

**NEVADA STATE BOARD  
of  
DENTAL EXAMINERS**

BOARD MEETING &  
WORKSHOPS

SEPTEMBER 18, 2015

9:00 A.M.

**PUBLIC BOOK**

**\*\*PLEASE DO NOT REMOVE BOOK FROM NSBDE/NSBME OFFICE\*\***

## **CURRENT & PROPOSED LANGUAGE**

# **WORKSHOP**

- Schedule of Fees
- Filing of Addresses
- IC Inspections
- Duties Delegable

# 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

## NOTICE OF PUBLIC WORKSHOP AND REQUEST FOR COMMENTS SESSION

**Notice of Public Workshop, Request for Comments and review of Nevada Administrative Code Chapter 631 related to the practice of dentistry and dental hygiene and proposed regulation changes and/or amendments pertaining to the following; Schedule of Fees (NAC 631.029); Filing of Addresses of license, notice of change (NAC 631.150); Infection Control Inspection NAC 631.1785; Duties delegable to dental hygienists (NAC 631.210) and Duties delegable to dental assistants (NAC 631.220)**

The Nevada State Board of Dental Examiners will hold a **public workshop**, request for comments session on **Friday September 18 at 9:00 a.m.** The public workshop will be held at the office of the Nevada State Board of Medical Examiners located at 1105 Terminal Way, Suite 301, Reno, NV 89502. Videoconferencing will also be available at the office of the Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, Suite A-1, Las Vegas, Nevada 89118.

The purpose of the workshop is to receive comments from all interested persons and to consider the review of Nevada Administrative Code Chapter 631 and regulation changes and amendments. The general topics include the following; **Schedule of Fees (NAC 631.029); Duties delegable to dental hygienists (NAC 631.210) and Duties delegable to dental assistants (NAC 631.220)**

Persons wishing to comment and participate in the workshop of the **NEVADA STATE BOARD OF DENTAL EXAMINERS** may appear at the scheduled workshop or may address their comments, data, views or arguments, in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118, Attn: Angelica Bejar, Public Information-Travel Administrator; FAX number (702) 486-7046; e-mail address [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov).** In order for written submissions to be made available to members and the public, they must be received by the **NEVADA STATE BOARD OF DENTAL EXAMINERS** on or before **September 11, 2015**.

A copy of this notice will be on file at the State Library, 100 Stewart Street, Carson City, Nevada for inspection by members of the public during business hours. Additional copies of the notice will be available at the office of the **Nevada State Board of Dental Examiners, 6010 S.**

Rainbow Blvd. A-1, Las Vegas, Nevada 89118; and in all counties in which an office of the agency is not maintained, at the main public library, for inspection and copying by members of the public during business hours. This notice is also available on the Board website at: [dental.nv.gov](http://dental.nv.gov).

**This Notice has been posted at the following locations:**

**Legislative Counsel Bureau Building,  
401 S Carson Street, Carson City, Nevada  
Clark County Government Center,  
500 Grand Central Parkway, Las Vegas, Nevada  
Elko County Courthouse, Room 106, Elko, Nevada  
Washoe County Courthouse, 75 Court Street, Reno, Nevada  
Office of the N.S.B.D.E., 6010 S Rainbow Boulevard, #A-1, Las Vegas, Nevada  
On the Internet at the Nevada State Board of Dental Examiners website:  
<http://www.dental.nv.gov>  
Southern Nevada Health District, 3305 Valley View Drive, Las Vegas, Nevada.  
Elko County Courthouse, Room 106, Elko, Nevada.  
Washoe County Courthouse, 75 Court Street, Reno, Nevada.  
Office of the N.S.B.D.E., 6010 S. Rainbow Blvd A-1, Las Vegas, Nevada.  
Carson City Library, 900 N. Roop St., Carson City, Nevada.  
Churchill County Library, 553 S. Main St., Fallon, Nevada.  
Las Vegas Library, 833 Las Vegas Blvd, North, Las Vegas, Nevada.  
Douglas County Library, 1625 Library Lane, Minden, Nevada.  
Elko County Library, 720 Court St., Elko, Nevada.  
Goldfield Public Library, Fourth & Crook St., Goldfield, Nevada.  
Eureka Branch Library, 10190 Monroe St., Eureka, Nevada.  
Humboldt County Library, 85 East 5th St., Winnemucca, Nevada.  
Battle Mountain Branch Library, 625 Broad St., Battle Mountain, Nevada.  
Lincoln County Library, 93 Main Street, Pioche, Nevada .  
Lyon County Library, 20 Nevin Way, Yerington, Nevada .  
Mineral County Library, First & A Street, Hawthorne, Nevada.  
Tonopah Public Library, 171 Central St., Tonopah, Nevada.  
Pershing County Library, 1125 Central Ave., Lovelock, Nevada.  
Storey County Library, 95 South R. St., Virginia City, Nevada.  
Washoe County Library, 301 S. Center St., Reno, Nevada.  
White Pine County Library, 950 Campton St., Ely, Nevada.  
Las Vegas Office of the Nevada Attorney General, 555 E. Washington Ave, Las Vegas, Nevada  
Carson City Office of the Nevada Attorney General, 100 N. Carson St., Carson City, Nevada**

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an



amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Angelica Bejar, at (702) 486-7044 ext. 36 no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact Angelica Bejar at (702) 486-7044 ext. 36 to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at [www.dental.nv.gov](http://www.dental.nv.gov) . In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Suite A-1, Las Vegas, Nevada.

## CURRENT REGULATIONS

Schedule of Fees (NAC 631.029); Filing of Address of license, notice of change (NAC 631.150) and Inspection of Office of Facility (NAC 631.1785)

**NAC 631.029 Schedule of fees.** ([NRS 631.190](#), [631.240](#), [631.345](#)) The Board will charge and collect the following fees:

Application fee for an initial license to practice dentistry if the applicant has successfully passed a clinical examination administered by the Western Regional Examining Board or a clinical examination approved by the Board and the American Board of Dental Examiners and administered by a regional examination organization other than the Board.....	\$1,200
Application fee for a specialty license by credential.....	1,200
Application fee for a temporary restricted geographical license to practice dentistry.....	600
Application fee for a temporary restricted geographical license to practice dental hygiene.....	150
Application fee for a specialist's license to practice dentistry.....	125
Application fee for a limited license or restricted license to practice dentistry or dental hygiene.....	125
Application and examination fee for a permit to administer general anesthesia, conscious sedation or deep sedation.....	<b>750</b>
Application and examination fee for a site permit to administer general anesthesia, conscious sedation or deep sedation.....	<b>500</b>
Fee for any reinspection required by the Board to maintain a permit to administer general anesthesia, conscious sedation or deep sedation.....	<i>500</i>
Biennial renewal fee for a permit to administer general anesthesia, conscious sedation or deep sedation.....	<i>200</i>
Fee for the inspection of a facility required by the Board to renew a permit to administer general anesthesia, conscious sedation or deep sedation.....	<i>350</i>
Biennial license renewal fee for a general license or specialist's license to practice dentistry.....	600
Biennial license renewal fee for a restricted geographical license to practice dentistry.....	600
Biennial license renewal fee for a restricted geographical license to practice dental hygiene.....	300
Biennial license renewal fee for a general license to practice dental hygiene.....	300
Annual license renewal fee for a limited license to practice dentistry or dental hygiene.....	200
Annual license renewal fee for a restricted license to practice dentistry.....	100

Biennial license renewal fee for an inactive dentist.....	200
Biennial license renewal fee for an inactive dental hygienist.....	50
Reinstatement fee for a suspended license to practice dentistry or dental hygiene.....	300
Reinstatement fee for a revoked license to practice dentistry or dental hygiene	500
Reinstatement fee to return an inactive or retired dentist or dental hygienist or a dentist or dental hygienist with a disability to active status.....	300
Fee for the certification of a license.....	25
Fee for the certification of a license to administer nitrous oxide or local anesthesia.....	25
Fee for a duplicate wall certificate.....	25
Fee for a duplicate pocket card receipt.....	25
Application fee for converting a temporary license to a permanent license.....	125
Fee for an application packet for an examination.....	25
Fee for an application packet for licensure by credentials.....	25

**NAC 631.150 Filing of addresses of licensee; notice of change; display of license. ([NRS 631.190](#), [631.350](#))**

1. Each licensee shall file with the Board the addresses of his or her permanent residence and the office or offices, where he or she conducts his or her practice.
2. Within 30 days after any change occurs in any of these addresses, the licensee shall give the Board a written notice of the change. The Board will impose a fine of \$50 if a licensee does not report such a change within 30 days after it occurs.
3. The licensee shall display his or her license and any permit issued by the Board, or a copy thereof, at each place where he or she practices.

**NAC 631.1785 Licensed dentist to request initial inspection of office or facility. ([NRS 631.190](#), [631.363](#))**

1. Not later than 30 days after a licensed dentist becomes the owner of an office or facility in this State where dental treatments are to be performed, other than a medical facility as defined in [NRS 449.0151](#), the licensed dentist must request in writing that the Board conduct an initial inspection of the office or facility to ensure compliance with the guidelines adopted by reference in [NAC 631.178](#).
2. Not later than 90 days after receiving a written request pursuant to subsection 1:
  - (a) The Executive Director shall assign agents of the Board to conduct the inspection; and
  - (b) The agents shall conduct the inspection.
3. Not later than 30 days after agents of the Board have completed the initial inspection of an office or facility to ensure compliance with the guidelines adopted by reference in [NAC](#)



[631.178](#), the agents shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in [NAC 631.178](#). If the report indicates that the office or facility:

(a) Is equipped in compliance with the guidelines adopted by reference in [NAC 631.178](#), the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.

(b) Is not equipped in compliance with the guidelines adopted by reference in [NAC 631.178](#), the Executive Director shall, without any further action by the Board, issue a written notice which identifies deficiencies to the licensed dentist who owns the office or facility.

4. Not later than 72 hours after issuing a written notice of deficiencies pursuant to paragraph (b) of subsection 3:

(a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and

(b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in [NAC 631.178](#). If the report indicates that the licensed dentist and the personnel supervised by the dentist:

(1) Are in compliance with the guidelines adopted by reference in [NAC 631.178](#), the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.

(2) Are not in compliance with the guidelines adopted by reference in [NAC 631.178](#), the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

## PROPOSED REGULATION CHANGES

Schedule of Fees (NAC 631.029); Filing of Address of license, notice of change (NAC 631.150) Inspection of Office or Facility (NAC 631.1785)

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**NAC 631.029 Schedule of fees.** ([NRS 631.190](#), [631.240](#), [631.345](#)) The Board will charge and collect the following fees:

Application fee for an initial license to practice dentistry if the applicant has successfully passed a clinical examination administered by the Western Regional Examining Board or a clinical examination approved by the Board and the American Board of Dental Examiners and administered by a regional examination organization other than the Board.....	\$1,200
Application fee for a specialty license by credential.....	1,200
Application fee for a temporary restricted geographical license to practice dentistry.....	600
Application fee for a temporary restricted geographical license to practice dental hygiene.....	150
Application fee for a specialist's license to practice dentistry.....	125
Application fee for a limited license or restricted license to practice dentistry or dental hygiene.....	125
Application and examination fee for a permit to administer general anesthesia, conscious sedation or deep sedation.....	<b>750</b>
Application and examination fee for a site permit to administer general anesthesia, conscious sedation or deep sedation.....	<b>500</b>
Fee for any reinspection required by the Board to maintain a permit to administer general anesthesia, conscious sedation or deep sedation.....	500
Biennial renewal fee for a permit to administer general anesthesia, conscious sedation or deep sedation.....	200
Fee for the inspection of a facility required by the Board to renew a permit to administer general anesthesia, conscious sedation or deep sedation.....	350
Biennial license renewal fee for a general license or specialist's license to practice dentistry.....	600
Biennial license renewal fee for a restricted geographical license to practice dentistry.....	600
Biennial license renewal fee for a restricted geographical license to practice dental hygiene.....	300
Biennial license renewal fee for a general license to practice dental hygiene.....	300
<b><i>Fee for Initial Infection Control Inspection</i></b>	<b>250</b>
Annual license renewal fee for a limited license to practice dentistry or dental hygiene.....	200
Annual license renewal fee for a restricted license to practice dentistry.....	100



Biennial license renewal fee for an inactive dentist.....	200
Biennial license renewal fee for an inactive dental hygienist.....	50
Reinstatement fee for a suspended license to practice dentistry or dental hygiene.....	300
Reinstatement fee for a revoked license to practice dentistry or dental hygiene	500
Reinstatement fee to return an inactive or retired dentist or dental hygienist or a dentist or dental hygienist with a disability to active status.....	300
Fee for the certification of a license.....	25
Fee for the certification of a license to administer nitrous oxide or local anesthesia.....	25
Fee for a duplicate wall certificate.....	25
Fee for a duplicate pocket card receipt.....	25
Application fee for converting a temporary license to a permanent license.....	125
Fee for an application packet for an examination.....	25
Fee for an application packet for licensure by credentials.....	25

**NAC 631.150 Filing of addresses of licensee; notice of change; display of license. ([NRS 631.190](#), [631.350](#))**

1. Each licensee shall file with the Board the addresses of his or her permanent residence and the office or offices, *to include, an electronic mailing address* where he or she conducts his or her practice.
2. Within 30 days after any change occurs in any of these addresses, the licensee shall give the Board a written notice of the change. The Board will impose a fine of \$50 if a licensee does not report such a change within 30 days after it occurs.
3. The licensee shall display his or her license and any permit issued by the Board, or a copy thereof, at each place where he or she practices.

**NAC 631.1785 Licensed dentist to request initial inspection of office or facility. ([NRS 631.190](#), [631.363](#))**

1. Not later than 30 days after a licensed dentist becomes the owner of an office or facility in this State where dental treatments are to be performed, other than a medical facility as defined in [NRS 449.0151](#), the licensed dentist must request in writing that the Board conduct an initial inspection of the office or facility to ensure compliance with the guidelines adopted by reference in [NAC 631.178](#).
2. Not later than 90 days after receiving a written request pursuant to subsection 1:
  - (a) The Executive Director shall assign agents of the Board to conduct the inspection; and
  - (b) The agents shall conduct the inspection.



3. Not later than 30 days after agents of the Board have completed the initial inspection of an office or facility to ensure compliance with the guidelines adopted by reference in [NAC 631.178](#), the agents shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in [NAC 631.178](#). If the report indicates that the office or facility:

(a) Is equipped in compliance with the guidelines adopted by reference in [NAC 631.178](#), the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.

(b) Is not equipped in compliance with the guidelines adopted by reference in [NAC 631.178](#), the Executive Director shall, without any further action by the Board, issue a written notice which identifies deficiencies to the licensed dentist who owns the office or facility.

4. Not later than 72 hours after issuing a written notice of deficiencies pursuant to paragraph (b) of subsection 3:

(a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and

(b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in [NAC 631.178](#). If the report indicates that the licensed dentist and the personnel supervised by the dentist:

(1) Are in compliance with the guidelines adopted by reference in [NAC 631.178](#), the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.

(2) Are not in compliance with the guidelines adopted by reference in [NAC 631.178](#), the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

***5. Not later than 72 hours after the Executive Director receives material evidencing critical deficiencies by the owner of an office or facility in this State where dental treatments are to be performed, other than a medical facility as defined in [NRS 449.0151](#), The Executive Director may assign agents of the Board to conduct an inspection of an office or facility in this State where dental treatments are to be performed to ensure that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in [NAC 631.178](#). Inspections conducted pursuant to this subsection may be conducted during normal business hours with notice to the licensed dentist who owns the office or facility to be inspected.***

***6. Not later than three days after the dentist receives a written notice pursuant to subsection 5:***

***(a) The Executive Director shall assign agents of the Board to conduct the inspection; and***

***(b) The agents shall conduct the inspection.***



6. Not later than 72 hours after agents of the Board have completed the inspection of an office or facility to ensure compliance with the guidelines adopted by reference in NAC 631.178, the agents shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the office or facility:

(a) Is equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.

(b) Is not equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice which identifies deficiencies to the licensed dentist who owns the office or facility.

7. Not later than 72 hours after issuing a written notice of deficiencies pursuant to paragraph (b) of subsection 6:

(a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and

(b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:

(1) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.

(2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

8. Pursuant to subsection 3 of NRS 233B.127, if an inspection of an office or facility conducted pursuant to this subsection 5 indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

**CURRENT REGULATION FOR DUTIES  
DELEGABLE TO DENTAL HYGIENISTS  
NAC 631.210**

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## Dental Hygienists

**NAC 631.210 Dental hygienists: Authorization to perform certain services; referral of patient to authorizing dentist for certain purposes. ([NRS 631.190](#), [631.310](#), [631.313](#), [631.317](#))**

1. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to:

(a) Remove stains, deposits and accretions, including dental calculus.

(b) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or bur may be used only to polish a restoration. As used in this paragraph, "oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.

(c) Provide dental hygiene care that includes:

(1) Assessment of the oral health of patients through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients.

(2) Development and implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1).

(3) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (2) in order to identify the subsequent treatment, continued care and referral needs of the patient.

(d) Take the following types of impressions:

(1) Those used for the preparation of diagnostic models;

(2) Those used for the fabrication of temporary crowns or bridges; and

(3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.

(e) Perform subgingival curettage.

(f) Expose radiographs.

(g) Place and remove a periodontal pack.

(h) Remove excess cement from cemented restorations and orthodontic appliances. A dental hygienist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.

(i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

(j) Recement and repair temporary crowns and bridges.

(k) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.

(l) Place a temporary restoration with nonpermanent material as a palliative treatment.

(m) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:

(1) Antimicrobial agents;

(2) Fluoride preparations;

(3) Topical antibiotics;

(4) Topical anesthetics; and

(5) Topical desensitizing agents.

(n) Apply pit and fissure sealant to the dentition for the prevention of decay.

➔ Before performing any of the services set forth in this subsection, the dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services are to be performed and the patient must have been examined by that dentist not more than 18 months before the services are to be performed. After performing any of the services set forth in this subsection, the dental hygienist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental hygienist is not authorized to perform.

2. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ and under his or her supervision to:

(a) Remove sutures.

(b) Place and secure orthodontic ligatures.

(c) Fabricate and place temporary crowns and bridges.

(d) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental hygienist to perform this procedure.

(e) Perform nonsurgical cytologic testing.

(f) Apply and activate agents for bleaching teeth with a light source.

(g) Use a laser that has been cleared by the Food and Drug Administration to perform intrasulcular periodontal procedures or tooth whitening procedures if:

(1) The use of such a laser for those purposes is within the scope of the education, experience and training of the dental hygienist;

(2) Before operating the laser, the dental hygienist has provided proof to the supervising dentist that the dental hygienist has successfully completed a course in laser proficiency that:

(I) Is at least 6 hours in length; and

(II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#); and

(3) The supervising dentist has successfully completed a course in laser proficiency that:

(I) Is at least 6 hours in length; and

(II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#).

➔ The dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services authorized pursuant to this subsection are to be performed.

3. If a dentist who is licensed in this State has in his or her employ and under his or her supervision a dental hygienist who has:

(a) Successfully completed a course of continuing education in the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, which has been approved by the Board; or

(b) Graduated from an accredited program of dental hygiene which includes the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, in its curriculum,

➔ the dentist may authorize the dental hygienist to administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if the dental hygienist has received from the Board a certificate or permit certifying the hygienist for this level of administration. The dental hygienist must obtain the authorization from the licensed dentist of the patient on whom the services are to be performed.

4. A dental hygienist in a health care facility may administer local intraoral chemotherapeutic agents and, if he or she has complied with paragraph (a) or (b) of subsection 3,



may administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if he or she first:

(a) Obtains written authorization from the licensed dentist of the patient to whom the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are to be administered; and

(b) Submits to the Secretary-Treasurer a written confirmation from the director of the health care facility that the facility has licensed medical personnel and necessary emergency supplies and equipment that will be available when the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are administered.

5. The Board may authorize a dental hygienist to perform the services set forth in paragraphs (a) to ~~(n)~~ (r), inclusive, of subsection 1 *and subsections 2, 3, and 4* without supervision by a dentist and without authorization from the licensed dentist of the patient on whom the services are to be performed, at a health facility, a school or a place in this State approved by the Board after the Board:

(a) Issues a special endorsement of the dental hygienist's license.

(b) Approves the treatment protocol submitted by the dental hygienist which includes an explanation of the methods that the dental hygienist will use to:

(1) Treat patients; and

(2) Refer patients to a dentist for:

(I) Follow-up care;

(II) Diagnostic services; and

(III) Any service that the dental hygienist is not authorized to perform.

6. The Board may revoke the authorization described in subsection 5 if the:

(a) Dental hygienist fails to renew his or her license or it is cancelled, suspended or revoked;

(b) Board receives a complaint filed against the dental hygienist;

(c) Dental hygienist commits an act which constitutes a cause for disciplinary action; or

(d) Dental hygienist violates any provision of this chapter or [chapter 631](#) of NRS.

⇒ Nothing in this subsection prohibits a dental hygienist from reapplying for authorization to perform the services described in subsection 5 if the Board revokes the authorization pursuant to this subsection.

7. As used in this section:

(a) "Health care facility" has the meaning ascribed to it in [NRS 162A.740](#).

(b) "Health facility" has the meaning ascribed to it in subsection 6 of [NRS 449.260](#).

(c) "School" means an elementary, secondary or postsecondary educational facility, public or private, in this State.

# PROPOSED CHANGES TO DUTIES DELEGABLE TO DENTAL HYGIENISTS-NAC 631.210

## **Proposed Regulation Changes for Dental Hygienists-NAC 631.210**

### **New Section:** Highlighted in *blue*

*1. A dentist licensed in this state may authorize a dental hygienist to perform the following acts prior to the patient being examined by the dentist:*

*(a) Expose radiographs*

*(b) Assessment of the oral health of patients through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients*

*(c) Development of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1)*

*(d) Taking of impressions for the preparation of diagnostic models;*

### **Changes to Existing Regulation pertaining to Authorization:** Highlighted in *blue*

2. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to:

(a) Remove stains, deposits and accretions, including dental calculus.

(b) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or bur may be used only to polish a restoration. As used in this paragraph, "oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.

(c) Provide dental hygiene care that includes:

(1) implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1).

(2) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (2) in order to identify the subsequent treatment, continued care and referral needs of the patient.

(d) Take the following types of impressions:

(1) Those used for the fabrication of temporary crowns or bridges; and

(2) Those used for the fabrication of temporary removable appliances, provided no



missing teeth are replaced by those appliances

(e) Perform subgingival curettage

(f) Place and remove a periodontal pack

(g) Remove excess cement from cemented restorations and orthodontic appliances. A dental hygienist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances

(h) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

(i) Recement and repair temporary crowns and bridges.

(j) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.

(k) Place a temporary restoration with nonpermanent material as a palliative treatment.

(l) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:

(1) Antimicrobial agents;

(2) Fluoride preparations;

(3) Topical antibiotics;

(4) Topical anesthetics; and

(5) Topical desensitizing agents.

(m) Apply pit and fissure sealant to the dentition for the prevention of decay.

*(n) Remove sutures.*

*(o) Place and secure orthodontic ligatures.*

*(p) Fabricate and place temporary crowns and bridges.*

*(q) Perform nonsurgical cytologic testing.*

*(r) Apply and activate agents for bleaching teeth with a light source*

3. *A dentist who is licensed in this State may authorize a dental hygienist in his or her employ who has:*

*(a) Successfully completed a course of continuing education in the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, which has been approved by the Board; or*

*(b) Graduated from an accredited program of dental hygiene which includes the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, in its curriculum,*

*Ê the dentist may authorize the dental hygienist to administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if the dental hygienist has*

*received from the Board a certificate or permit certifying the hygienist for this level of administration. The dental hygienist must obtain the authorization from the licensed dentist of the patient on whom the services are to be performed.*

*4. A dental hygienist in a health care facility may administer local intraoral chemotherapeutic agents and, if he or she has complied with paragraph (a) or (b) of subsection 3, may administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if he or she first:*

*(a) Obtains written authorization from the licensed dentist of the patient to whom the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are to be administered; and*

*(b) Submits to the Secretary-Treasurer a written confirmation from the director of the health care facility that the facility has licensed medical personnel and necessary emergency supplies and equipment that will be available when the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are administered.*

*Ê Before performing any of the services set forth in this subsection, the dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services are to be performed and the patient must have been examined by that dentist not more than 18 months before the services are to be performed. After performing any of the services set forth in this subsection, the dental hygienist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental hygienist is not authorized to perform.*

5. The Board may authorize a dental hygienist to perform the services set forth in paragraphs (a) to ~~(h)~~ (r), inclusive, of subsection 1 **and subsections 2, 3, and 4** without supervision by a dentist and without authorization from the licensed dentist of the patient on whom the services are to be performed, at a health facility, a school or a place in this State approved by the Board after the Board:

~~2.~~ 6. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ and under his or her supervision to:

*(a) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental hygienist to perform this procedure*

*(b) Use a laser that has been cleared by the Food and Drug Administration to perform intrasulcular periodontal procedures or tooth whitening procedures if:*

*(1) The use of such a laser for those purposes is within the scope of the education, experience and training of the dental hygienist;*

*(2) Before operating the laser, the dental hygienist has provided proof to the supervising dentist that the dental hygienist has successfully completed a course in laser proficiency that*



- (I) *Is at least 6 hours in length; and*
- (II) *Is based on the Curriculum Guidelines and Standards for Dental Laser Education, adopted by reference pursuant to NAC 631.035; and*
- (3) *The supervising dentist has successfully completed a course in laser proficiency that:*

- (I) *Is at least 6 hours in length; and*

- (II) *Is based on the Curriculum Guidelines and Standards for Dental Laser Education, adopted by reference pursuant to NAC 631.035.*

↪ The dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services authorized pursuant to this subsection are to be performed

~~6~~ 7. The Board may revoke the authorization described in subsection 5 if the:

- (a) Dental hygienist fails to renew his or her license or it is cancelled, suspended or revoked;
- (b) Board receives a complaint filed against the dental hygienist;
- (c) Dental hygienist commits an act which constitutes a cause for disciplinary action; or
- (d) Dental hygienist violates any provision of this chapter or chapter 631 of NRS.

↪ Nothing in this subsection prohibits a dental hygienist from reapplying for authorization to perform the services described in subsection 5 if the Board revokes the authorization pursuant to this subsection.

~~7~~8. As used in this section:

- (a) "Health care facility" has the meaning ascribed to it in NRS 162A.740.
- (b) "Health facility" has the meaning ascribed to it in subsection 6 of NRS 449.260.
- (c) "School" means an elementary, secondary or postsecondary educational facility, public or private, in this State.

CURRENT REGULATION FOR DUTIES  
DELEGABLE TO DENTAL ASSISTANTS  
NAC 631.220

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## **Dental Assistants**

### **NAC 631.220 Dental assistants: Authorization to perform certain services; supervision by dental hygienist for certain purposes. ([NRS 631.190](#), [631.313](#), [631.317](#))**

1. A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision only to do one or more of the following:

- (a) Expose radiographs.
- (b) Retract a patient's cheek, tongue or other tissue during a dental operation.
- (c) Remove the debris that normally accumulates during or after a cleaning or operation by the dentist by using mouthwash, water, compressed air or suction.
- (d) Place or remove a rubber dam and accessories used for its placement.
- (e) Place and secure an orthodontic ligature.
- (f) Remove sutures.
- (g) Place and remove a periodontal pack.
- (h) Remove excess cement from cemented restorations and orthodontic appliances. A dental assistant may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
- (i) Administer a topical anesthetic in any form except aerosol.
- (j) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (k) Take the following types of impressions:
  - (1) Those used for the preparation of diagnostic models;
  - (2) Those used for the preparation of counter or opposing models;
  - (3) Those used for the fabrication of temporary crowns or bridges; and
  - (4) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (l) Fabricate and place temporary crowns and bridges. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.
- (m) Retract gingival tissue if the retraction cord contains no medicaments that have potential systemic side effects.
- (n) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.
- (o) Administer a topical fluoride.
- (p) Apply pit and fissure sealant to the dentition for the prevention of decay. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.
- (q) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental assistant to perform this procedure.

2. A dentist who is licensed in the State of Nevada may authorize a dental hygienist to supervise a dental assistant in the assistance of the hygienist's performance of one or more of the following:

- (a) Expose radiographs.

- (b) Retract a patient's cheek, tongue or other tissue during a dental operation.
- (c) Remove the debris that normally accumulates during or after a cleaning or operation by the dental hygienist by using mouthwash, water, compressed air or suction.
- (d) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (e) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.
- (f) Administer a topical fluoride.

3. A dental hygienist, who is authorized by the Board to perform the services described in subsection 5 of [NAC 631.210](#), may authorize a dental assistant under his or her supervision to assist the hygienist in the performance of the services described in paragraphs (a) to (f), inclusive, of subsection 2.

PROPOSED CHANGES TO DUTIES DELEGABLE TO  
DENTAL ASSISTANTS  
NAC 631.220

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Proposed Changes to Duties Delegable to Dental Assistants NAC 631.220 as follows:

*New Section. Highlighted in blue*

1. *A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision to perform the following acts prior to the patient being examined by the dentist.*

*(a) Expose radiographs*

*(b) Taking of impressions for the preparation of diagnostic models;*

2. *A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision only to do one or more of the following the examination of the patient:*

~~(b)~~ (a) Retract a patient's cheek, tongue or other tissue during a dental operation.

~~—(c)~~ (b) Remove the debris that normally accumulates during or after a cleaning or operation by the dentist by using mouthwash, water, compressed air or suction.

~~(d)~~ (c) Place or remove a rubber dam and accessories used for its placement.

~~—(e)~~ (d) Place and secure an orthodontic ligature.

~~—(f)~~ (e) Remove sutures.

~~—(g)~~ (f) Place and remove a periodontal pack.

~~—(h)~~ (g) Remove excess cement from cemented restorations and orthodontic appliances. A dental assistant may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.

~~(i)~~ (h) Administer a topical anesthetic in any form except aerosol.

~~—(j)~~ (i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

~~(k)~~ (j) Take the following types of impressions:

~~(1)~~ ~~Those used for the preparation of diagnostic models;~~

~~(2)~~ (1) Those used for the preparation of counter or opposing models;

~~(3)~~ (2) Those used for the fabrication of temporary crowns or bridges; and

~~(4)~~ (3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.

~~—(l)~~ (k) Fabricate and place temporary crowns and bridges. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.



~~—(m)~~ (l) Retract gingival tissue if the retraction cord contains no medicaments that have potential systemic side effects.

~~—(n)~~ (m) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.

~~—(o)~~ (n) Administer a topical fluoride.

~~—(p)~~ (o) Apply pit and fissure sealant to the dentition for the prevention of decay. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.

~~—(q)~~ (p) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental assistant to perform this procedure.

2. A dentist who is licensed in the State of Nevada may authorize a dental hygienist to supervise a dental assistant in the assistance of the hygienist's performance of one or more of the following:

~~—(a) Expose radiographs.~~

~~—(b)~~ (a) Retract a patient's cheek, tongue or other tissue during a dental operation.

~~—(c)~~ (b) Remove the debris that normally accumulates during or after a cleaning or operation by the dental hygienist by using mouthwash, water, compressed air or suction.

~~—(d)~~ (c) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

~~—(e)~~ (d) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.

~~—(f)~~ (e) Administer a topical fluoride.

3. A dental hygienist, who is authorized by the Board to perform the services described in subsection 5 of NAC 631.210, may authorize a dental assistant under his or her supervision to assist the hygienist in the performance of the services described in paragraphs (a) to (f), inclusive, of subsection 1.

**CURRENT & PROPOSED LANGUAGE**

# **WORKSHOP**

## **Anesthesia**

- **ADA Guidelines (attached)**

# 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

## NOTICE OF PUBLIC WORKSHOP AND REQUEST FOR COMMENTS SESSION

**Notice of Public Workshop, Request for Comments and review of Nevada Administrative Code Chapter 631 related to the practice of dentistry and dental hygiene and proposed regulation changes and/or amendments pertaining to general anesthesia topics to include NAC 631.003, NAC 631.004 and under heading Administration of General Anesthesia, Conscious Sedation and Deep Sedation- NAC 631.2211 through NAC 631.2256**

The Nevada State Board of Dental Examiners will hold a **public workshop**, request for comments session on **Friday September 18, 2015 at 9:00 am**. The public workshop will be held at the office of the Nevada State Board of Medical Examiners is located at 1105 Terminal Way, Suite 301, Reno, Nevada 89502. Videoconferencing will also be available at the office of the Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, Suite A-1, Las Vegas, Nevada 89118.

The purpose of the workshop is to receive comments from all interested persons and to consider the review of Nevada Administrative Code Chapter 631 and regulation changes and amendments. The general topics include the following; Conscious Sedation defined (NAC 631.003 and NAC 631.004); and NAC 631.2211 through NAC 631.2256 regarding anesthesia permits and the administration of anesthesia.

Persons wishing to comment and participate in the workshop of the **NEVADA STATE BOARD OF DENTAL EXAMINERS** may appear at the scheduled workshop or may address their comments, data, views or arguments, in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118, Attn: Angelica Bejar, Public Information-Travel Administrator; FAX number (702) 486-7046; e-mail address [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov)**. In order for written submissions to be made available to members and the public, they must be received by the **NEVADA STATE BOARD OF DENTAL EXAMINERS** on or before **September 11, 2015**.

A copy of this notice will be on file at the State Library, 100 Stewart Street, Carson City, Nevada for inspection by members of the public during business hours. Additional copies of the notice will be available at the office of the **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd. A-1, Las Vegas, Nevada 89118**; and in all counties in which an office of the agency is not maintained, at the main public library, for inspection and copying by members of

the public during business hours.

This notice is also available on the Board website at: [www.dental.nv.gov](http://www.dental.nv.gov).

**This Notice has been posted at the following locations:**

**Legislative Counsel Bureau Building,  
401 S Carson Street, Carson City, Nevada  
Clark County Government Center,  
500 Grand Central Parkway, Las Vegas, Nevada  
Elko County Courthouse, Room 106, Elko, Nevada  
Washoe County Courthouse, 75 Court Street, Reno, Nevada  
Office of the N.S.B.D.E., 6010 S Rainbow Boulevard, #A-1, Las Vegas, Nevada  
On the Internet at the Nevada State Board of Dental Examiners website:  
<http://www.dental.nv.gov>  
Southern Nevada Health District, 3305 Valley View Drive, Las Vegas, Nevada.  
Elko County Courthouse, Room 106, Elko, Nevada.  
Washoe County Courthouse, 75 Court Street, Reno, Nevada.  
Office of the N.S.B.D.E., 6010 S. Rainbow Blvd A-1, Las Vegas, Nevada.  
Carson City Library, 900 N. Roop St., Carson City, Nevada.  
Churchill County Library, 553 S. Main St., Fallon, Nevada.  
Las Vegas Library, 833 Las Vegas Blvd, North, Las Vegas, Nevada.  
Douglas County Library, 1625 Library Lane, Minden, Nevada.  
Elko County Library, 720 Court St., Elko, Nevada.  
Goldfield Public Library, Fourth & Crook St., Goldfield, Nevada.  
Eureka Branch Library, 10190 Monroe St., Eureka, Nevada.  
Humboldt County Library, 85 East 5th St., Winnemucca, Nevada.  
Battle Mountain Branch Library, 625 Broad St., Battle Mountain, Nevada.  
Lincoln County Library, 93 Main Street, Pioche, Nevada .  
Lyon County Library, 20 Nevin Way, Yerington, Nevada .  
Mineral County Library, First & A Street, Hawthorne, Nevada.  
Tonopah Public Library, 171 Central St., Tonopah, Nevada.  
Pershing County Library, 1125 Central Ave., Lovelock, Nevada.  
Storey County Library, 95 South R. St., Virginia City, Nevada.  
Washoe County Library, 301 S. Center St., Reno, Nevada.  
White Pine County Library, 950 Campton St., Ely, Nevada.  
Las Vegas Office of the Nevada Attorney General, 555 E. Washington Ave, Las Vegas, Nevada  
Carson City Office of the Nevada Attorney General, 100 N. Carson St., Carson City, Nevada**

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Angelica Bejar, at (702) 486-7044 ext. 36 no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact Angelica Bejar at (702) 486-7044 ext. 36 to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at **[www.dental.nv.gov](http://www.dental.nv.gov)** . In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Suite A-1, Las Vegas, Nevada.

Assembly Bill 89  
Definitions of Minimal & Moderate Sedation

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## Definitions of Minimal and Moderate Sedation-AB89

Sec. 20. Chapter 631 of NRS is hereby amended by adding thereto a new section to read as follows:

*“Minimal sedation” means a minimally depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command, and during which cognitive function and coordination may be modestly impaired, but ventilatory and cardiovascular functions are unaffected*

Sec. 21. NRS 631.005 is hereby amended to read as follows:

631.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 631.015 to 631.105, inclusive, *and section 20 of this act* have the meanings ascribed to them in those sections.

Sec. 22. NRS 631.025 is hereby amended to read as follows:

631.025 [~~“Conscious”~~] *“Moderate sedation”* means a [~~minimally~~] *drug-induced* depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method or a combination thereof, [~~in~~] *during* which [~~the~~] :

1. *The* patient retains the ability [~~independently and continuously to maintain an airway and~~] to respond [~~appropriately~~] *purposefully* to [~~physical stimulation and~~] verbal commands [~~+~~] , *either alone or accompanied by light tactile stimulation;*

2. *Spontaneous ventilation is adequate and no interventions are required to maintain a patent airway; and*

3. *Cardiovascular function is usually maintained*

**CURRENT ANESTHESIA REGULATIONS**  
**NAC 631.2211-NAC 631.2256**



**NAC 631.003 “Conscious sedation” defined.** ([NRS 631.190](#)) “Conscious sedation” has the meaning ascribed to it in [NRS 631.025](#).

**NAC 631.004 “Conscious sedation permit” defined.** ([NRS 631.190](#)) “Conscious sedation permit” means a permit that:

1. Is issued by the Board pursuant to [NAC 631.2213](#); and
2. Authorizes the holder to administer conscious sedation to a patient.

**NAC 631.2211 Scope.** ([NRS 631.190](#), [631.265](#)) [NAC 631.2213](#) to [631.2256](#), inclusive, do not apply to the administration of:

1. Local anesthesia;
2. Nitrous oxide-oxygen analgesia, if the delivery system for the nitrous oxide-oxygen contains a mechanism which guarantees that an oxygen concentration of at least 25 percent will be administered to the patient at all times during the administration of the nitrous oxide; and
3. Oral medication that is administered to a patient to relieve anxiety in the patient, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to the state produced pursuant to the administration of general anesthesia, deep sedation or conscious sedation.

**NAC 631.2212 Board to determine degree of sedation.** ([NRS 631.190](#), [631.265](#)) In a proceeding of the Board at which the Board must determine the degree of sedation or level of consciousness of a patient, the Board will base its findings on:

1. The type and dosage of medication that was administered or is proposed for administration to the patient; and
2. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.

**NAC 631.2213 Permit required; qualifications of applicants.** ([NRS 631.190](#), [631.265](#))

1. Except as otherwise set forth in [NAC 631.2211](#) to [631.2256](#), inclusive, no dentist may:
    - (a) Use general anesthesia or deep sedation for dental patients, except in a facility accredited by The Joint Commission, unless he or she first obtains a general anesthesia permit; or
    - (b) Use conscious sedation for dental patients, except in a facility accredited by The Joint Commission, unless he or she first obtains a general anesthesia permit or conscious sedation permit.
- ➡ A separate general anesthesia permit or conscious sedation permit, as appropriate, is required for each location at which a dentist administers general anesthesia, deep sedation or conscious sedation.

2. To obtain a general anesthesia permit or conscious sedation permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to [NRS 631.345](#) and produce evidence showing that he or she is a dentist who is licensed in this State, and:

- (a) For a conscious sedation permit, the applicant must show evidence of:

- (1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of conscious sedation, and the



successful management of the administration of conscious sedation to not less than 20 patients; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of conscious sedation that is equivalent to the education and training described in subparagraph (1) and completion of an Advanced Cardiac Life Support course given by the American Heart Association or, if licensed as a specialist in pediatric dentistry, completion of a Pediatric Advanced Life Support course given by the American Heart Association.

(b) For a general anesthesia permit, the applicant must show evidence of the completion of an Advanced Cardiac Life Support course given by the American Heart Association and:

(1) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in a training program as described in the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, published by the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, and available, free of charge, at the Internet address [http://www.ada.org/prof/resources/positions/statements/anxiety\\_guidelines.pdf](http://www.ada.org/prof/resources/positions/statements/anxiety_guidelines.pdf); or

(2) The completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation of the American Dental Association.

**NAC 631.2217 Review of holder of permit; renewal of permit. ([NRS 631.190](#), [631.265](#))**

1. The holder of a general anesthesia permit or conscious sedation permit is subject to review by the Board at any time.

2. Each general anesthesia permit and conscious sedation permit must be renewed annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the permit.

**NAC 631.2219 Inspection and evaluation; reevaluation. ([NRS 631.190](#), [631.265](#))**

1. The Board will require an inspection and evaluation of the facility, equipment, personnel, records of patients and the procedures used by every dentist who seeks or holds a general anesthesia permit or conscious sedation permit, and of the dentist himself or herself, before issuing such an original permit to the dentist, and at least once in every 5-year period thereafter.

2. The Board will renew general anesthesia permits and conscious sedation permits annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the permit, unless the holder is informed in writing, 60 days before the date for renewal, that a reevaluation of his or her credentials is required. In determining whether reevaluation is necessary, the Board will consider, among other factors, complaints by patients and reports of adverse occurrences. A reevaluation will, if appropriate, include an inspection of the facility, equipment, personnel, records of patients and the procedures used by the holder, and an examination of his or her qualifications.

**NAC 631.2221 Inspectors and evaluators; participation of members of Board. ([NRS 631.190](#), [631.265](#))**

1. When an inspection or evaluation is required to issue or renew a general anesthesia permit or conscious sedation permit, the Board will designate two or more persons, each of



whom holds a general anesthesia permit or conscious sedation permit and has practiced general anesthesia, deep sedation or conscious sedation, as applicable, for a minimum of 3 years preceding his or her appointment, exclusive of his or her training in the administration of anesthesia or sedation. At least one of the inspectors or evaluators must have had experience in the evaluation of dentists using general anesthesia, deep sedation or conscious sedation, as applicable. At least one member of the inspection or evaluation team must have had substantial experience in the administration of the type of anesthesia contemplated for use by the dentist being evaluated and must hold the type of permit for which the dentist is applying.

2. Any member of the Board who is a dentist may observe or consult in any inspection or evaluation. A member of the Board who is not a dentist may be present at an observation but may not participate in any grading or evaluation resulting from the inspection or evaluation.

**NAC 631.2223 Inspections and evaluations: General requirements.** ([NRS 631.190, 631.265](#)) An inspection or evaluation ordered by the Board must be conducted in all offices where general anesthesia, deep sedation or conscious sedation is to be administered and, except as otherwise required in [NAC 631.2236](#), must consist of:

1. An evaluation of the office's facilities and equipment, records and emergency medications; and

2. A demonstration of:

(a) The administration to a patient who is receiving dental treatment of the type of anesthesia or sedation for which the dentist is applying for a permit;

(b) Simulated emergencies in the surgical area of the dental office with participation by the members of the staff who are trained to handle emergencies;

(c) A dental procedure utilizing the type of anesthesia or sedation for which the dentist is applying for a permit;

(d) Any anesthesia or sedation technique that is routinely employed during the administration of anesthesia or sedation;

(e) The appropriate monitoring of a patient during anesthesia or sedation; and

(f) The observation of a patient during recovery and the time allowed for recovery.

**NAC 631.2225 Inspections and evaluations: Simulated emergencies.** ([NRS 631.190, 631.265](#)) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit or conscious sedation permit must meet the following minimum standards with regard to simulated emergencies. The dentist and his or her staff must demonstrate a knowledge of and a method of treatment for the following types of emergencies:

1. Airway obstruction laryngospasm;
2. Bronchospasm;
3. Emesis and aspiration of foreign material under anesthesia;
4. Angina pectoris;
5. Myocardial infarction;
6. Hypotension;
7. Hypertension;
8. Cardiac arrest;
9. Allergic reaction;
10. Convulsions;
11. Hypoglycemia;
12. Asthma;
13. Respiratory depression;

14. Allergy to or overdose from local anesthesia;
15. Hyperventilation syndrome; and
16. Syncope.

**NAC 631.2227 Inspections and evaluations: Physical facilities and equipment.** ([NRS 631.190](#), [631.265](#)) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, conscious sedation permit or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

- (a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

- (b) Allow the operating team to alter the patient's position quickly in an emergency; and

- (c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

- (a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

- (b) Endotracheal tubes and appropriate connectors;

- (c) Oral airways;

- (d) A tonsillar or pharyngeal suction tip adaptable to all office suction outlets;

- (e) An endotracheal tube type forcep;

- (f) A sphygmomanometer and stethoscope;

- (g) An electrocardioscope and defibrillator;

- (h) Adequate equipment for the establishment of an intravenous infusion; and

- (i) A pulse oximeter.

➡ A dentist's office inspected or evaluated for the issuance or renewal of a conscious sedation permit is not required to have the ancillary equipment described in paragraphs (a), (b), (e) and (g).

**NAC 631.2229 Inspections and evaluations: Records of patients.** ([NRS 631.190](#), [631.265](#)) A dentist's office inspected or evaluated for the issuance or renewal of a general



anesthesia permit, conscious sedation permit or certificate of site approval must meet the following minimum standards with regard to the records of patients:

1. Adequate medical history and records of physical evaluation.
2. Records of the administration of anesthesia must include:
  - (a) The patient's blood pressure and pulse;
  - (b) The names of the drugs and the amounts administered;
  - (c) The length of the procedure; and
  - (d) Any complications of anesthesia.

**NAC 631.2231 Inspections and evaluations: Emergency drugs. ([NRS 631.190](#), [631.265](#))**

Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, conscious sedation permit or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

1. Vasopressor;
2. Corticosteroid;
3. Bronchodilator;
4. Muscle relaxant;
5. Intravenous medication for the treatment of cardiopulmonary arrest;
6. Appropriate drug antagonist;
7. Antihistaminic;
8. Anticholinergic;
9. Antiarrhythmic;
10. Coronary artery vasodilator;
11. Anti-hypertensive; and
12. Anti-convulsive.

➡ A dentist's office that is inspected or evaluated for the issuance or renewal of a conscious sedation permit is not required to maintain the emergency drugs described in subsections 4, 5, 9 and 11.

**NAC 631.2233 Inspections and evaluations: Recommendations of inspectors or evaluators; decision of Board. ([NRS 631.190](#), [631.265](#))**

1. The persons performing an inspection or evaluation of a dentist's office for the issuance or renewal of a general anesthesia permit or conscious sedation permit shall grade the office as passing or failing. Within 10 days after completing the inspection or evaluation, each inspector or evaluator shall report his or her recommendation for passing or failing to the Board, setting forth the details supporting his or her conclusion. The Board is not bound by these recommendations.

2. The Board will make the final determination whether the office has passed or failed the inspection or evaluation and will notify the dentist whose office is the subject of the inspection or evaluation, in writing, of its findings within 30 days after the Board receives a recommendation from each inspector or evaluator who inspected or evaluated the office.

**NAC 631.2235 Inspections and evaluations: Failure to pass; requests for reevaluations. ([NRS 631.190](#), [631.265](#))**

1. A dentist whose office the Board determines has failed the inspection or evaluation is not entitled to have a general anesthesia permit or conscious sedation permit issued or renewed.

2. A dentist who has received a notice of failure from the Board may, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.

3. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by [NAC 631.2219](#) to [631.2233](#), inclusive, for an original evaluation.

4. No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.

**NAC 631.2236 Certificate of site approval: General requirements. ([NRS 631.190, 631.265](#))**

1. A dentist who is licensed in this State may employ:

(a) An anesthesiologist who is licensed as such by the State of Nevada; or

(b) A dentist who is licensed in this State and who holds a general anesthesia permit or conscious sedation permit,

↳ to administer general anesthesia, deep sedation or conscious sedation, as appropriate, to his or her patients at his or her office if he or she holds a certificate of site approval issued pursuant to this section.

2. A dentist who is licensed in this State and who desires to receive or renew a certificate of site approval must submit to the Board:

(a) An application for a certificate or for the renewal of a certificate, in a form approved by the Board;

(b) The fee for the inspection of a facility which is established by the Board pursuant to [NRS 631.345](#); and

(c) Written documentation which demonstrates that the anesthesiologist or dentist who is to be employed to administer the general anesthesia, deep sedation or conscious sedation holds an appropriate license or permit issued by the appropriate board in this State to administer such anesthesia or sedation and, if the person to be employed is an anesthesiologist, that the anesthesiologist maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center approved by The Joint Commission.

3. Upon receipt of an application pursuant to this section, the Board will appoint one of its members or a representative of the Board to inspect the office of the applicant to determine whether the office complies with the requirements set forth in [NAC 631.2227](#), [631.2229](#) and [631.2231](#). The person conducting the inspection shall report his or her determination to the Board.

4. If the person conducting the inspection determines that the office of the applicant complies with the requirements of [NAC 631.2227](#), [631.2229](#) and [631.2231](#) and the applicant has otherwise met the requirements of this section, the Executive Director shall issue a certificate of site approval to the applicant.

5. A holder of a certificate of site approval shall maintain the information described in paragraph (c) of subsection 2 at his or her office at all times.

6. Each certificate of site approval issued by the Board must be renewed annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the certificate.

7. The Board may reinspect the office of the holder of a certificate of site approval at any time.



**NAC 631.2237 Procedures required before administration of anesthetic or sedation.** ([NRS 631.190](#), [631.265](#))

1. Written consent of the patient must be obtained before the administration of a general anesthetic, deep sedation or conscious sedation, unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient. If the patient is a minor, the consent must be obtained from his or her parent or legal guardian.

2. A medical history must be taken before the administration of a general anesthetic, deep sedation or conscious sedation. A patient should be asked to describe any current medical conditions or treatments, including, without limitation, medications, drug allergies, impending or past operations and pregnancy, and to give other information that may be helpful to the person administering the anesthetic or sedation. The dentist is not required to make a complete medical examination of the patient and draw medical diagnostic conclusions. If a dentist suspects a medical problem and calls in a physician for an examination and evaluation, he or she may then rely upon that conclusion and diagnosis. Questions asked of and answers received from the patient must be permanently recorded and signed by the patient before the administration of any general anesthetic, deep sedation or conscious sedation, and this record must be a permanent part of the patient's record of treatment.

**NAC 631.2239 Properly equipped facility required; qualifications of auxiliary personnel.** ([NRS 631.190](#), [631.265](#))

1. A dentist using general anesthesia, deep sedation or conscious sedation shall maintain a properly equipped facility for the administration of the anesthesia or sedation which is staffed with supervised auxiliary personnel who are capable of reasonably handling procedures, problems and emergencies incident thereto.

2. A dentist using general anesthesia, deep sedation or conscious sedation shall ensure that his or her auxiliary personnel are certified in basic cardiopulmonary resuscitation by the American Heart Association.

**NAC 631.224 Employment of certified registered nurse anesthetist.** ([NRS 631.190](#), [631.265](#))

1. Any dentist who holds a general anesthesia permit pursuant to the provisions of [NAC 631.2211](#) to [631.2256](#), inclusive, may employ a certified registered nurse anesthetist to administer the general anesthesia, deep sedation or conscious sedation to a patient if the dentist is physically present and directly supervises the administration of the general anesthesia, deep sedation or conscious sedation to the patient. The holder of the permit must maintain at his or her office evidence in writing that the certified registered nurse anesthetist is licensed to practice in the State of Nevada and maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center which is certified by The Joint Commission.

2. Except as otherwise provided in [NAC 631.2236](#), a dentist who does not hold a general anesthesia permit may not allow any person to administer general anesthesia, deep sedation or conscious sedation to his or her patients unless the treatment is rendered within a facility approved by The Joint Commission.

**NAC 631.2241 Report of injuries to patients.** ([NRS 631.190](#), [631.265](#)) Each holder of a general anesthesia permit, conscious sedation permit or certificate of site approval shall submit to the Board a complete report regarding any mortality or unusual incident which occurs outside a facility accredited by The Joint Commission and produces permanent injury to a patient or requires the hospitalization of a patient, as a direct result of the administration of general anesthesia, deep sedation or conscious sedation. The report must be submitted within 30 days after the date of the incident. If a dentist fails to report any incident as required by this section, his or her permit may be revoked.

**NAC 631.2254 Temporary permits.** ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer conscious sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

**NAC 631.2256 Continuing education required.** ([NRS 631.190](#), [631.265](#), [631.342](#)) Every 2 years, the holder of a general anesthesia permit or conscious sedation permit must complete at least 3 hours in courses of study that specifically relate to anesthesia or sedation, as applicable, before the permit may be renewed. This training will be credited toward any continuing education required by [NAC 631.173](#).



**PROPOSED ANESTHESIA REGULATIONS**  
**NAC 631.003; NAC 631.004 and**  
**NAC 631.2211-NAC 631.2256**

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NAC 631.003 “~~Conscious~~–Minimal and Moderate sedation–” defined. (NRS 631.190) “~~Conscious~~ sedation” has the meaning ascribed to it in [NRS 631.025](#).

NAC 631.004 “~~Conscious~~ Minimal and Moderate sedation permit” defined. (NRS 631.190) “~~Conscious~~–Minimal and Moderate sedation permit” means a permit that:

1. Is issued by the Board pursuant to [NAC 631.2213](#); and
2. Authorizes the holder to administer conscious sedation to a patient.

NAC 631.2211 Scope. (NRS 631.190, 631.265) [NAC 631.2213](#) to [631.2256](#), inclusive, do not apply to the administration of:

1. Local anesthesia;
2. Nitrous oxide-oxygen analgesia, if the delivery system for the nitrous oxide-oxygen contains a mechanism which guarantees that an oxygen concentration of at least 25 percent will be administered to the patient at all times during the administration of the nitrous oxide; and
3. Oral medication that is administered to a patient to relieve anxiety in the patient, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to the state produced pursuant to the administration of general anesthesia, deep sedation ~~or conscious sedation~~, *minimal or moderate sedation*.

NAC 631.2212 Board to determine degree of sedation. (NRS 631.190, 631.265) In a proceeding of the Board at which the Board must determine the degree of sedation or level of consciousness of a patient, the Board will base its findings on:

1. The type and dosage of medication that was administered or is proposed for administration to the patient; and
2. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.

NAC 631.2213 Permit required; qualifications of applicants. (NRS 631.190, 631.265)

1. Except as otherwise set forth in [NAC 631.2211](#) to [631.2256](#), inclusive, no dentist may:
  - (a) Use general anesthesia or deep sedation for dental patients, except in a facility accredited by The Joint Commission, unless he or she first obtains a general anesthesia permit, *deep sedation permit*; or
  - (b) Use ~~conscious sedation~~ *minimal or moderate sedation* for dental patients, except in a facility accredited by The Joint Commission, unless he or she first obtains a general anesthesia permit ~~or conscious sedation~~, *deep sedation, minimal or moderate sedation* permit.
- ↪ A separate ~~general anesthesia certificate of site~~ permit ~~or conscious sedation permit~~, as appropriate, is required for each location at which a dentist administers general anesthesia, deep sedation ~~or conscious sedation~~, *minimal or moderate sedation*.
2. To obtain a general anesthesia permit ~~or conscious sedation~~, *deep sedation, minimal or moderate sedation* permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to [NRS 631.345](#) and produce evidence showing that he or she is a dentist who is licensed in this State, and:



(a) For ~~a-conscious-sedation~~ permit to administer *minimal sedation*, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than ~~60-hours-24 hours~~ dedicated exclusively to the administration of ~~conscious-sedation~~ *minimal sedation*, and the successful management of the administration of ~~conscious-sedation~~ *minimal sedation* to not less than ~~20-10~~ patients and

(2) *Hold current certification in either ACLS or PALS, which the permit holder may not allow to expire, or successfully complete a course approved by the Board that provides instruction on medical emergencies and airway management;*

(b) For a-permit to administer *moderate sedation*, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of ~~conscious-sedation-moderate sedation~~, and the successful management of the administration of ~~conscious-sedation~~ *moderate sedation* to not less than 20 patients; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of ~~conscious-sedation~~ *moderate sedation* that is equivalent to the education and training described in subparagraph (1) and completion of an Advanced Cardiac Life Support course given by the American Heart Association or, if licensed as a specialist in pediatric dentistry, completion of a Pediatric Advanced Life Support course given by the American Heart Association.

~~—(b)–(c)~~For a general anesthesia permit, the applicant must show evidence of the completion of an Advanced Cardiac Life Support course given by the American Heart Association and:

(1) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in a training program as described in the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, published by the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, and available, free of charge, at the Internet address [http://www.ada.org/prof/resources/positions/statements/anxiety\\_guidelines.pdf](http://www.ada.org/prof/resources/positions/statements/anxiety_guidelines.pdf); or

(2) The completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation of the American Dental Association.

#### **NAC 631.2217 Review of holder of permit; renewal of permit. ([NRS 631.190](#), [631.265](#))**

1. The holder of a general anesthesia ~~permit or conscious-sedation~~, *deep sedation, minimal or moderate sedation* permit is subject to review by the Board at any time.

2. Each general anesthesia ~~permit-and-conscious-sedation~~ *deep sedation, minimal or moderate sedation* permit must be renewed annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the permit.

#### **NAC 631.2219 Inspection and evaluation; reevaluation. ([NRS 631.190](#), [631.265](#))**

1. The Board will require an inspection and evaluation of the facility, equipment, personnel, records of patients and the procedures used by every dentist who seeks or holds a general anesthesia ~~permit-or-conscious-sedation~~ *deep sedation, minimal or moderate sedation* permit, and of the dentist himself or herself, before issuing such an original permit to the dentist, and at least once in every 5-year period thereafter.

2. The Board will renew general anesthesia permits ~~and-conscious-sedation~~ *deep sedation, minimal or moderate sedation* permits annually or biennially, as applicable, based on the



renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the permit, unless the holder is informed in writing, 60 days before the date for renewal, that a reevaluation of his or her credentials is required. In determining whether reevaluation is necessary, the Board will consider, among other factors, complaints by patients and reports of adverse occurrences. A reevaluation will, if appropriate, include an inspection of the facility, equipment, personnel, records of patients and the procedures used by the holder, and an examination of his or her qualifications.

**NAC 631.2221 Inspectors and evaluators; participation of members of Board. ([NRS 631.190, 631.265](#))**

1. When an inspection or evaluation is required to issue or renew a general anesthesia ~~permit or conscious sedation permit~~, *deep sedation, minimal or moderate sedation permit*, the Board will designate two or more persons, each of whom holds a general anesthesia, ~~permit, or conscious sedation~~ *deep sedation, minimal or moderate sedation* permit and has practiced general anesthesia, deep sedation ~~or conscious sedation~~, *deep sedation, minimal or moderate sedation*, as applicable, for a minimum of 3 years preceding his or her appointment, exclusive of his or her training in the administration of anesthesia or sedation. At least one of the inspectors or evaluators must have had experience in the evaluation of dentists using general anesthesia, deep sedation ~~or conscious sedation~~ *minimal or moderate sedation*, as applicable. At least one member of the inspection or evaluation team must have had substantial experience in the administration of the type of anesthesia contemplated for use by the dentist being evaluated and must hold the type of permit for which the dentist is applying.

2. Any member of the Board who is a dentist may observe or consult in any inspection or evaluation. A member of the Board who is not a dentist may be present at an observation but may not participate in any grading or evaluation resulting from the inspection or evaluation.

**NAC 631.2223 Inspections and evaluations: General requirements. ([NRS 631.190, 631.265](#))** An inspection or evaluation ordered by the Board must be conducted in all offices where general anesthesia, deep sedation ~~or conscious sedation~~, *minimal or moderate sedation* is to be administered and, except as otherwise required in [NAC 631.2236](#), must consist of:

1. An evaluation of the office's facilities and equipment, records and emergency medications; and

2. A demonstration of:

(a) The administration to a patient who is receiving dental treatment of the type of anesthesia or sedation for which the dentist is applying for a permit;

(b) Simulated emergencies in the surgical area of the dental office with participation by the members of the staff who are trained to handle emergencies;

(c) A dental procedure utilizing the type of anesthesia or sedation for which the dentist is applying for a permit;

(d) Any anesthesia or sedation technique that is routinely employed during the administration of anesthesia or sedation;

(e) The appropriate monitoring of a patient during anesthesia or sedation; and

(f) The observation of a patient during recovery and the time allowed for recovery.

**NAC 631.2225 Inspections and evaluations: Simulated emergencies. ([NRS 631.190, 631.265](#))** A dentist's office inspected or evaluated for the issuance or renewal of a general



anesthesia permit ~~or conscious sedation permit~~ *deep sedation, minimal or moderate sedation permit*, must meet the following minimum standards with regard to simulated emergencies. The dentist and his or her staff must demonstrate a knowledge of and a method of treatment for the following types of emergencies:

1. Airway obstruction laryngospasm;
2. Bronchospasm;
3. Emesis and aspiration of foreign material under anesthesia;
4. Angina pectoris;
5. Myocardial infarction;
6. Hypotension;
7. Hypertension;
8. Cardiac arrest;
9. Allergic reaction;
10. Convulsions;
11. Hypoglycemia;
12. Asthma;
13. Respiratory depression;
14. Allergy to or overdose from local anesthesia;
15. Hyperventilation syndrome; and
16. Syncope.

**NAC 631.2227 Inspections and evaluations: Physical facilities and equipment.** ([NRS 631.190](#), [631.265](#)) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *deep sedation, minimal or moderate sedation permit* or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.
2. The operating table or dental chair must:
  - (a) Allow the patient to be placed in a position such that the operating team can maintain the airway;
  - (b) Allow the operating team to alter the patient's position quickly in an emergency; and
  - (c) Provide a firm platform for the management of cardiopulmonary resuscitation.
3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.
4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.
5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

(d) A tonsillar or pharyngeal suction tip adaptable to all office suction outlets;

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion; and

(i) A pulse oximeter.

(j) *capnography monitor*

**8. When administering anesthesia or sedation to pediatric patients the dentist's office must meet the following minimum standards with regard to physical facilities and equipment:**

(a) *Pediatric Size Ambu Bag and Masks*

(b) *Pediatric BP Cuffs*

(c) *Laryngoscope with appropriate size blades*

(d) *Intubation tubes multiple sizes*

(e) *Aed with Peds paddles*

(f) *Braselow Tape*

(g) *Small Oral Air Ways*

(h) *Pediatric Bite Block*

↪ A dentist's office inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ *minimal or moderate sedation* permit is not required to have the ancillary equipment described in paragraphs 7 (a), (b), (e) and (g), *or (j)*

**NAC 631.2229 Inspections and evaluations: Records of patients.** ([NRS 631.190](#), [631.265](#))

A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *deep sedation, minimal or moderate sedation permit* or certificate of site approval must meet the following minimum standards with regard to the records of patients:

1. Adequate medical history and records of physical evaluation.

2. Records of the administration of anesthesia must include:

(a) The patient's blood pressure and pulse;

(b) The names of the drugs and the amounts administered;

(c) The length of the procedure; and

(d) Any complications of anesthesia.

**NAC 631.2231 Inspections and evaluations: Emergency drugs.** ([NRS 631.190](#), [631.265](#))  
Except as otherwise provided in this section, a dentist's office inspected or evaluated for the



issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *deep sedation, minimal or moderate sedation permit* or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

1. Vasopressor;
2. Corticosteroid;
3. Bronchodilator;
4. Muscle relaxant;
5. Intravenous medication for the treatment of cardiopulmonary arrest;
6. Appropriate drug antagonist;
7. Antihistaminic;
8. Anticholinergic;
9. Antiarrhythmic;
10. Coronary artery vasodilator;
11. Anti-hypertensive; and
12. Anti-convulsive.

*2. When administering anesthesia or sedation to pediatric patients the dentist's office must meet the following minimum standards with regard to pediatric emergency drugs:*

(a) *Epi Pen Jr*

(b) *Adenosine*

(c) *Aminodarone*

(d) *Magnesium Sulfate*

(e) *Procainamide*

↪ A dentist's office that is inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ *minimal or moderate sedation* permit is not required to maintain the emergency drugs described in subsections 4, 5, 9 and 11.

**NAC 631.2233 Inspections ~~and—evaluations:~~ Recommendations of inspectors ~~or evaluators;~~ decision of Board.** (NRS 631.190, 631.265)

1. The persons performing an inspection ~~or evaluation~~ of a dentist's office for the issuance or renewal of a ~~general anesthesia site~~ permit *for the administration of general anesthesia or conscious sedation deep sedation, minimal or moderate sedation permit* shall grade the office as passing or failing. *No later than 72 hours* ~~Within 10 days~~ after completing the inspection ~~or evaluation~~, each inspector ~~or evaluator~~ shall report his or her recommendation for passing or failing to the ~~Board~~ *Executive Director*, setting forth the details supporting his or her conclusion. ~~The Board is not bound by these recommendations.~~

2. *If the site is in compliance with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist.*

~~The Board will make the final determination whether the office has passed or failed the inspection or evaluation and will notify the dentist whose office is the subject of the inspection or evaluation, in writing, of its findings within 30 days after the Board receives a recommendation from each inspector or evaluator who inspected or evaluated the office.~~



3. If the site is not in compliance with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall, without any further action by the Board, issue a written notice which identifies the deficiencies and/ failure to the licensed dentist.

4. A dentist who has received a notice of failure from the Executive Director may, within 15 days after receiving the notice and rectifying the deficiencies, request in writing for a reinspection.

5. If the reinspection is granted by the Executive Director, it may be conducted by different persons in the manner set forth by NAC 631.2219 to 631.2233, inclusive, for an original inspection.

6. Pursuant to subsection 3 of NRS 233B.127, if a site inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

**NAC 631.2235 ~~Inspections and~~ Evaluations: Failure to pass; requests for reevaluations.**  
(NRS 631.190, 631.265)

1. The persons performing an evaluation of a dentist for the issuance or renewal of a permit *for the administration of general anesthesia, deep sedation, minimal or moderate sedation* shall grade the dentist as passing or failing. *No later than 72 hours* after completing the evaluation, each evaluator shall report his or her recommendation for passing or failing to the **Executive Director**, setting forth the details supporting his or her conclusion.

~~1. A dentist whose office the Board determines has failed the inspection or evaluation is not entitled to have a general anesthesia permit or conscious sedation permit issued or renewed~~

2. If the dentist is in compliance with the requirements set forth in NAC 631.2219 to 631.2233, the Board shall issue the permit for the administration of general anesthesia, deep sedation, minimal or moderate sedation.

3. If the dentist is not in compliance with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall, without any further action by the Board, issue a written notice which identifies the deficiencies and/ failure to the licensed dentist.

~~2.~~ 4. A dentist who has received a notice of failure from the ~~Board~~-Executive Director may, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.

~~3.~~ 5. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by NAC 631.2219 to 631.2233, inclusive, for an original evaluation.

~~—4.~~ 6.-No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.

7. Pursuant to subsection 3 of NRS 233B.127, if an evaluation of a dentist for the administration of general anesthesia, deep sedation, minimal or moderate sedation is conducted pursuant to this section indicates that the public health, safety or welfare



*imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.*

**NAC 631.2236 Certificate of site approval: General requirements. ([NRS 631.190, 631.265](#))**

1. A dentist who is licensed in this State may employ:
  - ~~— (a) An anesthesiologist who is licensed as such by the State of Nevada; or~~
  - (b) A dentist who is licensed in this State and who holds a general anesthesia permit, ~~or conscious sedation~~ *deep sedation, minimal or moderate sedation* permit,
    - ➔ to administer general anesthesia, deep sedation or ~~conscious sedation~~ *minimal or moderate sedation*, as appropriate, to his or her patients at his or her office if he or she holds a certificate of site approval issued pursuant to this section.
2. A dentist who is licensed in this State and who desires to receive or renew a certificate of site approval must submit to the Board:
  - (a) An application for a certificate or for the renewal of a certificate, in a form approved by the Board;
  - (b) The fee for the inspection of a facility which is established by the Board pursuant to [NRS 631.345](#); and
  - (c) Written documentation which demonstrates that the ~~anesthesiologist or~~ dentist who is to be employed to administer the general anesthesia, deep sedation or ~~conscious sedation~~ *minimal or moderate sedation* holds an appropriate ~~license or~~ permit issued by the ~~appropriate~~ board in this State to administer such anesthesia or sedation ~~and, if the person to be employed is an anesthesiologist, that the anesthesiologist maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center approved by The Joint Commission.~~
3. Upon receipt of an application pursuant to this section, the Board will appoint one of its members or a representative of the Board to inspect the office of the applicant to determine whether the office complies with the requirements set forth in [NAC 631.2227](#), [631.2229](#) and [631.2231](#). The person conducting the inspection shall report his or her determination to the Board.
4. If the person conducting the inspection determines that the office of the applicant complies with the requirements of [NAC 631.2227](#), [631.2229](#) and [631.2231](#) and the applicant has otherwise met the requirements of this section, the Executive Director shall issue a certificate of site approval to the applicant.
5. *If the person conducting the inspection determines that the office of the applicant fails to comply with the requirements of [NAC 631.2227](#), [631.2229](#) and [631.2231](#), the person conducting the inspection shall report his or her recommendations of failing to the Executive Director of the Board as set forth in [NAC 631.2233](#) to [NAC 631.2235](#)*
5. A holder of a certificate of site approval shall maintain the information described in paragraph (c) of subsection 2 at his or her office at all times.
6. Each certificate of site approval issued by the Board must be renewed annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the certificate.



7. The Board may reinspect the office of the holder of a certificate of site approval at any time.

**NAC 631.2237 Procedures required before administration of anesthetic or sedation. ([NRS 631.190](#), [631.265](#))**

1. Written consent of the patient must be obtained before the administration of a general anesthetic, deep sedation or ~~conscious-sedation~~ *minimal or moderate sedation*, unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient. If the patient is a minor, the consent must be obtained from his or her parent or legal guardian.

2. A medical history must be taken before the administration of a general anesthetic, deep sedation or ~~conscious-sedation~~ *minimal or moderate sedation*. A patient should be asked to describe any current medical conditions or treatments, including, without limitation, medications, drug allergies, impending or past operations and pregnancy, and to give other information that may be helpful to the person administering the anesthetic or sedation. The dentist is not required to make a complete medical examination of the patient and draw medical diagnostic conclusions. If a dentist suspects a medical problem and calls in a physician for an examination and evaluation, he or she may then rely upon that conclusion and diagnosis. Questions asked of and answers received from the patient must be permanently recorded and signed by the patient before the administration of any general anesthetic, deep sedation or ~~conscious-sedation~~ *minimal or moderate sedation*, and this record must be a permanent part of the patient's record of treatment.

**NAC 631.2239 Properly equipped facility required; qualifications of auxiliary personnel. ([NRS 631.190](#), [631.265](#))**

1. A dentist using general anesthesia, deep sedation, ~~or conscious-sedation~~ *minimal or moderate sedation* shall maintain a properly equipped facility for the administration of the anesthesia or sedation which is staffed with supervised auxiliary personnel who are capable of reasonably handling procedures, problems and emergencies incident thereto.

2. A dentist using general anesthesia, deep sedation, ~~or conscious-sedation~~ *minimal or moderate sedation* shall ensure that his or her auxiliary personnel are certified in basic cardiopulmonary resuscitation by the American Heart Association.

**NAC 631.224 Employment of certified registered nurse anesthetist. ([NRS 631.190](#), [631.265](#))**

1. Any dentist who holds a general anesthesia permit pursuant to the provisions of [NAC 631.2211](#) to [631.2256](#), inclusive, may employ a certified registered nurse anesthetist to administer the general anesthesia, deep sedation, ~~or conscious-sedation~~ *minimal or moderate sedation* to a patient if the dentist is physically present and directly supervises the administration of the general anesthesia, deep sedation, ~~or conscious-sedation~~ *minimal or moderate sedation* to the patient. The holder of the permit must maintain at his or her office evidence in writing that the certified registered nurse anesthetist is licensed to practice in the State of Nevada and maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center which is certified by The Joint Commission.

2. Except as otherwise provided in [NAC 631.2236](#), a dentist who does not hold a general anesthesia permit may not allow any person to administer general anesthesia, deep sedation, ~~or~~

~~conscious sedation~~ *minimal or moderate sedation* to his or her patients unless the treatment is rendered within a facility approved by The Joint Commission.

**NAC 631.2241 Report of injuries to patients.** ([NRS 631.190](#), [631.265](#)) Each holder of a general anesthesia permit, ~~conscious sedation~~, *deep sedation, minimal or moderate sedation* permit or certificate of site approval shall submit to the Board a complete report regarding any mortality or unusual incident which occurs outside a facility accredited by The Joint Commission and produces permanent injury to a patient or requires the hospitalization of a patient, as a direct result of the administration of general anesthesia, deep sedation ~~or conscious sedation~~, *minimal or moderate sedation*. The report must be submitted within 30 days after the date of the incident. If a dentist fails to report any incident as required by this section, his or her permit may be revoked.

**NAC 631.2254 Temporary permits.** ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer ~~conscious sedation~~ *minimal or moderate sedation* to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

**NAC 631.2256 Continuing education required.** ([NRS 631.190](#), [631.265](#), [631.342](#)) Every 2 years, the holder of a general anesthesia permit ~~or conscious sedation~~, permit must complete at least 3 hours in courses of study that specifically relate to anesthesia or sedation, as applicable, before the permit may be renewed. This training will be credited toward any continuing education required by [NAC 631.173](#).



**ADA**  
**GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO**  
**DENTISTS AND DENTAL STUDENTS**

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## Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

### I. INTRODUCTION

The administration of local anesthesia, sedation and general anesthesia is an integral part of the practice of dentistry. The American Dental Association is committed to the safe and effective use of these modalities by appropriately educated and trained dentists.

Anxiety and pain control can be defined as the application of various physical, chemical and psychological modalities to the prevention and treatment of preoperative, operative and postoperative patient anxiety and pain to allow dental treatment to occur in a safe and effective manner. It involves all disciplines of dentistry and, as such, is one of the most important aspects of dental education. The intent of these *Guidelines* is to provide direction for the teaching of pain control and sedation to dentists and can be applied at all levels of dental education from predoctoral through continuing education. They are designed to teach initial competency in pain control and minimal and moderate sedation techniques.

These *Guidelines* recognize that many dentists have acquired a high degree of competency in the use of anxiety and pain control techniques through a combination of instruction and experience. It is assumed that this has enabled these teachers and practitioners to meet the educational criteria described in this document.

It is not the intent of the *Guidelines* to fit every program into the same rigid educational mold. This is neither possible nor desirable. There must always be room for innovation and improvement. They do, however, provide a reasonable measure of program acceptability, applicable to all institutions and agencies engaged in predoctoral and continuing education.

The curriculum in anxiety and pain control is a continuum of educational experiences that will extend over several years of the predoctoral program. It should provide the dental student with the knowledge and skills necessary to provide minimal sedation to alleviate anxiety and control pain without inducing detrimental physiological or psychological side effects. Dental schools whose goal is to have predoctoral students achieve competency in techniques such as local anesthesia and nitrous oxide inhalation and minimal sedation must meet all of the goals, prerequisites, didactic content, clinical experiences, faculty and facilities, as described in these *Guidelines*.

Techniques for the control of anxiety and pain in dentistry should include both psychological and pharmacological modalities. Psychological strategies should include simple relaxation techniques for the anxious patient and more comprehensive behavioral techniques to control pain. Pharmacological strategies should include not only local anesthetics but also sedatives, analgesics and other useful agents. Dentists should learn indications and techniques for administering these drugs enterally, parenterally and by inhalation as supplements to local anesthesia.

The predoctoral curriculum should provide instruction, exposure and/or experience in anxiety and pain control, including minimal and moderate sedation. The predoctoral program must also provide the knowledge and skill to enable students to recognize and manage any emergencies that might arise as a consequence of treatment. Predoctoral

dental students must complete a course in Basic Life Support for the Healthcare Provider. Though Basic Life Support courses are available online, any course taken online should be followed up with a hands-on component and be approved by the American Heart Association or the American Red Cross.

Local anesthesia is the foundation of pain control in dentistry. Although the use of local anesthetics in dentistry has a long record of safety, dentists must be aware of the maximum safe dosage limit for each patient, since large doses of local anesthetics may increase the level of central nervous system depression with sedation. The use of minimal and moderate sedation requires an understanding of local anesthesia and the physiologic and pharmacologic implications of the local anesthetic agents when combined with the sedative agents

The knowledge, skill and clinical experience required for the safe administration of deep sedation and/or general anesthesia are beyond the scope of predoctoral and continuing education programs. Advanced education programs that teach deep sedation and/or general anesthesia to competency have specific teaching requirements described in the Commission on Dental Accreditation requirements for those advanced programs and represent the educational and clinical requirements for teaching deep sedation and/or general anesthesia in dentistry.

The objective of educating dentists to utilize pain control, sedation and general anesthesia is to enhance their ability to provide oral health care. The American Dental Association urges dentists to participate regularly in continuing education update courses in these modalities in order to remain current.

All areas in which local anesthesia and sedation are being used must be properly equipped with suction, physiologic monitoring equipment, a positive pressure oxygen delivery system suitable for the patient being treated and emergency drugs. Protocols for the management of emergencies must be developed and training programs held at frequent intervals.

## II. DEFINITIONS

### Methods of Anxiety and Pain Control

**analgesia** — the diminution or elimination of pain.

**conscious sedation**<sup>1</sup> — a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.

**combination inhalation-enteral conscious sedation** (combined conscious sedation) — conscious sedation using inhalation and enteral agents.

1 Parenteral conscious sedation may be achieved with the administration of a single agent or by the administration of more than one agent.



When the intent is anxiolysis only, and the appropriate dosage of agents is administered, then the definition of enteral and/or combination inhalation-enteral conscious sedation (combined conscious sedation) does not apply.

**local anesthesia** — the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

*Note:* Although the use of local anesthetics is the foundation of pain control in dentistry and has a long record of safety, dentists must always be aware of the maximum, safe dosage limits for each patient. Large doses of local anesthetics in themselves may result in central nervous system depression especially in combination with sedative agents.

**minimal sedation** — a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond *normally* to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.<sup>2</sup>

*Note:* In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.

When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use.

The use of preoperative sedatives for children (aged 12 and under) prior to arrival in the dental office, except in extraordinary situations, must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

Children (aged 12 and under) can become moderately sedated despite the intended level of minimal sedation; should this occur, the guidelines for moderate sedation apply.

For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry *Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures*.

Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation.

Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

The following definitions apply to administration of minimal sedation:

**maximum recommended dose (MRD)** — maximum FDA-recommended dose of a drug as printed in FDA-approved labeling for unmonitored home use.

**incremental dosing** — administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

**supplemental dosing** — during minimal sedation, supplemental dosing is a single additional dose of the initial dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial total dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

**moderate sedation** — a drug-induced depression of consciousness during which patients respond *purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.<sup>3</sup>

*Note:* In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the dentist. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

The following definition applies to administration of moderate and deeper levels of sedation:

**titration** — administration of incremental doses of a drug until a desired effect is reached. Knowledge of each drug's time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

**deep sedation** — a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.<sup>3</sup>

**general anesthesia** — a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.<sup>3</sup>

3 Excerpted from *Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia*, 2004, of the American Society of Anesthesiologists (ASA). A copy of the full text can be obtained from ASA, 520 N. Northwest Highway, Park Ridge, IL 60068-2573.

Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.<sup>3</sup>

For all levels of sedation, the practitioner must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

### Routes of Administration

**enteral** — any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].

**parenteral** — a technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO)].

**transdermal** — a technique of administration in which the drug is administered by patch or iontophoresis through skin.

**transmucosal** — a technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal.

**inhalation** — a technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.

### Terms

**qualified dentist** — meets the educational requirements for the appropriate level of sedation in accordance with *Section III* of these *Guidelines*, or a dentist providing sedation and anesthesia in compliance with their state rules and/or regulations prior to adoption of this document.

**must/shall** — indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

**should** — indicates the recommended manner to obtain the standard; highly desirable.

**may** — indicates freedom or liberty to follow a reasonable alternative.

**continual** — repeated regularly and frequently in a steady succession.

**continuous** — prolonged without any interruption at any time.

**time-oriented anesthesia record** — documentation at appropriate time intervals of drugs, doses and physiologic data obtained during patient monitoring.

**immediately available** — on site in the facility and available for immediate use.



### Levels of Knowledge

**familiarity** — a simplified knowledge for the purpose of orientation and recognition of general principles.

**in-depth** — a thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

### Levels of Skill

**exposed** — the level of skill attained by observation of or participation in a particular activity.

**competent** — displaying special skill or knowledge derived from training and experience.

**proficient** — the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time (highest level of skill).

### American Society of Anesthesiologists (ASA) Patient Physical Status Classification<sup>4</sup>

**ASA I** — A normal healthy patient.

**ASA II** — A patient with mild systemic disease.

**ASA III** — A patient with severe systemic disease.

**ASA IV** — A patient with severe systemic disease that is a constant threat to life.

**ASA V** — A moribund patient who is not expected to survive without the operation.

**ASA VI** — A declared brain-dead patient whose organs are being removed for donor purposes.

**E** — Emergency operation of any variety (used to modify one of the above classifications, i.e., ASA IIIE).

### Education Courses

Education may be offered at different levels (competency, update, survey courses and advanced education programs). A description of these different levels follows:

- 1. Competency Courses** are designed to meet the needs of dentists who wish to become knowledgeable and proficient in the safe and effective administration of local anesthesia, minimal and moderate sedation. They consist of lectures, demonstrations and sufficient clinical participation to assure the faculty that the dentist understands the procedures taught and can safely and effectively apply them so that mastery of the subject is achieved. Faculty must assess and document the dentist's

### III. TEACHING PAIN CONTROL

competency upon successful completion of such training. To maintain competency, periodic update courses must be completed.

2. **Update Courses** are designed for persons with previous training. They are intended to provide a review of the subject and an introduction to recent advances in the field. They should be designed didactically and clinically to meet the specific needs of the participants. Participants must have completed previous competency training (equivalent, at a minimum, to the competency course described in this document) and have current experience to be eligible for enrollment in an update course.
3. **Survey Courses** are designed to provide general information about subjects related to pain control and sedation. Such courses should be didactic and not clinical in nature, since they are not intended to develop clinical competency.
4. **Advanced Education Courses** are a component of an advanced dental education program, accredited by the ADA Commission on Dental Accreditation in accord with the *Accreditation Standards* for advanced dental education programs. These courses are designed to prepare the graduate dentist or postdoctoral student in the most comprehensive manner to be knowledgeable and proficient in the safe and effective administration of minimal, moderate and deep sedation and general anesthesia.

These *Guidelines* present a basic overview of the recommendations for teaching pain control.

**A. General Objectives:** Upon completion of a predoctoral curriculum in pain control the dentist must:

1. Have an in-depth knowledge of those aspects of anatomy, physiology, pharmacology and psychology involved in the use of various anxiety and pain control methods;
2. Be competent in evaluating the psychological and physical status of the patient, as well as the magnitude of the operative procedure, in order to select the proper regimen;
3. Be competent in monitoring vital functions;
4. Be competent in prevention, recognition and management of related complications;
5. Be familiar with the appropriateness of and the indications for medical consultation or referral;
6. Be competent in the maintenance of proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs administered and patient response.

**B. Pain Control Curriculum Content:**

1. Philosophy of anxiety and pain control and patient management, including the nature and purpose of pain
2. Review of physiologic and psychologic aspects of anxiety and pain
3. Review of airway anatomy and physiology
4. Physiologic monitoring

- a. Observation
    - (1) Central nervous system
    - (2) Respiratory system
      - a. Oxygenation
      - b. Ventilation
    - (3) Cardiovascular system
  - b. Monitoring equipment
5. Pharmacologic aspects of anxiety and pain control
- a. Routes of drug administration
  - b. Sedatives and anxiolytics
  - c. Local anesthetics
  - d. Analgesics and antagonists
  - e. Adverse side effects
  - f. Drug interactions
  - g. Drug abuse
6. Control of preoperative and operative anxiety and pain
- a. Patient evaluation
    - (1) Psychological status
    - (2) ASA physical status
    - (3) Type and extent of operative procedure
  - b. Nonpharmacologic methods
    - (1) Psychological and behavioral methods
      - (a) Anxiety management
      - (b) Relaxation techniques
      - (c) Systematic desensitization
    - (2) Interpersonal strategies of patient management
    - (3) Hypnosis
    - (4) Electronic dental anesthesia
    - (5) Acupuncture/Acupressure
    - (6) Other
  - c. Local anesthesia
    - (1) Review of related anatomy, and physiology



- (2) Pharmacology
  - (a) Dosing
  - (b) Toxicity
  - (c) Selection of agents
- (3) Techniques of administration
  - (a) Topical
  - (b) Infiltration (supraperiosteal)
  - (c) Nerve block — maxilla—to include:
    - (i) Posterior superior alveolar
    - (ii) Infraorbital
    - (iii) Nasopalatine
    - (iv) Greater palatine
    - (v) Maxillary (2nd division)
    - (vi) Other blocks
  - (d) Nerve block — mandible—to include:
    - (i) Inferior alveolar-lingual
    - (ii) Mental-incisive
    - (iii) Buccal
    - (iv) Gow-Gates
    - (v) Closed mouth
  - (e) Alternative injections—to include:
    - (i) Periodontal ligament
    - (ii) Intraosseous

d. Prevention, recognition and management of complications and emergencies

**C. Sequence of Pain Control Didactic and Clinical Instruction:** Beyond the basic didactic instruction in local anesthesia, additional time should be provided for demonstrations and clinical practice of the injection techniques. The teaching of other methods of anxiety and pain control, such as the use of analgesics and enteral, inhalation and parenteral sedation, should be coordinated with a course in pharmacology. By this time the student also will have developed a better understanding of patient evaluation and the problems related to prior patient care. As part of this instruction, the student should be taught the techniques of venipuncture and physiologic monitoring. Time should be included for demonstration of minimal and moderate sedation techniques.

Following didactic instruction in minimal and moderate sedation, the student must receive sufficient clinical experience to demonstrate competency in those techniques

#### IV. TEACHING ADMINISTRATION OF MINIMAL SEDA- TION

in which the student is to be certified. It is understood that not all institutions may be able to provide instruction to the level of clinical competence in pharmacologic sedation modalities to all students. The amount of clinical experience required to achieve competency will vary according to student ability, teaching methods and the anxiety and pain control modality taught.

Clinical experience in minimal and moderate sedation techniques should be related to various disciplines of dentistry and not solely limited to surgical cases. Typically, such experience will be provided in managing healthy adult patients. The sedative care of pediatric patients and those with special needs requires advanced didactic and clinical training.

Throughout both didactic and clinical instruction in anxiety and pain control, psychological management of the patient should also be stressed. Instruction should emphasize that the need for sedative techniques is directly related to the patient's level of anxiety, cooperation, medical condition and the planned procedures.

- D. Faculty:** Instruction must be provided by qualified faculty for whom anxiety and pain control are areas of major proficiency, interest and concern.
- E. Facilities:** Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

The faculty responsible for curriculum in minimal sedation techniques must be familiar with the ADA Policy Statement: *Guidelines for the Use of Sedation and General Anesthesia by Dentists*, and the Commission on Dental Accreditation's *Accreditation Standards* for dental education programs.

These *Guidelines* present a basic overview of the recommendations for teaching minimal sedation. These include courses in nitrous oxide/oxygen sedation, enteral sedation, and combined inhalation/enteral techniques.

**General Objectives:** Upon completion of a competency course in minimal sedation, the dentist must be able to:

1. Describe the adult and pediatric anatomy and physiology of the respiratory, cardiovascular and central nervous systems, as they relate to the above techniques.
2. Describe the pharmacological effects of drugs.
3. Describe the methods of obtaining a medical history and conduct an appropriate physical examination.
4. Apply these methods clinically in order to obtain an accurate evaluation.
5. Use this information clinically for ASA classification and risk assessment.
6. Choose the most appropriate technique for the individual patient.
7. Use appropriate physiologic monitoring equipment.
8. Describe the physiologic responses that are consistent with minimal sedation.
9. Understand the sedation/general anesthesia continuum.

**Inhalation Sedation (Nitrous Oxide/Oxygen)**

**A. Inhalation Sedation Course Objectives:** Upon completion of a competency course in inhalation sedation techniques, the dentist must be able to:

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of inhalation sedation.
4. List and discuss the indications and contraindications of inhalation sedation.
5. List the complications associated with inhalation sedation.
6. Discuss the prevention, recognition and management of these complications.
7. Administer inhalation sedation to patients in a clinical setting in a safe and effective manner.
8. Discuss the abuse potential, occupational hazards and other untoward effects of inhalation agents.

**B. Inhalation Sedation Course Content:**

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of pediatric and adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of agents used in inhalation sedation, including drug interactions and incompatibilities.
7. Indications and contraindications for use of inhalation sedation.
8. Review of dental procedures possible under inhalation sedation.
9. Patient monitoring using observation and monitoring equipment, with particular attention to vital signs and reflexes related to pharmacology of nitrous oxide.
10. Importance of maintaining proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs and doses administered and patient response.
11. Prevention, recognition and management of complications and life-threatening situations.
12. Administration of local anesthesia in conjunction with inhalation sedation techniques.
13. Description and use of inhalation sedation equipment.
14. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.
15. Discussion of abuse potential.



**C. Inhalation Sedation Course Duration:** While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should be a minimum of *14 hours*, including a clinical component during which competency in inhalation sedation technique is achieved. The inhalation sedation course most often is completed as a part of the predoctoral dental education program. However, the course may be completed in a postdoctoral continuing education competency course.

**D. Participant Evaluation and Documentation of Inhalation Sedation Instruction:** Competency courses in inhalation sedation techniques must afford participants with sufficient clinical experience to enable them to achieve competency. This experience must be provided under the supervision of qualified faculty and must be evaluated. The course director must certify the competency of participants upon satisfactory completion of training. Records of the didactic instruction and clinical experience, including the number of patients treated by each participant must be maintained and available.

**E. Faculty:** The course should be directed by a dentist or physician qualified by experience and training. This individual should have had at least three years of experience, including the individual's formal postdoctoral training in anxiety and pain control. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, and cardiologists and psychologists, should be encouraged.

A participant-faculty ratio of not more than ten-to-one when inhalation sedation is being used allows for adequate supervision during the clinical phase of instruction; a one-to-one ratio is recommended during the early state of participation.

The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

**F. Facilities:** Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

### Enteral and/or Combination Inhalation-enteral Minimal Sedation

#### A. Enteral and/or Combination Inhalation-enteral Minimal Sedation Course

**Objectives:** Upon completion of a competency course in enteral and/or combination inhalation-enteral minimal sedation techniques, the dentist must be able to:

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
4. List and discuss the indications and contraindications for the use of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
5. List the complications associated with enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
6. Discuss the prevention, recognition and management of these complications.

7. Administer enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation) to patients in a clinical setting in a safe and effective manner.
8. Discuss the abuse potential, occupational hazards and other effects of enteral and inhalation agents.
9. Discuss the pharmacology of the enteral and inhalation drugs selected for administration.
10. Discuss the precautions, contraindications and adverse reactions associated with the enteral and inhalation drugs selected.
11. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for management of life-threatening situations.
12. Demonstrate the ability to manage life-threatening emergency situations, including current certification in Basic Life Support for Healthcare Providers.
13. Discuss the pharmacological effects of combined drug therapy, their implications and their management. Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

**B. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Content:**

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological profiling.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of pediatric and adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of agents used in enteral and/or combination inhalation-enteral minimal sedation, including drug interactions and incompatibilities.
7. Indications and contraindications for use of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
8. Review of dental procedures possible under enteral and/or combination inhalation-enteral minimal sedation).
9. Patient monitoring using observation, monitoring equipment, with particular attention to vital signs and reflexes related to consciousness.
10. Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time-oriented anesthesia record, including the names of all drugs administered including local anesthetics, doses, and monitored physiological parameters.

11. Prevention, recognition and management of complications and life-threatening situations.
12. Administration of local anesthesia in conjunction with enteral and/or combination inhalation-enteral minimal sedation techniques.
13. Description and use of inhalation sedation equipment.
14. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.
15. Discussion of abuse potential.

#### **C. Enteral and/or Combination Inhalation-enteral Minimal Sedation Course**

**Duration:** Participants must be able to document current certification in Basic Life Support for Healthcare Providers and have completed a nitrous oxide competency course to be eligible for enrollment in this course. While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should include a minimum of *16 hours*, plus clinically-oriented experiences during which competency in enteral and/or combined inhalation-enteral minimal sedation techniques is demonstrated. Clinically-oriented experiences may include group observations on patients undergoing enteral and/or combination inhalation-enteral minimal sedation. Clinical experience in managing a compromised airway is critical to the prevention of life-threatening emergencies. The faculty should schedule participants to return for additional clinical experience if competency has not been achieved in the time allotted. The educational course may be completed in a predoctoral dental education curriculum or a postdoctoral continuing education competency course.

**These *Guidelines* are not intended for the management of enteral and/or combination inhalation-enteral minimal sedation in children, which requires additional course content and clinical learning experience.**

**D. Participant Evaluation and Documentation of Instruction:** Competency courses in combination inhalation-enteral minimal sedation techniques must afford participants with sufficient clinical understanding to enable them to achieve competency. The course director must certify the competency of participants upon satisfactory completion of the course. Records of the course instruction must be maintained and available.

**E. Faculty:** The course should be directed by a dentist or physician qualified by experience and training. This individual should have had at least three years of experience, including the individual's formal postdoctoral training in anxiety and pain control. Dental faculty with broad clinical experience in the particular aspect of the subject under consideration should participate. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, and cardiologists and psychologists, should be encouraged. The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

**F. Facilities:** Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.



V. TEACHING  
ADMINISTRATION OF  
MODERATE SEDATION

These *Guidelines* present a basic overview of the requirements for a competency course in moderate sedation. These include courses in enteral moderate sedation and parenteral moderate sedation. The teaching guidelines contained in this section on moderate sedation differ slightly from documents in medicine to reflect the differences in delivery methodologies and practice environment in dentistry. For this reason, separate teaching guidelines have been developed for moderate enteral and moderate parenteral sedation.

**A. Course Objectives:** Upon completion of a course in moderate sedation, the dentist must be able to:

1. List and discuss the advantages and disadvantages of moderate sedation.
2. Discuss the prevention, recognition and management of complications associated with moderate sedation.
3. Administer moderate sedation to patients in a clinical setting in a safe and effective manner.
4. Discuss the abuse potential, occupational hazards and other untoward effects of the agents utilized to achieve moderate sedation.
5. Describe and demonstrate the technique of intravenous access, intramuscular injection and other parenteral techniques.
6. Discuss the pharmacology of the drug(s) selected for administration.
7. Discuss the precautions, indications, contraindications and adverse reactions associated with the drug(s) selected.
8. Administer the selected drug(s) to dental patients in a clinical setting in a safe and effective manner.
9. List the complications associated with techniques of moderate sedation.
10. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for the prevention and management of emergency situations.
11. Discuss principles of advanced cardiac life support or an appropriate dental sedation/anesthesia emergency course equivalent.
12. Demonstrate the ability to manage emergency situations.

**B. Moderate Sedation Course Content:**

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of pediatric and adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications.

7. Indications and contraindications for use of moderate sedation.
8. Review of dental procedures possible under moderate sedation.
9. Patient monitoring using observation and monitoring equipment, with particular attention to vital signs and reflexes related to consciousness.
10. Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time-oriented anesthesia record, including the names of all drugs administered including local anesthetics, doses, and monitored physiological parameters.
11. Prevention, recognition and management of complications and emergencies.
12. Description and use of moderate sedation monitors and equipment.
13. Discussion of abuse potential.
14. Intravenous access: anatomy, equipment and technique.
15. Prevention, recognition and management of complications of venipuncture and other parenteral techniques.
16. Description and rationale for the technique to be employed.
17. Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.

**C. Moderate Enteral Sedation Course Duration:** A minimum of *24 hours* of instruction, plus management of at least *10 adult case experiences* by the enteral and/or enteral-nitrous oxide/oxygen route are required to achieve competency. These ten cases must include at least three live clinical dental experiences managed by participants in groups no larger than five. The remaining cases may include simulations and/or video presentations, but must include one experience in returning (rescuing) a patient from deep to moderate sedation. Participants combining enteral moderate sedation with nitrous oxide-oxygen must have first completed a nitrous oxide competency course.

Participants should be provided supervised opportunities for clinical experience to demonstrate competence in airway management. Clinical experience will be provided in managing healthy adult patients; **this course in moderate enteral sedation is not designed for the management of children (aged 12 and under)**. Additional supervised clinical experience is necessary to prepare participants to manage medically compromised adults and special needs patients. This course in moderate enteral sedation does not result in competency in moderate parenteral sedation. The faculty should schedule participants to return for additional didactic or clinical exposure if competency has not been achieved in the time allotted.

**Moderate Parenteral Sedation Course Duration:** A minimum of *60 hours* of instruction, plus management of *at least 20 patients* by the intravenous route per participant, is required to achieve competency in moderate sedation techniques. Participants combining parenteral moderate sedation with nitrous oxide-oxygen must have first completed a nitrous oxide competency course.

Clinical experience in managing a compromised airway is critical to the prevention of emergencies. Participants should be provided supervised opportunities for clinical experience to demonstrate competence in management of the airway. Typically, clinical experience will be provided in managing healthy adult patients.

**Additional supervised clinical experience is necessary to prepare participants to manage children (aged 12 and under) and medically compromised adults.** Successful completion of this course does result in clinical competency in moderate parenteral sedation. The faculty should schedule participants to return for additional clinical experience if competency has not been achieved in the time allotted.

**D. Participant Evaluation and Documentation of Instruction: Competency courses in moderate** sedation techniques must afford participants with sufficient clinical experience to enable them to achieve competency. This experience must be provided under the supervision of qualified faculty and must be evaluated. The course director must certify the competency of participants upon satisfactory completion of training in each moderate sedation technique, including instruction, clinical experience and airway management. Records of the didactic instruction and clinical experience, including the number of patients managed by each participant in each anxiety and pain control modality must be maintained and available for review.

**E. Faculty:** The course should be directed by a dentist or physician qualified by experience and training. This individual should have had at least three years of experience, including formal postdoctoral training in anxiety and pain control. Dental faculty with broad clinical experience in the particular aspect of the subject under consideration should participate. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, cardiologists and psychologists, should be encouraged.

A participant-faculty ratio of not more than five-to-one when moderate enteral sedation is being taught allows for adequate supervision during the clinical phase of instruction. A participant-faculty ratio of not more than three-to-one when moderate parenteral sedation is being taught allows for adequate supervision during the clinical phase of instruction; a one-to-one ratio is recommended during the early stage of participation.

The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

**F. Facilities:** Competency courses in moderate sedation must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies. These facilities may include dental and medical schools/offices, hospitals and surgical centers.



## V. ADDITIONAL SOURCES OF INFORMATION

American Dental Association. Example of a time oriented anesthesia record at ADA.org.

American Academy of Pediatric Dentistry (AAPD). *Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update*. Developed through a collaborative effort between the American Academy of Pediatrics and the AAPD. Available at [www.aapd.org/policies](http://www.aapd.org/policies).

~~American Academy of Periodontology (AAP). *Guidelines: In-Office Use of Conscious Sedation in Periodontics*. Available at [www.perio.org/resources-products/posppr3-4.html](http://www.perio.org/resources-products/posppr3-4.html). The AAP rescinded this policy in 2008.~~

American Association of Oral and Maxillofacial Surgeons (AAOMS). *Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParPath o1) Anesthesia in Outpatient Facilities*. Contact AAOMS at 847.678.6200 or visit [www.aaoms.org/index.php](http://www.aaoms.org/index.php).

American Association of Oral and Maxillofacial Surgeons (AAOMS). *Office Anesthesia Evaluation Manual 7th Edition*. Contact AAOMS at 847.678.6200 or visit [www.aaoms.org/index.php](http://www.aaoms.org/index.php).

American Society of Anesthesiologists (ASA). *Practice Guidelines for Preoperative Fasting and the Use of Pharmacological Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures*. Available at <https://ecommerce.asahq.org/p-178-practice-guidelines-for-preoperative-fasting.aspx>.

American Society of Anesthesiologists (ASA). *Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists*. Available at [www.asahq.org/Home/For-Members/Practice-Management/Practice-Parameters#sedation](http://www.asahq.org/Home/For-Members/Practice-Management/Practice-Parameters#sedation).

The ASA has other anesthesia resources that might be of interest to dentists. For more information, go to [www.asahq.org/publicationsAndServices/sgstoc.htm](http://www.asahq.org/publicationsAndServices/sgstoc.htm).

Commission on Dental Accreditation (CODA). *Accreditation Standards for Predoctoral and Advanced Dental Education Programs*. Available at [ADA.org/115.aspx](http://ADA.org/115.aspx).

National Institute for Occupational Safety and Health (NIOSH). *Controlling Exposures to Nitrous Oxide During Anesthetic Administration* (NIOSH Alert: 1994 Publication No. 94-100). Available at [www.cdc.gov/niosh/docs/94-100/](http://www.cdc.gov/niosh/docs/94-100/).

Dionne, Raymond A.; Yagiela, John A., et al. Balancing efficacy and safety in the use of oral sedation in dental outpatients. *JADA* 2006;137(4):502-13. ADA members can access this article online at [jada.ada.org/cgi/content/full/137/4/502](http://jada.ada.org/cgi/content/full/137/4/502).

**ADA**

**GUIDELINES FOR THE USE OF SEDATION AND GENERAL ANESTHESIA  
BY DENTISTS**

## Guidelines for the Use of Sedation and General Anesthesia by Dentists

### I. INTRODUCTION

The administration of local anesthesia, sedation and general anesthesia is an integral part of dental practice. The American Dental Association is committed to the safe and effective use of these modalities by appropriately educated and trained dentists. The purpose of these guidelines is to assist dentists in the delivery of safe and effective sedation and anesthesia.

Dentists providing sedation and anesthesia in compliance with their state rules and/or regulations prior to adoption of this document are not subject to *Section III, Educational Requirements*.

### II. DEFINITIONS

#### Methods of Anxiety and Pain Control

**analgesia** — the diminution or elimination of pain.

**conscious sedation**<sup>1</sup> — a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.

**combination inhalation-enteral conscious sedation** (combined conscious sedation) — conscious sedation using inhalation and enteral agents.

When the intent is anxiolysis only, and the appropriate dosage of agents is administered, then the definition of enteral and/or combination inhalation-enteral conscious sedation (combined conscious sedation) does not apply.

**local anesthesia** — the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

*Note:* Although the use of local anesthetics is the foundation of pain control in dentistry and has a long record of safety, dentists must be aware of the maximum, safe dosage limits for each patient. Large doses of local anesthetics in themselves may result in central nervous system depression, especially in combination with sedative agents.

**minimal sedation** — a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.<sup>2</sup>

1 Parenteral conscious sedation may be achieved with the administration of a single agent or by the administration of more than one agent.

2 Portions excerpted from *Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia*, 2004, of the American Society of Anesthesiologists (ASA). A copy of the full text can be obtained from ASA, 520 N. Northwest Highway, Park Ridge, IL 60068-2573.



*Note:* In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.

**When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use.**

**The use of preoperative sedatives for children (aged 12 and under) prior to arrival in the dental office, except in extraordinary situations, must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals.**

**Children (aged 12 and under) can become moderately sedated despite the intended level of minimal sedation; should this occur, the guidelines for moderate sedation apply.**

**For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry *Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures*.**

**Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation.**

**Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.**

The following definitions apply to administration of minimal sedation:

**maximum recommended (MRD)** — maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use.

**incremental dosing** — administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

**supplemental dosing** — during minimal sedation, supplemental dosing is a single additional dose of the initial dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

**moderate sedation** — a drug-induced depression of consciousness during which patients respond *purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.<sup>3</sup>

*Note:* In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the dentist. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

The following definition applies to the administration of moderate or greater sedation:

**titration** — administration of incremental doses of a drug until a desired effect is reached. Knowledge of each drug's time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

**deep sedation** — a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.<sup>3</sup>

**general anesthesia** — a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.<sup>3</sup>

For all levels of sedation, the practitioner must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

### Routes of Administration

**enteral** — any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].

**parenteral** — a technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO)].

**transdermal** — a technique of administration in which the drug is administered by patch or iontophoresis through skin.

**transmucosal** — a technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal.

**inhalation** — a technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.

### Terms

**qualified dentist** — meets the educational requirements for the appropriate level of sedation in accordance with Section III of these *Guidelines*, or a dentist providing sedation and anesthesia in compliance with their state rules and/or regulations prior to adoption of this document.

**must/shall** — indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

**should** — indicates the recommended manner to obtain the standard; highly desirable.

**may** — indicates freedom or liberty to follow a reasonable alternative.

**continual** — repeated regularly and frequently in a steady succession.

**continuous** — prolonged without any interruption at any time.

**time-oriented anesthesia record** — documentation at appropriate time intervals of drugs, doses and physiologic data obtained during patient monitoring.

**immediately available** — on site in the facility and available for immediate use.

### American Society of Anesthesiologists (ASA) Patient Physical Status Classification<sup>4</sup>

**ASA I** — A normal healthy patient.

**ASA II** — A patient with mild systemic disease.

**ASA III** — A patient with severe systemic disease.

**ASA IV** — A patient with severe systemic disease that is a constant threat to life.

**ASA V** — A moribund patient who is not expected to survive without the operation.



### III. EDUCATIONAL REQUIREMENTS

**ASA VI** — A declared brain-dead patient whose organs are being removed for donor purposes.

**E** — Emergency operation of any variety (used to modify one of the above classifications, i.e., ASA III-E).

#### A. Minimal Sedation

1. To administer minimal sedation the dentist must have successfully completed:
  - a. Training to the level of competency in minimal sedation consistent with that prescribed in the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, or a comprehensive training program in moderate sedation that satisfies the requirements described in the *Moderate Sedation* section of the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* at the time training was commenced,  
*or*
  - b. An advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage minimal sedation commensurate with these guidelines;  
*and*
  - c. A current certification in Basic Life Support for Healthcare Providers.
2. Administration of minimal sedation by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support for Healthcare Providers.

#### B. Moderate Sedation

1. To administer moderate sedation, the dentist must have successfully completed:
  - a. A comprehensive training program in moderate sedation that satisfies the requirements described in the Moderate Sedation section of the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* at the time training was commenced,  
*or*
  - b. An advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage moderate sedation commensurate with these guidelines;  
*and*
  - c. 1) A current certification in Basic Life Support for Healthcare Providers and  
2) Either current certification in Advanced Cardiac Life Support (ACLS) or completion of an appropriate dental sedation/anesthesia emergency management course on the same recertification cycle that is required for ACLS.

2. Administration of moderate sedation by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support for Healthcare Providers.

### C. Deep Sedation or General Anesthesia

1. To administer deep sedation or general anesthesia, the dentist must have completed:
  - a. An advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with *Part IV.C* of these guidelines;  
*and*
  - b. 1) A current certification in Basic Life Support for Healthcare Providers and  
2) Either current certification in Advanced Cardiac Life Support (ACLS) or completion of an appropriate dental sedation/anesthesia emergency management course on the same re-certification cycle that is required for ACLS.
2. Administration of deep sedation or general anesthesia by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support (BLS) Course for the Healthcare Provider.

**For all levels of sedation and anesthesia, dentists, who are currently providing sedation and anesthesia in compliance with their state rules and/or regulations prior to adoption of this document, are not subject to these educational requirements. However, all dentists providing sedation and general anesthesia in their offices or the offices of other dentists should comply with the Clinical Guidelines in this document.**

## IV. CLINICAL GUIDELINES

### A. Minimal sedation

#### 1. Patient Evaluation

Patients considered for minimal sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

#### 2. Pre-Operative Preparation

- The patient, parent, guardian or care giver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained.
- Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.
- Baseline vital signs must be obtained unless the patient's behavior prohibits such determination.

- A focused physical evaluation must be performed as deemed appropriate.
- Preoperative dietary restrictions must be considered based on the sedative technique prescribed.
- Pre-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.

### 3. Personnel and Equipment Requirements

#### Personnel:

- At least one additional person trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist.

#### Equipment:

- A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.
- When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either (1) a functioning device that prohibits the delivery of less than 30% oxygen or (2) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.
- An appropriate scavenging system must be available if gases other than oxygen or air are used.

### 4. Monitoring and Documentation

**Monitoring:** A dentist, or at the dentist's direction, an appropriately trained individual, must remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include:

#### • Oxygenation:

- Color of mucosa, skin or blood must be evaluated continually.
- Oxygen saturation by pulse oximetry may be clinically useful and should be considered.

#### • Ventilation:

- The dentist and/or appropriately trained individual must observe chest excursions continually.
- The dentist and/or appropriately trained individual must verify respirations continually.

#### • Circulation:

- Blood pressure and heart rate should be evaluated pre-operatively, post-operatively and intraoperatively as necessary (unless the patient is unable to tolerate such monitoring).

**Documentation:** An appropriate sedative record must be maintained, including the names of all drugs administered, including local anesthetics, dosages, and monitored physiological parameters.



## 5. Recovery and Discharge

- Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.
- The qualified dentist or appropriately trained clinical staff must monitor the patient during recovery until the patient is ready for discharge by the dentist.
- The qualified dentist must determine and document that level of consciousness, oxygenation, ventilation and circulation are satisfactory prior to discharge.
- Post-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.

## 6. Emergency Management

- If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation.
- The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of minimal sedation and providing the equipment and protocols for patient rescue.

## 7. Management of Children

For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry *Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures*.

## B. Moderate Sedation

### 1. Patient Evaluation

Patients considered for moderate sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this should consist of at least a review of their current medical history and medication use. However, patients with significant medical considerations (e.g., ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

### 2. Pre-operative Preparation

- The patient, parent, guardian or care giver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained.
- Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.
- Baseline vital signs must be obtained unless the patient's behavior prohibits such determination.
- A focused physical evaluation must be performed as deemed appropriate.
- Preoperative dietary restrictions must be considered based on the sedative technique prescribed.

- Pre-operative verbal or written instructions must be given to the patient, parent, escort, guardian or care giver.

### 3. Personnel and Equipment Requirements

#### **Personnel:**

- At least one additional person trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist.

#### **Equipment:**

- A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.
- When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either (1) a functioning device that prohibits the delivery of less than 30% oxygen or (2) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.
- An appropriate scavenging system must be available if gases other than oxygen or air are used.
- The equipment necessary to establish intravenous access must be available.

### 4. Monitoring and Documentation

**Monitoring:** A qualified dentist administering moderate sedation must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for recovery. When active treatment concludes and the patient recovers to a minimally sedated level a qualified auxiliary may be directed by the dentist to remain with the patient and continue to monitor them as explained in the guidelines until they are discharged from the facility. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility. Monitoring must include:

#### **• Consciousness:**

- Level of consciousness (e.g., responsiveness to verbal command) must be continually assessed.

#### **• Oxygenation:**

- Color of mucosa, skin or blood must be evaluated continually.
- Oxygen saturation must be evaluated by pulse oximetry continuously.

#### **• Ventilation:**

- The dentist must observe chest excursions continually.
- The dentist must monitor ventilation. This can be accomplished by auscultation of breath sounds, monitoring end-tidal CO<sub>2</sub> or by verbal communication with the patient.

#### **• Circulation:**

- The dentist must continually evaluate blood pressure and heart rate (unless the patient is unable to tolerate and this is noted in the time-oriented anesthesia record).

- Continuous ECG monitoring of patients with significant cardiovascular disease should be considered.

**Documentation:**

- Appropriate time-oriented anesthetic record must be maintained, including the names of all drugs, dosages and their administration times, including local anesthetics, dosages and monitored physiological parameters. (See *Additional Sources of Information* for sample of a time-oriented anesthetic record).
- Pulse oximetry, heart rate, respiratory rate, blood pressure and level of consciousness must be recorded continually.

**5. Recovery and Discharge**

- Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.
- The qualified dentist or appropriately trained clinical staff must continually monitor the patient's blood pressure, heart rate, oxygenation and level of consciousness.
- The qualified dentist must determine and document that level of consciousness; oxygenation, ventilation and circulation are satisfactory for discharge.
- Post-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.
- If a pharmacological reversal agent is administered before discharge criteria have been met, the patient must be monitored for a longer period than usual before discharge, since re-sedation may occur once the effects of the reversal agent have waned.

**6. Emergency Management**

- If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation.
- The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation and providing the equipment, drugs and protocol for patient rescue.

**7. Management of Children**

For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry *Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures*.

**C. Deep Sedation or General Anesthesia**

**1. Patient Evaluation**

Patients considered for deep sedation or general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this must consist of at least a review of their current medical history and medication use and NPO status. However, patients with significant medical

considerations (e.g., ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

## 2. Pre-operative Preparation

- The patient, parent, guardian or care giver must be advised regarding the procedure associated with the delivery of any sedative or anesthetic agents and informed consent for the proposed sedation/anesthesia must be obtained.
- Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.
- Baseline vital signs must be obtained unless the patient's behavior prohibits such determination.
- A focused physical evaluation must be performed as deemed appropriate.
- Preoperative dietary restrictions must be considered based on the sedative/anesthetic technique prescribed.
- Pre-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.
- An intravenous line, which is secured throughout the procedure, must be established except as provided in *Part IV. C.6. Pediatric and Special Needs Patients*.

## 3. Personnel and Equipment Requirements

**Personnel:** A minimum of three (3) individuals must be present.

- A dentist qualified in accordance with *Part III. C.* of these *Guidelines* to administer the deep sedation or general anesthesia.
- Two additional individuals who have current certification of successfully completing a Basic Life Support (BLS) Course for the Healthcare Provider.
- When the same individual administering the deep sedation or general anesthesia is performing the dental procedure, one of the additional appropriately trained team members must be designated for patient monitoring.

### Equipment:

- A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.
- When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either (1) a functioning device that prohibits the delivery of less than 30% oxygen or (2) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.
- An appropriate scavenging system must be available if gases other than oxygen or air are used.
- The equipment necessary to establish intravenous access must be available.
- Equipment and drugs necessary to provide advanced airway management, and advanced cardiac life support must be immediately available.
- If volatile anesthetic agents are utilized, a capnograph must be utilized and an inspired agent analysis monitor should be considered.
- Resuscitation medications and an appropriate defibrillator must be immediately available.



#### 4. Monitoring and Documentation

**Monitoring:** A qualified dentist administering deep sedation or general anesthesia must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for recovery. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility. Monitoring must include:

- **Oxygenation:**

- Color of mucosa, skin or blood must be continually evaluated.
- Oxygenation saturation must be evaluated continuously by pulse oximetry.

- **Ventilation:**

- Intubated patient: end-tidal CO<sub>2</sub> must be continuously monitored and evaluated.
- Non-intubated patient: Breath sounds via auscultation and/or end-tidal CO<sub>2</sub> must be continually monitored and evaluated.
- Respiration rate must be continually monitored and evaluated.

- **Circulation:**

- The dentist must continuously evaluate heart rate and rhythm via ECG throughout the procedure, as well as pulse rate via pulse oximetry.
- The dentist must continually evaluate blood pressure.

- **Temperature:**

- A device capable of measuring body temperature must be readily available during the administration of deep sedation or general anesthesia.
- The equipment to continuously monitor body temperature should be available and must be performed whenever triggering agents associated with malignant hyperthermia are administered.

**Documentation:**

- Appropriate time-oriented anesthetic record must be maintained, including the names of all drugs, dosages and their administration times, including local anesthetics and monitored physiological parameters. (See *Additional Sources of Information* for sample of a time-oriented anesthetic record)
- Pulse oximetry and end-tidal CO<sub>2</sub> measurements (if taken), heart rate, respiratory rate and blood pressure must be recorded continually.

#### 5. Recovery and Discharge

- Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.
- The dentist or clinical staff must continually monitor the patient's blood pressure, heart rate, oxygenation and level of consciousness.
- The dentist must determine and document that level of consciousness; oxygenation, ventilation and circulation are satisfactory for discharge.
- Post-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.

#### 6. Pediatric Patients and Those with Special Needs

Because many dental patients undergoing deep sedation or general anesthesia are mentally and/or physically challenged, it is not always possible to have a comprehensive physical examination or appropriate laboratory tests prior to administering care. When these situations occur, the dentist responsible for administering the deep sedation or general anesthesia should document the reasons preventing the recommended preoperative management.

In selected circumstances, deep sedation or general anesthesia may be utilized without establishing an indwelling intravenous line. These selected circumstances may include very brief procedures or periods of time, which, for example, may occur in some pediatric patients; or the establishment of intravenous access after deep sedation or general anesthesia has been induced because of poor patient cooperation.

#### 7. Emergency Management

The qualified dentist is responsible for sedative/anesthetic management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of deep sedation or general anesthesia and providing the equipment, drugs and protocols for patient rescue.

## V. ADDITIONAL SOURCES OF INFORMATION

American Dental Association. Example of a time oriented anesthesia record at ADA.org.

American Academy of Pediatric Dentistry (AAPD). *Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update*. Developed through a collaborative effort between the American Academy of Pediatrics and the AAPD. Available at [www.aapd.org/policies](http://www.aapd.org/policies).

~~American Academy of Periodontology (AAP). *Guidelines: In-Office Use of Conscious Sedation in Periodontics*. Available at [www.perio.org/resources-products/posppr3-4.html](http://www.perio.org/resources-products/posppr3-4.html). The AAP rescinded this policy in 2008.~~

American Association of Oral and Maxillofacial Surgeons (AAOMS). *Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParPath o1) Anesthesia in Outpatient Facilities*. Contact AAOMS at 847.678.6200 or visit [www.aaoms.org/index.php](http://www.aaoms.org/index.php).

American Association of Oral and Maxillofacial Surgeons (AAOMS). *Office Anesthesia Evaluation Manual 7th Edition*. Contact AAOMS at 847.678.6200 or visit [www.aaoms.org/index.php](http://www.aaoms.org/index.php).

American Society of Anesthesiologists (ASA). *Practice Guidelines for Preoperative Fasting and the Use of Pharmacological Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures*. Available at <https://ecommerce.asahq.org/p-178-practice-guidelines-for-preoperative-fasting.aspx>.

American Society of Anesthesiologists (ASA). *Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists*. Available at [www.asahq.org/publicationsAndServices/practiceparam.htm#sedation](http://www.asahq.org/publicationsAndServices/practiceparam.htm#sedation). The ASA has other anesthesia resources that might be of interest to dentists. For more information, go to [www.asahq.org/publicationsAndServices/sgstoc.htm](http://www.asahq.org/publicationsAndServices/sgstoc.htm).

Commission on Dental Accreditation (CODA). *Accreditation Standards for Predoctoral and Advanced Dental Education Programs*. Available at [ADA.org/115.aspx](http://ADA.org/115.aspx).

National Institute for Occupational Safety and Health (NIOSH). *Controlling Exposures to Nitrous Oxide During Anesthetic Administration* (NIOSH Alert: 1994 Publication No. 94-100). Available at [www.cdc.gov/niosh/docs/94-100/](http://www.cdc.gov/niosh/docs/94-100/).

Dionne, Raymond A.; Yagiela, John A., et al. Balancing efficacy and safety in the use of oral sedation in dental outpatients. *JADA* 2006;137(4):502-13. ADA members can access this article online at [jada.ada.org/cgi/content/full/137/4/502](http://jada.ada.org/cgi/content/full/137/4/502).



NEVADA STATE BOARD OF DENTAL EXAMINERS  
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Video Conferencing for this meeting is available at the Nevada State Board of Medical Examiners located at  
1105 Terminal Way, Suite 301, Reno, Nevada 89502

**DRAFT Minutes**

Friday July 31, 2015  
9:03 a.m.

**Board Meeting**

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

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

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

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

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

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

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

Public Attendees: Stacie Hummel, Board Accountant; Annette Lincicome, NDHA; Jesse Falk, Canyon OFS; Matt Krieger, Canyon OFS; Kelly Taylor, RDH, NDHA; Erin Wilson, RDH; Scott Brooksby, Las Vegas Dental Association; Richard Dragon, NDA; Bill Rohel, PPSS.

**2. Public Comment:** (Public Comment is limited to five (5) minutes for each individual) Dr. Scott Brooksby attempted to lodge a formal verbal complaint against Mr. Hunt. Mr. Hunt immediately attempted to stop Dr. Brooksby's comments and advised Dr. Brooksby that he must go through the appropriate entities to file a formal complaint. Dr. Pinther, reiterated to Dr. Brooksby that his comments were inappropriate and that he must file a complaint through the correct and appropriate entities.



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

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

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

- (1) Budget & Finance Committee Meeting-06/16/2015
- (2) Board Meeting-06/19/2015

MOTION: Ms. Guillen made the motion to accept the minutes. Motion seconded by Mrs. Villigan. All were in favor of the motion.

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

- (1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for fiscal period July 1, 2014 through May 31, 2015 (For Possible Action)

Mrs. Shaffer-Kugel indicated that Mrs. Hummel was present to answer any questions. Mrs. Hummel went over the Boards' financials. Mrs. Hummel indicated that the Board was receiving more WREB applications than ADEX applications. Mrs. Shaffer elaborated that many of the dental students were electing to take the WREB exam due to an issue with the ADEX exam where one candidate failed a portion and wasn't given his opportunity to retake the exam the same university, which incurred fees for the student to travel out of state. Therefore, more students at UNLV School of Dental Medicine have elected to take WREB. It was noted that the Board does 100% of the background checks and they have absorbed the costs in doing so.

- (2) Approval of Proposed FY2016 Budget as Recommended by the Budget & Finance Committee (For Possible Action)

Mrs. Shaffer-Kugel indicated that Mrs. Hummel went over the proposed budget for FY2016. Mrs. Hummel gave a report of how the proposed budget was developed. She explained how the percentages of average increases, and uses years to predict future expenses, etc. She explained that there are fixed expenses and variable expenses. She added that dental renewals fees saw a significant increase. She went over the expenses and increases that the Board will see in the upcoming FY. She indicated that she moved some items, especially some DSO expenses; Investigations and complaints budgets. Dr. Sill commented that the board needs to see that they adopt a regulation change to require that licensees submit an email address to the Board. Mrs. Shaffer-Kugel commented to the Board that anyone that renews in paper form with the Medical board incurs a fee in addition to the renewal fees. Board discussed potentially requiring licensees to provide an email address to the Board. Mrs. Shaffer-Kugel indicated that she can post as part of a the dental hygiene and dental assistants workshop a regulation change to require email addresses.

Mrs. Shaffer-Kugel indicated that they were looking into other companies that offer similar services to GL Suites, especially since there fees were increasing by 9%. Mrs. Villigan commented to that Board that she noticed that there are two staff members where their salary is actually less, that all other staff members were seeing an increase; one being the Credentialing Coordinator. She inquired if the projected amounts included a bonus and if the budgeted amount did not? Mrs. Hummel stated that the differences were due to the way the salaries are projected now on merit increases. Mrs. Hummel indicated that the Board will be looking at adding another account because there are too many funds sitting in the account currently. Dr. Miller inquired if the Board could look into another account that perhaps will gain a better interest. Mr. Hunt indicated that there are certain limitations on how the Boards and Commissions can invest. Per Dr. Miller's inquiry, Mrs. Hummel indicated that the Board conducts an annual audit.

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

71 \*c. Office Equipment-(For Possible Action)

72  
73 (1) Approval to purchase new Video Conference Equipment (For possible Action)

74  
75 Mrs. Shaffer-Kugel went over the video Conference Equipment proposal and what it entailed. She added that the  
76 system being proposed was a better system than what the Board currently has.

77  
78 MOTION: Dr. Miller made the motion to approve. Motion was seconded by Dr. Pisani. All were in favor of the  
79 motion.

80  
81 \*d. Travel-NRS 631.190 (For Possible Action)

82  
83 (1) AADB/AADA Meeting November 1-4, 2015 in Washington DC (For Possible Action)

- 84  
85 (a) Lisa Wark, Public Member  
86 (b) Timothy Pinther, DDS  
87 (c) Jason Champagne, DDS  
88 (d) Debra Shaffer-Kugel, ED

89  
90 MOTION: Dr. Sill made the motion to approve. Motion was seconded by Dr. Blasco. All were in favor of the  
91 motion.

92  
93 \* e. Correspondence: (For Possible Action)

94  
95 (1) Request from CDCA to forego the certification of success pass via US Mail to obtaining  
96 information through CDCA's on-line portal (For possible action)

97  
98 Mrs. Shaffer-Kugel explained that historically the Board required that the certifications from exam boards be sent  
99 via mail confirming passage of examination. Further, that she confirmed with WREB and CDCA to allow  
100 electronic certification. Mrs. Shaffer-Kugel went over the cons of allowing verifications to be done electronically,  
101 versus continuing to require that certification be mailed to the office, which would offer the reliability of providing  
102 correct and actual records, which would fall on the entity to be solely responsible for providing correct and  
103 accurate records.

104  
105 MOTION: Dr. Sill made the motion to accept online certification. Motion was seconded by Mrs. Wark. Discussion:  
106 Ms. Solie inquired if applicants would only be able to submit online certification, or if applicants would have the  
107 option to choose via online or hard-copy certification? Dr. Sill indicated that this would give applicants another  
108 method of how they are able to provide exam certification. Dr. Miller inquired if it would now be on the board to  
109 verify and retrieve the scores. Dr. Kinard inquired on what the access would provide us to ensure that it is a secure  
110 level. The Board, after further discussion, decided to go forward with the online certification method so that they  
111 can gain access to check the security and accuracy levels before deciding to allow applicants the options to have  
112 their scores provided electronically. Dr. Sill withdrew his motion. Mrs. Wark withdrew her second to the motion.

113  
114 MOTION: Dr. Sill made a new motion to table this item until next meeting to allow for further clarification.  
115 Motion was seconded by Dr. Blasco. All were in favor of the motion.

116  
117 (2) Correspondence from the Nevada State Board of Pharmacy regarding PMP portal

118  
119 Mrs. Shaffer-Kugel indicated that at the last board meeting she was asked to send a letter to PMP regarding the  
120 prescription monitoring programming. She stated that they have been provided the response she received  
121 regarding her letter in their board books. She explained what the letter indicated.

122  
123  
124 New public attendee joined the meeting up north: Bill Rohel.

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

130  
131 **\*a. Legal Actions/Lawsuit(s) Update** (For Possible Action)

132  
133 (1) District Court Case(s) Update

134  
135 Mr. Hunt reminded the Board members that if any individuals attempt to contact them about any matters they  
136 must be referred to Mrs. Shaffer-Kugel or him. Mr. Hunt indicated that there was no current or pending litigation.  
137 He added that there was one case where the Board issued a temporary restraining order for the illegal practice of  
138 dental hygiene.

139  
140 **\*b. Consideration of Stipulation Agreements** (For Possible Action)

141  
142 (1) My G Tran, DDS

143  
144 For the public's edification he explained that the board is here to be remedial in nature. Mr. Hunt went over the  
145 proposed stipulation agreement for Dr. Tran. Dr. Tran and/or Legal counsel were not present.

146  
147 MOTION: Dr. Pisani made the motion to adopt the proposed stipulation agreement. Motion was seconded by Ms.  
148 Villigan. All were in favor of the motion.

149  
150 (2) Larry O. Staples, DDS

151  
152 Mr. Hunt went over the proposed stipulation agreement for Dr. Staples. Dr. Staples and/or Legal counsel were not  
153 present.

154  
155 MOTION: Dr. Kinard made the motion to adopt the proposed stipulation agreement. Motion was seconded by Dr.  
156 Sill. All were in favor of the motion.

157  
158  
159 **\*5. New Business** (For Possible Action)

160  
161  
162 **\*a. Consideration of Anesthesia Evaluators/Inspectors Recommendations of Failure of the**  
163 **Evaluation/Inspection of Conscious Sedation Permit Holder pursuant to NAC 631.2233 (1 and 2)**  
164 **(For Possible Action)**

165  
166 (1) Dr. X

167  
168 Mrs. Shaffer-Kugel went over the evaluation inspection and the reasons for the recommendations. Mrs. Shaffer-  
169 Kugel indicated that at the time Dr. X had to cease continuing to administer when the site was found to be  
170 deficient. She noted that since that time Dr. X had rectified the deficient items.

171  
172 MOTION: Dr. Miller made the motion to affirm the recommendations. Motion was seconded by Dr. Blasco. All  
173 were in favor of the motion.

174  
175 **\*b. Consideration to Grant a Re-evaluation of the Conscious Sedation Permit Holder by the**  
176 **Executive Director pursuant to NAC 631.2235 (2 and 3) (For Possible Action)**

177  
178 (1) Dr. X

179  
180 Mrs. Shaffer-Kugel explained that should Dr. X wish to request a re-evaluation, the Board may authorize her to  
181 approve the re-evaluation to avoid a delay between scheduled Board meetings. She reiterated that the situation has  
182 since been rectified.

183  
184 MOTION: Dr. Blasco made the motion to authorize the Executive Director to grant a re-evaluation should Dr. X  
185 request one. Motion was seconded by Dr. Sill. All were in favor of the motion.

187 **\*c. Establish Interim Fee for the Initial Infection Control Inspection pursuant to AB89 (For Possible**  
188 **Action)**  
189

190 Mrs. Shaffer-Kugel went over the rule change and what the Board's next step was to be. She went back and found  
191 that the average costs to conduct an inspection costs the Board \$200-\$250 per inspection.  
192

193 MOTION: Dr. Miller made the motion to establish an interim fee for initial IC inspection requests to \$250. Motion  
194 seconded by Mrs. Solie. Discussion: Dr. Pisani inquired if there is additional staff time required. Dr. Miller inquired  
195 that should the Board implement the use of tablets (provided by GL) if it would essentially save some time. Dr.  
196 Blasco would like information on how much costs a re-inspection incurs. Mr. Hunt pointed out that the Board  
197 must consider the random inspections, so Board should make a regulation change regarding failures and requiring  
198 a summary suspension as a mechanism to keep safety in place. He indicated that only when the Board has a  
199 substantial amount of evidence that an office is not compliant with IC guidelines, they cannot conduct a random  
200 inspection. He added that if there is a complaint regarding the cleanliness of an office it is not considered an initial  
201 or a random inspection, and therefore, the Board has no mechanism in place to allow them to summary suspend  
202 someone for IC violations. Mrs. Villigan inquired if they could potentially refer cases to the Health Department,  
203 which it was indicated that they could. All were in favor.  
204  
205

206 **\*d. Approval of Reactivation of Dental License – NAC 631.170(5) (For Possible Action)**  
207

208 (1) William R Rohel, DDS  
209

210 Dr. Rohel was present in the North. Mr. Hunt indicated that Dr. Rohel was asking for a license with restrictions as  
211 he has identified in his letter that he submitted. Should the Board issue Dr. Rohel the license with restrictions he  
212 advised them that they would have to report the restrictions to the NPDB. Mr. Hunt explained what the Board is  
213 required to report to the NPDB. Dr. Rohel indicated that he understood, but seemed uneasy about the restriction  
214 of licensure being reported to the NPDB. Mr. Hunt noted to Dr. Rohel that he could request to table this item so  
215 that he may seek legal advice. He was offered to go in to closed session, which he politely declined. Mrs. Shaffer-  
216 Kugel indicated that he was requesting to reinstate his license with restrictions as outlined in his letter. She added  
217 that they when she reports to the NPDB that she would note to them that Dr. Rohel elected to restrict his license  
218 due to medical issues. Dr. Rohel indicated that he wanted to volunteer for the Adopt-A-Vet program to make some  
219 dentures and appliances. Dr. Blasco indicated that he has not practiced dentistry since 2006 and that historically  
220 the board has required a clinical exam or remediation (skills assessment) in order to reinstate a license. Dr. Rohel  
221 commented that with his physical limitations that it would be difficult for him to pass a clinical. It was  
222 commented that Dr. Rohels best option would be a skills assessment that would be built around the skills he will  
223 be performing. Dr. Miller commented that perhaps they could require a skill assessment built around removable  
224 appliances. Mr. Hunt advised that it was to the Board's discretion. Dr. Pisani believed that Dr. Rohel would be a  
225 valuable asset, and that he further believed a reasonable alternative would be a skills assessment. Mrs. Shaffer-  
226 Kugel noted that a previous dentist with restrictions went to UNLV to have the skills assessment done. Mr. Hunt  
227 advised that the Board could say that they could issue a license with a list of restrictions, and that upon an  
228 assessment of certain areas, he can add/remove a restriction. Dr. Blasco inquired of Dr. Rohel asked if he had any  
229 tactile dysfunction. Dr. Rohel indicated that he would like to simply volunteer or fill in for a friend to watch over  
230 the practice. Dr. Sill noted that in the WREB exam they offer a pre-exam review of skills, and added that WREB  
231 may be willing to accommodate Dr. Rohel to take that portion only. Dr. Blasco noted that in 2013 a doctor  
232 presented himself with similar restrictions and the Board issued the license.  
233

234 MOTION: Dr. Pisani made the motion to approve the reactivation of Dr. Rohel's dental license with restrictions to  
235 diagnosis and treatment planning, and that should he want to add to his restrictions he would have to complete a  
236 skills assessment for that specified skill. Motion seconded by Dr. Kinard. Both agreed to Mr. Hunts added  
237 language, that the skills assessment would be to add to his skills that he may conduct. All were in favor.  
238 AMENDED MOTION: Dr. Pisani amended his motion to include prescription writing so long as Dr. Rohel holds  
239 a license with the Nevada Pharmacy Board. Dr. Kinard amended his second to include Dr. Pisani's amended  
240 language. All were in favor.  
241  
242  
243  
244



245 **\*e. Approval of Voluntary Surrender of License – NAC 631.160 (For Possible Action)**  
246

- |                            |                           |                            |
|----------------------------|---------------------------|----------------------------|
| (1) R F Barton Jr., DDS    | (5) Rouhina Mehregan, DDS | (9) Amirali Tahbaz, DDS    |
| (2) David L Brizzee, DDS   | (6) Mona Rezapour, DMD    | (10) Tina E Tigert, DDS    |
| (3) Michael J Georges, DDS | (7) McKinley T Self, DMD  | (11) Michael R Zakula, DDS |
| (4) David A Krise, DDS     | (8) Shelly Self, DMD      | (12) Linda P Severin, RDH  |

1  
2 Mrs. Shaffer-Kugel indicated that primarily these are retired licenses that are required to renew, but have elected  
3 to longer hold a license in lieu of being required to renew a retired license. She added that they do not have any  
4 pending matters.  
5

6 **MOTION:** Dr. Kinard made the motion to approve the voluntary surrenders. Motion seconded by Mrs. Wark. All  
7 were in favor of the motion.  
8

9 **\*f. Approval for Anesthesia Evaluator/IC Inspector-NRS 631.190 (For Possible Action)**  
10

- 11 (1) Blaine D Austin, DDS – GA Permit Holder

12 Ms. Shaffer-Kugel indicated that Dr. Austin submitted an application and met the requirements.  
13

14 **MOTION:** Mrs. Wark made the motion to approve the appointment of Dr. Austin. Motion seconded by Dr.  
15 Miller. All were in favor of the motion.  
16

17 **\*g. Approval for Anesthesia-Temporary Permit – NAC 631.2254 (For Possible Action)**  
18

- 19 (1) **Conscious Sedation** (For Possible Action)

- 20 (a) Peter S Nguyen, DDS  
21

22 Dr. Miller indicated that he reviewed the application and recommended approval.  
23

24 **MOTION:** Dr. Kinard made the motion to approve. Motion seconded by Mrs. Wark. All were in favor of the  
25 motion; Drs. Miller and Blasco abstained.  
26

- 27 (2) **General Anesthesia** (For Possible Action)

- 28 (a) Aaron U Adamson, DDS  
29 (b) Jess JJ Falk, DMD  
30 (c) Matthew J Krieger, DMD  
31

32 Dr. Miller indicated that he reviewed the application recommended approval and approve Dr. Falk and Dr.  
33 Krieger's applications.  
34

35 **MOTION:** Dr. Pisani made the motion to approve the temporary permits. Motion seconded by Dr. Sill. All were in  
36 favor of the motion; Drs. Miller and Blasco abstained.  
37

38 **\*h. Approval for Anesthesia-Permanent Permit – NAC 631.2233 (For Possible Action)**  
39

- 40 (1) **Conscious Sedation** (For Possible Action)

- 41 (a) Mary Ann Michael, DDS  
42

43 Dr. Miller indicated that he reviewed the application and recommended approval.  
44

45 **MOTION:** Dr. Pisani made the motion to approve pending additional documents. Motion seconded by Mrs.  
46 Wark. All were in favor of the motion; Drs. Miller and Blasco abstained.  
47  
48  
49  
50  
51

52 **\*i. Approval for a 90-Day Extension of Anesthesia Permit – NAC 631.2254(2)**

(For Possible Action)

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

(a) Gregg C Hendrickson, DDS

MOTION: Dr. Sill made the motion to approve. Motion seconded by Dr. Pisani. All were in favor of the motion; Drs. Miller and Blasco abstained.

**(2) General Anesthesia** (For Possible Action)

(a) Ryan R Falke, DDS

Dr. Miller indicated that he reviewed the application and recommended approval.

MOTION: Dr. Pisani made the motion to approve. Motion seconded by Mrs. Solie. All were in favor of the motion; Drs. Miller and Blasco abstained.

**\*6. Resource Group Reports**

**\*a. Legislative and Dental Practice** (For Possible Action)

(Chair: Dr. Pinther; Dr. Champagne; Dr. Blasco; Dr. Kinard; Mrs. Guillen, Mrs. Wark)

**(1) Report from Michael Hillerby regarding 2015 Legislative Session**

Dr. Pinther read the latest report from Mr. Hillerby regarding the 2015 Legislative Session. Dr. Miller inquired of Mrs. Shaffer-Kugel on her ability to communicate with Mr. Hillerby. She stated that she had better access to communication, but that she would like his reports to be more streamlined just to those pertinent to the Board. Dr. Kinard stated that for the last two years Mrs. Shaffer-Kugel has had to pull teeth to get any information from the lobbyists and that he would like the Board to consider changing lobbyists. Mrs. Shaffer-Kugel indicated that communication improved some in comparison to previous years. Dr. Kinard was not impressed with the services provided by Mr. Hillerby. Dr. Miller stated that he has felt that they have not had the access that they needed. Dr. Pisani inquired what the options would be to seek other representation. Dr. Kinard expressed that it would be prudent to send a letter asking for specific expectations and information to be provided. Mrs. Shaffer-Kugel commented that the Board could offer to amend the contract where so that they can specify their expectations in being a lobbyist for the Board. Mr. Hunt stated that their options were to thank them for their services and notify them that they will be considering other options for representation for the next legislative session. Mrs. Shaffer-Kugel clarified that she is to send notification to Mr. Hillerby that the Board will be finishing their services with them, to which the Board members answered affirmatively.

MOTION: Dr. Pinther made the motion to end the contract. Motion was seconded by Dr. Pisani. All were in favor of the motion.

**\*b. Legal and Disciplinary Committee** (For Possible Action)

(Chair: Dr. Kinard; Dr. Pisani; Dr. Sill; Dr. Blasco; Mrs. Villigan; Mrs. Wark)

**(1) Investigations/Disciplinary Report for July 2014-June 2015**

Dr. Kinard gave the disciplinary report for the period of July 2014 through June 30, 2015. The report was as follows:

Number of Complaints received: 337

Number of Complaints investigated: 199

Number of Pending Complaints: 71

Number of Authorized Investigative Complaints: 4

Number of Board Actions: 27

Number of Unlicensed Person Investigations: 7

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

111  
112                   \*(1)    WREB Representatives (For Possible Action)  
113                               (Dr. Blasco and Mrs. Solie)  
114

115 Dr. Blasco indicated that he attended DERB meeting in Salt Lake City, Utah and stated that Nevada was doing  
116 rather well in comparison to many other states. He reported that California adopted the portfolio exam; Texas  
117 almost agreed to pass a change to allow Dental Hygienists to administer anesthesia, but added that they will  
118 eventually pass the change, but they would required dental hygienists to pass WREB's Anesthesia exam. He  
119 commented that the Wyoming Board is fundamentally bankrupt and thus have nothing pending. He reported  
120 further, that they are instituting that if anyone is taking the WREB exam and fail, for an additional fee, they will be  
121 able to immediately retake that exam portion they failed on the same date. He added that this was year they  
122 implemented the option for the dental hygiene exam, and hope to implement it in 2017 for the dental exam.  
123

124 Mrs. Solie attended the HERB (hygiene) meeting. She stated that in the past year they have had 2,570 dental exam  
125 applications, and 3,258 dental hygiene exam applications. She went on to provide the pass rates for each the dental  
126 and the dental hygiene exams.  
127

128  
129                   \*(2)    ADEX Representatives (For Possible Action)  
130                               (Dr. Kinard)  
131

132 Dr. Kinard reminded the board members about the annual meeting in Chicago that he will be attending, and stated  
133 that significant changes were made.  
134

135  
136                   \*d.   Continuing Education (For Possible Action)  
137                               (Chair: Dr. Sill; Dr. Blasco; Dr. Pisani; Mrs. Villigan; Ms. Solie)  
138

139 Dr. Sill stated that several courses were approved.  
140

141  
142                   \*e.   Committee of Dental Hygiene (For Possible Action)  
143                               (Chair: Ms. Guillen; Mrs. Villigan, Ms. Solie; Dr. Sill)  
144

145 Ms. Guillen noted that in September they will be holding a workshop for regulation changes.  
146

147  
148                   \*f.   Specialty (For Possible Action)  
149                               (Chair: Dr. Pisani; Dr. Miller; Dr. Pinther)  
150

151 No report.  
152

153  
154                   \*g.   Anesthesia (For Possible Action)  
155                               (Chair: Dr. Miller; Dr. Pinther; Dr. Champagne, Dr. Kinard)  
156

157 Dr. Miller stated that a workshop will be held in September for regulation changes. He added that he asked Mr.  
158 Drizin and Mr. Hillerby to provide information. Mrs. Shaffer-Kugel briefly went over some of the changes made as  
159 a result of AB89 and the Conscious Sedation changes being made regarding minimal and moderate levels. She  
160 indicated that there is a draft ready to go for the workshop.  
161

162  
163  
164  
165  
166  
167  
168                   \*h.   Infection Control (For Possible Action)

(Chair: Mrs. Villigan; Dr. Blasco; Dr. Champagne; Dr. Pisani; Ms. Solie; Mrs. Wark)

No report.

**\*i. Budget and Finance Committee** (For Possible Action)

(Chair: Dr. Blasco, Dr. Pinther, Mrs. Wark, Mrs. Guillen)

No report.

**7. Public Comment:** None.

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

**8. Announcements:** Mrs. Shaffer-Kugel indicated that the two public workshops will be held with Board meeting on September 18. The first workshop will cover anesthesia, the second workshop will review the Dental Hygiene, dental assistant proposed changes, which will also be used to discuss changes to the IC inspection fees, and licensee emails.

Mrs. Shaffer-Kugel stated that for the first time ever in 13 years the Orders of Suspension were sent out on time on July 1<sup>st</sup>. She stated that this was possible thanks to many of the licensees using the online portal to renew. She stated further, that the Business license(s) information and military service information was submitted to the entities that required this information be collected by the Board.

She indicated that the Random CE audit have been generated, and that the notification letters are to be sent out the following week.

Mrs. Shaffer-Kugel noted that because the licensees are no longer placed on the agenda for approval, they will be listing new licenses on the Board website and noted on the agenda.

Dr. Pinther acknowledged staff for assisting in making the meetings run smoothly.

**\*9. Adjournment** (For Possible Action)

**MOTION:** Dr. Blasco made the motion to adjourn the meeting. Motion seconded by Ms. Solie. All were in favor of the motion.

Meeting Adjourned at 11:15 am.

Respectfully submitted by:

Debra Shaffer-Kugel, Executive Director



# Nevada State Board of Dental Examiners

## Balance Sheet

**As of June 30, 2015**

	<u>Jun 30, 15</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
10000 · Wells Fargo-Operating	1,306,128.98
10010 · Wells Fargo-Savings	<u>1,002,052.77</u>
<b>Total Checking/Savings</b>	2,308,181.75
<b>Accounts Receivable</b>	
11000 · Accounts Receivable	<u>112,849.48</u>
<b>Total Accounts Receivable</b>	112,849.48
<b>Other Current Assets</b>	
11050 · Reimbursements Receivable	698.84
11200 · Prepaid Expenses	21,872.32
11210 · Prepaid Insurance	<u>3,280.33</u>
<b>Total Other Current Assets</b>	<u>25,851.49</u>
<b>Total Current Assets</b>	<u>2,446,882.72</u>
<b>TOTAL ASSETS</b>	<u><u>2,446,882.72</u></u>
<b>LIABILITIES &amp; FUND BALANCE</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
20000 · Accounts Payable	<u>55,671.33</u>
<b>Total Accounts Payable</b>	55,671.33
<b>Other Current Liabilities</b>	
<b>22125 · DDS Deferred Revenue</b>	
22126-7 · 2017 DDS Retired/Disabled	4,000.00
22126-6 · 2017 DDS Inactive	56,800.00
22126-5 · 2017 DDS Active Licenses	979,000.00
22900 · DDS-Permits	66,900.00
22901 · DDS-Limited License	7,400.00
22902 · DDS-Ltd Lic-Supervisor	<u>1,450.00</u>
<b>Total 22125 · DDS Deferred Revenue</b>	1,115,550.00
<b>22136 · RDH Deferred Revenue</b>	
22138-1 · 2016 RDH Active	201,122.45
22138-2 · 2016 RDH Inactive/Retired	<u>7,054.83</u>
<b>Total 22136 · RDH Deferred Revenue</b>	208,177.28
<b>20500 · Fines Payable-State of Nevada</b>	2,300.00
<b>23750 · Accrued Vacation/Sick Leave</b>	25,921.10

**Nevada State Board of Dental Examiners**

**Balance Sheet**

**As of June 30, 2015**

	<u>Jun 30, 15</u>
Total Other Current Liabilities	<u>1,351,948.38</u>
Total Current Liabilities	<u>1,407,619.71</u>
Total Liabilities	1,407,619.71
Fund Balance	<u>1,039,263.01</u>
TOTAL LIABILITIES & FUND BALANCE	<u><u>2,446,882.72</u></u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2014 through June 2015

	<u>Jul '14 - Jun 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
Ordinary Income/Expense			
Income			
40000 · Dentist Licenses & Fees			
40100 · DDS Active License Fee	528,987.81	508,800.00	20,187.81
40102 · DDS Inactive License Fee	30,248.67	30,000.00	248.67
40135 · DDS Activate/Inactive/Suspend	13,591.00	5,100.00	8,491.00
40136 · DDS Activate Revoked License	1,850.00	1,000.00	850.00
40140 · Specialty License App	1,875.00	1,500.00	375.00
40145 · Limited License App	2,375.00	1,500.00	875.00
40115 · Limited License Renewal Fee	6,500.00	9,000.00	(2,500.00)
40146 · Limited License-S Application	0.00	100.00	(100.00)
40116 · LL-S Renewal Fee	3,527.27	4,100.00	(572.73)
40150 · Restricted License App	1,950.00	2,400.00	(450.00)
40180 · Anesthesia Site Permit App	16,050.00	10,000.00	6,050.00
40182 · CS/GA/Site Permit Renewals	10,923.33	10,860.00	63.33
40183 · CS/GA Site Permit Relnp	1,350.00	12,600.00	(11,250.00)
40175 · Conscious Sedation Permit Appl	11,700.00	7,500.00	4,200.00
40160 · Conscious Sedation Permit Relnp	9,850.00	8,500.00	1,350.00
40170 · General Anesthesia Permit Appl	5,600.00	3,000.00	2,600.00
40155 · General Anesthesia Permit Relnp	7,900.00	4,500.00	3,400.00
40212 · DDS ADEX License Application	40,275.00	14,400.00	25,875.00
40205 · DDS Credential Appl Fee-Spcity	22,800.00	14,400.00	8,400.00
40211 · DDS WREB License Application	108,025.00	50,400.00	57,625.00
Total 40000 · Dentist Licenses & Fees	825,378.08	699,660.00	125,718.08
50000 · Dental Hygiene Licenses & Fees			
40105 · RDH Active License Fee	193,552.55	193,500.00	52.55
40106 · RDH Inactive License Fee	6,907.67	7,950.00	(1,042.33)
40130 · RDH Activate/Inactive/Suspend	6,675.00	1,800.00	4,875.00
40126 · RDH Reinstate Revoked License	2,500.00	2,500.00	0.00
40110 · RDH LA/N2O Permit Fee	3,850.00	3,600.00	250.00
40224 · RDH ADEX License Application	600.00	2,400.00	(1,800.00)
40222 · RDH WREB License Application	51,000.00	18,000.00	33,000.00
Total 50000 · Dental Hygiene Licenses & Fees	265,085.22	229,750.00	35,335.22
50750 · Other Licenses & Fees			
40220 · License Verification Fee	5,275.00	3,900.00	1,375.00
40227 · CEU Provider Fee	8,050.00	3,780.00	4,270.00
40240 · Check Return Fee	0.00	50.00	(50.00)
40225 · Duplicate License Fee	1,275.00	600.00	675.00
40555 · Fines	900.00	300.00	600.00
40185 · Lists/Labels Printed	9,319.00	7,200.00	2,119.00
40600 · Miscellaneous Income	458.00	360.00	98.00
Total 50750 · Other Licenses & Fees	25,277.00	16,190.00	9,087.00

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2014 through June 2015

	<u>Jul '14 - Jun 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
Total Income	1,115,740.30	945,600.00	170,140.30
Expense			
60500 · Bank Charges			
60500-1 · Bank Service Fees	36.50	0.00	36.50
60500-2 · Merchant Fees	28,055.40	5,628.00	22,427.40
Total 60500 · Bank Charges	28,091.90	5,628.00	22,463.90
68000 · Conferences & Seminars	13,499.36	20,295.00	(6,795.64)
63000 · Dues & Subscriptions	4,973.08	4,422.00	551.08
65100 · Furniture & Equipment	1,020.68	1,300.00	(279.32)
65500 · Finance Charges	806.33	42.00	764.33
66500 · Insurance			
66500-1 · Liability	6,239.16	7,146.00	(906.84)
66500-2 · Workers Compensation	848.09	1,020.00	(171.91)
Total 66500 · Insurance	7,087.25	8,166.00	(1,078.75)
66520 · Internet/Web/Domain			
66520-1 · GL Suites	41,294.24	35,100.00	6,194.24
66520-2 · E-mail, Website Services	2,090.07	1,968.00	122.07
66520-3 · Internet Services	1,547.66	1,536.00	11.66
66520-4 · Jurisprudence Exam Website	198.00	200.00	(2.00)
Total 66520 · Internet/Web/Domain	45,129.97	38,804.00	6,325.97
73500 · Information Technology			
73500-1 · Computer Repair/Upgrade	541.00	2,200.00	(1,659.00)
Total 73500 · Information Technology	541.00	2,200.00	(1,659.00)
66600 · Office Supplies	7,977.67	5,400.00	2,577.67
66650 · Office Expense			
68710 · Miscellaneous Expenses	6,436.06	1,406.00	5,030.06
68700 · Repairs & Maintenance			
68700-1 · Janitorial	6,000.00	6,000.00	0.00
68700-2 · Copier Maintenance (7545P)	3,891.12	4,020.00	(128.88)
68700-3 · Copier Maintenance (7435P)	2,700.10	2,190.00	510.10
Total 68700 · Repairs & Maintenance	12,591.22	12,210.00	381.22
68724 · Scanning Services	27,106.00	27,000.00	106.00
68725 · Security	770.00	930.00	(160.00)
68715 · Shredding Services	878.58	465.00	413.58
68720 · Utilities	4,477.96	4,000.00	477.96
Total 66650 · Office Expense	52,259.82	46,011.00	6,248.82



**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2014 through June 2015

	<u>Jul '14 - Jun 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
67000 · Printing	8,776.04	2,800.00	5,976.04
67500 · Postage & Delivery	15,480.44	10,800.00	4,680.44
68500 · Rent/Lease Expense			
68500-1 · Equipment Lease	1,514.92	1,516.00	(1.08)
68500-2 · Office			
68500-3 · Office Sub-Lease Income	(29,694.60)	(36,696.00)	7,001.40
68500-2 · Office - Other	91,950.64	100,640.00	(8,689.36)
Total 68500-2 · Office	<u>62,256.04</u>	<u>63,944.00</u>	<u>(1,687.96)</u>
68500-4 · Storage Warehouse	<u>2,997.03</u>	<u>2,560.00</u>	<u>437.03</u>
Total 68500 · Rent/Lease Expense	<u>66,767.99</u>	<u>68,020.00</u>	<u>(1,252.01)</u>
75000 · Telephone			
75000-1 · Telephone-Office	2,492.08	2,280.00	212.08
75000-2 · Board Teleconference	<u>546.51</u>	<u>270.00</u>	<u>276.51</u>
Total 75000 · Telephone	<u>3,038.59</u>	<u>2,550.00</u>	<u>488.59</u>
75100 · Travel (Staff)	4,336.81	2,400.00	1,936.81
73550 · Per Diem (Staff)	305.00	600.00	(295.00)
73600 · Professional Fee			
73600-1 · Accounting	19,042.50	19,500.00	(457.50)
73600-4 · Legislative Services	18,000.00	18,000.00	0.00
73600-2 · Legal-General	<u>29,191.71</u>	<u>55,920.00</u>	<u>(26,728.29)</u>
Total 73600 · Professional Fee	<u>66,234.21</u>	<u>93,420.00</u>	<u>(27,185.79)</u>
73700 · Verification Services	11,892.75	7,980.00	3,912.75
72000 · Employee Wages & Benefits			
72100 · Executive Director	97,165.42	89,800.00	7,365.42
72300 · Credentialing & Licensing Coord	56,975.37	58,116.00	(1,140.63)
72132 · Site Inspection Coordinator	37,939.42	39,024.00	(1,084.58)
72200 · Technology/Finance Liaison	46,960.39	46,632.00	328.39
72130 · Public Info & CE Coordinator	30,938.78	32,012.00	(1,073.22)
72140 · Administrative Assistant (P/T)	15,532.77	14,352.00	1,180.77
72010 · Payroll Service Fees	1,673.50	1,248.00	425.50
72005 · Payroll Tax Expense	5,478.59	6,000.00	(521.41)
72600 · Retirement Fund Expense (PERS)	62,703.12	62,796.00	(92.88)
65525 · Health Insurance	<u>41,123.95</u>	<u>48,500.00</u>	<u>(7,376.05)</u>
Total 72000 · Employee Wages & Benefits	<u>396,491.31</u>	<u>398,480.00</u>	<u>(1,988.69)</u>
72400 · Board of Directors Expense			
72400-1 · Director Stipends	9,390.00	5,300.00	4,090.00
72400-2 · Committee Mtgs-Stipends	850.00	1,050.00	(200.00)
72400-3 · Director Travel Expenses	6,940.97	4,350.00	2,590.97

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2014 through June 2015

	<u>Jul '14 - Jun 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
72400-4 · Semi-Annual Review/Planning Mtg	0.00	5,500.00	(5,500.00)
72400-9 · Refreshments - Board Meetings	2,026.30	1,200.00	826.30
<b>Total 72400 · Board of Directors Expense</b>	<b>19,207.27</b>	<b>17,400.00</b>	<b>1,807.27</b>
 60001 · Anesthesia Eval Committee			
60001-1 · Evaluator's Fee	10,866.26	23,700.00	(12,833.74)
60001-4 · Travel Expense	4,633.85	4,800.00	(166.15)
<b>Total 60001 · Anesthesia Eval Committee</b>	<b>15,500.11</b>	<b>28,500.00</b>	<b>(12,999.89)</b>
 73650 · Investigations/Complaints			
72550 · DSO Coordinator	3,475.00	6,000.00	(2,525.00)
73650-1 · DSO Consulting Fee	41,885.00	54,000.00	(12,115.00)
73650-2 · DSO Travel Expense	6,028.72	12,450.00	(6,421.28)
73650-3 · Legal Fees-Investigations	306,916.75	245,930.00	60,986.75
73650-6 · Reimb Investigation Expenses	(220,648.10)	(162,000.00)	(58,648.10)
<b>Total 73650 · Investigations/Complaints</b>	<b>137,657.37</b>	<b>156,380.00</b>	<b>(18,722.63)</b>
 60002 · Infection Control Inspection			
60002-1 · Initial Inspection Expense	7,755.05	14,400.00	(6,644.95)
60002-2 · Reinspection Expense	833.34	3,702.00	(2,868.66)
60002-3 · Random Inspection Expense	650.00	2,400.00	(1,750.00)
60002-4 · Travel Expense	3,363.31	5,000.00	(1,636.69)
<b>Total 60002 · Infection Control Inspection</b>	<b>12,601.70</b>	<b>25,502.00</b>	<b>(12,900.30)</b>
 <b>Total Expense</b>	<b>919,676.65</b>	<b>947,100.00</b>	<b>(27,423.35)</b>
 <b>Net Ordinary Income</b>	<b>196,063.65</b>	<b>(1,500.00)</b>	<b>197,563.65</b>
 <b>Other Income/Expense</b>			
Other Income			
40800 · Interest Income	547.87	1,500.00	(952.13)
<b>Total Other Income</b>	<b>547.87</b>	<b>1,500.00</b>	<b>(952.13)</b>
 <b>Net Other Income</b>	<b>547.87</b>	<b>1,500.00</b>	<b>(952.13)</b>
 <b>Net Income Over Expenses</b>	<b>196,611.52</b>	<b>0.00</b>	<b>196,611.52</b>

**Nevada State Board of Dental Examiners**

**Balance Sheet**

**As of July 31, 2015**

	<u>Jul 31, 15</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
10000 · Wells Fargo-Operating	1,302,596.53
10010 · Wells Fargo-Savings	<u>1,002,078.31</u>
<b>Total Checking/Savings</b>	<u>2,304,674.84</u>
<b>Accounts Receivable</b>	
11000 · Accounts Receivable	<u>100,041.91</u>
<b>Total Accounts Receivable</b>	<u>100,041.91</u>
<b>Other Current Assets</b>	
11050 · Reimbursements Receivable	698.84
11200 · Prepaid Expenses	18,949.42
11210 · Prepaid Insurance	<u>2,733.60</u>
<b>Total Other Current Assets</b>	<u>22,381.86</u>
<b>Total Current Assets</b>	<u>2,427,098.61</u>
<b>TOTAL ASSETS</b>	<u><u>2,427,098.61</u></u>
<b>LIABILITIES &amp; FUND BALANCE</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
20000 · Accounts Payable	<u>44,969.86</u>
<b>Total Accounts Payable</b>	<u>44,969.86</u>
<b>Other Current Liabilities</b>	
22125 · DDS Deferred Revenue	
22126-7 · 2017 DDS Retired/Disabled	4,025.00
22126-6 · 2017 DDS Inactive	55,870.83
22126-5 · 2017 DDS Active Licenses	960,729.17
22900 · DDS-Permits	64,304.17
22901 · DDS-Limited License	9,166.67
22902 · DDS-Ltd Lic-Supervisor	<u>1,208.33</u>
<b>Total 22125 · DDS Deferred Revenue</b>	<u>1,095,304.17</u>
22136 · RDH Deferred Revenue	
22138-1 · 2016 RDH Active	187,662.25
22138-2 · 2016 RDH Inactive/Retired	<u>6,512.76</u>
<b>Total 22136 · RDH Deferred Revenue</b>	<u>194,175.01</u>
20500 · Fines Payable-State of Nevada	2,250.00
23750 · Accrued Vacation/Sick Leave	<u>30,256.65</u>
<b>Total Other Current Liabilities</b>	<u>1,321,985.83</u>
<b>Total Current Liabilities</b>	<u>1,366,955.69</u>
<b>Total Liabilities</b>	<u>1,366,955.69</u>
<b>Fund Balance</b>	<u>1,060,142.92</u>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<u><u>2,427,098.61</u></u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
**July 2015**

	<u>Jul 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
Ordinary Income/Expense			
Income			
40000 · Dentist Licenses & Fees			
40100 · DDS Active License Fee	41,770.83	46,290.00	(4,519.17)
40102 · DDS Inactive License Fee	2,804.17	2,644.00	160.17
40135 · DDS Activate/Inactive/Suspend	9,425.00	871.50	8,553.50
40136 · DDS Activate Revoked License	0.00	500.00	(500.00)
40140 · Specialty License App	625.00	625.00	0.00
40145 · Limited License App	250.00	250.00	0.00
40115 · Limited License Renewal Fee	833.33	834.00	(0.67)
40116 · LL-S Renewal Fee	241.67	241.67	0.00
40150 · Restricted License App	0.00	208.37	(208.37)
40180 · Anesthesia Site Permit App	2,000.00	2,000.00	0.00
40182 · CS/GA/Site Permit Renewals	2,795.83	2,794.00	1.83
40175 · Conscious Sedation Permit Appl	2,250.00	1,070.00	1,180.00
40160 · Conscious Sedation Permit Relnp	0.00	982.00	(982.00)
40170 · General Anesthesia Permit Appl	2,250.00	750.00	1,500.00
40155 · General Anesthesia Permit Relnp	0.00	830.00	(830.00)
40212 · DDS ADEX License Application	2,525.00	2,400.00	125.00
40205 · DDS Credential Appl Fee-Spclty	1,200.00	1,200.00	0.00
40211 · DDS WREB License Application	11,400.00	10,800.00	600.00
Total 40000 · Dentist Licenses & Fees	80,370.83	75,290.54	5,080.29
50000 · Dental Hygiene Licenses & Fees			
40105 · RDH Active License Fee	17,060.20	16,927.00	133.20
40106 · RDH Inactive License Fee	592.07	592.00	0.07
40130 · RDH Activate/Inactive/Suspend	475.00	475.00	0.00
40126 · RDH Reinstate Revoked License	0.00	200.00	(200.00)
40110 · RDH LA/N2O Permit Fee	1,000.00	600.00	400.00
40222 · RDH WREB License Application	5,400.00	5,400.00	0.00
Total 50000 · Dental Hygiene Licenses & Fees	24,527.27	24,194.00	333.27
50750 · Other Licenses & Fees			
40220 · License Verification Fee	625.00	450.00	175.00
40227 · CEU Provider Fee	200.00	790.00	(590.00)
40225 · Duplicate License Fee	0.00	100.00	(100.00)
40185 · Lists/Labels Printed	953.00	850.00	103.00
40600 · Miscellaneous Income	37.00	40.00	(3.00)
Total 50750 · Other Licenses & Fees	1,815.00	2,230.00	(415.00)
Total Income	106,713.10	101,714.54	4,998.56



**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
**July 2015**

	<u>Jul 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>Expense</b>			
60500 · Bank Charges			
60500-1 · Bank Service Fees	44.86	40.00	4.86
60500-2 · Merchant Fees	2,205.24	2,300.00	(94.76)
<b>Total 60500 · Bank Charges</b>	<b>2,250.10</b>	<b>2,340.00</b>	<b>(89.90)</b>
63000 · Dues & Subscriptions	447.49	410.00	37.49
65500 · Finance Charges	60.57	59.00	1.57
66500 · Insurance			
66500-1 · Liability	546.73	546.73	0.00
66500-2 · Workers Compensation	102.72	87.50	15.22
<b>Total 66500 · Insurance</b>	<b>649.45</b>	<b>634.23</b>	<b>15.22</b>
66520 · Internet/Web/Domain			
66520-1 · GL Suites	3,265.92	3,292.00	(26.08)
66520-2 · E-mail, Website Services	236.18	174.00	62.18
66520-3 · Internet Services	128.11	133.00	(4.89)
66520-4 · Jurisprudence Exam Website	198.00	198.00	0.00
<b>Total 66520 · Internet/Web/Domain</b>	<b>3,828.21</b>	<b>3,797.00</b>	<b>31.21</b>
73500 · Information Technology			
73500-1 · Computer Repair/Upgrade	55.00	60.00	(5.00)
<b>Total 73500 · Information Technology</b>	<b>55.00</b>	<b>60.00</b>	<b>(5.00)</b>
66600 · Office Supplies	765.00	635.00	130.00
66650 · Office Expense			
68710 · Miscellaneous Expenses	0.00	210.00	(210.00)
68700 · Repairs & Maintenance			
68700-1 · Janitorial	500.00	500.00	0.00
68700-2 · Copier Maintenance (7545P)	326.42	312.00	14.42
68700-3 · Copier Maintenance (7435P)	132.74	193.75	(61.01)
<b>Total 68700 · Repairs &amp; Maintenance</b>	<b>959.16</b>	<b>1,005.75</b>	<b>(46.59)</b>
68725 · Security	70.00	70.00	0.00
68715 · Shredding Services	34.90	75.00	(40.10)
68720 · Utilities	513.00	397.00	116.00
<b>Total 66650 · Office Expense</b>	<b>1,577.06</b>	<b>1,757.75</b>	<b>(180.69)</b>
67000 · Printing	607.80	419.60	188.20
67500 · Postage & Delivery	3,087.65	1,210.00	1,877.65
68500 · Rent/Lease Expense			
68500-1 · Equipment Lease	378.73	0.00	378.73
68500-2 · Office	5,556.32	5,556.25	0.07
68500-4 · Storage Warehouse	122.02	255.00	(132.98)
<b>Total 68500 · Rent/Lease Expense</b>	<b>6,057.07</b>	<b>5,811.25</b>	<b>245.82</b>
75000 · Telephone			
75000-1 · Telephone-Office	181.37	212.50	(31.13)
75000-2 · Board Teleconference	0.00	60.00	(60.00)
<b>Total 75000 · Telephone</b>	<b>181.37</b>	<b>272.50</b>	<b>(91.13)</b>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2015

	<u>Jul 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>73600 · Professional Fee</b>			
73600-1 · Accounting	4,640.00	5,000.00	(360.00)
73600-4 · Legislative Services	1,500.00	1,500.00	0.00
73600-2 · Legal-General	2,281.39	2,560.00	(278.61)
<b>Total 73600 · Professional Fee</b>	<u>8,421.39</u>	<u>9,060.00</u>	<u>(638.61)</u>
<b>73700 · Verification Services</b>	2,006.50	2,000.00	6.50
<b>72000 · Employee Wages &amp; Benefits</b>			
72100 · Executive Director	13,492.19	10,451.74	3,040.45
72300 · Credentialing & Licensing Coord	4,039.64	4,478.12	(438.48)
72132 · Site Inspection Coordinator	3,328.97	3,229.37	99.60
72200 · Technology/Finance Liaison	4,709.87	4,169.25	540.62
72130 · Public Info & CE Coordinator	2,902.31	2,576.74	325.57
72140 · Administrative Assistant (P/T)	1,385.93	1,274.50	111.43
72010 · Payroll Service Fees	135.50	135.50	0.00
72005 · Payroll Tax Expense	480.79	489.62	(8.83)
72600 · Retirement Fund Expense (PERS)	6,797.84	6,341.74	456.10
65525 · Health Insurance	4,130.45	4,027.12	103.33
<b>Total 72000 · Employee Wages &amp; Benefits</b>	<u>41,403.49</u>	<u>37,173.70</u>	<u>4,229.79</u>
<b>72400 · Board of Directors Expense</b>			
72400-1 · Director Stipends	1,080.00	990.00	90.00
72400-2 · Committee Mtgs-Stipends	0.00	350.00	(350.00)
72400-3 · Director Travel Expenses	0.00	820.00	(820.00)
72400-9 · Refreshments - Board Meetings	134.77	350.00	(215.23)
<b>Total 72400 · Board of Directors Expense</b>	<u>1,214.77</u>	<u>2,510.00</u>	<u>(1,295.23)</u>
<b>60001 · Anesthesia Eval Committee</b>			
60001-1 · Evaluator's Fee	2,225.00	1,085.00	1,140.00
60001-4 · Travel Expense	901.89	487.50	414.39
<b>Total 60001 · Anesthesia Eval Committee</b>	<u>3,126.89</u>	<u>1,572.50</u>	<u>1,554.39</u>
<b>73650 · Investigations/Complaints</b>			
72550 · DSO Coordinator	400.00	350.00	50.00
73650-1 · DSO Consulting Fee	1,987.50	3,467.99	(1,480.49)
73650-2 · DSO Travel Expense	30.79	531.25	(500.46)
73650-3 · Legal Fees-Investigations	14,446.10	24,583.37	(10,137.27)
73650-4 · Staff Travel & Per Diem	0.00	250.00	(250.00)
73650-7 · Miscellaneous Investigation Exp	0.00	166.70	(166.70)
73650-6 · Reimb Investigation Expenses	(7,284.00)	(18,750.00)	11,466.00
<b>Total 73650 · Investigations/Complaints</b>	<u>9,580.39</u>	<u>10,599.31</u>	<u>(1,018.92)</u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2015

	<u>Jul 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
60002 · Infection Control Inspection			
60002-1 · Initial Inspection Expense	137.50	695.87	(558.37)
60002-2 · Reinspection Expense	41.67	68.75	(27.08)
60002-3 · Random Inspection Expense	0.00	68.75	(68.75)
60002-4 · Travel Expense	359.36	262.50	96.86
Total 60002 · Infection Control Inspection	<u>538.53</u>	<u>1,095.87</u>	<u>(557.34)</u>
Total Expense	<u>85,858.73</u>	<u>81,417.71</u>	<u>4,441.02</u>
Net Ordinary Income	20,854.37	20,296.83	557.54
Other Income/Expense			
Other Income			
40800 · Interest Income	25.54	45.87	(20.33)
Total Other Income	<u>25.54</u>	<u>45.87</u>	<u>(20.33)</u>
Net Other Income	<u>25.54</u>	<u>45.87</u>	<u>(20.33)</u>
Net Income Over Expenses	<u>20,879.91</u>	<u>20,342.70</u>	<u>537.21</u>



8 phones - Verizon  
5 phones - Mediacall  
Labor to be  
divided

Quote

Expires On: 12/31/2015

Account Executive: Allan Pedersen

Email:

Phone:

## State of Nevada Board of Dental Examiners

Requested By:

### Bill To Information

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

### Ship To Information

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

THE GOOD OF THE STATE MASTER CONTRACT #3067  
Drop ship Ground shipping to the address on this contract.  
This Quote includes Install Charges for (13) 9611G Phone Sets.

### Unified Communications - ECG

Part Number	Description	Qty	Unit Price	Ext. Price
Las Vegas				
700504845a	IP PHONE 9611G ICON ONLY - REFURB	13	\$196.25	\$2,551.25
Unified Communications - ECG Total				\$2,551.25

### Labor

### Unified Communications - ECG

Part Number	Description	Qty	Unit Price	Ext. Price
Las Vegas				
00044	Contract Price - Labor	1	\$300.00	\$300.00
Unified Communications - ECG Total				\$300.00





Quote

Document #:	213513-001
Expires On:	12/31/2015

**Quote Totals**

Equipment Total \$2,551.21

Labor Total \$300.00

**Grand Total \$2,851.21****Terms and Conditions**

All new products are guaranteed to be as specified by the manufacturer's documentation and are provided with the manufacturer's standard product warranty. All refurbished components are covered by a Carousel direct warranty. Customer is responsible for any electrical service environmental conditions and cable work needed to support the quoted Products unless otherwise specified on the Quote. Any changes to the above Products and/or Scope of Work will require the written authorization of both Carousel and the Customer. The grand total does not include taxes and freight charges, and as applicable, these costs will be added to the invoice.

All work is done subject to the terms and conditions of Carousel's Master Agreement (available at <http://www.carouselindustries.com/company/master-agreement>), unless Carousel and the Customer have previously agreed to otherwise in writing.

**Method of Payment**☐ Cash Purchase\*

Terms of Payment: Net 30 with Purchase

\*All cash purchases are subject to credit approval and down payments must be received prior to Product order or rendering of Services.

By signing below, Customer makes an offer to purchase the Products and/or Services above from Carousel. Carousel's acceptance of this offer to purchase shall be evidenced by the conversion of the Quote into a Carousel Service Order, and the return of the Service Order number to the Customer.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§ 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals on the basis of protected veteran status or disability, and require affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans and individuals with disabilities.

Carousel Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

monthly  
service fee

**COX COMMUNICATIONS LAS VEGAS, INC d/b/a COX Business**

**SERVICE ORDER FORM**

**State of Nevada Subordinate Agreement**

**State RFP Contract #1773**

Cox Customer Account Number:	<b>Cox Representative Information</b>
Federal Tax ID Number:	Contact Address: Cox Business -Las Vegas 1700 Vegas Drive, Las Vegas, NV 89106
State of Nevada Purchase Order #	Contact Number: Victoria Zrebiec 702-545-1889

<b>Customer Billing Information</b>	<b>Customer Contact Information</b>
Legal Entity Name ("State Agency"): <b>Board of Dental Examiners</b>	Customer Name: <b>David MacRae</b>
Billing Address: <b>TBD</b>	Business Phone Number: <b>(702) 486-2487</b>
City/State/Zip:	Business Fax Number: <b>(702) 486-2932</b>
<b>Service Location: See below</b> (if different from above)	Additional Contact Number:
<b>Street Address: 6010 S Rainbow #A1</b>	E-mail Address: <b>dmacrae@admin.nv.gov</b>
<b>City/State/Zip: Las Vegas, NV 89118</b>	Installation Date: TBD

Cox shall provide the following Services and equipment and Customer agrees to the terms set forth below:

(Customer Initials)

Service Description	Quantity	Term	Total Service Charges	
			Monthly Recurring /Access Charge	Non Recurring/One-time Activation and Set-up Fees
Metro E Fiber- 10 Mg UNI	1	60	\$378.00	
<b>Totals:</b>			<b>\$378.00</b>	
Equipment Description	Quantity	Unit Price	Installation Fees	Total Equipment

☐ **Special Terms and Conditions**

**\*this is replacing the existing 5Mb HFC**

Pursuant to NRS 332.195, Cox authorizes the State Agency referenced above to join the contract entitled Contract for Services of Independent Contract (RFP/Contract #1773) between the State of Nevada and Cox Communications Las Vegas, Inc. d/b/a Cox Business, including Amendment No.1 to Contract No. RFP 1773 (collectively, the "State Contract") through this Subordinate Agreement. The State Agency hereby adopts and joins as its own agreement the terms and conditions stated in the State Contract. This agreement shall be effective on the date hereof and the terms and conditions of said agreement shall be exactly the same terms and conditions as those of the State Contract except as to those terms and conditions that contain specific identifying information related to the State. As to those terms and conditions, information of the State Agency which is the same or comparable shall be deemed substituted. In the event of any conflict between the terms and conditions described in this contract (or any attachments thereto) and any of the terms and conditions contained in a State Contract, the terms and conditions of this contract and its attachment(s) shall prevail. The term of this agreement shall commence on the date hereof and shall end on the last day of the month of the then current "term".

State Agency

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Cox Communications Las Vegas, Inc.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# 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

## The Nevada State Board of Dental Examiners welcomes the following new licensees to the Silver State

### DENTAL LICENSEES:

Name	Lic No	Lic Date
Megan-Vinh Q Dinh DMD	6683	08/12/2015
Katie B Foster DMD	S6-138	08/12/2015
Michael P Lund DDS	6702	08/12/2015
Jeffrey L Mason DMD	6696	08/12/2015
Peter S Nguyen DDS	S6-139	08/12/2015
Tuong Vi T Nguyen DDS	6699	08/12/2015
Jennifer R Rearrick DDS	6701	08/12/2015
Fahtema Sadat DDS	6693	08/12/2015
Andrew D Schneider DDS	6684	08/12/2015
Melanie L Seto DDS	LL-405-15	08/12/2015
Laurita T Siu DDS	6706	08/26/2015
Demitri Villarreal DDS	S4-97C	08/12/2015
Nasim Zarkesh DDS	6688	08/10/2015

### DENTAL HGYIENE LICENSEES:

Name	Lic No	Lic Date
Krystal A Bode RDH	102123	08/26/2015
Michelle R Scheitzach RDH	102119	08/12/2015
Morgan E Yocom RDH	102122	08/12/2015

August 25, 2015

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

Received  
SEP 02 2015  
NSBDE

Re: *Marianne Cohan, DDS – Stipulation Agreement*

Dear Board of Dental Examiners:

Thank you very much for reinstating my dental license at the October 3, 2014 meeting of the Nevada State Board of Dental Examiners (the "Board"). I could not be more appreciative of the opportunity to serve the Las Vegas community.

Pursuant to the stipulation entered into between myself and the Board, my license was placed on probation for a period of three (3) years. During this probationary period, I have been required to: (1) maintain daily logs for any patient who receives endodontic treatment, or has an extraction, performed by myself; (2) provide the Board with copies of the daily logs on the 5<sup>th</sup> of each month; and (3) reimburse the Board for costs of their monitoring.

This arrangement has not prevented me from finding work as a dentist in Las Vegas. In fact, I am currently working, and could not enjoy the work environment and patient interaction more. However, the probationary status has prevented me from the opportunity of possibly purchasing a dental practice in Las Vegas based upon the additional risk lenders associate with professionals who are licensed on a probationary basis.

For this reason, I am requesting that the Board consider removing the probationary status of my licensing at its next meeting. I would also respectfully propose that I continue to comply with the Board's monitoring provisions, in the event that the Board grants my request.

Thank you very much for all of your professional courtesy in handling these issues.

Very truly yours,

A handwritten signature in black ink, appearing to read "Marianne Cohan DDS". The signature is fluid and cursive, with the "M" and "C" being particularly large and stylized.

Marianne Cohan, DDS

To: Nevada State Board of Dental Examiners

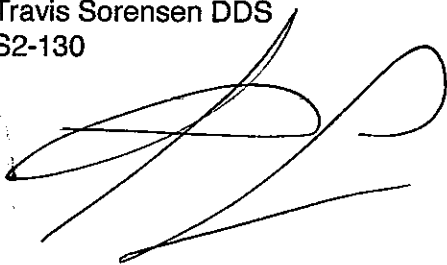
Re: Request for Formal Petition before the board

Date: 08/20/2015

My name is Travis Sorensen license # S2-130. I am writing to request a petition before the board on September 18th, 2015 regarding the duration of the probationary period placed on my license as a result of the stipulation agreement I entered into on June 19th, 2015.

Thank you

Travis Sorensen DDS  
S2-130

A handwritten signature in black ink, appearing to be 'TS', with a large loop and a long horizontal stroke.

Received

AUG 24 2015

NSBDE





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

**PETITION FOR ADVISORY OPINION**

Applicant/Licensee: Nicole Mackie DDS MS FACP Date: 8-10-15  
Address: 6460 Medical Center Street Suite No.: 300  
City: Las Vegas State: NV Zip Code: 89148  
Telephone: [REDACTED] x: [REDACTED] Email: [REDACTED]  
Cell: [REDACTED]

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

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

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

Please see attached

The substance and nature of this request is as follows:

(State clearly and concisely petitioner's question.)

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

Please see attached

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

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

Nicole Mackie  
Applicant/Licensee Signature

Received  
AUG 12 2015  
NSBDE

August 10, 2015

Dear Nevada State Board of Dental Examiners:

My name is Dr. Nicole Mackie and I am happy to be a new member of the Nevada dental community. I understand as a Dental Board, and a governing body to the state, the goal is to protect the dental health interest of Nevadans by developing and maintaining programs to ensure only qualified professionals are licensed to practice and the violations are sanctioned appropriately. This is also important to me as I am continually learning and educating myself to be at the highest skill level for practitioners in the field. As a board certified prosthodontist and diplomate in the American College of Prosthodontics, evidence based health care with safe practices and predictable, healthy, long term outcomes, is my mission.

I am respectfully requesting that the Board allow a specialty licensed board-certified Prosthodontist to utilize injectables (BoNTA Botulinum Toxin Type A (Neurotoxin) (examples: Botox, Dysport) including dermal fillers (Hyaluronic acid, Calcium Hydroxylapatite, Poly-L lactic acid, 80% Purified Bovine Collagen and 20% Polymethyl-methacrylate (PMMA) Microspheres, with 0.3% lidocaine ( examples: Juvederm, Voluma, Restylane)) in clinical practice.

This request seeks clarification of the following Statutes:

NRS 631.215 Persons deemed to be practicing dentistry; regulations regarding clinical practice of dentistry; and

NRS 631.255 Issuance of specialist's license to person without required clinical examination

Upon showing to the satisfaction of the Board a minimum continuing education requirement or a case presentation of photos if taught in specialty residency, a specialty licensed board-certified prosthodontist should be eligible to utilize neurotoxins including dermal fillers in prosthetic practice. Utilizing injectables is within the scope of practice in prosthodontics as we utilize prosthetics, artificial, biologic, and non-biologic, on a daily basis, and injectables are a form of prosthesis. I have taken numerous continuing education classes in injectables, as well as started my learning process of them in post-graduate residency where in the curriculum scientific articles of notable journals, scholarly peer reviewed evidence based articles were reviewed. Continuing my study of injectables, I attend professional organizations, formal meetings, and assess sources where these prosthetic adjuncts are reviewed. I am also licensed in another state where I have been actively injecting, with appropriate professional liability coverage, for 3 years.

According to both the Journal of Prosthetic Dentistry and the Academy of Prosthodontics: Prosthodontics (1947) defined also the ACP Prosthodontia: prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or maxillofacial tissues using biocompatible substitutes. Prosthetics, also according to the same references, are the art and science of supplying artificial replacements for missing parts of the human body.

Implant, reconstructive and aesthetic dentistry are the prosthodontist's primary focus as well as maxillofacial prosthetics. Injectables are prosthetics.

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Injectables, such as neurotoxin and dermal fillers are biocompatible substitutes. The FDA has approved certain dermal filler products and neurotoxin by U.S. Manufacturers for use in clinical practice.

From a general dental and prosthodontic perspective, injectables can directly or indirectly help address conditions and symptoms such as:

- Bruxism/Teeth Grinding, Pathologic Clenching
- Cleft Lip/Palate, Congenital Defects- (for enhancement/aid in treatment)
- Gingival deficiency- "black triangles"
- "Gummy smile"
- Oromandibular dystonia
- Masseteric hypertrophy
- Jaw Pain
- Loss of lip support
- Misshapen Tooth/Teeth, Missing Tooth/Teeth
- Oral Cancer
- Osteonecrosis of the Jaw
- Parafunction
- TMJ/TMD
- Vertical dimension deficiency

This list of conditions may be part of complex dental/oral maxillofacial treatments, such as full denture cases, full mouth reconstruction, dental implant reconstruction, that need or could directly benefit from neurotoxins or dermal fillers. As such, neurotoxin or dermal fillers would be an essential part of the prosthodontist's armamentarium. For successful treatment outcomes and to treat certain diagnoses, neurotoxins and dermal fillers are necessary and squarely within the scope of prosthodontics.

Prosthodontic/Prosthetic patients are referred and treated due to complex oro-facial conditions. To reestablish facial landmarks, contours and dimension, a variety of prosthetics and adjuncts are utilized. For example, adjuncts can be acrylic, different metals, ceramics, and implanted materials such as titanium implants, bone grafting substitutes, and collagen membranes. Dermal fillers are another category of prosthetics necessary or desirable in treatment. Achieving ideal results of form and function require these adjuncts.

To prevent certain parafunction or aid in treatment of a disorder neurotoxins are needed. The mechanism of action inhibits exocytosis of acetylcholine on cholinergic nerve endings of motor nerves as it prevents the vesicle where acetylcholine is stored from binding to the membrane where the neurotransmitter can be released.

Both are also utilized to complete necessary treatments. For example:

-Patient is edentulous and is rehabilitated with implant supported bridges. Patient has lost facial support due to tooth loss and needs to regain facial contour for function and cosmesis.

-Patient clenches/bruxes and tooth wear is constant. Consistent breakage of restorations and thus parafunction develops.

Please consider this request for Advisory opinion regarding clarification concerning the use of injectable (neurotoxins and dermal fillers) by specialty licensed board-certified Prosthodontists with training satisfactory to the Board.

Sincerely,



Nicole Mackie, DDS, MS, FACP (S5-43C)



**Received**

**AUG 12 2015**

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# 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 Hygiene licensure by:

(Please check one)

Licensure by ADEX Exam (NRS631.240): \$600 <input type="checkbox"/>		Licensure by WREB Exam (NRS631.240): \$600 <input checked="" type="checkbox"/>	
Limited Licensure (NRS631.271): \$125		Restricted Geographical (NRS631.274): \$125	
Resident: <input type="checkbox"/>	Instructor: <input type="checkbox"/>	Underserved County(ies): <input type="checkbox"/>	FQHC or Non-Profit: <input type="checkbox"/>
Indicate Residency Program:	Indicate Instructor Facility:	Indicate County(ies)	Indicate FQHC Facility or Non Profit
Military Spouse by Reciprocity/ Credential: \$600.00 <input type="checkbox"/>			

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

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

Last: <b>PATAM</b>	First: <b>PAULO</b>	Middle: [REDACTED]	Suffix:
Soc. Security #: [REDACTED]	Age: [REDACTED]	Male: <input checked="" type="checkbox"/>	Birthdate: [REDACTED]
Birthplace (City, County, State, & Country): [REDACTED]			
Have you ever been known by any other name?			
If yes, state in full every other name by which you have been known, the reason therefore, and the inclusive dates so known:			
[REDACTED]			
If a married woman, state maiden name:			
[REDACTED]			
If a name change was made by court order, attach a CERTIFIED COPY of the court order.			
Are you a U.S. born citizen?			
If no, are you naturalized?			
If yes, naturalization #		Naturalization Date:	Place:
If no, were you born abroad of US citizens?			
If no, are you a legal resident?			
Is your application for naturalization pending?			
Date of Application:		Place:	
*You must submit appropriate proof of Citizenship or legal documentation for lawful entitlement to remain in the U.S. and work in the U.S.*			

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**(A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY****(B) PREVIOUS STREET ADDRESSES**

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

5. Address:	City:	State:	Zip Code:
County:	Dates: to		
6. Address:	City:	State:	Zip Code:
County:	Dates: to		
7. Address:	City:	State:	Zip Code:
County:	Dates: to		
8. Address:	City:	State:	Zip Code:
County:	Dates: to		
9. Address:	City:	State:	Zip Code:
County:	Dates: to		
10. Address:	City:	State:	Zip Code:
County:	Dates: to		

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**(C) MILITARY SERVICE**

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

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

**(D) EDUCATION & CERTIFICATIONS****DENTAL HYGIENE EDUCATION:**

Dental Hygiene School: <u>CARRINGTON COLLEGE</u>	
City: <u>BOISE</u>	State: <u>IDAHO</u>
Years Attended: (month/year)	Graduation Date: (month/year)
<u>01/12</u> to <u>12/12</u>	<u>12/12</u> to
Degree Earned: Associates <input checked="" type="checkbox"/> Bachelors <input type="checkbox"/>	

**(E) LASER USE AND CERTIFICATION**

I utilize laser radiation in the performance of my practice of dental hygiene.
I certify that each laser I use in my practice of dental hygiene has been cleared by the United States Food and Drug Administration for use in dental hygiene.
Attach a copy of proof of course completion of laser proficiency indicating successful completion of a recognized course pursuant to Board regulation NAC631.033 and NAC631.035 based on the curriculum guidelines and standards for dental laser education as adopted by the Academy of Laser Dentistry.

**(F) CONTINUED CLINICAL COMPETENCY**

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

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)
- (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)

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## (H) DENTAL HYGIENE PRACTICE & EMPLOYMENT HISTORY

Have you ever been employed as a dental hygienist?

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

Current Practice Address (If any):

City:

State:

Zip Code:

Telephone:

Fax:

Email address:

## (I) PREVIOUS EMPLOYMENT

Name of Employers:

Reason for leaving:

Name of Employers:

Reason for leaving:

Name of Employers:

Reason for leaving:

Name of Employers:

Reason for leaving:

Name of Employers:

Reason for leaving:

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**(J) EXAMINATION AND LICENSURE HISTORY****NATIONAL BOARD EXAMINATION**

Date Taken: [REDACTED]

Have you ever participated as a candidate in dental hygiene clinical examination(s) administered by Nevada or any state, territory, or the District of Columbia, or any Regional Testing Agency?

If yes, list the following for each examination. Use additional sheets if necessary:

**STATE CLINICAL EXAMS**

State, Territory, DC

Date(s) of Clinical Examination:

to

PASS

☐

FAIL

☐

State, Territory, DC

Date(s) of Clinical Examination:

to

PASS

☐

FAIL

☐**REGIONAL CLINICAL EXAMS**

Regional Testing Agency:

Date(s) of Clinical Examination:

Regional Testing Agency:

Date(s) of Clinical Examination:

Regional Testing Agency:

Date(s) of Clinical Examination:

to

PASS

☐

FAIL

☐

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

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

State, Territory, DC

Date of Application:

Result of Application (Granted, Denied, Pending):

State, Territory, DC

Date of Application:

Result of Application (Granted, Denied, Pending):

State, Territory, DC

Date of Application:

Result of Application (Granted, Denied, Pending):

1 Have any proceedings been initiated against you to revoke or suspend your dental hygiene license?

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?

3 Have you ever been terminated or attempted to terminate or surrender a dental hygiene license in any state, territory or the District of Columbia?

4 Have you ever been denied a dental hygiene license in this state, another state, or a territory of the U.S. or the District of Columbia?

If you answered "Yes" to question 1, 2, 3 and/or 4, provide a full explanation of each answer on a separate sheet and attach to this application.

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**(K) MALPRACTICE**

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

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

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

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:

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:

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:

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**(L) MORAL CHARACTER**

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

- 1 Have you ever been suspended or otherwise disqualified?
- 2 Have you ever been reprimanded, censured, restricted or otherwise disciplined?
- 3 Have any charges or complaints, formal or informal, ever been made or filed against you, or have any proceedings been instituted against you? (Dental Society, Associations, Hospitals, or States)
- 4 (a) 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)]?
- (b) Have you ever received a citation or been cited for any traffic violations?

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

- 5 Have you ever been declared a ward of any court, or adjudged as incompetent, or have any proceedings ever been brought to have you declared a ward of any court or adjudged as incompetent, or have you ever been committed to any institution?
- 6 Have you ever been dropped, suspended, expelled or disciplined by any school or college for any cause whatsoever?

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

- 7 Have you ever been denied participation in, or suspended from, the Medicaid or Medicare benefit program?
- 8 Have you ever had a civil court action in which you were either the plaintiff or defendant?  
(please include all civil actions civil disputes, negligence or personal injury)

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

**(M) STATEMENT OF CHILD SUPPORT**

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

- 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.

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

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

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

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

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

APPLICANT

[Signature]  
Applicant Signature

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

07/02/15  
Date of Signature (must correspond with notary date)

[Redacted]  
Applicant's 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

2ND day of July, 20 15

[Signature]  
Notary Public

March 21 2017  
My Commission Expires



Received

JUL 06 2015

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# 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 Maryland  
COUNTY OF Fredrick

Received  
AUG 31 2015  
NSBDE

I, Barbara B. Bell DDS, hereby surrender my Nevada  
Dental/Dental Hygiene (circle one) license number 1051 on \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

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.

Barbara B. Bell DDS  
Licensee Signature

8/25/15  
Date

Notary Seal

[Signature]  
Notary Signature

~~/~~ Licensee Current Mailing Address:

[Redacted Address]

~~/~~ Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

[Redacted Phone Number]



# Nevada State Board of Dental Examiners

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

## VOLUNTARY SURRENDER OF LICENSE

STATE OF Nevada

COUNTY OF Elko

I, Shelton L. Chow, hereby surrender my Nevada  
Dental Dental Hygiene (circle one) license number GR6487TA on 20 day of  
July, 2015.

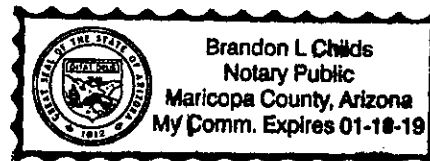
By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action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

[Signature]  
Licensee Signature

07-20-15  
Date

[Signature]  
Notary Signature

Notary Seal



Licensee Current Mailing Address: [Redacted]

Home Phone N/A

Cell Phone: [Redacted]

Received

AUG 10 2015

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02/2013



# 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 Oklahoma

COUNTY OF Comanche

I, Mathew Jones, hereby surrender my Nevada  
Dental Dental Hygiene (circle one) license number 53-141 on 5 day of  
August, 20 15.

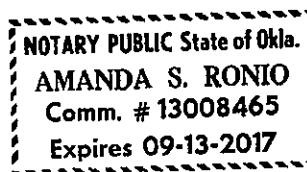
By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action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

[Signature]  
Licensee Signature

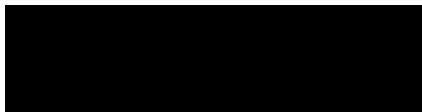
8-5-15  
Date

[Signature]  
Notary Signature

Notary Seal



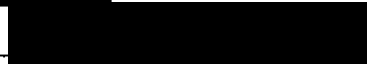
Licensee Current Mailing Address:



Home Phone

Cell Phone:



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# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

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## VOLUNTARY SURRENDER OF LICENSE

STATE OF Virginia

COUNTY OF Prince William

Swathi Reddy, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 83-1570 on 03 day of  
August, 2015.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC)  
1.160, 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  
filing a complaint for disciplinary action filed against this licensee.

\_\_\_\_\_  
Licensee Signature

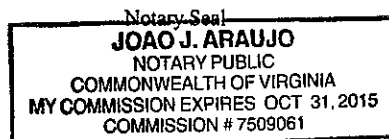
\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Licensee Current Mailing Address:

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone:



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AUG 13 2015

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02/2013



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

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## VOLUNTARY SURRENDER OF LICENSE

STATE OF NV

COUNTY OF Clark

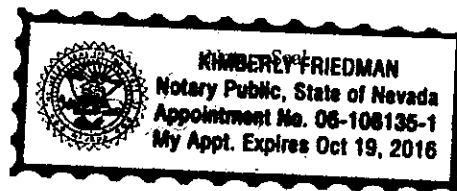
I, Robert H. TALLEY DOS, hereby surrender my Nevada  
(Dental/Dental Hygiene (circle one)) license number 2002 on 27 day of  
July, 20 15.

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.

[Signature]  
Licensee Signature

7/27/15  
Date

[Signature]  
Notary Signature



Licensee Current Mailing Address:

Home Phone

Cell Phone:

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JUL 27 2015  
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## Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

### VOLUNTARY SURRENDER OF LICENSE

STATE OF NEVADA

COUNTY OF WASHOE

I, ALBERT ROSS WETSEL, DDS, hereby surrender my Nevada  
Dental Dental Hygiene (circle one) license number 517 on 22<sup>ND</sup> day of  
JULY, 20 15.

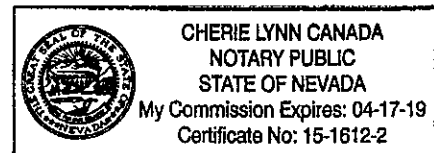
By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action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

Albert Ross Wetzel, DDS  
Licensee Signature

07/22/15

Date

Cherie Lynn Canada  
Notary Signature



Notary Seal

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON 07/22/15 by  
ALBERT ROSS WETSEL

Licensee Current Mailing Address: [REDACTED]

Home Phone: [REDACTED]

Cell Phone: [REDACTED]

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NSBDE



## Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

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### VOLUNTARY SURRENDER OF LICENSE

STATE OF

FLORIDA

COUNTY OF

LEE

Received  
AUG 31 2015  
NSBDE

I,

ALAN D. WILLIS

, hereby surrender my Nevada

Dental

Dental Hygiene (circle one) license number

53-890

on

25

day of

AUGUST

, 2015

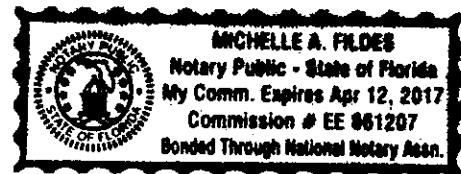
By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action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

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

Notary Seal



~~Licensee Current Mailing Address:~~ \_\_\_\_\_

~~Home Phone:~~ \_\_\_\_\_

Cell Phone: \_\_\_\_\_