation and sinus lift procedures.

7 6. Treatment records are insufficient, lacking diagnostic data and procedure  
8 detail; specifically, there is no documentation for the sinus lift, ridge augmentation, and  
9 standard implant done for tooth #3 on 7-31-13.

10 PATIENT, BILL KREJCI

11 6. Via a *Notice of Complaint & Request for Records* dated January 4, 2014, the Board  
12 notified Respondent of a verified complaint received from Bill Krejci. On February 28, 2014, the  
13 Board received Respondent's written response (w/enclosures) dated February 24, 2014, from her  
14 attorney, Anthony D. Lauria, Esq., in response to Mr. Krejci's verified complaint, a copy of  
15 which was provided to Mr. Krejci on March 4, 2014.

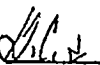
16 7. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
17 finds the treatment rendered to Mr. Krejei was prior to the adoption of the Stipulation Agreement  
18 approved by the Board on August 17, 2012. To resolve this pending matter, Respondent shall  
19 reimburse Mr. Krejei pursuant to the terms and conditions set forth in Paragraph 23.O.  
20

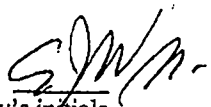
21  
22 PATIENT, BRIAN BANNERS

23 8. Via a *Notice of Complaint & Request for Records* dated January 17, 2014, the Board  
24 notified Respondent of a verified complaint received from Brian Banners. On March 5, 2014, the  
25 Board received Respondent's written response (w/enclosures) dated March 3, 2014, from her  
26 attorney, Anthony D. Lauria, Esq., in response to Mr. Banners' verified complaint, a copy of

27 {LV146063;1}

28 Page 4 of 27

  
Respondent's initials

  
Respondent's attorney's initials

1 which was provided to Mr. Banner on March 28, 2014. On or about July 14, 2014, the DSO  
2 received records from Scott Redlinger, DMD, MD, regarding Mr. Banners. The DSO also  
3 received records from Alan Topham, DDS regarding Mr. Banners.  
4

5 9. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
6 finds for this matter and not for any other purpose, including any subsequent civil action,  
7 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
8 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Brian  
9 Banners, as follows (matters noted below in sub-paragraphs A-G occurred before Dr. Chase  
10 entered into the *Stipulation Agreement* (case 11-02225) approved by the Board on August 17,  
11 2012):  
12

13 A. Inappropriate use of mini implants as permanent fixed replacement of missing  
14 teeth #3, 11, 13, and 14; subsequent failure of mini implants due to bone loss and  
mobility. NRS 631.3475 (1) & (2)

15 B. Failure to provide informed consent to patient regarding mini implants versus  
16 standard implants. NRS 631.3475 (1) & (2)

17 C. Unhygienic plastic/composite bridge with overhangs causing gingival  
18 inflammation, pain, and difficulty chewing used as restoration of implants, both standard  
and mini, teeth #2, 3, and 4. NRS 631.3475 (1) & (2)

19 D. False billing of plastic/composite crown over implant #4 as a prefabricated  
20 abutment. NRS 631.348(6); NRS 631.3475 (1) & (2)

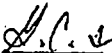
21 E. False billing of plastic/composite crown over standard implant #2 as an abutment,  
22 PFM High noble metal. NRS 631.348(6); NRS 631.3475 (1) & (2)


23 G. Treatment records are insufficient, lacking diagnostic data and procedure detail,  
24 including wrong tooth numbers used on 2-23-12. NRS 631.3475 (1) & (2)

25 H. The following occurred after Dr. Chase entered into the *Stipulation Agreement*  
26 (case 11-02225) approved by the Board on August 17, 2012, in violation of NRS  
631.3475 (1) & (2):

27 (LV146063;1)

Page 5 of 27

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Respondent's initials

  
Respondent's attorney's initials  
1.

1 1. Inappropriate use of mini implant and unhygienic plastic/composite crown  
2 as permanent fixed replacement of missing tooth #5; subsequent failure of mini implant  
3 and plastic/composite crown tooth #5

4 2. False billing of plastic/composite crown #5 as an implant supported  
5 porcelain or ceramic crown.

6 3. Inappropriate placement of one mini implant as permanent fixed  
7 replacement of missing tooth #3 after previous 2 mini implants failed.

8 4. Placement of plastic/composite bridge as a permanent fixed bridge  
9 supported by mini implants and standard implants teeth #11, 12, 13, and 14. Bridge left  
10 temporarily cemented.

11 5. False billing of plastic/composite bridge teeth #11, 12, 13, and 14 as  
12 implant supported porcelain/ceramic crowns, porcelain fused to high noble pontic, and  
13 prefabricated abutment. NRS 631.348(6)

14 6. Insufficient treatment records, lacking diagnostic data, correct tooth  
15 numbers, and procedure detail.

16 7. Abandonment of patient.

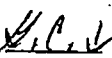
17 PATIENT, JAN THOMAS


18 10. Via a *Notice of Complaint & Request for Records* dated March 14, 2014, the Board  
19 notified Respondent of a verified complaint received from Jan Thomas. On May 12, 2014, the  
20 Board received Respondent's written response (w/enclosures) dated May 7, 2014, from her  
21 attorney, Paul A. Cardinale, Esq., in response to Ms. Thomas' verified complaint, a copy of  
22 which was provided to Ms. Thomas on May 19, 2014. On August 12, 2014, the Board received  
23 Ms. Thomas' additional supplemental information regarding her verified complaint, a copy of  
24 which was provided Respondent on September 3, 2014. On August 14, 2014, the Board  
25 received records from Drs. Corbridge and Patetta regarding Ms. Thomas, a copy of which were  
26 provided to Respondent and Ms. Thomas on August 14, 2014.

27 11. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,

28 (LV146063;1)

Page 6 of 27

  
Respondent's initials

  
Respondent's attorney's initials

1 finds the treatment rendered to Ms. Thomas was prior to the adoption of the Stipulation  
2 Agreement approved by the Board on August 17, 2012. To resolve this pending matter,  
3 Respondent shall reimburse Ms. Thomas pursuant to the terms and conditions set forth in  
4 Paragraph 23.Q.

5  
6  
7 PATIENT, MAE McMAHEL

8 12. Via a *Notice of Complaint & Request for Records* dated February 5, 2014, the Board  
9 notified Respondent of a verified complaint received from Mae McMahl. On March 24, 2014,  
10 the Board received Respondent's written response (w/enclosures) dated March 18, 2014, from  
11 her attorney, Anthony D. Lauria, Esq., in response to Ms. McMahl's verified complaint, a copy  
12 of which was provided to Ms. McMahl on March 28, 2014. The DSO received certain records  
13 from Dr. Redlinger and Dr. Topham regarding Ms. McMahl.

14 13. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
15 finds for this matter and not for any other purpose, including any subsequent civil action,  
16 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
17 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Mae  
18 McMahl, as follows (the following occurred after Dr. Chase entered into the *Stipulation*  
19 *Agreement* (case 11-02225) approved by the Board on August 17, 2012):

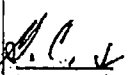
20 A. Bone grafting, attempting to vertically add bone around standard implants #18,  
21 19, and 20 utilizing an unsupported titanium mesh hardware without securing screws,  
22 that resulted in failure of the bone graft, nerve damage, and lower lip paresthesia, pain,  
23 difficulty chewing and additional bone loss around implants. NRS 631.3475 (1) & (2)

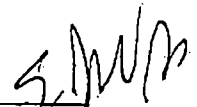
24 B. Failure to obtain informed consent for bone grafting procedure #18, 19, and 20.  
NRS 631.3475 (1) & (2)

25 C. No documentation of surgical procedure of bone grafting done 11-16-13 in  
26 patient's treatment record. NRS 631.3475 (1) & (2)

27 {LV146063;1}

Page 7 of 27

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Respondent's initials

  
Respondent's attorney's initials

1 D. No documentation of any post operative care given to patient in treatment record.  
2 NRS 631.3475 (1) & (2)

3  
4 PATIENT, JACQUELINE CALVERT

5 14. Via a *Notice of Complaint & Request for Records* dated March 14, 2014, the Board  
6 notified Respondent of a verified complaint received from Jacqueline Calvert<sup>2</sup>. On June 2, 2014,  
7 the Board received Respondent's written response (w/enclosures) dated May 28, 2014, from her  
8 attorney, Paul A. Cardinale, Esq., in response to Ms. Calvert's verified complaint, a copy of  
9 which was provided to Ms. Calvert on June 3, 2014. The DSO received certain records from Pitts  
10 Orthodontics and Dr. Topham regarding Jacqueline Calvert.

11  
12 15. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
13 finds for this matter and not for any other purpose, including any subsequent civil action,  
14 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
15 Administrative Code ("NAC") provisions with respect to treatment rendered to patient,  
16 Jacqueline Calvert, as follows (the following occurred after Dr. Chase entered into the  
17 *Stipulation Agreement* (case 11-02225) approved by the Board on August 17, 2012):

18 A. Failure to obtain diagnostic orthodontic records that would include the following:  
19 initial exam describing profile, mandibular plane angle, lip posture and competence,  
20 incisal exposure at rest and on smiling, incisor length, midlines, smile arc, classification  
21 of occlusion, overjet, overbite, crowding of upper and lower arches, teeth present and  
22 missing, oral hygiene, gingival health and periodontal status, maximum opening, TMJ  
23 findings and any other special problems; panoramic radiograph; cephalometric  
24 radiograph with tracing and analysis; study models; intra oral photographs; extra oral  
25 photographs. NRS 631.3475 (1) & (2)

26 B. Failure to make a diagnostic summary, treatment objective, and detailed treatment  
27 plan outlining the steps of treatment and estimated treatment time. NRS 631.3475 (1) &  
28 (2)

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30 <sup>2</sup> The Notice incorrectly listed the patient's name as Jennifer Calvert.  
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- C. Failure to refer patient to periodontist to determine risks and liabilities of undertaking orthodontic treatment when periodontal disease is evident. NRS 631.3475 (1) & (2)
- D. Failure to recognize that this case is beyond the scope of a generalist's training and ability. NRS 631.3475 (1) & (2)
- E. Failure to adequately document "primary palatal suture osteotomy" surgical procedure done Oct. 25, 2013. No diagnosis or treatment explanation is given. There is no evidence that this surgical procedure was necessary. NRS 631.3475 (1) & (2)
- F. Palatal expander placed for three years with a minimal total expansion of 2 mm. If such expansion was necessary it should have been done as a surgically assisted rapid expansion. NRS 631.3475 (1) & (2)
- G. There is no charting of arch wire sizes, wire changes, direction of force and elastic wear, e-chain directions, changes in over jet and over bite at each appointment in a period of three years of orthodontic treatment. NRS 631.3475 (1) & (2)
- H. Abandonment of patient. NRS 631.3475 (1) & (2)

PATIENT, QUINN ORENSTEIN

16. Via a *Notice of Complaint & Request for Records* dated May 3, 2014, the Board notified Respondent of a verified complaint received from Jeremy Orenstein regarding the minor child Quinn Orenstein. On June 24, 2014, the Board received Respondent's written response (w/enclosures) dated June 19, 2014, from her attorney, Paul A. Cardinale, Esq., in response to the verified complaint regarding Quinn Orenstein, a copy of which was provided to Jeremy Orenstein on June 26, 2014. The DSO received certain records from Pitts Orthodontics and Dr. Topham regarding Quinn Orenstein.

17. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS, finds for this matter and not for any other purpose, including any subsequent civil action, Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada

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Respondent's initials

Respondent's attorney's initials

1 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Quinn  
2 Orenstein, as follows (the following occurred after Dr. Chase entered into the *Stipulation*  
3 *Agreement* (case 11-02225) approved by the Board on August 17, 2012):  
4

5 A. Failure to obtain diagnostic records that would include the following: initial exam  
6 describing profile, mandibular plane, lip posture and competence, incisal exposure at rest  
7 and on smiling, incisor length, midlines, smile arc, classification of occlusion, over jet,  
8 overbite, crowding of upper and lower arches, teeth present and missing, oral hygiene,  
9 gingival health, periodontal status, maximum opening, TMJ findings, and any other  
special problems; panoramic radiograph; cephalometric radiograph with tracing and  
analysis; study models; intra oral photographs; extra oral photographs. NRS 631.3475 (1)  
& (2)

10 B. Failure to make a diagnostic summary, treatment objectives and detailed  
11 treatment plan outlining the steps of treatment to correct Class II malocclusion and a  
12 retrognathic mandible and estimated treatment time. NRS 631.3475 (1) & (2)

13 C. Failure to recognize the skeletal problem of severe retrognathia. NRS 631.3475  
14 (1) & (2)

15 D. There is no charting of arch wire sizes, wire changes, direction of force and elastic  
16 wear, e-chain directions, changes in over jet and over bite and other documentation of  
17 treatment progress at each appointment in a period of 10 months. NRS 631.3475 (1) &  
18 (2)

19 E. Failure to provide appliances to correct mandibular growth during patient's  
20 growth phase. NRS 631.3475 (1) & (2)

21 F. Abandonment of patient. NRS 631.3475 (1) & (2)

22 PATIENT, JAMIE GROSJEAN

23 18. Via a *Notice of Complaint & Request for Records* dated May 3, 2014, the Board notified  
24 Respondent of a verified complaint received from Jamie Grosjean. On June 23, 2014, the Board  
25 received Respondent's written response (w/enclosures) dated June 19, 2014, from her attorney,  
26 Paul A. Cardinale, Esq., in response to Ms. Grosjean's verified complaint, a copy of which was  
27 provided to Ms. Grosjean on June 26, 2014. The DSO received certain records from Dr. Topham

28 (LV146063;1)



1 regarding Ms. Grosjean.

2  
3 19. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS,  
4 finds for this matter and not for any other purpose, including any subsequent civil action,  
5 Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada  
6 Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Jamie  
7 Grosjean, as follows (the following occurred after Dr. Chase entered into the *Stipulation*  
8 *Agreement* (case 11-02225) approved by the Board on August 17, 2012):

9 A. Inappropriate use of mini implant as permanent fixed replacement of missing  
10 tooth #7. NRS 631.3475 (1) & (2)

11 B. Placement of bulk, unhygienic composite as a temporary implant supported crown  
12 for missing tooth #7. NRS 631.3475 (1) & (2)

13 C. Inappropriate use of mini implants as permanent fixed replacement of missing  
14 teeth #28, 29, and 30. NRS 631.3475 (1) & (2)

15 D. Placement of plastic bridge that is unhygienic with overhanging margins  
16 impinging on tissue, causing gingival inflammation, pain, and difficulty chewing, as a  
17 permanent implant supported bridge for missing teeth #28, 29, and 30. NRS 631.3475 (1)  
& (2)

18 E. Failure to provide informed consent to patient regarding mini implants vs  
19 standard implants. NRS 631.3475 (1) & (2)

20 F. False billing of plastic bridge #28, 29, and 30 as implant supported  
21 porcelain/ceramic crowns. NRS 631.3475 (1) & (2)

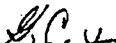
22 G. Failure to evaluate and treat gingival and periodontal condition. NRS 631.3475  
(1) & (2)

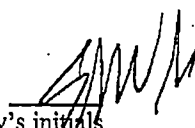
23 H. No periodontal charting done; no periodontal diagnosis made. NRS 631.3475 (1)  
24 & (2)

25 I. Failure to diagnose chronic periodontal/endodontic abscess and poor crown/root  
26 ratio condition for tooth #8. Root canal therapy done on tooth #8 despite a poor  
27 prognosis. NRS 631.3475 (1) & (2)

27 (LV146063;1)

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J. Failure to provide informed consent to patient regarding endodontic therapy tooth #8. NRS 631.3475 (1) & (2)

K. Abandonment of patient. NRS 631.3475 (1) & (2)

PATIENT, EDWARD HARRIS

20. Via a *Notice of Complaint & Request for Records* dated August 21, 2014, the Board notified Respondent of a verified complaint received from Edward Harris. On September 19, 2014, the Board received Respondent's written response (w/enclosures), from her attorney, Paul Cardinale, Esq., in response to Mr. Harris' verified complaint, a copy of which was provided to Mr. Harris on September 19, 2014.

21. Based upon the limited investigation conducted to date, DSO, Donna J. Hellwinkel, DDS, finds for this matter and not for any other purpose, including any subsequent civil action, Respondent violated the below referenced Nevada Revised Statutes ("NRS") and/or Nevada Administrative Code ("NAC") provisions with respect to treatment rendered to patient, Edward Harris, as follows (the following occurred after Dr. Chase entered into the *Stipulation Agreement* (case 11-02225) approved by the Board on August 17, 2012):

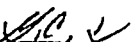
A. Removed pontic #30 from adequate three unit fixed bridge #29, 30, and 31 and replaced with two mini implants which failed (bone loss and mobility) 5 months after placement. NRS 631.3475 (1) & (2)

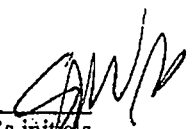
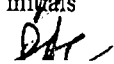
B. Placement of unhygienic plastic/composite crown over mini implants #30. NRS 631.3475 (1) & (2)

C. False billing of plastic/composite crown #30 as implant supported porcelain or ceramic crown. NRS 631.348(6); NRS 631.3475 (1) & (2)

D. Failure to recognize, diagnose, and treat abscessed tooth #29 within the standard of care. NRS 631.3475 (1) & (2)

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- E. Use of an ozone generator, a medical device not approved for use by the Food and Drug administration. NRS 631.3475 (1) & (2)
- F. Injection of "ozone" to treat infection and abcess #29. The use of ozone for medical or dental treatment is not approved by the FDA. NRS 631.3475 (1) & (2)
- G. Failure to provide informed consent for mini implants vs standard implants. NRS 631.3475 (1) & (2)
- H. Failure to provide informed consent for the use of ozone. NRS 631.3475 (1) & (2)

22. Respondent, acknowledges the findings of the DSO, Donna J. Hellwinkel, DDS, contained in Paragraph 3 (re: Patient, Candace Smart), Paragraph 5 (re: Patient, Jose Churruca), Paragraph 7 (re: Patient, Bill Krejci); Paragraph 9 (re: Patient, Brian Banners), Paragraph 11 (re: Patient, Jan Thomas), Paragraph 13 (re: Patient, Mae McMahel), Paragraph 15 (re: Patient, Jacqueline Calvert), Paragraph 17 (re: Patient, Quinn Orenstein), Paragraph 19 (re: Patient, Jamie Grosjean), and Paragraph 21 (re: Patient, Edward Harris) and admits for this matter and not for any other purpose, including any subsequent civil action if this matter were to proceed to a full board hearing, a sufficient quantity and/or quality of evidence could be proffered sufficient to meet a preponderance of the evidence standard of proof demonstrating Respondent violated the statutory and regulatory provisions noted above in Paragraphs 3, 5, 7, 9, 11, 13, 15, 17, 19, and 21.

23. Based upon the limited investigation conducted to date, the findings of the Disciplinary Screening Officer, and the admissions by Respondent contained in Paragraph 22 above, the parties have agreed to resolve the pending investigations pursuant to the following disciplinary terms and conditions:

- A. Pursuant to NRS 631.350(1)(d)(h), Respondent shall be placed on probation and her dental practice shall be supervised for a period of five (5) years from the adoption of this Stipulation II. During the five (5) year probationary period, Respondent shall allow

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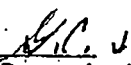
1 either the Executive Director of the Board and/or the agent appointed by the Executive  
2 Director of the Board to inspect Respondent's records during normal business hours to  
3 insure compliance of this Stipulation II. During the five (5) probationary period,  
4 Respondent's practice shall be supervised and monitored regarding those patients who  
5 received dental treatments, including but not limited to patients who receive root canals,  
6 crowns, orthodontics and/or bridges, implants or mini-implants (surgical or prosthetic)  
7 treatment(s). Such supervision and monitoring shall include, but will not be limited to,  
8 personally observing the treatment rendered to those patients who receive root canals,  
9 crowns and/or bridges, implants or mini-implant (surgical or prosthetic) treatment(s).  
10 Respondent shall not perform orthodontics, implants or mini-implants (surgical or  
11 prosthetic) treatment(s) until after Respondent complies with supplemental education  
12 provisions contained in Paragraphs 23E and 23F of this Stipulation II. Respondent further  
13 acknowledges the Disciplinary Screening Officer and or an agent appointed by the  
14 Executive Director may contact patient(s) who receive root canals, crowns, orthodontics  
15 and/or bridges, implants or mini-implants (surgical or prosthetic) treatment(s).

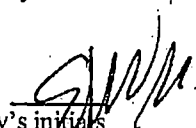

16 B. In the event Respondent no longer practices dentistry in the State of Nevada prior to  
17 completion of the above-referenced five (5) years probationary period, the probationary  
18 period shall be tolled. In the event the probationary period is tolled because Respondent  
19 does not practice in the State of Nevada and the terms and conditions of this Stipulation  
20 Agreement are not satisfied (i.e., including completion of the probationary period) within  
21 six (6) years of adoption of this Stipulation Agreement by the Board, Respondent agrees  
22 his license to practice dentistry in Nevada will be deemed voluntarily surrendered with  
23 disciplinary action. Thereafter the Board's Executive Director without any further action  
24 or hearing by the Board shall issue an Order of Voluntary Surrender with disciplinary  
25 action and report same to the National Practitioners Data Bank.

26 C. Pursuant to NRS 631.350(1)(d), Respondent further agrees during the above-referenced  
27 (5) year probationary period wherein Respondent is practicing dentistry in the State of  
28 Nevada, Respondent's patient files shall include (in addition to any other matters  
generally required of a patient file) patient signed informed consents regarding implant  
treatment(s), both surgical and prosthetic (said informed consent shall be comprehensive  
and include discussion of mini versus standard implants, treatment by a general dentist  
versus a specialist, and types of dental materials used in fabrication of crowns and  
bridges and removable prosthetics). In addition, Respondent's treatment records of  
implant restored patients shall include diagnostic data, comprehensive treatment planning  
and documentation of all steps and procedures taken in the delivery of implants and  
implant supported prosthetics. Moreover, Respondent's patient files for orthodontic  
patients shall include a signed comprehensive informed consent, including a discussion of  
treatment of a general dentist versus a specialist, orthodontic diagnostic records, a  
diagnostic summary, treatment objective, detailed treatment plan outlining steps of  
treatment and estimated treatment time, and periodontal evaluation, diagnosis, and  
treatment plan. Subsequent orthodontic treatment must be comprehensively documented

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Respondent's initials

  
Respondent's attorney's initials  


1 to include all procedures done, types of appliances used, types of arch wires used, wire  
2 changes, elastics used, etc. With regards to the just referenced patient file and consent  
3 form requirements (hereinafter collectively "Patient File Requirements"), Respondent  
4 acknowledges failure to comply with the same shall be an admission of unprofessional  
5 conduct. In addition, failure to maintain and/or provide the Patient File Requirements  
6 upon request by an agent of the Board shall be an admission of unprofessional conduct.  
7 Upon receipt of substantial evidence that Respondent has either failed to comply with the  
8 Patient File Requirements, failed to maintain or has refused to provide the Patient File  
9 Requirements upon request by an agent assigned by the Executive Director, or  
10 Respondent has refused to provide copies of patient records requested by the agent  
11 assigned by the Executive Director, Respondent agrees her license to practice dentistry in  
12 the State of Nevada shall be automatically suspended without any further action of the  
13 Board other than the issuance of an Order of Suspension by the Executive Director.  
14 Thereafter, Respondent may request, in writing, a hearing before the Board to reinstate  
15 Respondent's license. However, prior to a full Board hearing, Respondent waives any  
16 right to seek judicial review, including injunctive relief from any court of competent  
17 jurisdiction, including a Nevada Federal District Court or Nevada State District Court to  
18 reinstate her privilege to practice dentistry in the State of Nevada pending a final Board  
19 hearing. Respondent shall also be responsible for any costs or attorney's fees incurred in  
20 the event the Board has to seek injunctive relief to prevent Respondent from practicing  
21 dentistry during the period Respondent's license is automatically suspended.

22 D. Pursuant to NRS 631.350(1)(d), Respondent further agrees during the above-referenced  
23 five (5) year probationary period wherein Respondent is practicing dentistry in the State  
24 of Nevada, Respondent shall maintain a daily log containing the following information  
25 for any patient(s) who receive root canals, crowns, orthodontics and/or bridges, implants  
26 or mini-implants (surgical or prosthetic) treatment(s):

- 27 1. Name of patient
- 28 2. Date treatment commenced
3. Explanation of treatment
4. Pre and Post radiographs
5. Pre and Post Orthodontic models

29 The daily log shall be made available during normal business hours without notice. In  
30 addition, during the above-referenced five (5) year probationary period, Respondent shall  
31 mail to the Board no later than the fifth (5th) day of the month a copy of the daily log(s)  
32 for the preceding calendar month (for example: by May 5, Respondent shall mail to the  
33 Board a copy of daily log(s) for the month of April) (hereinafter "monthly log mailing  
34 requirement"). Respondent acknowledges failure to comply with the monthly log mailing  
35 requirement shall be an admission of unprofessional conduct. In addition, failure to  
36 maintain and/or provide the daily log upon request by an agent of the Board shall be an  
37 admission of unprofessional conduct. Upon receipt of substantial evidence that

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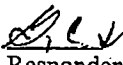
1 Respondent has either failed to comply with the monthly log mailing requirement, failed  
2 to maintain or has refused to provide the daily log upon request by an agent assigned by  
3 the Executive Director, or Respondent has refused to provide copies of patient records  
4 requested by the agent assigned by the Executive Director, Respondent agrees her license  
5 to practice dentistry in the State of Nevada shall be automatically suspended without any  
6 further action of the Board other than the issuance of an Order of Suspension by the  
7 Executive Director. Thereafter, Respondent may request, in writing, a hearing before the  
8 Board to reinstate Respondent's license. However, prior to a full Board hearing,  
9 Respondent waives any right to seek judicial review, including injunctive relief from any  
10 court of competent jurisdiction, including a Nevada Federal District Court or Nevada  
11 State District Court to reinstate her privilege to practice dentistry in the State of Nevada  
12 pending a final Board hearing. Respondent shall also be responsible for any costs or  
13 attorney's fees incurred in the event the Board has to seek injunctive relief to prevent  
14 Respondent from practicing dentistry during the period Respondent's license is  
15 automatically suspended.

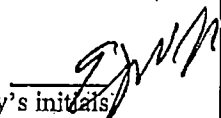
16 E. Pursuant to NRS 631.350(1)(f) and (1)(k), Respondent agrees she shall not practice  
17 orthodontics until she successfully completes a hands-on forty (40) hours continuing  
18 education course in orthodontics and provides written evidence of such completion to the  
19 Board's Executive Director. Information, documents, and/or description of supplemental  
20 education must be submitted in writing to the Executive Director of the Board for  
21 approval prior to attendance. Upon receipt of the written request to attend a hands-on  
22 forty (40) hours continuing education course in orthodontics, the Executive Director of  
23 the Board shall notify Respondent in writing whether the requested course is approved  
24 for attendance. The cost associated with the hands-on forty (40) hours continuing  
25 education course in orthodontics shall be paid by Respondent. Respondent acknowledges  
26 failure to comply with paragraph's requirements shall be an admission of unprofessional  
27 conduct. Upon receipt of substantial evidence that Respondent has violated the terms of  
28 this paragraph before successfully completing a hand-on forty (40) hours continuing  
course in orthodontics), Respondent agrees her 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 Respondent's  
license. However, prior to a full Board hearing, Respondent waives any right to seek  
judicial review, including injunctive relief from any court of competent jurisdiction,  
including a Nevada Federal District Court or Nevada State District Court to reinstate her  
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.

F. Pursuant to NRS 631.350(1)(f) and (1)(k), Respondent agrees she shall not provide any  
implant placement treatment(s) (whether surgical or prosthetic) until she successfully

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Respondent's initials

  
Respondent's attorney's initials

1 completes a hands-on forty (40) hours continuing education course in and provides  
2 written evidence of such completion to the Board's Executive Director. Information,  
3 documents, and/or description of supplemental education must be submitted in writing to  
4 the Executive Director of the Board for approval prior to attendance. Upon receipt of the  
5 written request to attend a hands-on forty (40) hours continuing education course in  
6 implant placement treatment(s) (whether surgical or prosthetic), the Executive Director of  
7 the Board shall notify Respondent in writing whether the requested course is approved  
8 for attendance. The cost associated with the hands-on forty (40) hours continuing  
9 education courses in implant placement treatment(s) (whether surgical or prosthetic) shall  
10 be paid by Respondent. Respondent acknowledges failure to comply with paragraph's  
11 requirements shall be an admission of unprofessional conduct. Upon receipt of substantial  
12 evidence that Respondent has violated the terms of this paragraph before successfully  
13 completing a hand-on forty (40) hours continuing course in implant placement  
14 treatment(s) (whether surgical or prosthetic), Respondent agrees her license to practice  
15 dentistry in the State of Nevada shall be automatically suspended without any further  
16 action of the Board other than the issuance of an Order of Suspension by the Executive  
17 Director. Thereafter, Respondent may request, in writing, a hearing before the Board to  
18 reinstate Respondent's license. However, prior to a full Board hearing, Respondent  
19 waives any right to seek judicial review, including injunctive relief from any court of  
20 competent jurisdiction, including a Nevada Federal District Court or Nevada State  
21 District Court to reinstate her privilege to practice dentistry in the State of Nevada  
22 pending a final Board hearing. Respondent shall also be responsible for any costs or  
23 attorney's fees incurred in the event the Board has to seek injunctive relief to prevent  
24 Respondent from practicing dentistry during the period Respondent's license is  
25 automatically suspended.

26  
27 G. Pursuant to NRS 631.350(1)(b), Respondent further agrees during the above-referenced  
28 five (5) year probationary period wherein Respondent is practicing dentistry in the State  
of Nevada, Respondent agrees she shall cease and desist from using any ozone  
generating device in any dental or dental hygiene related treatment and/or providing any  
ozone treatment(s) and/or any other therapies which are not approved by the Federal  
Drug Administration in any dental or dental hygiene related treatment. Respondent  
acknowledges failure to comply with this paragraph's shall be deemed an admission of  
unprofessional conduct. Upon receipt of substantial evidence that Respondent has  
violated the terms of this paragraph, Respondent agrees her 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  
Respondent's license. However, prior to a full Board hearing, Respondent waives any  
right to seek judicial review, including injunctive relief from any court of competent  
jurisdiction, including a Nevada Federal District Court or Nevada State District Court to  
reinstate her 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

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28 H.C.d  
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Respondent's attorney's initials [Signature]  
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1 the event the Board has to seek injunctive relief to prevent Respondent from practicing  
2 dentistry during the period Respondent's license is automatically suspended.

3 H. Pursuant to NRS 631.350(1)(d), Respondent further agrees upon adoption of this  
4 Stipulation Agreement II by the Board, Respondent's license to practice dentistry in the  
5 State of Nevada will be suspended for a period of thirty (30) days. Upon receipt of  
6 substantial evidence that Respondent has violated the terms of this paragraph,  
7 Respondent agrees her license to practice dentistry in the State of Nevada shall be  
8 automatically revoked without any further action of the Board other than the issuance of  
9 an Order of Revocation by the Executive Director. Thereafter, Respondent may request,  
10 in writing, a hearing before the Board to reinstate Respondent's revoked license.  
11 However, prior to a full Board hearing, Respondent waives any right to seek judicial  
12 review, including injunctive relief from any court of competent jurisdiction, including a  
13 Nevada Federal District Court or Nevada State District Court to reinstate her privilege to  
14 practice dentistry in the State of Nevada pending a final Board hearing. Respondent shall  
15 also be responsible for any costs or attorney's fees incurred in the event the Board has to  
16 seek injunctive relief to prevent Respondent from practicing dentistry during the period  
17 Respondent's license is automatically revoked.

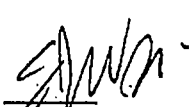

18 I. Respondent agrees that during the above-referenced five (5) year probationary period in  
19 the event the Board notifies Respondent of any additional verified complaint(s) which  
20 relate(s) to treatment rendered prior to the adoption by the Board of this Stipulation II,  
21 such complaint(s) shall be processed pursuant to the following terms and conditions:

22 Upon Respondent receiving notice of a verified complaint(s) and subsequent to  
23 answering the complaint, Respondent agrees to comply with the decision rendered by the  
24 Board's assigned Disciplinary Screening Officer with respect to reimbursement of a  
25 complaint which relates to treatment received prior to adoption by the Board of this  
26 Stipulation II in an amount, if any, for the services rendered by Respondent. The  
27 reimbursement amount must be based upon written proof of payment by the complainant  
28 including, but not limited to, insurance payments made on the complainant's behalf.  
Payment shall be made within sixty (60) days of the Disciplinary Screening Officer's  
written decision. Subject to Respondent's reimbursement of the complainant, the Board  
agrees not to initiate disciplinary action against Respondent. Respondent waives any right  
to appeal the Disciplinary Screening Officer's decision regarding reimbursement of a  
complainant to either the Board, Federal District Court, or State of Nevada District Court  
regarding the decided amount(s) for reimbursement(s). Should Respondent fail to  
reimburse patients of verified complaints as ordered by the Disciplinary Screening  
Officer within sixty (60) days of the Disciplinary Screening Officer written decision  
regarding to the same, 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. Respondent agrees to waive any  
right to seek injunctive relief from any Federal or State of Nevada District Court

27 (LV146063;1)

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28   
Respondent's initials

  
Respondent's attorney's initials  




1 regarding the Board's Executive Director's Order of Voluntary Surrender with  
2 disciplinary action and reporting same to the National Practitioners Data Bank.  
3 Respondent shall also be responsible for any costs or attorney's fees incurred in the event  
4 the Board has to seek injunctive relief to enforce the Board's Executive Director's Order  
5 of Voluntary Surrender with disciplinary action to prevent Respondent from practicing  
6 dentistry in the State of Nevada. Any verified complaints or authorized investigative  
7 complaints which relate to treatment received subsequent to the adoption of this  
8 Stipulation II shall be processed pursuant to the procedures set forth at NRS and/or NAC  
9 chapter 631 and/or NRS and NAC chapter 233B.

10 J. Pursuant to NRS 631.350(1)(e), Respondent agrees upon adoption of the Stipulation  
11 Agreement II by the Board this Stipulation Agreement II shall be deemed a public  
12 reprimand.

13 K. Pursuant to NRS 631.350(1)(c), Respondent agrees within thirty (30) days after adoption  
14 of this Stipulation Agreement II, Respondent shall pay a fine in the amount of One  
15 Thousand and xx/100 Dollars (\$1,000.00). Payment shall be made payable to the Nevada  
16 State Board of Dental Examiners and mailed directly to 6010 S. Rainbow Blvd., Suite  
17 A1, Las Vegas, Nevada 89118.

18 L. Pursuant to NRS 622.400, Respondent agrees to reimburse the Board for the cost of the  
19 investigations and cost associated in enforcing the terms and conditions of probation in  
20 the amount of Twenty-Seven Thousand Two Hundred Fifty and xx/100 Dollars  
21 (\$27,250.00). Payment shall be made payable to the Nevada State Board of Dental  
22 Examiners and mailed directly to 6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada  
23 89118. Payment shall be made in Forty-Eight (48) monthly payments. The first forty -  
24 seven (47) payments shall be in the amount of \$579.00. The first payment shall be made  
25 on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the  
26 Board (for example, if this Stipulation II is approved by the Board on November 10, then  
27 the first payment of \$579.00 shall be due on December 15). The remaining forty-six (46)  
28 equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter.  
The last and forty-eighth (48<sup>th</sup>) payment shall be in the amount of \$37.00 and shall be  
made on the fifteenth (15<sup>th</sup>) day of the month.

M. Pursuant to NRS 631.350(1)(l), Respondent agrees to reimburse Candace Smart in the  
amount of Four Thousand Eight Hundred Fifty-One and xx/100 Dollars (\$4,851.00)  
relative to matters addressed above regarding Ms. Smart. Respondent shall also waive  
any balance, if any, and withdraw any and all collection efforts, if any such efforts have  
been initiated. Payment of the \$4,851.00 shall be made shall be made in twelve (12)  
equal monthly payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the  
month after which this Stipulation II is approved by the Board (for example, if this  
Stipulation II is approved by the Board on November 10, then the first of the twelve  
equal monthly payments shall be due on December 15). The remaining eleven equal

{LV146063;1}

Page 19 of 27

28 ACB  
Respondent's initials

Respondent's attorney's initials [Signature]  
RAO

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payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) the payment checks made payable to Candace Smart.

N. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jose Churruca in the amount of Thirteen Thousand Nine Hundred Thirty Five and xx/100 Dollars (\$13,935.00) relative to matters addressed above regarding Mr. Churruca. Respondent shall also waive any balance, if any, and withdraw any and all collection efforts, if any such efforts have been initiated. Payment of the \$13,935.00 shall be made in twelve (12) equal monthly payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the Board (for example, if this Stipulation II is approved by the Board on November 10, then the first of the twelve equal monthly payments shall be due on December 15). The remaining eleven equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment checks made payable to Jose Churruca.

O. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Bill Krejci in the amount of Six Thousand Four Hundred Forty-Five and xx/100 Dollars (\$6,445.00) relative to matters addressed above regarding Mr. Krejci. Respondent shall also waive any balance, if any, and withdraw any and all collection efforts, if any such efforts have been initiated. Payment of the \$6,445.00 shall be made in twelve (12) equal monthly payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the Board (for example, if this Stipulation II is approved by the Board on November 10, then the first of the twelve equal monthly payments shall be due on December 15). The remaining eleven equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment checks made payable to Bill Krejci.

P. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse the estate of Brian Banners in the amount of Seven Thousand Five Hundred Seventy and xx/100 Dollars (\$7,570.00) relative to matters addressed above regarding Mr. Banners. Respondent shall also waive any balance, if any, and withdraw any and all collection efforts, if any such efforts have been initiated. Payment of the \$7,570.00 shall be made in twelve (12) equal monthly payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the Board (for example, if this Stipulation II is approved by the Board on November 10, then the first of the twelve equal monthly payments shall be due on December 15). The remaining eleven equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. The actual name the payment checks/money orders are to made-out to for the benefit of the estate of Brian Banners will be provided at a later date. Respondent shall deliver/mail the payments to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118).

{LV146063;1}

*[Handwritten initials]*  
Respondent's initials

*[Handwritten signature]*  
Respondent's attorney's initials  
*[Handwritten initials]*

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2 Q. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jan Thomas in the  
3 amount of Twelve Thousand Three Hundred Fifty-Six and xx/100 Dollars (\$12,356.00)  
4 relative to matters addressed above regarding Ms. Thomas. Respondent shall also waive  
5 any balance, if any, and withdraw any and all collection efforts, if any such efforts have  
6 been initiated. Payment of the \$12,356.00 shall be made in twelve (12) equal monthly  
7 payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after  
8 which this Stipulation II is approved by the Board (for example, if this Stipulation II is  
9 approved by the Board on November 10, then the first of the twelve equal monthly  
10 payments shall be due on December 15). The remaining eleven equal payments shall then  
11 be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail  
12 to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment  
13 checks made payable to Jan Thomas.

10 R. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Mae McMahl in the  
11 amount of Four Hundred Sixty-Eight and xx/100 Dollars (\$468.00) relative to matters  
12 addressed above regarding Ms. McMahl. Respondent shall also waive any balance, if  
13 any, and withdraw any and all collection efforts, if any such efforts have been initiated.  
14 Payment of the \$468.00 shall be made in twelve (12) equal monthly payments. The first  
15 payment shall be made on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation  
16 II is approved by the Board (for example, if this Stipulation II is approved by the Board  
17 on November 10, then the first of the twelve equal monthly payments shall be due on  
18 December 15). The remaining eleven equal payments shall then be due on the fifteenth  
19 (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail to the Board (6010 S.  
20 Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment checks made payable to  
21 Mae McMahl.

17 S. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jacqueline Calvert in the  
18 amount of Four Thousand Two Hundred Fifty and xx/100 Dollars (\$4,250.00) relative to  
19 matters addressed above regarding Ms. Calvert. Respondent shall also waive any balance,  
20 if any, and withdraw any and all collection efforts, if any such efforts have been initiated.  
21 Payment of the \$4,250.00 shall be made in twelve (12) equal monthly payments. The first  
22 payment shall be made on the fifteen (15<sup>th</sup>) day of the month after which this Stipulation  
23 II is approved by the Board (for example, if this Stipulation II is approved by the Board  
24 on November 10, then the first of the twelve equal monthly payments shall be due on  
25 December 15). The remaining eleven equal payments shall then be due on the fifteenth  
26 (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail to the Board (6010 S.  
27 Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment checks made payable to  
28 Jacqueline Calvert.

25 T. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jeremy Orenstein (on  
26 behalf of Quinn Orenstein) in the amount of Four Thousand Seven Hundred Ninety-Two  
27 and xx/100 Dollars (\$4,792.00) relative to matters addressed above regarding Quinn

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28       
Respondent's initials

Respondent's attorney's initials       
*[Handwritten signature]*

1 Orenstein. Respondent shall also waive any balance, if any, and withdraw any and all  
2 collection efforts, if any such efforts have been initiated. Payment of the \$4,792.00 shall  
3 be made in twelve (12) equal monthly payments. The first payment shall be made on the  
4 fifteen (15<sup>th</sup>) day of the month after which this Stipulation II is approved by the Board  
5 (for example, if this Stipulation II is approved by the Board on November 10, then the  
6 first of the twelve equal monthly payments shall be due on December 15). The remaining  
eleven equal payments shall then be due on the fifteenth (15<sup>th</sup>) day of each month  
thereafter. Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd., Suite A1,  
Las Vegas, Nevada 89118) payment checks made payable to Jeremy Orenstein.

7 U. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Jamie Grosjean in the  
8 amount of Thirteen Thousand Five Hundred Seventeen and xx/100 Dollars (\$13,517.00)  
9 relative to matters addressed above regarding Ms. Grosjean. Respondent shall also waive  
any balance, if any, and withdraw any and all collection efforts, if any such efforts have  
10 been initiated. Payment of the \$13,517.00 shall be made in twelve (12) equal monthly  
11 payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after  
12 which this Stipulation II is approved by the Board (for example, if this Stipulation II is  
13 approved by the Board on November 10, then the first of the twelve equal monthly  
14 payments shall be due on December 15). The remaining eleven equal payments shall then  
be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail  
to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment  
checks made payable to Jamie Grosjean.

15 V. Pursuant to NRS 631.350(1)(I), Respondent agrees to reimburse Edward Harris in the  
16 amount of Two Thousand Six Hundred Twenty-Four and xx/100 Dollars (\$2,624.00)  
17 relative to matters addressed above regarding Mr. Harris. Respondent shall also waive  
any balance, if any, and withdraw any and all collection efforts, if any such efforts have  
18 been initiated. Payment of the \$2,624.00 shall be made in twelve (12) equal monthly  
19 payments. The first payment shall be made on the fifteen (15<sup>th</sup>) day of the month after  
20 which this Stipulation II is approved by the Board (for example, if this Stipulation II is  
21 approved by the Board on November 10, then the first of the twelve equal monthly  
22 payments shall be due on December 15). The remaining eleven equal payments shall then  
be due on the fifteenth (15<sup>th</sup>) day of each month thereafter. Respondent shall deliver/mail  
to the Board (6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118) payment  
checks made payable to Edward Harris.

23 W. In the event Respondent defaults on any of the payments set forth in Paragraphs 23K  
24 thru 23V, Respondent agrees his license to practice dentistry in the State of Nevada may  
25 be automatically be suspended without any further action of the Board other than  
26 issuance of an Order of Suspension by the Board's Executive Director. Subsequent to the  
issuance of the Order of Suspension, Respondent agrees to pay a liquidated damage  
amount of Twenty Five and xx/100 Dollars (\$25.00) for each day Respondent is in  
default on the payment(s) of any of the amounts set forth in Paragraphs 23K thru 23V

27 (LV146063;1)

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28 H.C.V.  
Respondent's initials

Respondent's attorney's initials [Signature]

1 Upon curing the default of the applicable defaulted payment contained in Paragraphs  
2 23K thru 23V. and paying the reinstatement fee, Respondent's license to practice  
3 dentistry in the State of Nevada will automatically be reinstated by the Board's Executor  
4 Director, assuming there are no other violations by Respondent of any of the provisions  
5 contained in this Stipulation Agreement. Respondent shall also be responsible for any  
6 costs or attorney's fees incurred in the event the Board has to seek injunctive relief to  
7 prevent Respondent from practicing dentistry during the period in which his license is  
8 suspended. Respondent agrees to waive any right to seek injunctive relief from any court  
9 of competent jurisdiction, including a Nevada Federal District Court or a Nevada State  
10 District Court to reinstate his license prior to curing any default on the amounts due and  
11 owing as addressed above.

12 X. In the event Respondent fails to cure any defaulted payments within forty-five (45) days  
13 of the default, Respondent agrees the amount may be reduced to judgment.

14 Y. Respondent waives any right to have any amount(s) owed pursuant to this Stipulation  
15 discharged in bankruptcy.

16 CONSENT

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

19 25. Respondent is aware by entering into this Stipulation Agreement she is waiving certain  
20 valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and  
21 NAC 233B.

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

25 27. Respondent and the Board agree any statements and/or documentation made or  
26 considered by the Board during any properly noticed open meeting to determine whether to  
27 adopt or reject this Stipulation Agreement are privileged settlement negotiations and therefore  
28 such statements or documentation may not be used in any subsequent Board hearing or judicial

{LV146063;1}

*A.C.D.*  
Respondent's initials

*[Signature]*  
Respondent's attorney's initials  
*DL*

1 review, whether or not judicial review is sought in either the State or Federal District Court.

2  
3 28. Respondent acknowledges she has read this Stipulation Agreement. Respondent  
4 acknowledges she has been advised she has the right to have this matter reviewed by  
5 independent counsel and she has had ample opportunity to seek independent counsel.  
6 Respondent has been specifically informed she should seek independent counsel and advice of  
7 independent counsel would be in Respondent's best interest. Having been advised of her right to  
8 independent counsel, as well as had the opportunity to seek independent counsel, Respondent  
9 hereby acknowledges she is represented by ANTHONY LAURIA, ESQ. of the law firm  
10 LAURIA TOKUNAGA GATES & LINN, LLP and EUGENE J. WAIT, JR., ESQ. of the WAIT  
11 LAW FIRM and she has reviewed this Stipulation Agreement with same and understands its  
12 terms and conditions.

13 29. Respondent acknowledges she is consenting to this Stipulation Agreement voluntarily,  
14 without coercion or duress and in the exercise of her own free will.

15  
16 30. Respondent acknowledges no other promises in reference to the provisions contained in  
17 this Stipulation Agreement have been made by any agent, employee, counsel or any person  
18 affiliated with the Nevada State Board of Dental Examiners.

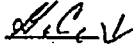
19 31. Respondent acknowledges the provisions in this Stipulation Agreement contain the entire  
20 agreement between Respondent and the Board and the provisions of this Stipulation Agreement  
21 can only be modified, in writing, with Board approval.


22  
23 32. Respondent agrees in the event the Board adopts this Stipulation Agreement, she hereby  
24 waives any and all rights to seek judicial review or otherwise to challenge or contest the validity  
25 of the provisions contained herein.

26  
27 33. Respondent and the Board agree none of the parties shall be deemed the drafter of this  
28 Stipulation Agreement. In the event this Stipulation Agreement is construed by a court of law or

{LV146063;1}

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Respondent's initials

  
Respondent's attorney's initials

1 equity, such court shall not construe it or any provision hereof against any party as the drafter.  
2 The parties hereby acknowledge all parties have contributed substantially and materially to the  
3 preparation of this Stipulation Agreement.

4  
5 34. Respondent specifically acknowledges by her signature herein and by her initials at the  
6 bottom of each page of this Stipulation Agreement, she has read and understands its terms and  
7 acknowledges she has signed and initialed of her own free will and without undue influence,  
8 coercion, duress, or intimidation.

9 35. Respondent acknowledges in consideration of execution of this Stipulation Agreement,  
10 Respondent hereby releases, remises, and forever discharges the State of Nevada, the Board, and  
11 each of their members, agents, employees and legal counsel in their individual and representative  
12 capacities, from any and all manner of actions, causes of action, suits, debts, judgments,  
13 executions, claims, and demands whatsoever, known and unknown, in law or equity, that  
14 Respondent ever had, now has, may have, or claim to have against any or all of the persons or  
15 entities named in this section, arising out the complaint(s) of the above-referenced Patient(s).

16 36. Respondent acknowledges in the event the Board adopts this Stipulation Agreement, it  
17 may be considered in any future Board proceeding(s) or judicial review, whether such judicial  
18 review is performed by either the State or Federal District Court(s).

19  
20 37. This Stipulation Agreement will be considered by the Board in an open meeting. It is  
21 understood and stipulated the Board is free to accept or reject this Stipulation Agreement and if it  
22 is rejected by the Board, the Board may take other and/or further action as allowed by statute,  
23 regulation, and/or appropriate authority. This Stipulation Agreement will only become effective  
24 when the Board has approved the same in an open meeting. Should the Board adopt this  
25 Disciplinary Stipulation Agreement, such adoption shall be considered a final disposition of a

26 ///

27  
28 (LV146063;1)

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1 contested case and will become a public record and is reportable to the National Practitioner  
2 Data Bank.

3 DATED this 3<sup>rd</sup> day of October, 2014.

4  
5 By Georgene B. Chase, DDS  
6 Georgene B. Chase, DDS  
Respondent

7 APPROVED AS TO FORM AND CONTENT:

8 By Eugene J. Wait, Esq. this 3<sup>rd</sup> day of October, 2014.  
9 Eugene J. Wait, Esq.  
Wait Law Firm  
10 Respondent's Attorney

11 APPROVED AS TO FORM AND CONTENT

12 By Paul A. Lauria for this 3<sup>rd</sup> day of October, 2014.  
13 Anthony Lauria, Esq.  
Lauria Tokunaga Gates & Linn, LLP  
14 Respondent's Attorney

15 APPROVED AS TO FORM AND CONTENT

16 By John A. Hunt this 3 day of October, 2014.  
17 John A. Hunt, Esq.  
18 Morris Polich & Purdy, LLP  
19 Board Counsel

20 APPROVED AS TO FORM AND CONTENT

21 By Donna Jo Hellwinkel DDS this 3 day of October, 2014.  
22 Donna Jo Hellwinkel, DDS  
Disciplinary Screening Office

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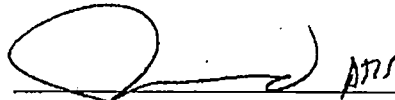
**BOARD ACTION**

This *Disciplinary Stipulation II Agreement* in the matter captioned as Nevada State Board of Dental Examiners vs. Georgene B. Chase, DDS, case no. 74127-02697 was (check appropriate action):

Approved X Disapproved \_\_\_\_\_

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

DATED this 3 day of oct, 2014.



\_\_\_\_\_  
J. Gordon Kinard, DDS - President  
NEVADA STATE BOARD OF DENTAL EXAMINERS

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**Agenda Item: (7)(b)**  
**Petition for a Determination of Criminal History**

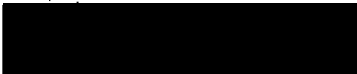
# Nevada State Board of Dental Examiners



6010 S. Rainbow Boulevard, Building A, Suite 1 • Las Vegas, Nevada 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

August 13, 2019

Joshua M. Corcran



Re: Petition

Dear Mr. Corcran:

On August 8, 2019, the Nevada State Board of Dental Examiners received your "Petition for a Determination of Criminal History" form. This matter will be considered by the Board at the next regularly scheduled meeting on Friday November 1, 2019.

To assist the Board Members with the review, I am requesting any and all court documents to include, but not limited to, the completion of your parole and the discharge documents.

Please provide this information on or before October 18, 2019. Should you have questions regarding this request please feel free to contact me at (702) 486-7044 or by email at [dashaffer@nsbde.nv.gov](mailto:dashaffer@nsbde.nv.gov).

Warmest Regards,

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

Cc: File: Joshua M. Corcran



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



**Petition for a Determination of Criminal History**

Person's Name: JOSHUA MICHAEL CORCRAN Date: 8/8/19  
 Address: [REDACTED] Suite No.: [REDACTED]  
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Telephone: [REDACTED] Fax: [REDACTED] Email: [REDACTED]

**In the matter of the petition to determine whether the person's criminal history will disqualify him or her from obtaining a license:**

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

On February 19, 2006 I was the primary cause of a motor vehicle accident that resulted in the unfortunate deaths of four (4) individuals and substantial bodily harm to another. I pled guilty to (5) five counts of "Reckless Driving with Death/Substantial Bodily Harm" and was convicted on August 8, 2006. I served my sentence as required in a state prison with no disciplinary record, and was released early to serve a portion of my time on house arrest. I completed all aspects of my parole honorably and was discharged completely in 2013. I have since gone back to school and obtained my Bachelor's Degree, and will be graduating from UNLV School of Dental Medicine in May 2020. I would like to determine if I will be able to remain in my home state to practice dentistry upon graduation, and want to prepare properly for the licensing process.

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

Thank you for your time!

JOSHUA CORCRAN  
 Print Name:

[Signature]  
 Signature

8/8/19  
 Date:

**Agenda Item: (7)(C)**  
**Consideration of Application for Dental Licensure**



# 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)

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

Licensure by Credential (NRS 631.255): \$1200 (Please select specialty below) Indicate Specialty: Board Eligible  Diplomate

Orthodontia  Prosthodontia  O & M Pathology   
Endodontia  Pediatric Dentistry  O & M Radiology   
Periodontia  Public Health Dentist  O & M Surgery

Limited Licensure (NRS 631.271): \$125 Resident:  Instructor:  Restricted Geographical (NRS 631.274): \$600 Underserved County(ies):  FQHC or Non-Profit:

Indicate Residency Program: Indicate Instructor Facility: Indicate County(ies): Indicate FQHC Facility or Non Profit

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: WILSON First: GABRIELA Middle: T. Suffix:

Soc. Security #: Age: Male Birthdate: Birthplace (City, County, State, & Country): Female

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 of 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

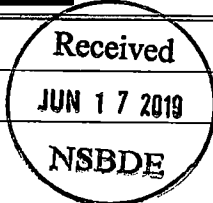
If yes, naturalization # Naturalization Date: Place:

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? 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.\*

\$1200 cc 4/26/19

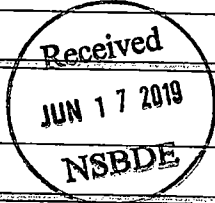
**(A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY**

<b>Current Home Address:</b> [Redacted]	<b>City:</b> [Redacted]	<b>State:</b> [Redacted]	<b>Zip code:</b> [Redacted]
<b>Mailing Address:</b> This is the address that all correspondence from NSBDE will be mailed. <input checked="" type="checkbox"/>			
<b>Is same as current home address please check box.</b>			
<b>Mailing Address (if different):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Residence:</b>	<b>Telephone Cell:</b>	<b>Email address:</b>	

**(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)

<b>1. Address :</b> [Redacted]	<b>City:</b> [Redacted]	<b>State:</b> [Redacted]	<b>Zip Code:</b> [Redacted]
<b>County:</b> USA	<b>Dates:</b> 07-01-2017 to 05-2019		
<b>2. Address :</b> [Redacted]	<b>City:</b> [Redacted]	<b>State:</b> [Redacted]	<b>Zip Code:</b> [Redacted]
<b>County:</b> USA	<b>Dates:</b> 07-2014 to 06-2017		
<b>3. Address :</b> [Redacted]	<b>City:</b> [Redacted]	<b>State:</b> [Redacted]	<b>Zip Code:</b> [Redacted]
<b>County:</b> USA	<b>Dates:</b> 06-2009 to 06-2014		
<b>4. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>5. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>6. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>7. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>8. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>9. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		
<b>10. Address :</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Dates:</b> to		



**(C) MILITARY SERVICE**

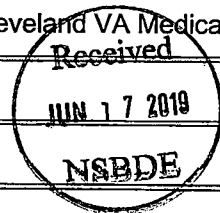
Have you ever served in the military? (if yes, you must answer the questions below)

Yes  No

Date of Service: From _____ to _____		Military Occupation Specialty/Specialties:	
Branch of Service:	Army/Army Reserve <input type="checkbox"/>	Marine Corps/Marine Corps Reserve <input type="checkbox"/>	
	Navy/Navy Reserve <input type="checkbox"/>	Air Force/ Air force Reserve <input type="checkbox"/>	
	Coast Guard/ Coast Guard Reserve <input type="checkbox"/>	National Guard <input type="checkbox"/>	
Date of Service: From _____ to _____		Military Occupation Specialty/Specialties:	
Branch of Service:	Army/Army Reserve <input type="checkbox"/>	Marine Corps/Marine Corps Reserve <input type="checkbox"/>	
	Navy/Navy Reserve <input type="checkbox"/>	Air Force/ Air force Reserve <input type="checkbox"/>	
	Coast Guard/ Coast Guard Reserve <input type="checkbox"/>	National Guard <input type="checkbox"/>	

**(D) EDUCATION & CERTIFICATIONS**

Doctoral:	Post Doctoral:
University/ College: Case Western Reserve Univ. School of Dental Medicine	University/ College: Louis Stokes Cleveland VA Medical Center
City: CLEVELAND	City: CLEVELAND
State: OHIO	State: OHIO
Years Attended: (month/year) 08-2004 to 05-2008	Years Attended: (month/year) 07-2008 to 06-2009
Graduation Date: 5-18-2008	Graduation Date: 6-30-2009
Degree Earned: DDS <input type="checkbox"/> DMD <input checked="" type="checkbox"/>	Specialty (MS): GPR



**(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**

(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



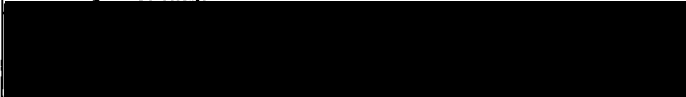
**(H) DENTAL PRACTICE & EMPLOYMENT HISTORY**


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

If 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)

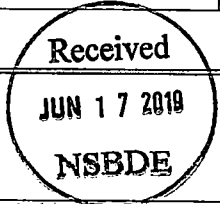
Current Practice Address (if any):	City:	State:	Zip Code:
Telephone:	Fax:	Email address:	

**(I) PREVIOUS EMPLOYMENT**

1. Practice Address: 3727 EASTON MARKET	City: COLUMBUS	State: OHIO	Zip Code: 43219
From: 08-2009 To: 06-2014 (Include month/year)	Telephone: 614-476-8780		
Name of Employers, Associates, Etc... DR. TAMIMI	Reason for leaving: 		

2. Practice Address: 1201 S High St., #1	City: COLUMBUS	State: OHIO	Zip Code: 43206
From: 06-2009 To: 07-2009 (Include month/year)	Telephone: 614-444-1454		
Name of Employers, Associates, Etc... DONALD BOWEN	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:		

**(J) EXAMINATION AND LICENSURE HISTORY**

**NATIONAL BOARD EXAMINATION**

**Part I** Date Taken: 01/06/2006 PASS  FAIL

**Part II** Date Taken: 12/22/2007 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: 10-06-2007 to 02-28-2008 PASS  FAIL

WREB  Date(s) of Clinical Examination: to PASS  FAIL

**OTHER 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

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

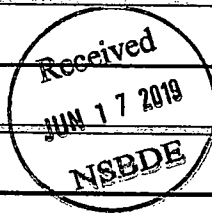
*If yes, list the following for each state, territory or the District of Columbia. Use additional sheets if necessary:*

State, Territory, DC: OHIO Date of Application: 3-06-2009

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 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 J1, J2, J3 and/or J4, 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

If Yes, list all malpractice, negligence lawsuits and claims you have ever had against you. Include dates, names, settlements and 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.

Carrier: COLUMBIA CASUALTY CO

Policy Number: [REDACTED]

Address: 2850 GOLF RD  
City: ROLLING MEADOWS State: IL Zip Code: 60008

From: 2/2012 To: 5/2015 (Include month/year) Telephone: 630-773-3800

Carrier: FORTRESS- BEHNKE & COMPANY INC.

Policy Number: [REDACTED]

Address: 101 SOUTH MAIN SUITE 200  
City: DECATUR State: IL Zip Code: 62523

From: 8/2009 To: 2/2012 (Include month/year) Telephone: 217-233-3344

Carrier: THE CINCINNATI INSURANCE CO

Policy Number: [REDACTED]

Address: P.O. BOX 145496  
City: CINCINNATI State: OH Zip Code: 45250

From: 7/2009 To: 7-2010 (Include month/year) Telephone: 513-870-2000

Carrier:

Policy Number:

Address: City: State: Zip Code:

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

Carrier: Policy Number:

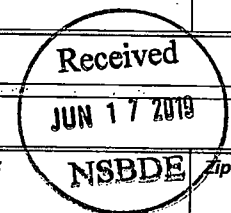
Address: City: State: Zip Code:

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

Carrier: Policy Number:

Address: City: State: Zip Code:

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



**(L) MORAL CHARACTER**

1 Have you ever been reprimanded, censored, 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**

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

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

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

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

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

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

**APPLICANT**

Gabriela T. Wilson  
Applicant Signature

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

05-20-2019  
Date of Signature (must correspond with notary date)

[Redacted]  
Applicants Date of Birth (month/day/year)  
[Redacted]  
Social Security Number



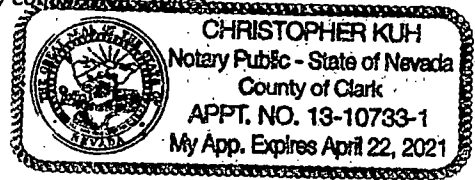
**NOTARY**

State of Nevada County of Clark

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

20<sup>th</sup> day of May, 2019

[Signature]  
Notary Public  
04/22/2021  
My Commission Expires





# 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

## NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

**GABRIELA T WILSON**

I, \_\_\_\_\_, 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 professional, 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

Gabriela T. Wilson  
Applicant Signature

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

05-20-2019  
Date of Signature (must correspond with notary date)

\_\_\_\_\_  
Applicants 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

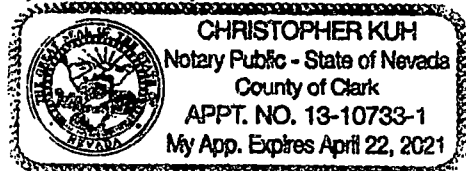
20<sup>th</sup> day of May, 2019

[Signature]

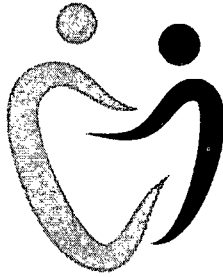
Notary Public

04/22/2021

My Commission Expires



**Agenda Item: (7)(n)**  
**Approval for Public Health Dental Hygiene Program**



**COMMUNITY DENTAL CONNECTIONS**  
Your Partner in Wellness

October 7, 2019

To: Nevada State Board of Dental Examiners

From: Lancette VanGuilder, RDH, BS

RE: Approval of Public Health Program

I would like to make a formal request to be added to the November 1, 2019 board meeting. I am requesting that the public health program Community Dental Connections be approved by the Nevada State Board of Dental Examiners at the upcoming board meeting on November 1, 2019.

I have included the required materials: Proof of CPR and Insurance and Policy manual that includes: population served, procedures, timeline and referral process.

Immediate implementation is being requested due to a funding opportunity at a school that I have already worked with in recent years has requested that I provide services and has funding to use before Jan 1, 2020. I am hopeful that 3 ½ weeks' notice is a sufficient request. My request for the public health endorsement will follow.

If any additional materials are needed, please contact me right away at: [REDACTED]

Thank you, in advance, for your consideration.

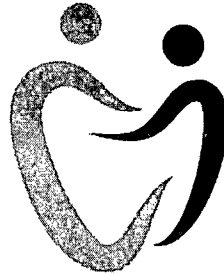
Lancette VanGuilder, RDH, BS

Founder/Executive Director

Community Dental Connections







COMMUNITY DENTAL CONNECTIONS  
Your Partner in Wellness

# Community Dental Connections

*A Public Health Endorsed Dental Hygiene Program*

Lancette VanGuilder, RDH, BS

[lancettevg@gmail.com](mailto:lancettevg@gmail.com)

775-224-4323

Submitted to the Nevada State Board of Dental Examiners on  
October 7<sup>th</sup>, 2019 for consideration/approval at next board  
meeting on November 1, 2019.



## Program Executive Director/Founder



### Lancette VanGuilder, RDH, BS

International Speaker\*Clinician\*Public Health Advocate

Professional Educator\*National Dental Hygiene Leader

Lancette VanGuilder, RDH, BS graduated with her dental hygiene degree from the University of South Dakota in 1995 and has been actively involved in dental hygiene practice, education, leadership and advocacy on the local, state and national level over the last 25 years. Lancette currently works as a clinician in private practice, in the corporate world as a professional educator and is an internationally recognized continuing education speaker for dentists, dental hygienists, dental therapists and dental assistants.

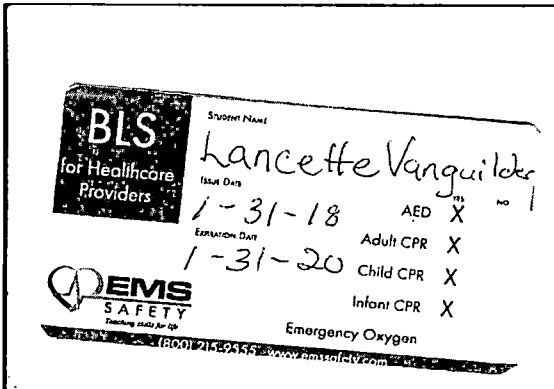
Lancette has worked in many areas of public health including practicing as a public health endorsed dental hygienist with Future Smiles, supervising dental hygiene students and policy making/lobbying in Nevada and Washington, DC. She completed her Excellence in Non-Profit Management Certificate from the University of Nevada, Reno on March 23,2018.

She is a past president of the Nevada Dental Hygienists Association and served on the board of directors for the American Dental Hygienists Association as the District 12 Trustee, representing 6 states on the west/pacific coast between 2012-2016. Lancette has received many awards during her career starting with the Nevada Dental Hygienist of the Year. Most recently, she was recognized with the Innovative Career Vision Award for her work in all 7 professional roles of the dental hygienist and a finalist for the Women Celebrating Leadership Award for the Eastern Sierras. Lancette's most notable accomplishment was receiving the 2018 National Professional Achievement Award from the American Dental Hygienists Association- recognizing her for her contributions across the entire nation for the advancement of the art and science of the dental hygiene profession over the last 15 years.

Lancette is passionate about ensuring that all communities have access to dental care, the power of prevention and the utilization of the dental hygienist.



## Proof of CPR



The holder of this card has successfully completed the training and skills testing required for certification in the EMS Safety course(s) specified. Training is consistent with the most current AHA ECC Guidelines, and exceeds the requirements by Federal OSHA for a workplace responder.

Access Student Portal: [www.emssafety.com/login](http://www.emssafety.com/login)

INSTRUCTOR NAME: Denise Wike INSTRUCTOR NUMBER: NV 106

INSTRUCTOR EMAIL: [dcprlady@yahoo.com](mailto:dcprlady@yahoo.com)

INSTRUCTOR PHONE: 775-378-4027 CARD NUMBER: 81234

## Proof of Insurance

Mercer Professional and General Liability

Lancette VanGuilder

Certificate Number AHY-975663001

Effective Date 09/27/2019



Client # [REDACTED]

**MEMORANDUM OF INSURANCE** Date Issued 10/01/2019

**Producer**  
 Mercer Consumer, a service of  
 Mercer Health & Benefits Administration LLC  
 P.O. Box 14576  
 Des Moines IA 50306-3576  
 1-800-503-9230

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

**Insured**  
 Lancette VanGuilder  
 [REDACTED]

**Company Affording Coverage**  
 Liberty Insurance Underwriters Inc.

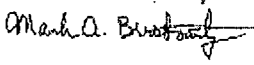
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.  
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Dental Hygnt SE Dental Hygienist	[REDACTED]	09/27/2019	09/27/2020	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000
General Liability	[REDACTED]	09/27/2019	09/27/2020	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

Coverage includes General Liability occurrences at  
 423 E 6th St Reno, NV 89512  
 but only as respects to claims arising out of the sole negligence of the Persons Insured under the provisions of this policy.

**Memorandum Holder:**

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**Authorized Representative**  
 Mark Brostowitz  






COMMUNITY DENTAL CONNECTIONS  
Your Partner in Wellness

## Policies and Procedures

### Table of Contents

1. Vision and Mission
2. Program Parameters
4. Population Served
5. Documentation
6. Dental Equipment
7. Services Provided
8. Referral/Case Management
9. Infection Control and Clinical Duties
10. X-ray Protocol
11. Prophylaxis and Scaling and Root Planning
12. Sealant and Fluoride Protocol
13. Emergency Protocol
14. Additional References
15. Finance Statement and Timeline
16. Contact Information

Vision: *Creating communities that are happy, healthy and free from dental disease.*



## Mission

Our mission is to use portable dental equipment and bring high quality dental services to vulnerable populations in a convenient and cost-effective manner, regardless of their ability to pay.

Optimal oral health is a critical component of overall health. We aim to provide free or low-cost dental hygiene services, case management and dental referrals to low income and (un)underserved populations in Nevada in an effort to improve oral and overall wellness. Oral healthcare needs would be met through dental screenings, oral hygiene instruction, problem prevention, education, prophylaxis, scaling and root planning, fluoride application and sealants through evidence-based clinical Best Practices. All patients would receive follow up case management and referrals.

## Program Parameters

Community Dental Connections is a mobile, cost effective and efficient healthcare delivery model. This program allows licensed dental professionals to deliver mobile care in a variety of settings with minimal overhead costs. The program is founded in a dental hygiene-based model to ensure focus remains on education and disease prevention.

All volunteers and employees must follow Nevada Statutes, Rules and Regulation that govern the practice of dentistry and dental hygiene as listed in NRS 631 and NAC 631 and 459 and hold an active license and public health endorsement. They must also follow the most current CDC guidelines for infection control in the dental office, and abide by HIPAA regulations. Liability Insurance must be maintained during the duration of the program.

The program will operate on a part time basis as community needs dictate and on a year-round schedule. Hours may include week days and evenings and weekends. Since the intent is convenience, hours will be determined but site location and fall in line with standard operating hours of the site location. For example, if at a school- will follow school day schedule. All patients that provide positive consent will be seen.

All program locations will be provided, in writing (electronically) and in advance, for locations being served to the Nevada State Board of Dental Examiners.



## Population Served

Elderly, veterans, seniors, at risk children and adults at home, schools, community health centers, churches, day centers, housing program locations, shelters, assisted living facilities and general dental offices.

## Documentation

All patients will be presented with a social/medical history and data collection form. Data collection form may include, but not limited to: demographics, income, insurance, contact information and media release.

Minors should have a legal guardian or parent complete forms, but in the case of at-risk minor that is homeless or part of a sex trafficking rehabilitation program and no legal guardian are present, then the recipient seeking care and an adult who is affiliated with a program Community Dental Connections partners with will sign the consent for treatment.

Before treatment, patients will produce a signed medical history form and positive consent for Community Dental Connections staff to render treatment. Patients can opt out of any services.

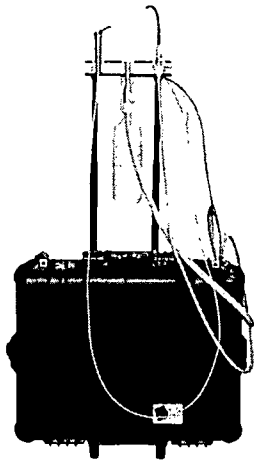
All records will be kept for a minimum of 5 years and Community Dental Connections will adhere to all current state recordkeeping laws.

A form will always be given at the end of the appointment to ensure the patient is aware of all services provided. This form will also have 24-hour contact information for Community Dental Connections and will always include a dental referral recommendation to promote establishment of a dental home and need for follow up care.



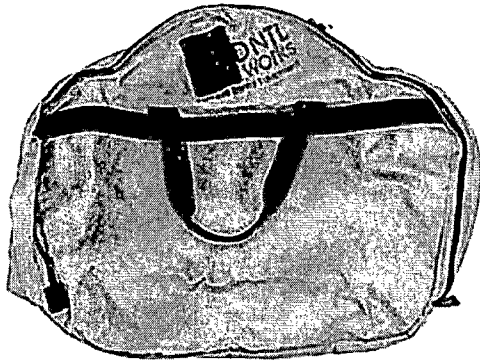
## Portable Dental Equipment

- Mobile dental equipment has been purchased: DN'TL Works ProSeal I
- <https://dntlworks.com/product/proseal-i/>
- Impact-resistant case incorporates built-in wheels and retractable handle
- Powerful, quiet vacuum pump with dual hoses for HVE and saliva ejector use
- Integrated, non-retracting water source with air/water syringe for irrigating and drying
- Large waste container with automatic overflow shutoff
- Mini-compressor for air/water syringe use
- Hospital grade power cord with 15 amp circuit breaker
- Made with pride in the USA
- Additional Features
- One-piece design is both durable and rugged
- Powerful vacuum pump with dual-hose design accommodates many brands of HVE and saliva ejector tips
- Impact-resistant case with built-in wheels and retractable handle
- Efficient mini-compressor for air/water syringe use
- Built-in carrying handle





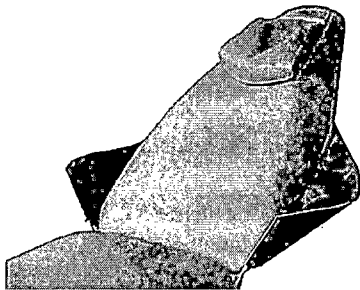
## Portable Dental Equipment



**Portable Dental Stools Soft-Sided Carrying**

### **Case**

- Rugged, large, soft-sided carrying case that will accommodate any one of our DNTLworks portable dental stools. One carrying case for each stool, chair



# **UltraLite Patient Chair Arm Slings**

Arm slings made specifically for the DNTLworks UltraLite™ Portable Patient Chair

## Portable Dental Equipment

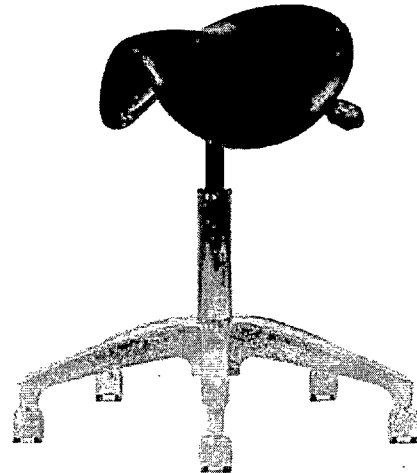
# Silverton C150D

## Standard Features- Crown Seating

- Dual lever Seat Plate adjustment with 15 degrees of tilt.
- Lightweight design
- Saddle style seat
- Cylinder: Tall
- Base: Metal
- Casters: Hard Floor
- Cushioning: Serene Gel Foam

## Specifications

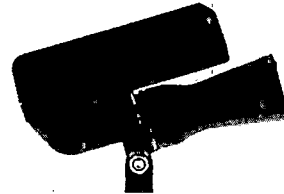
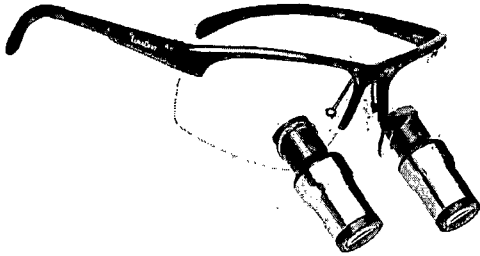
- Weight: 28 lbs
- Stool Base Diameter: 23"
- Floor Seat Height: 25" - 31.5"



- Seat Measurements: Width 13" x Depth 16"



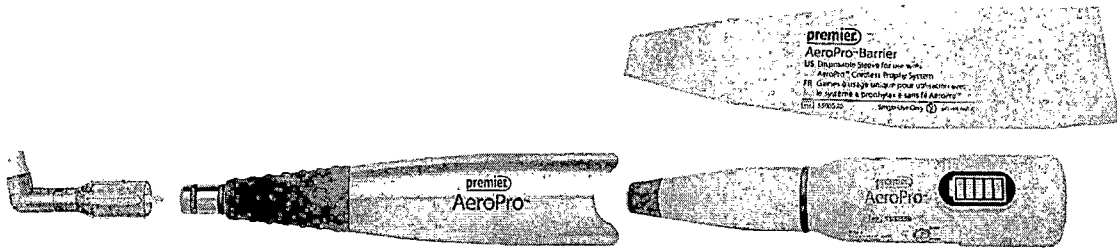
## Portable Dental Equipment



## LumaDent airLUX™ Wireless LED Headlight and Loupe Package



<https://www.premierdentalco.com/product/hygienepreventative/cordless-handpieces/aeropro-systems/aeropro-cordless-handpiece-system/>



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## Services Offered

Oral health education and problem prevention strategies (including the risks of sugar, tobacco, biofilm, oral piercings), home care instructions (including brushing, flossing, and fluoride), discuss the benefits of dental treatments like prophylaxis, sealants, and fluoride and then provide those services when appropriate.

Explain post-operative instructions for all services rendered. Oral screenings to assess oral health needs (including oral cancer exam and periodontal assessment), and referrals for follow up dental care and X-rays at a partnering dental office location.

## Referral Program/Case Management

Upon screening and an evidence-based assessment, referrals to a partnering dental office or public dental health clinic will be provided for the treatment and continuing care when: patient experiences regular dental pain, abscess present, rampant caries in multiple quadrants of the mouth, deep caries in one quadrant of the mouth, heavy calculus buildup or deep pocketing requiring local anesthetic versus topical anesthetic to maintain comfort, abnormality found during oral cancer screening, or when regular recall is due. Patient will initial that they have received a referral, explained the reason and its urgency in their chart for documentation.

- Referrals/education shall be given to assist with reimbursement options: NV Medicaid and NV Health Link

Referral Network may include:

1. All dental public health entities in surrounding area. For example: Community Health Alliance, Compassion Community Clinic, Northern Nevada Dental Health Programs, Truckee Meadows Community College Department of Dental Hygiene
2. Local Dental offices in surrounding area that accept Medicaid and/or accepting New Patients.
  - a. Community Dental Connections staff will reach out to local offices and determine if office may be used as part of referral program.
  - b. Referrals will be based on location, transportation and availability.



## Infection Control and Clinical Duties

- Inventory and order program supplies
  - Monitor program budget and expenses
  - Maintain equipment following manufacturers recommendations, seeking repairs as needed
  - Set up treatment materials and daily paperwork
  - Provide oral health education
  - Utilize electronic health records when possible, and maintain paper charts when not available
  - Utilize Personal Protective Equipment as outlined by OSHA
  - Assess oral health status and provide oral prophylaxis, using topical anesthetic as needed for patient comfort (referring when topical is not sufficient). Local anesthesia will not be included at this time.
  - Assess recall needs and explain reasoning to patient, giving a referral for continued care
  - Assess teeth suitable for fluoride and sealant placement
  - Provide post-operative instructions for treatment rendered
  - Sterilize equipment and instruments for the next treatment day. Instruments will be transported in a heavy gauge plastic “dirty” instrument container and sterilized at Sierra Smiles locations, where regular monitoring occurs of the sterilization process.
  - Maintain compliance with HIPPA and OSHA requirements
  - Adhere to the following CDC guidelines for handwashing and infection control in the dental office, including the use of plastic barriers, Cavi-cide wipes, etc.  
<https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html>  
<https://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>
- Will have biennial OSHA Infection Control site evaluation and training done by an outside entity/infection control professional.



## X-Ray Services

No X-rays will be administered with the mobile program at this time. If mobile X-ray equipment will be purchased as part of this initiative, this manual would need to be updated and approved by the Nevada State Board of Dental Examiners. X-rays may be obtained through a licensed dental office under the Doctor's prescription of advised care. Community Dental Connections licensed staff may take X-rays if volunteering if/when partnering Dentists open their office for Pro Bono care of the underserved and provide duplicate copies to Community Dental Connections.

## Prophylaxis and Scaling and Root Planing Protocol

<https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf>

Intra and Extra Oral Exam, Prophylaxis or S/RP , Post-Operative Instruction

1. Introduce yourself and ask if patient has any concerns
2. Review medical history and assess special needs. If patient requires premedication and did not take it prior to appointment, they will be given a referral for the next available date to receive treatment at a dental office versus mobile hygiene service where premed can be given or prescribed by the authority of a dentist. If their medical health is in question, then refer to a medical provider and forgo treatment today. If Blood Pressure is >180 systolic and/or >120 diastolic, then recheck in 5 minutes. If still elevated to this level, do not perform dental treatment and refer to nearest Emergency Room. If blood pressure is above 140/90, continue treatment but monitor during appointment. Recommend consulting a physician to address the elevated blood pressure condition. \* Adhere to the American Heart Association Guidelines for Blood Pressure (see chart below)
3. Put on Personal Protective Equipment and give patient safety glasses
4. Place bib around patient and recline if possible, in treatment chair
5. Do Extra and Intra Oral exams to check for abnormalities
6. Assess gingival health, complete periodontal charting, and explore dentition to



devise a dental hygiene treatment plan. This may include prophylaxis, scaling and root planning, sealants, fluoride varnish, and a dental partner referral. Discuss benefits of these treatments. All patients will receive a periodontal assessment.

7. Identify treatment urgency= 0- no obvious problems, 1- early dental problems, 2- significant dental issues and 3- severe problems, need immediate attention (decay all 4 quads, visible abscess, pain, inability to eat).

All patients will receive risk assessments: periodontal disease and caries

8. Strategize preventive dental care plan after assessing plaque, bleeding, amount of calculus, time since last dental visit, diet, and oral habits.

9. Discuss findings and educate patient in an encouraging way, to invite positive changes and trust. (Likely this will happen during the prophylaxis).

10. Remove plaque, calculus, biofilm, stain, and food debris with sterilized instruments.

11. Coronal polish with prophy paste, rinse, floss, rinse.

12. Demonstrate proper brushing and flossing techniques if indicated. Tailor individual needs to include other adjuncts, diet recommendations, etc. using evidence-based clinical Best Practices.

13. Apply sealants and or fluoride varnish if needed.

14. Discuss the need for regular recalls and the importance of referrals if indicated.

Document by having patient initial receiving the referral and the reason why it was indicated.

## Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

©American Heart Association

[heart.org/bplevels](http://heart.org/bplevels)



## Sealant Protocol

\*Do not seal if tooth cannot be isolated, or caries present and cavitation >1mm

Reference: <https://ebd.ada.org/en/evidence/guidelines/pit-and-fissure-sealants>

Follow manufacturer directions.

1. Provide orange safety glasses to patient
2. Isolate teeth to be sealed, dry excess saliva, and etch 30 seconds (variable
3. depending on etch used)
4. Rinse thoroughly, isolate, dry off with air
5. Apply sealant, lightly covering all pits and grooves, cure 20 seconds
6. Check for adequate coverage, and reapply if needed and cure another 20
7. seconds.
8. Remove isolation, check for excess flash.
9. Give post-operative instructions

## Fluoride Protocol

### Fluoride Varnish Protocol

Follow manufacturer directions.

1. After prophylaxis or sealant placement (whichever was last), dry teeth
2. Paint thin layer of fluoride varnish on all teeth without large areas of decay
3. Give post-operative instructions not to have anything hot or very crunchy (not
4. abrasive) food/drink for 4 hours, and avoid to also avoid brushing and flossing
5. for 4 hours. Explain the “waxy/coated” feeling will go away after brushing, but discuss again the benefits of fluoride applications (not more than quarterly).

### Silver Diamine Protocol

Will not be used at this time. If this procedure shall be added, it will be brought before the Nevada State Board of Dental Examiners for approval.





## Emergency Protocol

Emergency Protocol (As Determined by 2015 AHA Update for CPR and ECC)

Emergency equipment: determine where emergency kit and AED is located at each facility services may be provided and include in policies and procedure manual.

Community Dental Connections Kit will include:

- A. Blood pressure cuff and stethoscope, CPR barrier
  - B. Emergency Eye Wash Equipment
  - C. AED unit will be purchased when funding allows
1. Determine responsiveness
  2. Check breathing and pulse simultaneously. If no pulse or irregular breathing, activate emergency response system
  3. Call 911, ask for help from anyone else at immediate location. Bring emergency kit and AED to the scene if possible
  4. Start CPR, but attach/activate AED as soon as it arrives
  5. Maintain CPR until rescue personnel take over, only pausing if shock is being delivered as directed by AED.
  6. Document

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## Public Health Endorsement

### **NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene; renewal.**

1. The Board shall, upon application by a dental hygienist who is licensed pursuant to this chapter and has such qualifications as the Board specifies by regulation, issue a special endorsement of the license allowing the dental hygienist to practice public health dental hygiene. The special endorsement may be renewed biennially upon the renewal of the license of the dental hygienist.

2. A dental hygienist who holds a special endorsement issued pursuant to subsection 1 may provide services without the authorization or supervision of a dentist only as specified by regulations adopted by the Board (Added to NRS by 2001, 2691; A 2013, 479

### **NAC 631.145 Dental hygienists: Renewal of special endorsement of license to practice public health dental hygiene. (NRS 631.190, 631.287)**

1. A special endorsement of a license that allows a dental hygienist to practice public health dental hygiene issued by the Board may be renewed biennially in accordance with NRS 631.287.

2. A dental hygienist may apply to renew the special endorsement upon the renewal of his or her license by submitting a report summarizing the services performed by the dental hygienist under the authority of the special endorsement during the immediately preceding biennium.

(Added to NAC by Bd. of Dental Exam'rs by R231-03, eff. 5-25-2004; A by R020-14, 6-23-2014)

## Finance Statement and Timeline

Nearly \$10,000 has been collected from grants and private donations to establish  
Community Dental Connections.

Equipment and supplies have already been secured to ensure care delivery for the next 24 months. *Immediate implementation before the end of 2019 is requested* due to funding and one location that would like immediate services: Innovations High School. I have worked with them in past for several years and have built a strong trust relationship with these high-risk teens, many who are already parents.

Pending approval from the Nevada State Board of Dental Examiners, asked to be placed on November 2019 board agenda.



Community Dental Connections  
can be reached at:

Lancette VanGuilder, RDH, BS

- email at [REDACTED]
- by mail at [REDACTED]
- or by phone at [REDACTED]



Angelica L. Bejar

---

**From:** Lancette VanGuilder <[REDACTED]>  
**Sent:** Monday, October 07, 2019 9:58 PM  
**To:** Debra Shaffer; Board of Dental Examiners; Lancette VanGuilder  
**Subject:** Public Health Program Approval- Request to be added to Nov 1 agenda  
**Attachments:** Community Dental Connections\_Formal Request for Board Agenda for Program\_November 2019.docx; Community Dental Connections Policies and Procedures\_2019.docx

Good evening,

I have attached my formal request to be added to the upcoming board agenda.

Please notify me as soon as possible if any items are missing from my packet.

Thank you.

Lancette VanGuilder, RDH, BS

Sent from [Mail](#) for Windows 10

**Agenda Item: (7)(p)**  
**Consideration of Approval for CE Course**



# 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



## PROVIDER APPROVAL APPLICATION: INJECTION OF NEUROMODULATORS, DERMAL AND SOFT TISSUE FILLERS CERTIFICATION PROGRAM

Instructor(s) Name: Dr. Warren Roberts, Dr. Jan Roberts, Dr. Trevor Morhaltek, Dr. Kimit Rai

Program Title and Objectives [Must relate directly to the practice of dentistry]:

**Revised Course Program Submission:**

- Level 1 – Advanced Anatomy Review & Intro to Botulinum Toxin
- Level 2 – Basic Botulinum Toxin: Cosmetic Upper Face & Pain
- Level 4 – Basic Facial Dermal Filler

Number of Participants: 12 (Level 2), 8 (Level 4)

Hours of Actual Instruction: L1 = 16, L2 = 24, L4 = 32

**Registered Facility Name and Address**

University of British Columbia - 2350 Health Sciences Mall, Vancouver, BC  
A Smile Above - 451 Bute Street, Vancouver, BC

Date(s) of Program: Monthly courses. Please see 2019 & 2020 course dates on calendar at PTIFA.com

Entity Submitting Request: Pacific Training Institute for Facial Aesthetics

Business Address: 1228 Pacific Drive, Delta, BC V4M 2K6

City, State & Zip: 604-681-0066

Business Telephone: August 30, 2019

Date of Request: \_\_\_\_\_

*C.Olynyk*

Signature of Person Authorized to Represent Program

PLEASE ATTACH NAME(S) AND CURRICULUM VITAE(S) FOR EACH INSTRUCTOR, THE OUTLINE OF COURSE (including method of presentation), AND A LETTER SIGNED BY THE PERSON(S) WHO HOLD PROPRIETARY RIGHTS TO THE PROGRAM GRANTING THE BOARD PERMISSION TO REVIEW THEIR PROGRAM.

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

Approved by: \_\_\_\_\_

Number of Hours Approved: \_\_\_\_\_

Effective Date of Approval: \_\_\_\_\_

Disapproved [Explanation]: \_\_\_\_\_

**Agenda Item: (7)(q)**  
**Voluntary Surrenders**



# Nevada State Board of Dental Examiners



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## VOLUNTARY SURRENDER OF LICENSE

I, Hamid Reza Abedi, hereby surrender my Dental / Dental Hygiene (circle one)  
Print name

License number S7-79C on the 1st day of September, 20 19.

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

Provide full current mailing address including city, state and zip on the line below:

[Redacted address]

Email address: [Redacted]

Home Phone: ( )

Cell Phone: ( ) [Redacted]

[Handwritten Signature]

Licensee Signature

September 3, 2019

Date of Signature (must correspond with notary date)

State of \_\_\_\_\_

County of \_\_\_\_\_

The statements on this document are subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

See attached  
Notary Public

My Commission Expires



**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

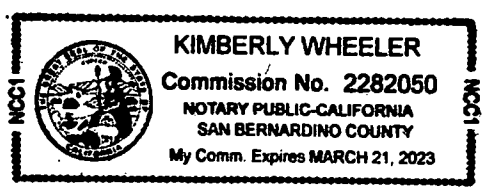
Signature of Document Signer No. 1 \_\_\_\_\_

Signature of Document Signer No. 2 (if any) \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
 County of Orange

Subscribed and sworn to (or affirmed) before me  
 on this 3rd day of September, 2019,  
 by Hamid Reza Abedi  
 (1) \_\_\_\_\_  
 (and (2) \_\_\_\_\_),  
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence  
 to be the person(s) who appeared before me.  
 Signature Kimberly Wheeler  
 Signature of Notary Public

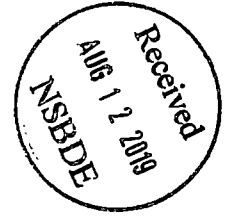
Seal  
 Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**  
 Title or Type of Document: Voluntary Surrender of License Document Date: \_\_\_\_\_  
 Number of Pages: 1 Signer(s) Other Than Named Above: none

Nevada State Board of Dental Examiners



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**VOLUNTARY SURRENDER OF LICENSE**

I, RONALD F. HEINEN, hereby surrender my Dental / Dental Hygiene (circle one)  
Print name

License on the 2<sup>ND</sup> day of AUGUST, 2019

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

Current Mailing Address: [Redacted]  
Email address: [Redacted]  
Home Phone: [Redacted] Cell Phone: [Redacted]

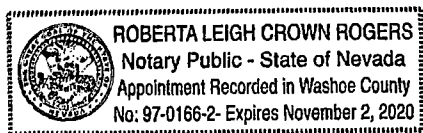
Ronald F. Heinen  
Licensee Signature

Date of Signature (must correspond with notary date)

State of Nevada  
County of Washoe

The statements on this document are subscribed and sworn before me this 2<sup>nd</sup> day of August, 2019.

[Signature]  
Notary Public  
11.2.20  
My Commission Expires



[Handwritten mark]

Nevada State Board of Dental Examiners



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**VOLUNTARY SURRENDER OF LICENSE**

I, Gregory L. Koontz, hereby surrender my Dental / Dental Hygiene (circle one)  
Print name  
License number 54-77C on the 29 day of August, 20 19.

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

Provide full current mailing address including city, state, and zip on the line below:

[Redacted address line]

Email address: [Redacted]

Home Phone: ( ) Cell Phone: [Redacted]

Licensee Signature

29 Aug 2019

Date of Signature (must correspond with notary date)

State of Virginia  
County of Virginia Beach

The statements on this document are subscribed and sworn before me this 29 day of August, 2019.

[Signature]  
Notary Public

05/31/2021  
My Commission Expires

JOSHUA M LYNN  
NOTARY PUBLIC  
REG. # 7564464  
COMMONWEALTH OF VIRGINIA  
MY COMMISSION EXPIRES MAY 31, 2021



# Nevada State Board of Dental Examiners

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



## VOLUNTARY SURRENDER OF LICENSE

STATE OF Oregon

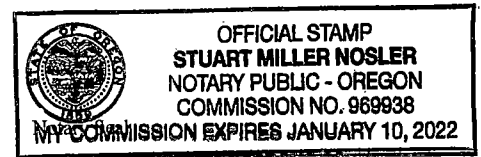
COUNTY OF Washington

I, Paula Kay A. St. James, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 101994 on 5<sup>th</sup> day of  
August, 2019.

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

Paula Kay A. St. James  
Licensee Signature

8/5/2019  
Date



[Signature]  
Notary Signature

Licensee Current Mailing Address: [Redacted]

Email address: [Redacted]

Home Phone: [Redacted] Cell Phone: [Redacted]

# Nevada State Board of Dental Examiners



6010 S. Rainbow Boulevard, Building A, Suite 1 • Las Vegas, Nevada 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

October 22, 2019

Mark Cannon, DDS



Re: Request for Voluntary Surrender

Dear Dr. Cannon:

The Nevada State Board of Dental Examiners is in receipt of your written request to voluntarily surrender your license to practice dentistry in the state of Nevada pursuant to NAC 631.160.

Please be advised, the voluntary surrender is absolute and irrevocable. Therefore, should you desire to practice dentistry in the state of Nevada you will be required to complete a new licensure application.

This request for voluntary surrender of license will be considered by the Board at the meeting scheduled for Friday November 1, 2019.

As a courtesy, I have enclosed the Request for Voluntary Surrender form but the Board will accept your written request in the same manner.

If you have additional questions please do not hesitate to contact me at (702) 486-7044 or by email at [dashaffer@nsbde.nv.gov](mailto:dashaffer@nsbde.nv.gov).

Sincerely,

A handwritten signature in black ink that reads "Debra Shaffer-Kugel".

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

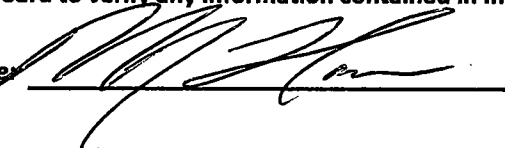
Cc: File of Mark Cannon, DDS

**AFFIDAVIT**

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2017 – June 30, 2019:

1.	Have you had any claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension, revocation or probation of a license issued by this agency or another licensing jurisdiction during the period of July 1, 2017 to June 30, 2019. (If yes, please provide a written statement outlining the facts.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2.	Are you subject to court order for the support of one or more children (i.e. do you have a child support order?)? (If yes, you MUST answer question (a) below):	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(a)	Are you in compliance with the court order or a plan approved by the District Attorney or other public agency enforcing the order for the payment or the amount owed pursuant to the court order for the support of one or more children? <b>(IF YOU ARE NOT IN COMPLIANCE, YOU MUST PROVIDE WRITTEN NOTIFICATION)</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3.	Have you conducted practice within the provisions of NRS 631 and NAC 631?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

By Selecting this box, I hereby affirm and attest, that I have answered the above questions truthfully, accurately, and by me personally, the licensee so named on this form and so stating, under penalties of perjury, that all answers provided herein are provided willfully. I further state that I authorize and empower the Nevada State Board of Dental Examiners or its agents, staff, or appointed authority to contact any person, firm, service, agency, entity, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my license renewal application and affidavit.

Licensee Signature: 

Date: 10/12/2019

I voluntarily surrender license due to pending sale of my practice in Illinois. I have no plans on practicing dentistry in Nevada.

Thank you!





P.S. I could not find a surrender form on your website

**Agenda Item: (7)(t)**  
**Approval for a 90-Day Extension of Anesthesia Permit**



October 15, 2019

To the Nevada Board of Dental Examiners,

Currently, I hold a temporary moderate sedation permit (MS1016T), which expires on October 19<sup>th</sup>, 2019. According to Ms. Sandra Spilsbury's October 14<sup>th</sup> email, the Nevada Dental Board had received Dr. Nam Pham's letter and approved my request to share Dr. Nam Pham's moderate sedation site permit at Radiant Smiles II location (8961 W Sahara Avenue Suite 108, Las Vegas, NV 89117). I am writing to the Nevada Dental Board to ask for an extension to my temporary moderate sedation permit so that I can secure an appropriate patient, time and date needed for the Board's moderate sedation site evaluation.

Thank you for your understanding and assistance. Please do not hesitate to contact me via email or phone.

Sincerely,



Owen V. Trinh, DMD

Email: [REDACTED]

Phone: [REDACTED]

