

NEVADA STATE BOARD  
of  
DENTAL EXAMINERS



INTENT TO ACT HEARING &  
BOARD MEETING

SEPTEMBER 23, 2016

9:00 A.M.

**PUBLIC BOOK**

\*\* DO NOT REMOVE BOOK FROM OFFICE \*\*



## The American Society for Aesthetic Plastic Surgery, Inc.

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11262 Monarch Street  
Garden Grove, California 92841-1441  
T: 562.799.2356 F: 562.799.1098 [asaps@surgery.org](mailto:asaps@surgery.org)

August 3, 2016

Nevada State Board of Dental Examiners  
[nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov)

Sent via e-mail

6010 S. Rainbow Blvd., Ste. A-1

Las Vegas, NV 89118

RE: In Opposition to the Nevada State Board of Dental Examiners Proposed Rule:

Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables

Dear Honorable Members of the Nevada State Board of Dental Examiners:

I am writing today on behalf of the 2300 board certified members of American Society for Aesthetic Plastic Surgery (ASAPS) to register our opposition to the proposed amendments to Chapter 631 of the Nevada Administrative Code which, if passed, would allow dentists and dental hygienists to administer botulinum toxin (Botox), dermal fillers or other facial injectables after completing twenty-four hours of coursework. My colleagues and I consider this a serious patient safety concern, the facts of which are detailed below.

### **Prior Inaccurate Testimony.**

Before I get into the factual points behind this opposition, I would like to state clearly and upfront that when the Board was considering on January 22, 2016 permitting non-MDs to inject fillers, in Item 6 New Business of the Notice of Public Meeting for November 20, 2015, a discussion ensued regarding complications. The speaker, Nicole Mackie, DDS, MS, FACP, in my view, downplayed the complications to an extent that is shocking to any physician or nurse qualified and licensed to perform injections. Here is the colloquy:

*Dr. Kinard enquired for a brief summary of possible complications that can arise from using injectables. Dr. Mackie stated that both materials, botox and dermal fillers, were reversible. She stated, however, that injecting too close with dermal fillers can cause artery and vein issues.*

Either Dr. Mackie intentionally misled the board by not mentioning tissue necrosis, stroke or irreversible blindness, complications for which dentists are not equipped to handle, or she was simply unaware of them. Either situation, in this context, is unconscionable and clearly demonstrates why this amendment is a direct threat to patient safety.

[http://dental.nv.gov/uploadedFiles/dentalnvgov/content/Public Info/Meetings/2016/PublicBook.pdf](http://dental.nv.gov/uploadedFiles/dentalnvgov/content/Public%20Info/Meetings/2016/PublicBook.pdf)

### **Injectables Require Extensive Training.**

Suggesting that 24 hours of training is sufficient borders on the ludicrous. Not only is this woefully inadequate training, but the knowledge of facial anatomy necessary to safely administer these biologics is simply not in a dentist's or dental hygienist's basic clinical training or education. Without such knowledge these "cosmetic" injections have the potential to cause serious adverse events including blindness and stroke (Curruthers JD, 2014; 134(6) :). Because of this we formally request that these proposed amendments be withdrawn.

### **Cash Can Blind Injectors to Complications.**

Botox, dermal fillers and other cosmetic injectables are hugely popular with consumers and demand for these products has produced a cottage industry of dentists, unqualified nurses and unlicensed laymen to perform injections in both medical and non-medical settings.

Injectables, of course are not reimbursable and presents an opportunity to create a cash business. While attractive to the bottom line, it is important to remember that these are medical procedures with very real side-effects and complications for patients, usually associated with technique and injector expertise.

### **Medical Knowledge of Facial Anatomy is Critical.**

The Food and Drug Administration (FDA) approved uses of Botox Cosmetic is for glabellar frown lines on the forehead and crow's feet in the eye area. The pharmacologic is also approved for a variety of medical conditions from migraine to excessive sweating, overactive bladder, or loss of bladder control. The glabellar frown lines and crow's feet in the eye area both require an expert knowledge of facial anatomy, and are obviously nowhere near the oral cavity. The expertise that dentists and dental hygienist possess does not involve the majority of facial anatomical areas in which Botox and fillers are injected, and this lack of training increases the patient's risk of complications, and is compounded by a lack of expertise in how these complications can be dealt with.

### **Dentists and Hygienists Lack the Medical Knowledge to Avoid Complications.**

Only physicians, certified professional nurses and PAs as authorized by state law should inject Botox and fillers. Hygienists are trained only in tooth/alveolar anatomy and have, at best, scant knowledge of the anatomy of the perioral area, let alone the rest of the face. No credible claim can be made that they are equipped to inject Botox or fillers into lips or the skin of the face, and to allow this carries significant risk to the patient. Dentists have more training, but they also lack the additional, critical knowledge of how to diagnose and treat serious complications such as nodules, granulomas, skin necrosis, blindness and anaphylaxis.

### **Injectables Informed Consent Exceeds Dentists' Scope of Practice.**

Not all individuals are candidates for injections of Botox or dermal fillers. Among those who should not receive such injections are those who are sensitive to the ingredients; patients with neuromuscular diseases (such as myasthenia gravis, Eaton-Lambert syndrome, or amyotrophic lateral sclerosis); and

pregnant (also lactating/breast feeding) women. Injections should also be applied with caution and discretion in those patients on anticoagulation/aspirin therapy; patients treated with aminoglycosides, penicillamine, quinine, or calcium channel blockers, as these drugs have been known to possibly potentiate clinical effects. In a dental setting, it is considerably less likely that these factors from a patient's medical record will be sufficiently reviewed.

**Dentists Cannot Insure Injectable Patient Safety.**

Injections of Botox, dermal fillers and other cosmetic injectables are medical procedures and are subject to the same precautions of any medical procedure. Treatment should be administered in the physician's office or other clinical setting with appropriate medical personnel and necessary equipment to safely observe patients and deal with possible complications. Providers who are not qualified to assess or treat complications should not administer the injections. In a dental setting, patients also do not have the recommended continuing access to medical supervision for several weeks following treatment, should an adverse event occur.

**There Is No Shortage of Qualified Medical Injectors.**

Patients can easily find well-trained providers of Botox, dermal fillers and other cosmetic injectables in the physician community. It therefore makes no sense, and puts patients at unnecessary risk to allow lesser trained practitioners to administer cosmetic injectables.

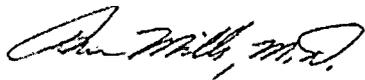
**Please Read the Package Inserts.**

I have attached copies of the Allergan package inserts for Juvederm Voluma XC and Botox Cosmetic. Please read them. The Juvederm insert contains 6 pages of indications and complications. The Botox insert contains 19 pages of indications and complications. These injectables are serious medical procedures which carry serious medical risks. Dentists and their hygienists do not possess sufficient education to administer them safely. A dentist injecting biologics into the face would, in our view, seriously undermine patient safety.

[http://www.allergan.com/assets/pdf/botox\\_cosmetic\\_pi](http://www.allergan.com/assets/pdf/botox_cosmetic_pi)

[http://www.allergan.com/assets/pdf/juvederm\\_voluma\\_xc\\_dfu](http://www.allergan.com/assets/pdf/juvederm_voluma_xc_dfu)

Sincerely,



Daniel C. Mills, MD

President,

The American Society for Aesthetic Plastic Surgery

## Angelica L. Bejar

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**From:** Lauren Breithaupt [REDACTED]  
**Sent:** Friday, July 29, 2016 8:21 AM  
**To:** Angelica L. Bejar  
**Cc:** Patrick Hermes; Jessica Frasco  
**Subject:** ASPS Comments: Opposing Dental Scope Expansion for Injectables  
**Attachments:** ASPS Comments - Dental Scope - NV - 07-29-2016.pdf

Dear Ms. Bejar:

Attached please find comments from the American Society of Plastic Surgeons and our member surgeons practicing in Nevada respectfully opposing the Nevada State Board of Dental Examiners' draft rule permitting dentists and dental hygienists to administer Botox, dermal fillers and other facial injectables.

I was forwarded your information as the proper person to direct these comments to. If that is not the case, I would greatly appreciate it if you would forward the attached to the appropriate staff person.

Thank you for your attention to this correspondence, and if you have any questions please do not hesitate to contact Patrick Hermes, Senior Manager of Advocacy and Government Affairs, at [REDACTED] or at 847-228-3331 with any comments, questions or concerns. Additionally, ASPS would be happy to discuss this important issue with the board.

Lauren Breithaupt, JD  
Government Affairs Associate  
**American Society of Plastic Surgeons**  
444 E Algonquin Road  
Arlington Heights, IL 60005  
[REDACTED]  
o: 847-228-3326  
[REDACTED]



AMERICAN SOCIETY OF  
PLASTIC SURGEONS



THE PLASTIC SURGERY  
FOUNDATION

Executive Office

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July 29, 2016

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

RE: In Opposition to the Nevada State Board of Dental Examiners Proposed Rule:  
Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables

Dear Honorable Members of the Nevada State Board of Dental Examiners:

We are writing on behalf of the American Society of Plastic Surgeons (ASPS) to register our opposition to the proposed amendments to Chapter 631 of the Nevada Administrative Code, which, if passed, would allow dentists and dental hygienists to administer botulinum toxin (Botox), dermal fillers or other facial injectables after completing twenty-four hours of coursework. Training for dentists and dental hygienists is simply not sufficient to perform these procedures, and twenty-four hours of instruction, as required by the draft rule, does not begin to bridge this gap. As such, we formally request that these proposed amendments be withdrawn.

ASPS is the largest association of plastic surgeons in the world, representing more than 7,000 members and 94 percent of all American Board of Plastic Surgery board-certified plastic surgeons in the United States. Plastic surgeons provide highly skilled surgical services that improve both the functional capacity and quality of life of patients. These services include the treatment of congenital deformities, burn injuries, traumatic injuries, hand conditions, cancer and cosmetic procedures. ASPS promotes the highest quality patient care, professional and ethical standards, and supports the education, research and public service activities of plastic surgeons.

Botox, dermal fillers and other cosmetic injectables have grown tremendously in popularity, and with this rise in demand, many levels of medical providers, dental providers and, quite frankly, unlicensed individuals have been providing these services in both medical and non-medical settings. While attractive as a way to generate quick revenue, it is important to remember that these are medical procedures with very real side-effects and complications for patients. Therefore, ASPS advises patients to have treatments performed by qualified physicians, certified nursing professionals or physician assistants (PA) designated by the physician who understand neuromuscular and facial anatomy, facial aging and aesthetics, as well as the potential neurotoxicity of the products.

The largest safety concerns that arise when patients receive cosmetic injections from a dentist or dental hygienist are centered on the correct diagnoses of which patients are appropriate candidates for injections and potential complications arising after the fact.

Not all individuals are candidates for injections of Botox or dermal fillers. Among those who should not receive such injections are those who are sensitive to the ingredients; patients with neuromuscular diseases (such as myasthenia gravis, Eaton-Lambert syndrome, or amyotrophic lateral sclerosis); and pregnant (also lactating/breast feeding) women. Injections should also be applied with caution and discretion in those patients on anticoagulation/ aspirin therapy; patients treated with aminoglycosides, penicillamine, quinine, or calcium channel blockers, as these drugs have been known to possibly potentiate clinical effects. Patients who have unreasonable expectations or psychological issues that would preclude a satisfactory outcome should be excluded from treatment. In a dental setting, it is considerably less likely that these factors from a patient's medical record will be sufficiently reviewed.

**In cases where they might be reviewed, dental hygienists and dentists do not have sufficient training to conduct those reviews. Thus, poor candidates are more likely to receive treatment and complications are more likely to occur.**

As previously noted, the most significant concern that arises when inadequately trained practitioners administer Botox, dermal fillers and other cosmetic injectables is the high stakes risk of complications. The Food and Drug Administration (FDA) approved uses of Botox Cosmetic is for glabellar frown lines on the forehead and crow's feet in the eye area. These areas are nowhere near the oral cavity. Dental training and expertise does not involve the majority of facial anatomical areas in which Botox and fillers are injected, and this lack of training increases the patient's risk of complications. This risk is then compounded because of the lack of expertise in how to treat such complications. Only physicians, certified professional nurses and PAs as authorized by state law should inject Botox and fillers. Hygienists are trained only in tooth/alveolar anatomy and have, at best, scant knowledge of the anatomy of the perioral area, let alone the rest of the face. No credible claim can be made that they are equipped to inject Botox or fillers into lips or the skin of the face, and to allow this carries significant risk to the patient. Dentists have more training, but they also lack the additional, critical knowledge of how to diagnose and treat serious complications such as nodules, granulomas, skin necrosis, blindness and anaphylaxis.

Possible side-effects of Botox administration include drooping of the upper eyelid, significant bruising, cosmetic deformity, etc. Only physicians, certified professional nurses or PAs should inject Botox. Hygienists' training does not compare to the level of medical training that nurses or PAs have, and this puts patients at significant risk. There are also very severe complications that are associated with dermal fillers. If inadvertently injected into blood vessels, for example, extreme complications can occur, including permanent vision impairment, blindness, stroke and necrosis (death) of facial tissue.

Therefore, injections of Botox, dermal fillers and other cosmetic injectables are medical procedures and are subject to the same precautions of any medical procedure. Treatment should be administered in the physician's office or other clinical setting with appropriate medical personnel and necessary equipment to safely observe patients and deal with possible complications. **Providers who are not qualified to assess or treat complications should not administer the injections.** In a dental setting, patients also do not have the recommended continuing access to medical supervision for several weeks following treatment, should an adverse event occur.

Additionally, there is absolutely no "manpower shortage" with regard to the ability of patients to find well-trained providers of Botox, dermal fillers and other cosmetic injectables in the physician community. It therefore makes no sense, and puts patients at unnecessary risk, to allow lesser trained practitioners to administer cosmetic injectables.

Thank you for your consideration of our request for the withdrawal of the Proposed Rule Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables. Please do not hesitate to contact Patrick Hermes, Senior Manager of Advocacy and Government Affairs, at [phermes@plasticsurgery.org](mailto:phermes@plasticsurgery.org) or at 847-228-3331 with any comments, questions or concerns. Additionally, ASPS would be happy to discuss this important issue with the board.

Regards,

Christopher Khorsandi, MD  
Henderson, NV  
*President*  
*Las Vegas Society of Plastic Surgeons*

David Song, MD, MBA  
*President*  
*American Society of Plastic Surgeons*

Goesel Anson, MD, FACS  
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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

## NOTICE OF INTENT TO ACT UPON REGULATIONS LCB File No: R086-16

### Notice of Public Hearing for the Adoption of Proposed Permanent Regulations of the Nevada State Board of Dental Examiners

The Nevada State Board of Dental Examiners will hold a Hearing on Friday September 23, 2016 at 9:00 a.m. during a regularly scheduled meeting of the Board at the offices of the Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, Suite A-1, Las Vegas, Nevada 89118. Videoconferencing will also be available at the offices of the Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, NV 89502.

The purpose of the Hearing is to receive comments from all interested persons regarding the adoption of the following proposed regulations that pertain to Chapter 631 of the Nevada Administrative Code. The revisions are regarding the following:

Pursuant to the requirements of NRS 233B.0603, the following information is provided:

1. Purpose and Need of the Proposed Regulation:

The proposed regulations are necessary to establish Board of Dental Examiners policy and to clarify existing Board of Dental Examiners policy.

2. How to obtain the Revised Text of the Proposed Regulations:

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 and the regulations to be adopted and repealed 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's website at: [dental.nv.gov](http://dental.nv.gov). This notice and the text of the proposed regulations are also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0633, and on the Internet at [www.leg.state.nv.us](http://www.leg.state.nv.us). Copies of this notice and the proposed regulations will also be mailed to members of the public upon request.

3. Estimated Economic effect of the Proposed Permanent Regulations on the Business, which it is to regulate and the Public:

NAC 631.033:

*Use of laser radiation in practice: Documentation required with application for renewal of license. (NRS 631.190, 631.330) Each licensee who uses or wishes to use laser radiation in his or her practice of dentistry or dental hygiene must include with the application for renewal of his or her license:*

1. *A statement certifying that each laser used by the licensee in his or her practice of dentistry or dental hygiene has been cleared by the Food and Drug Administration for use in dentistry; and*

2. *Proof that he or she has successfully completed a course in laser proficiency that:*

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

(b) *Is based on the Curriculum Guidelines and Standards for Dental Laser Education, adopted by reference pursuant to*

NAC 631.035.

a). **Adverse and Beneficial Effect:**

This proposed regulation change amends NAC 631.033 to add a new section for the administration of botulinum toxin, dermal fillers or other facial injectables in his or her practice of dentistry or dental hygiene and establish the education and hands-on training hours required to administer botulinum toxin, dermal fillers or other facial injectables.

b). **Immediate and Long Tem Effect:**

The Board does not foresee any long term effects.

c). **Method utilized to Determine Economic Effect:**

Upon holding a Public Workshop on May 20, 2016 where licensees, members of local associations and societies and public persons attended, the attendees did not object to amending NAC 631.033 to add botulinum toxin, dermal fillers or other facial injectables in his or her practice of dentistry or dental hygiene and establish the education and hands-on training hours required to administer botulinum toxin, dermal fillers or other facial injectables.

d). **The estimated cost to the agency for enforcement of the proposed regulation.**

The immediate cost would include informing the licensed professionals of the State of Nevada of the change in regulation.

NAC 631.175:

*Continuing education. Approved subjects; minimum requirements for clinical subjects; maximum credit for certain types of courses and activities. (NRS 631.190, 631.342)*

1. *Approved subjects for continuing education in dentistry and dental hygiene are.*

(a) *Clinical subjects, including, without limitation.*

(1) *Dental and medical health;*

(2) Preventive services;  
(3) Dental diagnosis and treatment planning; and  
(4) Dental clinical procedures, including corrective and restorative oral health procedures and basic dental sciences, dental research and new concepts in dentistry; and

(b) Nonclinical subjects, including, without limitation:

- (1) Dental practice organization and management;
- (2) Patient management skills;
- (3) Methods of health care delivery; and
- (4) Teaching methodology.

2. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist must annually complete at least 15 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 30 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dentist.

3. In completing the hours of continuing education required pursuant to NAC 631.173, a dental hygienist must annually complete at least 12 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 24 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dental hygienist.

4. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist or dental hygienist must annually complete at least 2 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in NAC 631.178 or biennially complete at least 4 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in NAC 631.178, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dentist or dental hygienist.

5. The Board will credit, as a maximum in any one year of an annual or biennial licensing period, the following number of hours of instruction for the following types of courses or activities:

- (a) For approved study by a group, 3 hours.
- (b) For attendance at a meeting or convention of a dental or dental hygiene society, 1 hour for each meeting, but not more than 3 hours, exclusive of hours of continuing education offered in conjunction with the meeting.
- (c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the number of hours of continuing education required by subsection 1 or 2 of NAC 631.173, as applicable.
- (d) For all other courses conducted by an approved instructor, the number of hours completed by the dentist or dental hygienist.
- (e) For approved dental or dental hygiene services provided in approved nonprofit settings, 6 hours, except that not more than 3 hours will be allowed for any day of volunteer services provided.

a). Adverse and Beneficial Effect:

This proposed regulation change would require dentists who are registered to dispense controlled substances pursuant to NRS 453.213 must complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each renewal period.

b). Immediate and Long Tem Effect:

There should be no adverse effect of the change in the regulation on the dental profession.

c). Method utilized to Determine Economic Effect:

Upon holding a Public Workshop on May 20, 2016 where licensees, members of local associations and societies and public persons attended, the attendees did not object to amending NAC 631.175 to require for those dentist who are registered to dispense controlled substances to complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each renewal period.

The Board did have one written submission from a licensee who was opposed to requiring the 1 hour of continuing education with regards to controlled substance misuse and abuse.

d). The estimated cost to the agency for enforcement of the proposed regulation.

The immediate cost would include informing the licensed professionals of the State of Nevada of the change in regulation

**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.

È 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:

(l) 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.

È 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,

È 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), inclusive, of subsection 1 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.

È 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

a). Adverse and Beneficial Effect:

This proposed regulation change would make the administration of

b). Immediate and Long Tem Effect:

There should be no adverse effect of the change in the regulations on the dental or dental hygiene profession.

c). Method utilized to Determine Economic Effect:

There should be no economic effect of the change in the regulations on the dental or dental hygiene profession.

d). The estimated cost to the agency for enforcement of the proposed regulation.

The immediate cost would include informing the licensed professionals of the State of Nevada of the change in regulation

4. A description of any duplication or overlapping of other local, state, or federal agencies.

To our knowledge, there are no other government entities regulating the licensure of dentists and/or dental hygienists in the State of Nevada. Therefore, there is no duplication or overlap of regulation of another agency.

5. If the regulation is required pursuant to federal law, a citation and description of the federal law.

This regulation is not required pursuant to federal law.

6. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

There are no federal regulations addressing state dental and/or dental hygiene.

Persons wishing to comment may appear at the scheduled hearing 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: Debra Shaffer-Kugel, Executive Director; FAX number (702) 486-7046; e-mail address [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov). Written submissions must be received by the NEVADA STATE BOARD OF DENTAL EXAMINERS on or before September 16, 2016 in order to make copies available to members and the public.

Pursuant to NRS 233B.064(2), *“upon adoption of any regulation, the Board, if requested to do so by an interested person, either before adoption or within thirty (30) days thereafter, shall issue a concise statement of the principal reason for and against its adoption and incorporate therein its reason for overruling the consideration urged against its adoption.”*

### AGENDA POSTING LOCATIONS

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:  
[dental.nv.gov](http://dental.nv.gov)  
Legislative Counsel Bureau, 401 S Carson Street, Carson City, Nevada 89701  
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

**PROPOSED REGULATION OF  
THE BOARD OF DENTAL EXAMINERS OF NEVADA**

**LCB File No. R086-16**

June 30, 2016

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted-material~~] is material to be omitted.

AUTHORITY: §1, NRS 631.190 and 631.330; §2, NRS 631.190, 631.342 and 631.344; §3; NRS 631.190, 631.310, 631.313 and 631.317.

A REGULATION relating to dentistry; requiring an applicant for the renewal of a license to practice dentistry or dental hygiene who administers or wishes to administer botulinum toxin, dermal fillers or other facial injectables in his or her practice to provide proof to the Board of Dental Examiners of Nevada that he or she has successfully completed certain education; requiring a dentist who is registered to dispense controlled substances to complete 1 hour of continuing education relating to the misuse and abuse of controlled substances; providing that a dentist who is licensed in this State may authorize a dental hygienist to administer botulinum toxin, dermal fillers or other facial injectables under certain circumstances; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires the Board of Dental Examiners of Nevada to adopt regulations governing the licensing and practice of dentists and dental hygienists. (NRS 631.190, 631.313, 631.317) **Section 1** of this regulation requires a dentist who administers or wishes to administer botulinum toxin, dermal fillers or other facial injectables to complete a course of study in such administration. Existing regulations also set forth requirements and limits on what types of tasks a dentist may authorize a dental hygienist to perform under his or her supervision. (NAC 631.210) **Section 3** of this regulation allows a dentist to authorize a dental hygienist to administer botulinum toxin, dermal fillers and other facial injectables under his or her supervision if the dental hygienist has completed a course of study in such administration.

Existing law authorizes the Board to adopt a regulation requiring a licensed dentist who is registered to dispense controlled substances to complete at least 1 hour of training relating to the misuse and abuse of controlled substances during each period of licensure. (NRS 631.344)

**Section 2** of this regulation adopts such a requirement and authorizes a licensed dentist to apply that 1 hour of training to the hours of continuing education that he or she must complete.

**Section 1.** Chapter 631 of NAC is hereby amended by adding thereto a new section to read as follows:

*Each licensee who administers or wishes to administer botulinum toxin, dermal fillers or other facial injectables in his or her practice of dentistry or dental hygiene must include with the application for renewal of his or her license proof that he or she has successfully completed a didactic and hands-on course of study approved by the Board in the administration of botulinum toxin, dermal fillers and other facial injectables that:*

- 1. Is at least 24 hours in length; and*
- 2. Includes at least 4 hours of didactic instruction and at least 4 hours of hands-on instruction in the following subjects:*

- (a) Temporomandibular joint disorder and myofascial pain syndrome;*
- (b) The use of botulinum toxin for dental and facial esthetics; and*
- (c) The use of dermal fillers for dental and facial esthetics.*

**Sec. 2.** NAC 631.175 is hereby amended to read as follows:

631.175 1. Approved subjects for continuing education in dentistry and dental hygiene are:

- (a) Clinical subjects, including, without limitation:
  - (1) Dental and medical health;
  - (2) Preventive services;

(3) Dental diagnosis and treatment planning; and

(4) Dental clinical procedures, including corrective and restorative oral health procedures and basic dental sciences, dental research and new concepts in dentistry; and

(b) Nonclinical subjects, including, without limitation:

(1) Dental practice organization and management;

(2) Patient management skills;

(3) Methods of health care delivery; and

(4) Teaching methodology.

2. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist must annually complete at least 15 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 30 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dentist.

3. In completing the hours of continuing education required pursuant to NAC 631.173, a dental hygienist must annually complete at least 12 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 24 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dental hygienist.

4. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist or dental hygienist must annually complete at least 2 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in NAC 631.178 or biennially complete at least 4 hours in the clinical subject of infection control in

accordance with the provisions of the guidelines adopted by reference in NAC 631.178, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dentist or dental hygienist.

***5. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist who is registered to dispense controlled substances pursuant to NRS 453.231 must complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure. A dentist may use such training to satisfy 1 hour of any continuing education requirement established by the Board.***

6. The Board will credit, as a maximum in any one year of an annual or biennial licensing period, the following number of hours of instruction for the following types of courses or activities:

- (a) For approved study by a group, 3 hours.
- (b) For attendance at a meeting or convention of a dental or dental hygiene society, 1 hour for each meeting, but not more than 3 hours, exclusive of hours of continuing education offered in conjunction with the meeting.
- (c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the number of hours of continuing education required by subsection 1 or 2 of NAC 631.173, as applicable.
- (d) For all other courses conducted by an approved instructor, the number of hours completed by the dentist or dental hygienist.

(e) For approved dental or dental hygiene services provided in approved nonprofit settings, 6 hours, except that not more than 3 hours will be allowed for any day of volunteer services provided.

**Sec. 3.** NAC 631.210 is hereby amended to read as follows:

631.210 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.

***(h) Administer botulinum toxin, dermal fillers and other facial injectables if:***

***(1) Such administration is within the scope of the education, experience and training of the dental hygienist; and***

***(2) Before administering botulinum toxin, dermal fillers or other facial injectables, as applicable, the dental hygienist has provided proof to the supervising dentist that the dental hygienist has successfully completed the course of study described in section 1 of this regulation.***

↳ 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), inclusive, of subsection 1 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.



NEVADA STATE BOARD OF DENTAL EXAMINERS  
 6010 S Rainbow Boulevard, Suite A-1  
 Las Vegas, Nevada 89118  
 (702) 486-7044



Video Conferencing was available for this meeting at the Nevada State Board of Medical Examiners located at 1105 Terminal Way, Suite 301, Reno, NV 89502

**DRAFT Minutes**

Friday, July 15, 2016  
 10:09 a.m.

**Formal Hearing and Board Meeting Agenda**

**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**

Pledge of Allegiance

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

Dr. Timothy Pinther-----PRESENT	Dr. Ali Shahrestani-----PRESENT
Dr. Byron Blasco-----PRESENT	Mrs. Leslea Villigan -----PRESENT (via telephone)
Dr. J Gordon Kinard-----PRESENT	Ms. Theresa Guillen -----PRESENT
Dr. Brendan Johnson-----PRESENT	Ms. M Sharon Gabriel-----PRESENT
Dr. Gregory Pisani -----PRESENT	Ms. Stephanie Tyler -----EXCUSED
Dr. Jason Champagne-----PRESENT	

**Others Present:** John Hunt, Board Legal Counsel; Burt Wuester, Co-Legal Counsel; Debra Shaffer-Kugel, Executive Director; Stacie Hummel, Board Accountant.

**Public Attendees:** Catherine O'Mara, Nevada State Medical Association; Caryn Solie, RDH, NDHA; Alex Tanchek, for Neena Laxalt on behalf of NDHA; Syd McKenzie, TMCC/NDHA/CUSP/ and Oral Health Nevada; Joanna Jacob, NDHA; Lisa Foster, Foster Consulting; Kelly Taylor, RDH; Robert Talley, NDA; William Horne, Horne-Duarte Government and Public Affairs; Edith Duarte, Horne-Duarte Government and Public Affairs; Brett Kandt, Attorney General-Board Special Counsel; Lydia Wyatt, Volunteers of Medicine Southern Nevada (VMSN); Florence Jameson, VMSN; Rebecca Edgeworth, VMSN; Amy S. Schmidt, VMSN; Laura Lucero, Counsel with Daehnke Stevens; Shari Peterson, CSN/NDHA; Ray Gates, LTGL; Sara Mercier, RDH; Neal Tomlinson, Hyperion Advisors.

**Public Attendees Present but did not sign in:** Adrian Ruiz, DDS; Erika Smith, DDS, Las Vegas Dental Association; Tina Tsou, Secretary for Las Vegas Dental Association.

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

62  
63 Catherine O'Mara with and on the behalf of the Nevada State Medical Association, which she stated that they are  
64 in strong opposition of the recent proposed rule changes regarding the Board allowing dentists' and dental  
65 hygienists' to administer facial injectables. She added that they did not believe that dentists' and dental hygienists'  
66 are permitted to administer facial injectables per NRS 630.138. She noted that in order for the Board to allow a  
67 dentist to administer facial injectables it would require a statutory change, which has not occurred.

68  
69 Dr. Erika Smith approached the Board and read a written statement into the record (provided and posted for  
70 public viewing).

71  
72 Dr. Adrian Ruiz approached the Board and read a written statement into the record (provided and posted for  
73 public viewing).

74  
75 Ms. Tina Tso stood and read a statement. She stated that as the Secretary for the Las Vegas Dental Association, she  
76 spoke with twenty (20) dentists and they all concurred that both the Executive Director and Legal Counsel for the  
77 Board should be replaced.

78  
79 **Note:** Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may  
80 affect the due process rights of an individual the board may refuse to consider public comment. See NRS  
81 233B.126.

82  
83 MOTION: Dr. Kinard made the motion to go out of agenda order to item (6)(e) and (f). Motion was seconded by  
84 Dr. Pisani. All were in favor of the motion.

85  
86 \*6. New Business (For Possible Action)

87  
88 \*e. Review of Memorandum of Understanding between Volunteers in Medicine of Southern Nevada  
89 and CSN, Dental Hygiene Program, UNLV School of Dental Medicine and Roseman University  
90 to offer dental services by students (NRS 631.215, NRS 631.310 and NRS 631.3452) (For Possible Action)

91 (1) Lydia Wyatt, DDS

92  
93 Dr. Lydia Wyatt and Florence Jameson approached the board and stated that they had a presentation regarding  
94 their program. Ms. Jameson gave a brief story of what inspired her to start a free and charitable clinic that would  
95 offer both medical and dental services. Her story was followed by a video showing what their clinic has been able  
96 to offer to those in need in the community. Mrs. Shaffer-Kugel clarified that that VMSN wants to partner up with  
97 the dental students at UNLV, Roseman University and at the dental hygiene and dental assistant students at CSN  
98 to offer services and that all students will be supervised. With the exception of those dental hygienists that hold a  
99 special health endorsement to allow them to treat patients without requiring the supervision of a dentist.

100  
101  
102 MOTION: Dr. Pisani made the motion to approve this item, the memorandum of Understanding between VMSN,  
103 CSN Dental Hygiene Program, UNLV School of Dental Medicine, and Roseman University. Motion was seconded  
104 by Dr. Kinard. All were in favor of the motion.

105  
106 \*f. Approval/Rejection for Dental Hygiene Public Health Endorsement Program with Volunteers of  
107 Medicine Southern Nevada non-profit clinic (For Possible Action)

108 (1) Lydia Wyatt, DDS

109  
110 Mrs. Shaffer-Kugel commented that this would be to approve or reject this program as an acceptable program for  
111 dental hygienists with a public health endorsement to practice at.

112  
113  
114 MOTION: Ms. Guillen made the motion to approve the public health endorsement program with VMSN. Motion  
115 was seconded by Dr. Johnson. All were in favor of the motion.

120 \*3. Formal Hearing: Nevada State Board of Dental Examiners vs. Adam Persky, DMD  
121 (For Possible Action)  
122

123 The purpose of this hearing is to consider the allegations regarding/related to the  
124 the verified complaint/complaint by the Nevada State Board of Dental Examiners for the  
125 violations of NRS 631 and NAC 631 and take such action the Board deems appropriate,  
126 pursuant to NRS 631.350. (Pursuant to NRS 241.030(1)(a), the board may, by motion, enter into closed session)  
127

128 There was court reporter present for the hearing. Dr. Adam Persky was not present.  
129

130 MOTION: Dr. Pisani made the motion to find Dr. Adam Persky guilty of the allegations of violating NRS  
131 631.350(4)(n) and 631.349. Motion was seconded by Dr. Blasco. All were in favor of the motion.  
132

133 MOTION: Dr. Pisani made the motion to find Dr. Adam Persky of violating NRS 631.075 NRS 631.095, NRS  
134 631.3475(1), NRS 631.3475(2), and NRS 631.3475(4), as alleged by patient Stefanie Cook. Motion was seconded by  
135 Dr. Blasco. All were in favor of the motion.  
136

137 MOTION: Dr. Blasco made the motion to find Dr. Adam Persky guilty of the allegations of violating NRS  
138 631.150(2) for failing to notify the board of a change of address. Motion was seconded by Dr. Pisani. All were in  
139 favor of the motion.  
140

141 MOTION: Dr. Blasco made the motion to find Dr. Adam Persky guilty of failure to renew his license pursuant to  
142 NRS 631.330 and NRS 631.3485(2). Motion was seconded by Dr. Johnson. All were in favor.  
143

144 There was some further discussion regarding reimbursement fees.  
145

146 MOTION: Dr. Pisani made the motion that the Board accept by the recommendations of the DSO as listed on  
147 exhibit 11, page 60220. (He read the recommendations into the record). Motion was seconded by Dr. Kinard. All  
148 were in favor.  
149

150 **\*\*Refer to transcripts for this hearing for more information and details. \*\***  
151

152 Hearing adjourned at 12:49 p.m. Mrs. Villigan excused herself for the remainder of the meeting.  
153

154 \*4. Executive Director's Report (For Possible Action)  
155

156 \*e. Contracts: NRS 631.190 (For Possible Action)  
157

158 (2) Consideration/Approval by the Board for Lobbyist Services –NRS 631.190 (For Possible Action)  
159

- 160 (a) Neal Tomlinson
  - 161 (b) William Horne
  - 162 (c) Rocky Finseth
  - 163 (d) Lisa Foster
- 164

165 Mrs. Shaffer-Kugel commented that one of the lobbyists was out of the country, Mr. Rocky Finseth, and therefore  
166 could not be present. Mr. Tomlinson stepped forward and introduced himself to the Board and gave a brief  
167 history of his education and his professional background. Dr. Kinard inquired if there was a retainer fee. Mr.  
168 Tomlinson replied that there was a retainer fee that varied per client, their needs, and added that he was open to  
169 any financial arrangement. He noted that he did offer reduced fees to state boards and commissions. Dr. Kinard  
170 inquired if he was familiar with the Board's needs based on the last legislative session. Mr. Tomlinson he was  
171 familiar with both the Boards' and Legislatures' processes. The board thanked him for his time.  
172

173 Mr. Horne stepped forward and introduced himself. He gave a synopsis of his educational and professional  
174 background as a lobbyist. His partner, Ms. Duarte, gave her educational background, and her background as a  
175 lobbyist. Dr. Pisani inquired if they were the two principals in their group. Mr. Horne answered affirmatively and  
176 noted that they started their firm in 2015.  
177

178 Ms. Foster introduced herself and gave her educational and professional background. She stated that as a lobbyist  
179 she liked to try and provide flexibility for her clients. She discussed some background history that was relevant to  
180 the work and experience that the Board would seek in a lobbyist. The board thanked her for her time.  
181

182 Mrs. Shaffer-Kugel read a statement on behalf of Ms. Stephanie Tyler regarding the candidates interested in  
183 becoming the lobbyist for the board. She spoke in favor of accepting the offer from Mr. Horne and his firm. In Ms.  
184 Tyler's statement, she stated that she believed that Mr. Horne's background would greatly suit and appease the  
185 board's needs.  
186

187 MOTION: Dr. Pisani made the motion for approval to move forward to discuss a contract with lobbyist firm  
188 Horne and Duarte, which approval would be contingent upon a final contract being signed. Motion was seconded  
189 by Ms. Guillen. All were in favor of the motion. Dr. Pinther thanked everyone for their time and information.  
190

191 The Board agreed to review agenda item (4)(b).  
192

193 \*4. Executive Director's Report (For Possible Action)  
194

195 b. Financials-NRS 631.180/NRS 631.190  
196

- 197 (1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for fiscal period  
198 July 1, 2015 through May 31, 2016 (For Possible Action)  
199

200 Ms. Hummel briefly gave a review of the stated that there were some areas where they were over and  
201 under budget. She went over some of the changes made to it involved employee wages and benefits and  
202 explained that when employees reach ten (10) years with the agency they begin accruing additional sick  
203 and vacation time and benefits. She went on to discuss the areas that were over budget and under  
204 budget. Per Dr. Pisani's inquiry, Ms. Hummel confirmed that any fees collected for fines are sent to the  
205 State. Dr. Kinard inquired if there were any fees due for the audit that was recently conducted and  
206 whether if there were any invoices. Mrs. Shaffer-Kugel stated that upon asking what fees would be  
207 potentially owed for the audit conducted, she was informed that the Board would not be assessed any  
208 fees.  
209

210 \*c. Board Policies: NRS 631.190 (For Possible Action)  
211

212 (1) Review, Discussion and Recommendations of Legislative Audit Report & Response  
213

214 Mrs. Shaffer-Kugel went over the audit report and their 14 recommendations. She stated some of the changes had  
215 now been implemented in accordance with the recommendations. She went into some detail as to how the  
216 administrative staff has now implemented some of the changes. She stated that there were 3 changes that they did  
217 not approve. The first rejection was due to the fact that she disagreed with the amounts provided by the auditors  
218 as overcharges, and she stated the reasons for her belief that the amounts were incorrect. The second rejection was  
219 on the recommendation to create a panel, however, she noted that the statute as currently written did not allow for  
220 the Board to use or create a panel for the review of complaints. It was noted that the panel would similar to the IC  
221 committee used in the Medical Board's complaint process. Mrs. Shaffer-Kugel went over establishing a policy for  
222 travel, as recommended by the auditors.  
223

- 224 (i) Consideration for Board to create a policy for reimbursed investigation and legal costs relative  
225 to remand cases referenced in the Notice for Informal Hearings (For Possible Action)  
226  
227

228 Mrs. Shaffer-Kugel stated that when a case is remanded costs are not passed on to the licensees. However, that the  
229 new policy could be that if a case is remanded, regardless if there are other cases that are similar in an informal  
230 hearing, the Board would assess the costs to the licensees though that specific case is remanded. Mr. Hunt  
231 suggested that the Board create a policy that would indicate that in an informal hearing the licensee "may" be  
232 accessed the costs which may include remanded cases when there are multiple cases being discussed.  
233

234 MOTION: Dr. Pisani made the motion to table this item (c)(1)(i). Motion was seconded by Dr. Johnson. All were  
235 in favor of the motion.  
236

237 (ii) Consideration for the Board to set maximum travel limits (i.e. hotel costs) for Board Members,  
238 Administrative Staff and Other Agents of the Board (For Possible Action)  
239

240 (iii) Board to /review consider employing in-house counsel vs. contracting with independent  
241 counsel and costs associated with both (For Possible Action)  
242

243 Mrs. Shaffer-Kugel stated that though the Board has the discretion to determine the amount they will pay for  
244 travel on. There was discussion regarding hotel prices, and how they vary not only state-to-state, but also vary  
245 amongst cities in Nevada, especially in Las Vegas when there are certain events taking place. Mrs. Shaffer-Kugel  
246 noted that currently they use all the state vendors as if the Board were part of the general fund, though the Board is  
247 a self-funded agency. The Deputy Attorney General commented that as a state employee, they abide by the state  
248 rates, and should any hotel cost more than the state rate, the individual traveling has to incur the difference in  
249 costs out-of-pocket. There was discussion among the board members of possibly tabling this agenda item. Mrs.  
250 Shaffer-Kugel suggested, perhaps, referring this item to the Budget and Finance committee for review and  
251 discussion.  
252

253 MOTION: Dr. Pisani made the motion to table all items under agenda item (4)(c)(1), and refer all discussion to the  
254 Budget and Finance committee. Motion was seconded by Dr. Johnson. All were in favor of the motion.  
255

256 The Board took a short recess from 1:56 p.m. to 2:21 p.m.  
257  
258

259 **\*4. Executive Director's Report** (For Possible Action)  
260

261 **\*a. Minutes-NRS 631.190** (For Possible Action)  
262

263 (1) Anesthesia Subcommittee Meeting-05/17/2016  
264

265 MOTION: Dr. Johnson made the motion to approve the Anesthesia Subcommittee meeting on 05/17/2016. Motion  
266 was seconded by Dr. Blasco. All were in favor of the motion.  
267

268 (2) Notice of Intent to Act on Proposed Regulations/Board Meeting-05/20/2016  
269

270 MOTION: Dr. Pisani made the motion to approve the minutes from the workshop and board meeting on  
271 05/20/2016. Motion was seconded by Ms. Guillen. All were in favor of the motion.  
272  
273

274 **\*d. Authorized Investigative Complaint-NRS 631.363** (For Possible Action)  
275

276 (1) Dr V-NRS 631.3474(8) (For Possible Action)  
277

278 Mrs. Shaffer-Kugel went over the alleged violations.  
279

280 MOTION: Dr. Blasco made the motion to authorize an investigation. Motion was seconded by Ms. Guillen. All  
281 were in favor of the motion.  
282

283 (2) Dr W-NRS 631.3475(3) (For Possible Action)  
284

285 Mrs. Shaffer-Kugel went over the alleged violations.  
286

287 MOTION: Dr. Pisani made the motion to authorize an investigation. Motion was seconded by Dr. Blasco. All were  
288 in favor of the motion.  
289

290 (3) Dr X-NAC 631.2213 and NAC 631.224 (For Possible Action)  
291

292 Mrs. Shaffer-Kugel went over the alleged violations.  
293

294 MOTION: Dr. Pisani made the motion to authorize an investigation. Motion was seconded by Ms. Guillen. All  
295 were in favor of the motion.  
296

297 (4) Dr Y-NRS 629.051; NRS 629.061 and NRS 631.3485 (For Possible Action)

298  
299 Mrs. Shaffer-Kugel went over the alleged violations.  
300

301 MOTION: Dr. Blasco made the motion to authorize an investigation. Motion was seconded by Ms. Guillen. All  
302 were in favor of the motion.  
303

304 (5) Dr Z-NRS 631.215; NRS 631.395(11) (For Possible Action)

305  
306 Mrs. Shaffer-Kugel went over the alleged violations.  
307

308 MOTION: Ms. Guillen made the motion to authorize an investigation. Motion was seconded by Ms. Gabriel. All  
309 were in favor of the motion.  
310

311 \*e. Contracts: NRS 631.190 (For Possible Action)

312 (3) Review, Approve/Reject of Amendment to Current Contract for Legal Services-NRS 631.190  
313 (For Possible Action)

314 (a) John Hunt, Esquire  
315

316 Mrs. Shaffer-Kugel stated that in May the amended contract stated an amount of \$925,000, however, that the  
317 contract did expire until June 2017, which they failed to take into consideration when amended the contract;  
318 therefore, she asked that they re-amend the contract and raise the contract amount to \$1.2 Million. Mr. Hunt  
319 stated that in the nearly 30 years that he has served the board, he understands that the board may discontinue his  
320 services at any time.  
321

322  
323 MOTION: Dr. Blasco made the motion to approve the amendment to Mr. Hunt's current contract. Motion was  
324 seconded by Ms. Gabriel. All were in favor of the motion.  
325

326 \*f. Correspondence-NRS 631.190:

327 (1) Review correspondence from ADEX dated June 5, 2016 (For Possible Action)  
328

329 Mrs. Shaffer-Kugel indicated that if they desired, they could direct her to send correspondence regarding the letter  
330 provided from ADEX. She noted that last November, Dr. Pappas agreed to come before the board to discuss any  
331 changes in the month of September. It was decided to invite Dr. Pappas to discuss any changes.  
332

333 (2) Letter from Joint Commission on National Dental Examination (For Possible Action)  
334

335 Dr. Kinard stated that he spoke with Dr. Sill in regards to the letter provided. He noted that Dr. Sill indicated that  
336 they will be eliminating part I and Part II, and instead will be administering one exam sometime in the third year of  
337 dental school. Furthermore, that the Joint Commission wanted their exam to be more correlated to the sciences  
338 actually used in dental/dental hygiene school.  
339

340 \*g. Compensation-NRS 631.190(For Possible Action)

341 (1) Request Approval for 2% COLA increase for Staff Members retro-active July 1, 2016  
342 (For Possible Action)  
343

344 Mrs. Shaffer-Kugel stated that she sent the staff evaluations to Dr. Pinther and Dr. Blasco for review. She added  
345 that she requesting approval to grant staff members a cost-of-living increase, but noted that FY17 had technically  
346 already commenced.  
347

348 MOTION: Dr. Pinther made the motion to approve the request. Motion was seconded by Dr. Blasco. All were in  
349 favor of the motion.  
350

351 It was agreed upon to go out of order to agenda item (7)(c).  
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**\*7. Resource Group Reports**

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

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

Dr. Blasco gave a report on the most recent meeting he attended. He stated that at the DEBR meeting he noted that the ADA is driven by the American Student Dental Association (ASDA), and that it was made quite clear the ASA believes that if things are made easier for students, that the ADA memberships will go up. He added that the ASDA has offices inside the building of the ADA. He noted that there was a strong push from the ASDA to do away with dental exams and replace them with national portability, where they can practice in any state without having to go through the lengthy exam and application processes. He noted further, that the ADA sided with the ASDA in not wanting patient based exams, but favor adopting the Buffalo Model. Dr. Blasco discussed some of the discrepancies reported at the meeting regarding research that was allegedly done, but furnished no documents or reports of its validity. He revisited the desires being pushed by the ADSA and their threats to the ADA that should the boards not want to comply with their changes they will hire lobbyists to go to each state legislature to have the statutes changed to meet their desires.

Dr. Kinard stated that he did not have a report regarding the ADEX exam. It was noted that Dr. Pinther would be attending their meeting in August. Dr. Kinard noted that he submitted letter of resignation.

Dr. Blasco excused himself for the remainder of the meeting.

**\*5. Board Counsel's Report (For Possible Action)**

**a. Legal Actions/Lawsuit(s) Update**

**(1) District Court Case(s) Update**

Mr. Hunt stated that there was no pending litigation. He reminded the Board members that if they are ever contacted, to please refer them to the Board office or himself.

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

**(1) Suzan Fu, DDS**

Mr. Hunt went over the provisions of the stipulation agreement. Dr. Kinard inquired on how costs are assessed in an informal hearing. Mr. Hunt stated that the costs are broken down in detail and are calculated by the hour.

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

**(2) Raymond Kim, DDS**

Mr. Hunt went over the provisions of the stipulation agreement.

MOTION: Dr. Pisani made the motion to adopt the stipulation agreement. Motion was seconded by Ms. Guillen. All were in favor of the motion.

**\*6. New Business (For Possible Action)**

**\*a. Consideration of Anesthesia Evaluators/Inspectors Recommendations of Failure of Five Year Evaluation for the administration of conscious sedation pursuant to NAC 631.2233 (1 and 2)  
(For Possible Action)**

**(1) Dr. X**

Mrs. Shaffer-Kugel stated that the evaluators, upon conducting the 5 year re-evaluation, recommended that Dr. X cease administering to pediatric patients until they complete 60 hours of didactic training.

MOTION: Dr. Pisani made the motion to affirm the recommendation. Motion was seconded by Ms. Guillen. All were in favor of the motion.

421 (2) Dr. Y  
422

423 Mrs. Shaffer-Kugel commented that during the 5 year re-evaluation, Dr. Y failed the oral evaluation questions,  
424 therefore, the evaluators recommended failing the evaluation until Dr. Y reviews the oral emergency scenarios.  
425

426 MOTION: Ms. Guillen made the motion to affirm the failure. Motion was seconded by Ms. Gabriel. All were in  
427 favor of the motion.  
428

429 \*b. Consideration to Grant re-evaluation upon satisfying the recommendations by the  
430 Evaluator/Inspectors for the Conscious Sedation Permit Holder pursuant to  
431 NAC 631.2235 (2 and 3) (For Possible Action)  
432

433 (1) Dr. X  
434

435 Mrs. Shaffer-Kugel asked that should Dr. Y successfully complete the recommendation, and upon Dr. Y's request,  
436 that they grant approval for a reevaluation.  
437

438 MOTION: Dr. Pisani made the motion to approve. Motion was seconded by Ms. Guillen. All were in favor of the  
439 motion.  
440

441 \*c. Consideration to Grant re-evaluation for the Oral Examination Portion only for the Conscious  
442 Sedation Permit Holder pursuant to NAC 631.2235 (2 and 3) (For Possible Action)  
443

444 (1) Dr. Y  
445

446 Mrs. Shaffer-Kugel requested that should Dr. Y request to have a re-evaluation that they grant her permission to  
447 authorize the re-evaluation.  
448

449 MOTION: Ms. Guillen made the motion to approve. Motion was seconded by Dr. Pisani. All were in favor of the  
450 motion.  
451

452 \*d. Request to the Board for a review the investigation process and investigation costs-NRS  
453 631.190(For Possible Action)  
454

455 (1) Adrian Ruiz, DDS  
456

457 Mrs. Shaffer-Kugel stated that Dr. Ruiz submitted suggestions for changes. She added that she forwarded the  
458 information to the chair of the Legislative and Disciplinary Action Committee. She noted that because of the audit,  
459 a notice was sent to Dr. Ruiz that she would have to delay fulfilling his request until the audit was concluded,  
460 which had, and was now being brought before the Board for review. Dr. Kinard stated that the he had spoken with  
461 Dr. Ruiz on several occasions, and commented that Dr. Ruiz in his previous stipulation agreements, had had signed  
462 and agreed to reimbursing the board. Mr. Hunt noted for the record that in the formal hearing of Dr. Ruiz, there  
463 was evidence that Dr. Ruiz submitted a false document and that in light of that fact, the attorney advising Dr. Ruiz  
464 asked for a stipulation agreement deal. Mrs. Shaffer-Kugel noted that the breakdown of the fees could not be made  
465 available, as she was not the Executive Director at the time of the stipulation agreements, and that the financials  
466 for that period were not available. She noted that since the audit, many of the suggestions had begun to be  
467 implemented and/or or were in the process of creating a policy.  
468

469 MOTION: Dr. Pisani made the motion to have the Executive Director send a response to Dr. Ruiz regarding how  
470 they have remedied the issues and/or concerns. Motion was seconded by Ms. Guillen. All were in favor of the  
471 motion.  
472

473 \*g. Approval of Voluntary Surrender of License – NAC 631.160 (For Possible Action)  
474

- 475 (1) Gabrielle Burtenshaw, RDH  
476 (2) Cynthia Christensen, RDH  
477 (3) Vickie Connell, RDH  
478 (4) James K. Olpin, DMD  
479

480 Mrs. Shaffer-Kugel stated that there was no pending action for any of the licensees.  
481

482 MOTION: Dr. Kinard made the motion to approve. Motion was seconded by Ms. Guillen. All were in favor of the  
483 motion.  
484

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

486  
487 (1) **Conscious Sedation** (For Possible Action)

488 a. Drew D. Richards, DDS

489  
490 Mrs. Shaffer-Kugel stated that Dr. Richards passed the inspection and that Dr. Blasco recommended approval.

491  
492 MOTION: Ms. Guillen made the motion to approve. Motion was seconded by Ms. Gabriel. All were in favor of the  
493 motion; Dr. Blasco was excused from the vote and Dr. Johnson abstained.

494  
495 \*i. **Approval for Anesthesia-Temporary Permit – NAC 631.2254** (For Possible Action)

496  
497 (1) **General Anesthesia** (For Possible Action)

498 a. Blair A. Isom, DDS

499  
500 Mrs. Shaffer-Kugel stated that Dr. Blasco reviewed the application and recommended approval.

501  
502 MOTION: Ms. Guillen made the motion to approve. Motion was seconded by Dr. Pisani. All were in favor of the  
503 motion; Dr. Blasco was excused and Dr. Johnson abstained.

504  
505 \*j. **Approval for a 90-Day Extension of Anesthesia Permit – NAC 631.2254(2)** (For Possible Action)

506  
507 \*(1) **Conscious Sedation** (For Possible Action)

508 a. Amy M.K. French, DMD

509  
510 Mrs. Shaffer-Kugel stated that more time was needed to conduct the evaluation.

511  
512 MOTION: Ms. Gabriel made the motion to approve. Motion was seconded by Ms. Guillen. All were in favor of the  
513 motion.

514  
515 \*k. **Approval for Anesthesia Evaluators-NRS 631.190** (For Possible Action)

516 (1) Joshua Branco, DMD – Conscious Sedation

517 (2) Steven A. Saxe, DMD – General Anesthesia

518 (3) Gregory J. Hunter, DMD, MD – General Anesthesia

519  
520 Dr. Johnson stated that he reviewed the applications and recommended approval.

521  
522 MOTION: Dr. Pisani made the motion to approve. Motion was seconded by Ms. Gabriel. All were in favor of the  
523 motion; Dr. Johnson abstained.

524  
525 \*7. **Resource Group Reports**

526  
527 \*a. **Legislative and Dental Practice** (For Possible Action)

528 (Chair: Dr. Pinther; Dr. Champagne; Dr. Blasco; Dr. Kinard; Ms. Guillen)

529  
530 Dr. Pinther indicated that he did not have a report.

531  
532 \*b. **Legal and Disciplinary Action** (For Possible Action)

533 (Chair: Dr. Kinard; Dr. Pisani; Dr. Blasco; Dr. Shahrestani, Mrs. Villigan)

534  
535 Dr. Kinard indicated that he did not have a report.

536  
537 \*(2) **ADEX Representatives** (For Possible Action)

538 (Dr. Kinard)

539  
540 Dr. Kinard indicated that he did not have a report.

541  
542 \*d. **Continuing Education** (For Possible Action)

543 (Dr. Blasco, Chair; Dr. Shahrestani, Dr. Pisani; Mrs. Villigan; Ms. Gabriel)

544  
545 Dr. Shahrestani indicated that he did not have a report.

- 551 \*e. Committee of Dental Hygiene (For Possible Action)  
552 (Chair: Ms. Guillen; Mrs. Villigan; Ms. Gabriel, Dr. Shahrestani)  
553

554 Ms. Guillen indicated that she did not have a report.  
555

- 556 \*f. Specialty (For Possible Action)  
557 (Chair: Dr. Pisani; Dr. Johnson; Dr. Pinther)  
558

559 Dr. Pinther indicated that he did not have a report.  
560

- 561 \*g. Anesthesia (For Possible Action)  
562 (Chair: Dr. Johnson; Dr. Pinther; Dr. Champagne; Dr. Kinard)  
563

564 Dr. Pinther indicated that he did not have a report.  
565

- 566 \*h. Infection Control (For Possible Action)  
567 (Chair: Mrs. Villigan; Dr. Blasco; Dr. Champagne; Dr. Pisani; Ms. Gabriel)  
568

569 Mrs. Shaffer-Kugel stated that the only thing to report was that they streamlined the inspection form, which had  
570 been uploaded to the Board website for viewing.  
571

- 572 \*i. Budget and Finance Committee (For Possible Action)  
573 (Chair: Dr. Blasco, Dr. Pinther, Ms. Tyler, Ms. Guillen)  
574

575 Dr. Pinther indicated that they will be scheduling a committee soon.  
576

577 8. Public Comment: (Public Comment is limited to three (3) minutes for each individual)  
578

579 There was no public comment from attendees in Reno.  
580

581 Dr. Talley indicated that the NDA will be sending out a notice regarding the dental hygiene regulation changes so  
582 that their members become aware of the new changes so they stay in compliance. Mrs. Shaffer-Kugel added that  
583 she could place a bulletin in the October newsletter.  
584

585 Mr. Hunt stated that it would behoove the Board to make the regulations unambiguous and clarify how, when, and  
586 where licensee can administer facial injectables. He added that he spoke with the Medical Association and was  
587 told that they would be going to the LCB to address the regulations and botox. He added further, that there is a  
588 statute that states that botulinum toxin is only administrable only by those in the field of medicine. He stated that  
589 Advisory Opinions are not binding. Dr. Talley commented that if dentists felt strongly enough about their ability  
590 to administer facial injectables, such as the botulinum toxin, then they would need to push for a statutory change.  
591

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

594 9. Announcements: Mrs. Shaffer-Kugel stated that there were no announcements.  
595

- 596 \*10. Adjournment (For Possible Action)  
597

598 MOTION: Dr. Pisani made the motion to adjourn. Motion was seconded by Ms. Guillen. All were in favor of the  
599 motion.  
600

601  
602 Meeting Adjourned at 3:31 p.m.  
603

604 Respectfully submitted by:  
605

606  
607  
608 \_\_\_\_\_  
Debra Shaffer-Kugel, Executive Director



NEVADA STATE BOARD OF DENTAL EXAMINERS  
 6010 S Rainbow Boulevard, Suite A-1  
 Las Vegas, Nevada 89118  
 (702) 486-7044



Telephone Conferencing was available for this meeting

**DRAFT MINUTES**

Thursday, August 18, 2016  
 6:02 p.m.

**BUDGET AND FINANCE COMMITTEE**

(Byron Blasco, DMD (Chair); Timothy Pinther, DDS; Stephanie Tyler, Public Member; and Theresa Guillen, RDH)

**Meeting Agenda**

**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.*

---

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

Dr. Byron Blasco ----- PRESENT  
 Dr. Timothy Pinther ----- PRESENT  
 Ms. Stephanie Tyler ----- PRESENT  
 Ms. Theresa Guillen ----- EXCUSED

**Others Present:** John A. Hunt, Board Legal Counsel; Debra Shaffer-Kugel, Executive Director; Stacie Hummel, Board Accountant.

**Public Attendees:** Adrian Ruiz, DDS, Las Vegas Dental Association (LVDA); Erika Smith, DDS, LVDA; Albert Ruezga, DDS, LVDA; Charles Green; Daniel Royal\*\* (stated his name as “Daniel Fuller” for the record, but signed in as “Daniel Royal”).

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

Dr. Ruiz read a statement into the record (provided as post-meeting public documents).

Dr. Ruezga read a statement into the record (provided as post-meeting public documents).

Mr. Hunt entered Dr. Ruezga’s stipulation agreement with the Board into the record (provided as post-meeting public documents).

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Mr. Hunt entered Dr. Ruiz’s multiple stipulation agreements with the Board into the record (provided as post-meeting public documents).

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. Review, Discussion and make Recommendations to the Board regarding the recommendations from the Legislative Audit Report–NRS 631.190 (For Possible Action)**

- (i) Consideration for Board to create a policy for reimbursed investigation and legal costs relative to cases referenced in the Notice for Informal Hearings, which may result in a remand, and whether to assess the costs to licensees (For Possible Action)

Mrs. Shaffer-Kugel went over the remand process and the changes that have now been implemented. After some discussion, the committee recommended that any investigation costs and attorney fees for complaints that result in a remand, to include, but is not limited to, those considered at an Informal Hearing, costs will not be passed onto the licensee, and the Board will incur said costs.

- (ii) Consideration for the Board to set travel limits (i.e. hotel costs) for Board Members, Administrative Staff and Other Agents of the Board (For Possible Action)

Mrs. Shaffer-Kugel went over the recommendations to set travel limits. After some discussion and much consideration, the Committee recommended that travel expenses, whenever possible, should follow the State Administrative Manual (rates established by the US General Services Administration). However, they also recommended that a maximum hotel expense amount not exceed \$275.00 per night. Should a hotel expense exceed the \$275.00 maximum set, the expense will need Board approval.

- (iii) Board to review the merits of employing in-house counsel vs. contracting with independent counsel and costs associated with both (For Possible Action)

Mrs. Shaffer-Kugel provided a brief description of the costs that would be incurred if the Board elected to have in-house counsel versus independent counsel. She noted that the information furnished by the LCB auditors and the information she researched did not include the costs that would most likely be incurred by the Board and the great possibility of the Board having to relocate the office due to lack of office space and the fees that would have to be incurred to buy out the rental contract. After much discussion, the Committee recommended that the Board continue utilizing outside legal counsel through the contracted expiration date of June 30, 2017. At which time, the Board will consider and review the merits of in-house counsel versus outside counsel; to include any/all costs that may be associated should they pursue in-house counsel.

- (iv) Review, Discuss and make recommendations whether to reimburse investigations/monitoring costs to licensees identified from the Legislative Audit report and if so the amount (For Possible Action)

Mrs. Shaffer-Kugel briefly went over the recommendations for reimbursement as recommended by the LCB auditors. She went over the review that she and Mr. Rigo Morales did in-office and gave explanations for their difference in amounts in comparison with the amounts provided by the LCB auditors. After some discussion the Committee recommended that the Board reimburse any licensees identified with an overcharge in Appendix B (pages 23-24) of the Legislative Auditors report with the amounts set forth in Appendix B; however, with the exception of the following licensees who are still under the probationary period:

- (1) Craig Morris, DDS
- (2) Marianne Cohan, DDS
- (3) Georgene Chase, DDS
- (4) Travis Sorensen, DDS
- (5) Vincent Colosimo, DMD

Furthermore, the Committee recommend that upon completion of the probationary period, said licensees listed

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above should have the accounts audited by Board staff, and should the audit find an overcharge, the Board directed that the Board Executive Director reimburse any overcharges. Additionally, that should the Legislative Auditors not agree with the recommendations of the Board regarding the five licensees identified, the Committee directed that the Executive Director issue a refund without any further action by the Committee.

4. Review, Discussion and Recommendations to the Board regarding FY2017 Draft/Proposed Budget-NRS 631.190 (For Possible Action)

Mrs. Hummel went over some of the changes made to the proposed budget. She indicated the reasons for some of the changes. Mrs. Shaffer-Kugel went over the benefits of possibly transitioning to a new licensing system.

MOTION: Dr. Pinther made the motion to forward the recommendations for the proposed FY2017 Draft Budget to the Board. Motion was seconded by Ms. Tyler. All were in favor of the motion.

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

Dr. Ruiz commented that it would be irresponsible for the Board to not move forward with the recommendations for reimbursements. He stated that if the Board would view the video and comments made at the Sunset committee, they would see the opposition and negative comments many had to say regarding the Board.

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)

6. Announcements: No announcements.

\*7. Adjournment (For Possible Action)

MOTION: Ms. Tyler made the motion to adjourn. Motion seconded by Dr. Pinther. All were in favor of the motion.

Meeting Adjourned at 7:57 pm.

Respectfully submitted by:

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



NEVADA STATE BOARD OF DENTAL EXAMINERS  
 6010 S Rainbow Boulevard, Suite A-1  
 Las Vegas, Nevada 89118  
 (702) 486-7044



Telephone Conferencing was available for this meeting

**DRAFT MINUTES**

Wednesday, August 24, 2016  
 5:45 p.m.

**BOARD MEETING**

**Meeting Agenda**

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. Timothy Pinther-----PRESENT	Dr. Ali Shahrestani-----PRESENT
Dr. Byron Blasco-----PRESENT	Mrs. Leslea Villigan -----EXCUSED
Dr. J Gordon Kinard-----PRESENT	Ms. Theresa Guillen -----PRESENT
Dr. Brendan Johnson-----PRESENT	Ms. M Sharon Gabriel-----PRESENT
Dr. Gregory Pisani -----PRESENT	Ms. Stephanie Tyler -----EXCUSED
Dr. Jason Champagne-----PRESENT	

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

Public Attendees: No public attendees.

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

No public comment.

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)
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57 \*3. Consideration of Anesthesia Evaluators/Inspectors Recommendations of Failure of Oral Examination  
58 Portion of Reevaluation for the administration of conscious sedation pursuant to NAC 631.2233  
59 (For Possible Action)  
60

61 (a) Dr. Y  
62

63 Mrs. Shaffer-Kugel indicated to the Board that at the previous Board meeting they approved that if Dr. Y, whom  
64 failed the oral portion of their evaluation, should request a re-evaluation, that it be granted. She stated that Dr. Y,  
65 indeed, requested a re-evaluation and failed the oral portion examination a second time under two different  
66 evaluators. She noted that both evaluators noted that Dr. Y struggled to answer multiple emergency scenario  
67 questions, and therefore, have recommended a failure for the oral examination re-evaluation. Mrs. Shaffer-Kugel  
68 read the regulation regarding multiple failures leading to a suspension of the administrator permit of twelve (12)  
69 months.  
70

71 MOTION: Dr. Johnson made the motion to affirm the recommendations of the evaluators to fail to re-evaluation  
72 and deem the permit holder ineligible to be re-evaluated. Motion seconded by Dr. Blasco. All were in favor of the  
73 motion.  
74

75 \*4. Consideration of Anesthesia Inspectors Recommendations of Failure of Five Year Site Permit  
76 Inspection for the administration of conscious sedation pursuant to NAC 631.2233  
77 (For Possible Action)  
78

79 (b) Dr. Z  
80

81 Mrs. Shaffer-Kugel noted to the Board that the permit is actually for a general anesthesia permit and not a  
82 conscious sedation permit. She indicated to the Board that Dr. Z holds the site permit, however, that Dr. Z would  
83 not be the one administering. She noted that the recommendations for failure of the site inspection were due to the  
84 fact that there was a list of items that the site was deficient on.  
85

86 MOTION: Dr. Blasco made the motion to affirm the recommendations of the inspectors to fail the site five year re-  
87 evaluation. Motion seconded by Dr. Johnson. All were in favor of the motion.  
88

89 \*5. Consideration to Grant re-evaluation upon satisfying deficiencies contained in the recommendations  
90 of the Evaluator/Inspectors regarding the Oral Examination Portion for the Conscious Sedation  
91 Permit Holder pursuant to NAC 631.2235 (2 and 3) (For Possible Action)  
92

93 (1) Dr. Y  
94

95 No action needed.  
96

97 \*6. Consideration to Grant re-inspection upon satisfying deficiencies contained in the recommendations  
98 of the Inspectors for the Conscious Sedation Site Permit pursuant to NAC 631.2235 (2 and 3)  
99 (For Possible Action)  
100

101 (1) Dr. Z  
102

103 Mrs. Shaffer-Kugel inquired that should Dr. Z request a re-evaluation would she have permission to approve the  
104 request.  
105

106 MOTION: Dr. Pinther made the motion to authorize the Executive Director to approve a re-evaluation if so  
107 requested by Dr. Z, to inspect if the deficiencies were corrected. Motion seconded by Dr. Kinard. All were in favor  
108 of the motion.  
109

110 \*7. Approval/Rejection of the contract between William Horne & Edith Gonzales Duarte and the  
111 Nevada State Board of Dental Examiners for lobbying services (NRS 631.190) (For Possible Action)  
112

113 MOTION: Dr. Pisani made the motion to approve the contract. Motion was seconded by Dr. Blasco. All were in  
114 favor of the motion.  
115  
116

117 \*8. Authorize Investigative Complaints: (NRS 631.360) (For Possible Action)

118  
119 (1) Dr. X-NRS 631.230 and NRS 631.349 (For Possible Action)

120  
121 Mrs. Shaffer-Kugel went over the alleged violations.

122  
123 MOTION: Dr. Pisani made the motion to authorize the investigation. Motion seconded by Ms. Gabriel. All were in  
124 favor of the motion.

125  
126 (2) Dr. Y-NRS 631.3475(5) and NRS 631.348(6) (For Possible Action)

127  
128 Mrs. Shaffer-Kugel went over the alleged violations.

129  
130 MOTION: Dr. Kinard made the motion to authorize the investigation. Motion seconded by Dr. Blasco. All were in  
131 favor of the motion.

132  
133 (3) Dr. Z-NRS 631.3475(4) and NAC 631.230(1)(c) (For Possible Action)

134  
135 Mrs. Shaffer-Kugel went over the alleged violations.

136  
137 MOTION: Dr. Pisani made the motion to authorize the investigation. Motion seconded by Dr. Kinard. All were in  
138 favor of the motion.

139  
140 9. Public Comment: (Public Comment is limited to three (3) minutes for each individual)

141  
142 No public comment.

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

147  
148 10. Announcements: No announcements.

149  
150  
151 \*11. Adjournment (For Possible Action)

152  
153 MOTION: Dr. Pisani made the motion to adjourn. Motion seconded by Dr. Blasco. All were in favor of the motion.

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158 Meeting Adjourned at 6:07 pm.

159  
160 Respectfully submitted by:

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162  
163 \_\_\_\_\_  
164 Debra Shaffer-Kugel, Executive Director



NEVADA STATE BOARD OF DENTAL EXAMINERS  
 6010 S Rainbow Boulevard, Suite A-1  
 Las Vegas, Nevada 89118  
 (702) 486-7044  
 Telephone Conference was Available



NOTICE OF PUBLIC MEETING

Thursday September 8, 2016  
 6:02 p.m.

ANESTHESIA SUBCOMMITTEE

(Brendan Johnson, DDS (Chair); Jade Miller, DDS; A Ted Twesme, DDS; D Kevin Moore, DDS; Amanda Okundaye, DDS; Edward Gray DDS; and Joshua Saxe, DDS)

MINUTES

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

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

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

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

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

- Dr. Brendan Johnson (“Dr. Johnson”) -----PRESENT
- Dr. Jade Miller (“Dr. Miller”) -----PRESENT (via Teleconference)
- Dr. A Ted Twesme (“Dr. Twesme”) -----PRESENT (via Teleconference)
- Dr. D Kevin Moore (“Dr. Moore”) -----EXCUSED
- Dr. Amanda Okundaye (“Dr. Okundaye”) -----PRESENT
- Dr. Edward Gray (“Dr. Gray”) -----PRESENT (via Teleconference)
- Dr. Joshua Saxe (“Dr. Saxe”) -----PRESENT (via Teleconference)

Other Attendees: John Hunt, Board Legal Counsel; Debra Shaffer-Kugel, Executive Director.

Public Attendees: Robert Talley, DDS, NDA; Richard Dragon, DDS, NDA (via teleconference).

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

No public Comment

<p>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)</p>
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57 \*3. Review, Discussion of current Anesthesia Regulations NAC 631.003; NAC 631.004 and NAC 631.2211 –  
58 NAC 631.2254 and Draft Proposed Regulations for NAC 631.003; NAC 631.004 NAC 631.2211 - NAC  
59 631.2254 pursuant to the new definitions for minimal and moderate sedation enacted through AB89.  
60 (For Possible Action)  
61

62 The Committee Members went over the proposed changes that were recommended at the last Subcommittee  
63 meeting of May 15, 2016. Committee Member Miller did have proposed language changes to the following  
64 regulations;  
65

66 MOTION: Dr. Miller made the motion to adopt the proposed regulations. Motion was seconded by Dr. Okundaye.  
67 Discussion:  
68

69 NAC 631.003:  
70 No recommended changes  
71

72 NAC 631.004:  
73  
74 No changes recommended  
75

76 NAC 631.2211:  
77  
78 Discussion held and Committee Members want to add the language “including nitrous oxide”  
79

80 NAC 631.2212:  
81 There were no recommended changes or amendments.  
82

83 NAC 631.2213:  
84  
85 Discussion held and Committee Members added language was the amount of hours for the Board  
86 approved course for pediatric moderate sedation to be 60 hours of didactic and must act as the operator for  
87 the administration of not less than 25 cases and the holder of general anesthesia permit may administer all  
88 levels of sedation to include, moderate, pediatric moderate and deep sedation to any patient  
89

90 NAC 631.2217 – NAC 631.2225:  
91  
92 No recommended amendments or changes.  
93

94 NAC 631. 2227:  
95 Discussion was held and Committee Members want to add the word ‘additional’ instead of ‘following’,  
96 and revise the required ancillary equipment.  
97

98 NAC 631.2229:  
99 Correct should be ASA  
100

101 NAC 631.2231:  
102  
103 Discussion was held and Committee Members want to add the word ‘additional’ instead of ‘following’, and  
104 revise the required pediatric emergency drugs.  
105

106 NAC 631.2233 and NAC 631.2235:  
107  
108 No substantive changes recommend to add “shall” instead of “will” and add at the end “until further action  
109 by the Board”.  
110

111 NAC 631.2236 and NAC 631.2237:  
112  
113 No recommended changes  
114

115 NAC 631.2239:

116  
117 Discussion was held and Committee Members want to add at the end “or course approved by the Board”

118  
119 NAC 631.224:

120 No recommended changes

121  
122 NAC 631.2241:

123  
124 Discussion was held and Committee Members want to add language from NAC 631.155 with regards to  
125 unusual incident

126  
127 NAC 631.2254 and NAC 631.2256:

128  
129 No recommended changes

130  
131  
132 **MOTION:** Dr. Twesme made the motion to forward their recommendations to the Anesthesia Committee for  
133 consideration. Motion was seconded by Dr. Johnson. All were in favor of the motion.

134  
135 **4. Public Comment:** (Public Comment is limited to three (3) minutes for each individual)

136  
137 Mrs. Shaffer-Kugel indicated that Mr. John Biting with DOCS wanted it known that he was disappointed with the  
138 proposed regulations being considered at this meeting, and was strongly in favor of the draft language originally  
139 proposed.

140  
141 Dr. Talley thanked the subcommittee for their work and for considering general dentists in their discussion and  
142 decisions.

143  
144 

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been 145 specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)
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146  
147 **5. Announcements:** No announcements.

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

150  
151 **MOTION:** Dr. Saxe made the motion to adjourn. Motion was seconded by Dr. Okundaye. All were in favor of the  
152 motion.

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157 Meeting Adjourned at 7:33 p.m.

158  
159 Respectfully submitted by:

160  
161 \_\_\_\_\_  
162 Debra Shaffer-Kugel, Executive Director

**Nevada State Board of Dental Examiners**  
**Balance Sheet**  
As of June 30, 2016

	<u>Jun 30, 16</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
10000 · Wells Fargo-Operating	626,308.44
10015 · Wells Fargo - Saving	530,656.00
10010 · Wells Fargo-Reserves	<u>1,053,366.12</u>
<b>Total Checking/Savings</b>	2,210,330.56
<b>Accounts Receivable</b>	
11000 · Accounts Receivable	<u>105,502.40</u>
<b>Total Accounts Receivable</b>	105,502.40
<b>Other Current Assets</b>	
11050 · Reimbursements Receivable	262.13
11200 · Prepaid Expenses	16,544.22
11210 · Prepaid Insurance	3,151.98
18000 · Deferred Outflows-Pension	<u>66,562.00</u>
<b>Total Other Current Assets</b>	<u>86,520.33</u>
<b>Total Current Assets</b>	<u>2,402,353.29</u>
<b>TOTAL ASSETS</b>	<u><u>2,402,353.29</u></u>
<b>LIABILITIES &amp; FUND BALANCE</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
20000 · Accounts Payable	<u>30,827.39</u>
<b>Total Accounts Payable</b>	30,827.39
<b>Other Current Liabilities</b>	
23821 · Employee Deferred Comp Payable	510.00
22125 · DDS Deferred Revenue	
22126-7 · 2017 DDS Retired/Disabled	2,180.73
22126-6 · 2017 DDS Inactive	31,674.88
22126-5 · 2017 DDS Active Licenses	546,574.51
22900 · DDS-Permits	38,641.91
22901 · DDS-Limited License	8,300.00
22902 · DDS-Ltd Lic-Supervised	<u>1,309.10</u>
<b>Total 22125 · DDS Deferred Revenue</b>	628,681.13
22136 · RDH Deferred Revenue	
22138-5 · 2018 RDH Inactive/Retired	15,650.00
22138-4 · 2018 RDH Active	<u>374,500.00</u>
<b>Total 22136 · RDH Deferred Revenue</b>	390,150.00
20500 · Fines Payable-State of Nevada	2,500.00
23750 · Accrued Vacation/Sick Leave	<u>45,092.29</u>
<b>Total Other Current Liabilities</b>	<u>1,066,933.42</u>
<b>Total Current Liabilities</b>	1,097,760.81
<b>Long Term Liabilities</b>	
20601 · Pension Liability	429,013.00
21001 · Deferred Inflows-Pension	<u>110,641.00</u>
<b>Total Long Term Liabilities</b>	<u>539,654.00</u>
<b>Total Liabilities</b>	1,637,414.81
<b>Fund Balance</b>	764,938.48
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<u><u>2,402,353.29</u></u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2015 through June 2016

	<u>Jul '15 - Jun 16</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
<b>40000 · Dentist Licenses &amp; Fees</b>			
40100 · DDS Active License Fee	520,287.99	555,436.00	(35,148.01)
40102 · DDS Inactive License Fee	33,544.39	31,761.00	1,783.39
40135 · DDS Activate/Inactive/Suspend	23,300.00	10,458.00	12,842.00
40136 · DDS Activate Revoked License	1,000.00	1,075.00	(75.00)
40140 · Specialty License App	2,000.00	1,125.00	875.00
40145 · Limited License App	3,125.00	1,125.00	2,000.00
40115 · Limited License Renewal Fee	13,300.00	12,000.00	1,300.00
40116 · LL-S Renewal Fee	2,740.90	3,700.00	(959.10)
40150 · Restricted License App	0.00	2,500.00	(2,500.00)
40180 · Anesthesia Site Permit App	20,000.00	16,500.00	3,500.00
40182 · CS/GA/Site Permit Renewals	35,758.09	33,550.00	2,208.09
40183 · GA/CS/DS or Site Permit Relnp	16,350.00	21,735.00	(5,385.00)
40175 · Conscious Sedation Permit Appl	8,250.00	12,850.00	(4,600.00)
40170 · General Anesthesia Permit Appl	5,100.00	4,225.00	875.00
40155 · General Anesthesia Permit Relnp	2,050.00	0.00	2,050.00
40184 · Infection Control Inspection	19,500.00	16,000.00	3,500.00
40212 · DDS ADEX License Application	27,125.00	27,600.00	(475.00)
40205 · DDS Credential Appl Fee-Spclty	18,600.00	28,800.00	(10,200.00)
40211 · DDS WREB License Application	118,800.00	102,000.00	16,800.00
<b>Total 40000 · Dentist Licenses &amp; Fees</b>	<u>870,831.37</u>	<u>882,440.00</u>	<u>(11,608.63)</u>
<b>50000 · Dental Hygiene Licenses &amp; Fees</b>			
40105 · RDH Active License Fee	212,372.45	208,000.00	4,372.45
40106 · RDH Inactive License Fee	7,104.83	7,300.00	(195.17)
40130 · RDH Activate/Inactive/Suspend	2,837.50	7,000.00	(4,162.50)
40126 · RDH Reinstate Revoked License	500.00	2,200.00	(1,700.00)
40110 · RDH LA/N2O Permit Fee	3,825.00	4,050.00	(225.00)
40224 · RDH ADEX License Application	1,500.00	1,800.00	(300.00)
40222 · RDH WREB License Application	49,800.00	32,200.00	17,600.00
<b>Total 50000 · Dental Hygiene Licenses &amp; Fees</b>	<u>277,939.78</u>	<u>262,550.00</u>	<u>15,389.78</u>
<b>50750 · Other Licenses &amp; Fees</b>			
40220 · License Verification Fee	6,125.00	5,400.00	725.00
40227 · CEU Provider Fee	8,375.00	9,500.00	(1,125.00)
40225 · Duplicate License Fee	1,625.00	1,300.00	325.00
40185 · Lists/Labels Printed	7,951.00	10,200.00	(2,249.00)
40600 · Miscellaneous Income	377.00	374.00	3.00
<b>Total 50750 · Other Licenses &amp; Fees</b>	<u>24,453.00</u>	<u>26,774.00</u>	<u>(2,321.00)</u>
<b>Total Income</b>	<u>1,173,224.15</u>	<u>1,171,764.00</u>	<u>1,460.15</u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2015 through June 2016

Expense	Jul '15 - Jun 16	Budget	\$ Over Budget
60500 · Bank Charges	16,814.57	10,790.00	6,024.57
68000 · Conferences & Seminars	10,305.16	30,000.00	(19,694.84)
63000 · Dues & Subscriptions	5,419.88	4,900.00	519.88
65100 · Furniture & Equipment	20,740.64	15,600.00	5,140.64
65500 · Finance Charges	367.45	100.00	267.45
66500 · Insurance			
66500-1 · Liability	6,432.37	6,500.00	(67.63)
66500-2 · Workers Compensation	2,860.79	1,050.00	1,810.79
Total 66500 · Insurance	9,293.16	7,550.00	1,743.16
66520 · Internet/Web/Domain			
66520-1 · GL Suites	39,191.04	39,500.00	(308.96)
66520-2 · E-mail, Website Services	2,834.16	2,080.00	754.16
66520-3 · Internet Services	1,898.79	1,585.00	313.79
66520-4 · Jurisprudence Exam Website	198.00	198.00	0.00
Total 66520 · Internet/Web/Domain	44,121.99	43,363.00	758.99
73500 · Information Technology	715.00	700.00	15.00
66600 · Office Supplies	6,719.38	7,600.00	(880.62)
66650 · Office Expense			
68710 · Miscellaneous Expenses	679.83	2,500.00	(1,820.17)
68700 · Repairs & Maintenance			
68700-1 · Janitorial	6,000.00	6,000.00	0.00
68700-2 · Copier Maintenance (7545P)	4,444.37	3,730.00	714.37
68700-3 · Copier Maintenance (7435P)	2,122.41	2,325.00	(202.59)
Total 68700 · Repairs & Maintenance	12,566.78	12,055.00	511.78
68725 · Security	959.60	840.00	119.60
68715 · Shredding Services	453.70	900.00	(446.30)
68720 · Utilities	4,287.39	4,775.00	(487.61)
Total 66650 · Office Expense	18,947.30	21,070.00	(2,122.70)
67000 · Printing	9,163.20	5,035.00	4,128.20
67500 · Postage & Delivery	13,054.89	14,500.00	(1,445.11)
68500 · Rent/Lease Expense			
68500-1 · Equipment Lease	1,515.16	1,515.00	0.16
68500-2 · Office	67,560.34	66,675.00	885.34
68500-4 · Storage Warehouse	1,505.11	3,050.00	(1,544.89)
Total 68500 · Rent/Lease Expense	70,580.61	71,240.00	(659.39)
75000 · Telephone			
75000-1 · Telephone-Office	2,125.21	2,550.00	(424.79)
75000-2 · Board Teleconference	93.81	360.00	(266.19)
Total 75000 · Telephone	2,219.02	2,910.00	(690.98)
75100 · Travel (Staff)	1,118.62	2,600.00	(1,481.38)
73550 · Per Diem (Staff)	355.00	130.00	225.00

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2015 through June 2016

	<u>Jul '15 - Jun 16</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>73600 · Professional Fee</b>			
73600-1 · Accounting/Bookkeeping	21,345.00	25,500.00	(4,155.00)
73600-4 · Legislative Services	18,516.13	18,000.00	516.13
73600-2 · Legal-General	74,253.81	30,775.00	43,478.81
<b>Total 73600 · Professional Fee</b>	<u>114,114.94</u>	<u>74,275.00</u>	<u>39,839.94</u>
<b>73700 · Verification Services</b>	14,187.29	10,100.00	4,087.29
<b>72000 · Employee Wages &amp; Benefits</b>			
72100 · Executive Director	133,494.15	125,920.00	7,574.15
72300 · Credentialing & Licensing Coord	57,914.49	54,237.00	3,677.49
72132 · Site Inspection Coordinator	40,393.41	39,252.00	1,141.41
72200 · Technology/Finance Liaison	48,610.93	50,531.00	(1,920.07)
72130 · Public Info & CE Coordinator	31,825.91	31,420.00	405.91
72140 · Administrative Assistant (P/T)	16,349.98	15,794.00	555.98
72010 · Payroll Service Fees	1,707.00	1,700.00	7.00
72005 · Payroll Tax Expense	5,982.46	5,875.00	107.46
72600 · Retirement Fund Expense (PERS)	81,574.08	76,100.00	5,474.08
65525 · Health Insurance	49,565.42	48,325.00	1,240.42
<b>Total 72000 · Employee Wages &amp; Benefits</b>	<u>467,417.83</u>	<u>449,154.00</u>	<u>18,263.83</u>
<b>72400 · Board of Directors Expense</b>			
72400-1 · Director Stipends	7,940.00	5,940.00	2,000.00
72400-2 · Committee Mtgs-Stipends	1,350.00	1,050.00	300.00
72400-3 · Director Travel Expenses	8,937.42	4,900.00	4,037.42
72400-9 · Refreshments - Board Meetings	1,754.76	2,000.00	(245.24)
<b>Total 72400 · Board of Directors Expense</b>	<u>19,982.18</u>	<u>13,890.00</u>	<u>6,092.18</u>
<b>60001 · Anesthesia Eval Committee</b>			
60001-1 · Evaluator's Fee	13,194.33	13,000.00	194.33
60001-4 · Travel Expense	4,247.75	5,850.00	(1,602.25)
60001-5 · Calibration Expense	0.00	3,000.00	(3,000.00)
<b>Total 60001 · Anesthesia Eval Committee</b>	<u>17,442.08</u>	<u>21,850.00</u>	<u>(4,407.92)</u>
<b>73650 · Investigations/Complaints</b>			
72550 · DSO Coordinator	3,450.00	4,200.00	(750.00)
73650-1 · DSO Consulting Fee	40,225.00	41,615.00	(1,390.00)
73650-2 · DSO Travel Expense	4,946.29	6,375.00	(1,428.71)
73650-3 · Legal Fees-Investigations	234,977.33	295,000.00	(60,022.67)
73650-5 · BOD Hearing Stipend	800.00	1,540.00	(740.00)
73650-4 · Staff Travel & Per Diem	194.32	3,000.00	(2,805.68)
73650-8 · DSO Calibration Expense	0.00	3,000.00	(3,000.00)
73650-7 · Miscellaneous Investigation Exp	15,827.80	2,000.00	13,827.80
73650-6 · Reimb Investigation Expenses	(209,894.24)	(225,000.00)	15,105.76
<b>Total 73650 · Investigations/Complaints</b>	<u>90,526.50</u>	<u>131,730.00</u>	<u>(41,203.50)</u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2015 through June 2016

	<u>Jul '15 - Jun 16</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>60002 · Infection Control Inspection</b>			
60002-1 · Initial Inspection Expense	11,381.50	8,350.00	3,031.50
60002-2 · Reinspection Expense	1,136.51	825.00	311.51
60002-3 · Random Inspection Expense	437.50	825.00	(387.50)
60002-4 · Travel Expense	2,635.74	3,150.00	(514.26)
<b>Total 60002 · Infection Control Inspection</b>	<u>15,591.25</u>	<u>13,150.00</u>	<u>2,441.25</u>
<b>Total Expense</b>	<u>969,197.94</u>	<u>952,237.00</u>	<u>16,960.94</u>
<b>Net Ordinary Income</b>	204,026.21	219,527.00	(15,500.79)
<b>Other Income/Expense</b>			
<b>Other Income</b>			
40800 · Interest Income	969.35	550.00	419.35
<b>Total Other Income</b>	<u>969.35</u>	<u>550.00</u>	<u>419.35</u>
<b>Other Expense</b>			
75501 · Bad Debt Expense	2,728.09	0.00	0.00
<b>Total Other Expense</b>	<u>2,728.09</u>	<u>0.00</u>	<u>0.00</u>
<b>Net Other Income</b>	<u>(1,758.74)</u>	<u>550.00</u>	<u>(2,308.74)</u>
<b>Net Income Over Expenses</b>	<u><u>202,267.47</u></u>	<u><u>220,077.00</u></u>	<u><u>(17,809.53)</u></u>

**Nevada State Board of Dental Examiners  
Proposed Budget  
FYE 6/30/17**

FYE 6/30/17 Budget

Ordinary Income/Expense

Income

40000 · Dentist Licenses & Fees

40100 · DDS Active License Fee	529,600.00	
40102 · DDS Inactive License Fee	34,000.00	
40135 · DDS Activate/Inactive/Suspend	22,350.00	
40136 · DDS Activate Revoked License	1,000.00	
40140 · Specialty License App	1,900.00	
40145 · Limited License App	3,300.00	
40115 · Limited License Renewal Fee	13,500.00	
40116 · LL-S Renewal Fee	2,600.00	
40180 · Anesthesia Site Permit App	22,000.00	
40182 · CS/GA/Site Permit Renewals	36,500.00	
40183 · GA/CS/DS or Site Permit Reinp	18,750.00	
40175 · Conscious Sedation Permit Appl	9,000.00	
40170 · General Anesthesia Permit Appl	5,500.00	
Pediatric Anesthesia Permit	3,000.00	Pending statute change
40184 · Infection Control Inspection	19,500.00	
40212 · DDS ADEX License Application	32,400.00	
40205 · DDS Credential Appl Fee-Splcty	20,400.00	
40211 · DDS WREB License Application	96,000.00	
<b>Total 40000 · Dentist Licenses &amp; Fees</b>	<b>871,300.00</b>	

50000 · Dental Hygiene Licenses & Fees

40105 · RDH Active License Fee	216,600.00
40106 · RDH Inactive License Fee	7,250.00
40130 · RDH Activate/Inactive/Suspend	3,275.00
40126 · RDH Reinstate Revoked License	500.00
40110 · RDH LA/N2O Permit Fee	4,275.00
40224 · RDH ADEX License Application	5,400.00
40222 · RDH WREB License Application	43,600.00
<b>Total 50000 · Dental Hygiene Licenses &amp; Fees</b>	<b>280,900.00</b>

50750 · Other Licenses & Fees

40220 · License Verification Fee	6,250.00
40227 · CEU Provider Fee	8,850.00
40225 · Duplicate License Fee	1,625.00
40185 · Lists/Labels Printed	8,625.00
40600 · Miscellaneous Income	375.00
<b>Total 50750 · Other Licenses &amp; Fees</b>	<b>25,725.00</b>

**Total Income** 1,177,925.00

Expense

60500 · Bank Charges

60500-1 · Bank Service Fees	180.00	
60500-2 · Merchant Fees	29,500.00	Dentist renewal year
<b>Total 60500 · Bank Charges</b>	<b>29,680.00</b>	

68000 · Conferences & Seminars

68000 · Conferences & Seminars	11,800.00	Add 2 Board Members
63000 · Dues & Subscriptions	6,250.00	AADB (8 members), AADA, Adobe
65100 · Furniture & Equipment	3,000.00	Misc chairs, printer, etc.
65500 · Finance Charges	250.00	
66500 · Insurance		

**Nevada State Board of Dental Examiners  
Proposed Budget  
FYE 6/30/17**

	<u>FYE 6/30/17 Budget</u>	
66500-1 · Liability	6,300.00	
66500-2 · Workers Compensation	3,150.00	
<b>Total 66500 · Insurance</b>	<b>9,450.00</b>	
66520 · Internet/Web/Domain		
66520-1 · GL Suites	45,200.00	Fixed + \$6,000 project
Licensing Software Migration Costs	40,000.00	
66520-2 · E-mail, Website Services	2,975.00	
66520-3 · Internet Services	1,993.00	
66520-4 · Jurisprudence Exam Website	198.00	
<b>Total 66520 · Internet/Web/Domain</b>	<b>90,366.00</b>	
73500 · Information Technology		
73500-1 · Computer Repair/Upgrade	1,500.00	QB Upgrade, Misc.
<b>Total 73500 · Information Technology</b>	<b>1,500.00</b>	
66600 · Office Supplies	7,195.00	
66650 · Office Expense		
68710 · Miscellaneous Expenses	630.00	
68700 · Repairs & Maintenance		
68700-1 · Janitorial	6,000.00	
68700-2 · Copier Maintenance (7545P)	4,600.00	
68700-3 · Copier Maintenance (7435P)	500.00	Being taken out of service
<b>Total 68700 · Repairs &amp; Maintenance</b>	<b>11,100.00</b>	
68725 · Security	1,000.00	
68715 · Shredding Services	475.00	
68720 · Utilities	4,550.00	
<b>Total 66650 · Office Expense</b>	<b>6,025.00</b>	
67000 · Printing	6,000.00	Newsletter reduced
67500 · Postage & Delivery	16,275.00	DDS Renewal Notices
68500 · Rent/Lease Expense		
68500-1 · Equipment Lease	1,515.00	
68500-2 · Office	68,745.00	
68500-4 · Storage Warehouse	1,575.00	
<b>Total 68500 · Rent/Lease Expense</b>	<b>71,835.00</b>	
75000 · Telephone		
75000-1 · Telephone-Office	2,415.00	
75000-2 · Board Teleconference	100.00	
<b>Total 75000 · Telephone</b>	<b>2,515.00</b>	
75100 · Travel (Staff)	1,125.00	
73550 · Per Diem (Staff)	795.00	
73600 · Professional Fee		
73600-1 · Accounting/Bookkeeping	25,500.00	Audit (\$7500) & Bookkeeping
73600-4 · Legislative Services	38,000.00	\$36,000 + Travel
73600-2 · Legal-General	30,000.00	
	0.00	
<b>Total 73600 · Professional Fee</b>	<b>93,500.00</b>	
73700 · Verification Services	12,480.00	
72000 · Employee Wages & Benefits		

**Nevada State Board of Dental Examiners**  
**Proposed Budget**  
**FYE 6/30/17**

FYE 6/30/17 Budget

<b>72100 · Executive Director</b>	
72101 · Executive Director-Wages	124,894.10
72102 · Exec Dir-Accrued/Used Sickleave	3,350.48
72103 · Exec Dir-Accrued/Used Vacation	2,871.84
<b>Total 72100 · Executive Director</b>	<b>131,116.42</b>
<b>72300 · Credentialing &amp; Licensing Coord</b>	
72301 · Licensing Specialist-Wages	55,556.74
72303 · Lic Spec-Accrued/Used Sickleave	1,482.32
72304 · Lic Spec-Accrued/Used Vacation	1,032.33
<b>Total 72300 · Credentialing &amp; Licensing Coord</b>	<b>58,071.39</b>
<b>72132 · Site Inspection Coordinator</b>	
72133 · Admin Assist I-Wages	39,705.74
72137 · Admin I-Accrued/Used Sickleave	1,055.60
72138 · Admin I-Accrued/Used Vacation	94.25
<b>Total 72132 · Site Inspection Coordinator</b>	<b>40,855.59</b>
<b>72200 · Technology/Finance Liaison</b>	
72201 · Admin Assist II-Wages	48,424.70
72203 · Admin II-Accrued/Used Sickleave	322.56
72204 · Admin II-Accrued/Used Vacation	1,336.32
<b>Total 72200 · Technology/Finance Liaison</b>	<b>50,083.58</b>
<b>72130 · Public Info &amp; CE Coordinator</b>	
72131 · Administrative-Wages	31,577.00
72134 · Administrative-OT	125.00
72135 · Admin-Accrued/Used Sickleave	717.12
72139 · Admin-Accrued/Used Vacation	657.36
<b>Total 72130 · Public Info &amp; CE Coordinator</b>	<b>33,076.48</b>
<b>72140 · Administrative Assistant (P/T)</b>	
72141 · Administrative Assistant-Wages	15,750.02
72143 · Admin Assist-Accrued /Used Sick	234.60
72144 · Admin Asst-Accrued/Used Vac	527.85
<b>Total 72140 · Administrative Assistant (P/T)</b>	<b>16,512.47</b>
72010 · Payroll Service Fees	1,750.00
72005 · Payroll Tax Expense	6,245.00
72600 · Retirement Fund Expense (PERS)	77,323.00
65525 · Health Insurance	49,405.00
<b>Total 72000 · Employee Wages &amp; Benefits</b>	<b>464,438.93</b>
<b>72400 · Board of Directors Expense</b>	
72400-1 · Director Stipends	8,780.00
72400-2 · Committee Mtgs-Stipends	2,050.00
72400-3 · Director Travel Expenses	7,450.00
72400-9 · Refreshments - Board Meetings	1,850.00
<b>Total 72400 · Board of Directors Expense</b>	<b>20,130.00</b>
<b>60001 · Anesthesia Eval Committee</b>	
60001-1 · Evaluator's Fee	18,000.00
Miscellaneous Expense	200.00
60001-5 · Calibration Expense	3,000.00

**Nevada State Board of Dental Examiners**  
**Proposed Budget**  
**FYE 6/30/17**

	<u>FYE 6/30/17 Budget</u>	
60001-4 · Travel Expense	6,100.00	Increase for Pediatric Permit
<b>Total 60001 · Anesthesia Eval Committee</b>	<u>27,300.00</u>	
<b>73650 · Investigations/Complaints</b>		
72550 · DSO Coordinator	3,600.00	
73650-1 · DSO Consulting Fee	43,000.00	
73650-2 · DSO Travel Expense	5,715.00	
73650-3 · Legal Fees-Investigations	270,000.00	Includes Hunt, Drizin & AG
73650-5 · BOD Hearing Stipend	1,760.00	2 Hearings
73650-4 · Staff Travel & Per Diem	370.00	
73650-8 · DSO Calibration Expense	3,000.00	
73650-7 · Miscellaneous Investigation Exp	15,975.00	
Reimbursed Investigation Expenses	28,000.00	
73650-6 · Reimb Investigation Expenses	-220,400.00	
<b>Total 73650 · Investigations/Complaints</b>	<u>151,020.00</u>	
<b>60002 · Infection Control Inspection</b>		
60002-1 · Initial Inspection Expense	11,675.00	
60002-2 · Reinspection Expense	1,140.00	
60002-3 · Random Inspection Expense	530.00	
Miscellaneous Expense	200.00	
60002-4 · Travel Expense	2,350.00	
<b>Total 60002 · Infection Control Inspection</b>	<u>15,895.00</u>	
<b>Total Expense</b>	<u>1,060,554.93</u>	
<b>Net Ordinary Income</b>	117,370.07	
<b>Other Income/Expense</b>		
<b>Other Income</b>		
40800 · Interest Income	920.00	
<b>Total Other Income</b>	<u>920.00</u>	
<b>Other Expense</b>		
Bad Debts	0.00	
<b>Total Other Expense</b>	<u>0.00</u>	
<b>Net Other Income</b>	<u>920.00</u>	
<b>Net Income Over Expense</b>	<u><u>118,290.07</u></u>	

## Debra Shaffer

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**From:** Luke Hermann <[REDACTED]>  
**Sent:** Friday, August 19, 2016 2:08 PM  
**To:** Debra Shaffer; Rigoberto Morales  
**Subject:** Proposal to Upgrade Licensing Services at a lower budget  
**Attachments:** inLumon Proposal - NBDE August 2016.pdf

Deb & Rigo,

It was great to meet you in person last week.

Thank you for taking the time to continue our discussion of your needs, desires, and objectives.

Based on our understanding of your License Type, Specialties, & Permits, we are able to provide you a proposal outlining our understanding of the best and most responsive services and solution for you moving forward. It will still be helpful to receive your matrix to confirm our assumptions.

Here's a summary of our approach:

- We are offering you the full Licensing system subscription service that is superior and more user friendly than the GL system at a 5%+ discount from what you are paying GL now. (GL Budget is \$3,265.90/month and ours is \$3,100/mo).
- There will be no up-front costs to you. We will design and bring your system up to high performance working conditions at our own cost and investment.
- As requested, we have also provided you the option to consider an initial investment of \$42,000 with monthly maintenance of \$2,100 starting 6 months later.
- We can also consider optional alternatives to the above to meet other budget concerns if desired.
- There will be no risk to you in regard to functionality as you will be able to confirm that everything works correctly before making the change in systems and no payments will be requested until you start using the system. We have become experts and converting GL Data allowing for smooth transitioning.
  1. Rigo, in regard to looking at your data backup, we would like to schedule a time to look at your data with you. We should be able to do this via a web-share with you. What is your availability next week?
- Please note that the proposed budgets do not include the mobile inspection application which can be subsequently incorporated as desired.

We will schedule ourselves to present to you and your Board at the Friday, September 23<sup>rd</sup> meeting. We can attend at either the Las Vegas or Reno location and perform a short demonstration. Please let us know what you prefer. If you, your Board, or any other interested parties would like to ask any questions or see any demonstrations before then, we would be more than happy to accommodate.

Let us know if you have any questions, concerns, or need any clarifications.

Your consideration and support is appreciated.

Sincerely,

Luke Hermann  
Sales Manager





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# **Nevada State Board of Dental Examiners**

Implementation Plan  
*for*  
**Development and Integration of  
Software Application for the  
Nevada State Board of Dental  
Examiners**

August 2016

**Original Proposal**

Submitted by

**inLumon**

**[www.inlumon.com](http://www.inlumon.com)**  
**Email: [info@inlumon.com](mailto:info@inlumon.com)**  
**800-246-0541**

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# 1 INTRODUCTION

The Nevada State Board of Dental Examiners (NBDE) is looking to upgrade and improve its Licensing system. As this critical endeavor commences, it is vitally important that NBDE partners with an implementation vendor like inLumon, that has the capability and capacity to ensure that the goals of the project are achieved and the new system upgrade is successfully implemented.

Headquartered in Nevada, inLumon delivers technology services and accelerates growth for clients by solving complex business challenges with breakthrough technical innovations by providing an easy to use, integrated, scalable and customizable solution. inLumon provides certainty and reliability to its clients as their IT services, consulting, and business solutions partner. inLumon offers an effective blend of revolutionary spirit, technical expertise, incisive business perspectives, and creative skill sets that help ascertain the value of Information Technology.

Our clients include State of Nevada Boards and Agencies. In addition, inLumon has long served private sector clients ranging from startups to those with multi-million dollars in revenue.

inLumon has significant relevant experience and knowledge that it can bring to the Nevada State Board of Dental Examiners.

The Nevada State Board of Dental Examiners can meet its goal and timeline with inLumon's efficient, low risk, and proven solution and implementation approach. With our deep understanding of, and hands-on experience with Licensing and Inspection Systems, we are the vendor best able to hit the ground running on day one. Our team has successful experience implementing similar systems. We are confident that inLumon is the lowest risk and the most qualified vendor. After all, experience and industry knowledge make a difference in interpreting and meeting requirements, and inLumon's experience delivering Licensing System with requirements similar to NBDE has enabled many of our clients to effectively implement their Licensing, Enforcement and Cash Management Database.

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"We have experienced up to 75% in workflow reduction...maybe more."

*Noni Johnson, Executive Director*

*Nevada Board of Professional Engineers and Land Surveyors*

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inLumon always focuses on business first and assesses the long-term implications of the technology we design, develop, and implement. We deliver technology that enables your business to succeed as opposed to simply looking for technology solutions that fit.

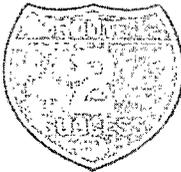
We are confident that our proposal presents the best functional and technical solution, the most qualified and experienced team, and the best overall value for the Nevada State Board of Dental Examiners (NBDE). Supporting this claim are the inLumon Team's distinguishing traits that will enable us to keep our promise to the NBDE for a successful engagement:

- inLumon understands the requirement for the implementation of the Licensing system.
- Our unique team of industry experts understands the government licensing, and Enforcement management system.
- inLumon has successfully implemented and is currently implementing Licensing and Enforcement Management Systems for Nevada and California organizations that has provided and is providing significant improvements in customer service and workflow.
- We are technologists and architects with hands-on experience designing, customizing, developing and implementing the components that will comprise the solution.
- inLumon brings the resource base and delivery capability to implement the project for the NBDE.
- We surpass client expectations consistently and believe in Integrity and Transparency. We set standards in our business and transactions and are an example for the industry and ourselves.
- We strive relentlessly; constantly improve ourselves, our teams, our services and products, to become the best.
- inLumon has excellent support team available to assist you with all kinds of technical problems.

## 2 PROPOSED SOLUTION

inLumon has successfully implemented and is currently implementing Licensing Solutions for Boards in the State of Nevada and California. Having a teammate that has a deep knowledge will provide a tremendous benefit to the Nevada State Board of Dental Examiners (NBDE). inLumon will instill a collaborative approach to design and development, with industry demonstrated and tested processes to meet the needs of NBDE.

inLumon understands the requirement discussed with NBDE and is proposing a solution that is built on inLumon's Licensing framework, tailored to the needs of the Nevada State Board of Dental Examiners . inLumon also understands that there are components and functionalities that will need to be integrated and/or developed. Before the development, inLumon has planned two weeks for the discovery phase to identify functionalities that will need to be designed, developed/customized and integrated. inLumon has also planned for two Work Cycles over 3 months to complete the design and development of the functionalities identified in the discovery phase.



### The Benefits of Leveraging the Framework

When clients elect to leverage our Framework for solution design and development, they benefit by receiving

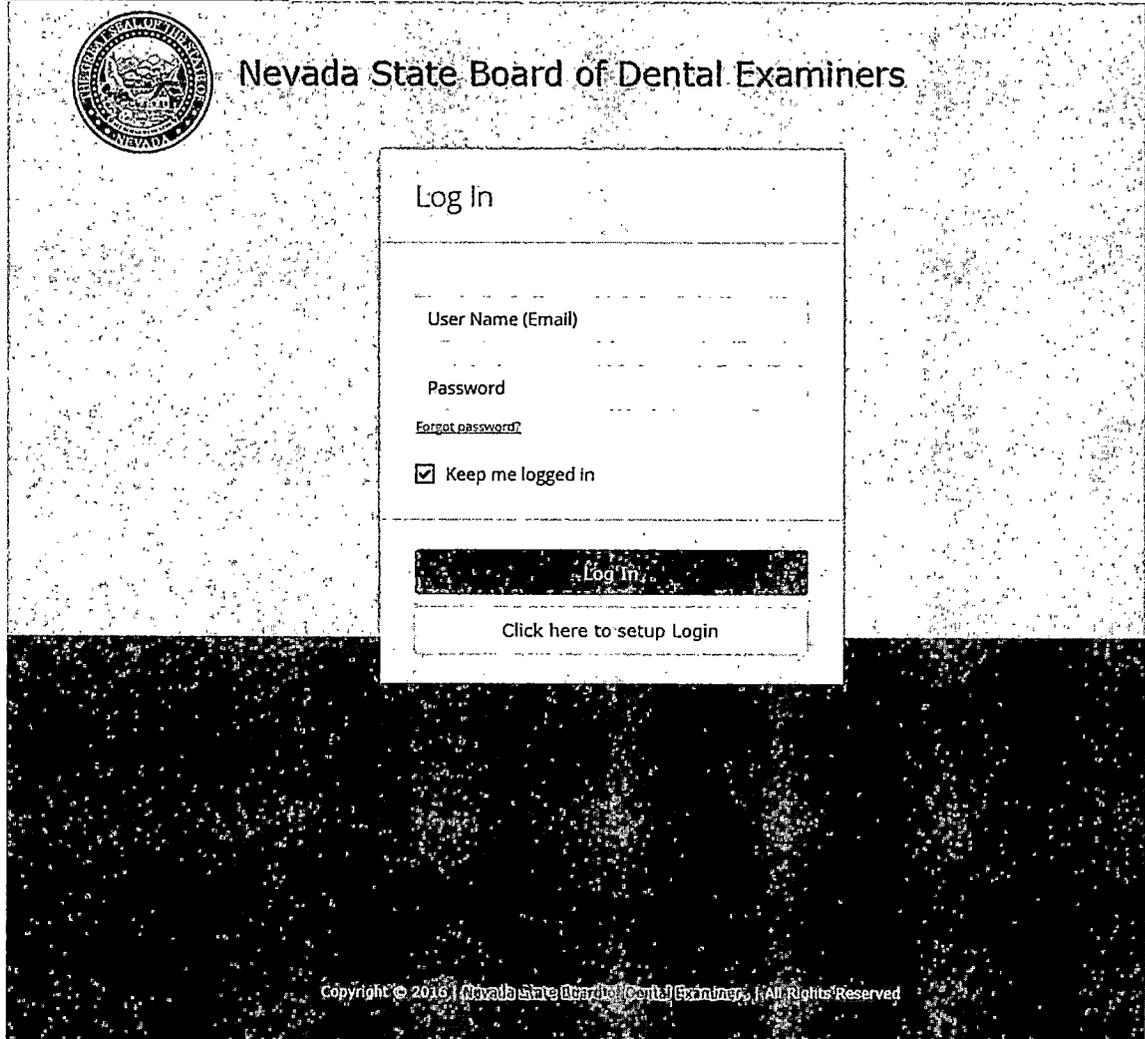
1. Proven functional and technical best practices
2. **Reduced risk**
3. Decreased cost
4. Shortened timeframes to deploy
5. Solution components designed to be easily modified
6. A comprehensive customer-centric solution model designed to be state-of-the-art, service-oriented, secure, and intelligent.

We developed our business applications as unique components that can be easily modified and implemented independently.

Following are few screen prints from the inLumon Licensing Application.

**Applicant View:**

Applicant Login Page:



 Nevada State Board of Dental Examiners

Log In

User Name (Email)

Password

[Forgot password?](#)

Keep me logged in

Log In

[Click here to setup Login](#)

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**Licensee View:**

**Licensee Dashboard**

Nevada State Board of Dental Examiners

**Dashboard**  
 Welcome Nancy Blachly | [Change Password](#) | [Sign Out](#)  
 Not Nancy Blachly? [Click here to log out](#)

**Address Detail**

**Home Address**

Street : 123 Test Street  
 City : Reno                      State : NV                      Zip : 89509

**Mailing Address**

Street : 123 Test Street  
 City : Reno                      State : NV                      Zip : 89509

**Contact Detail**

Contact Type	Contact Number
Home Phone	(775) 000-1000
Cell Phone	(702) 123-4567
Work Phone	(775) 400-5000

**Documents Checklist**

Still have questions? Email us at [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov)

**License Detail**

Application	Submitted On
1: Renewal Form	02/11/2015

**License Renewal Detail**

Renewal Period	Status
<input type="checkbox"/> Renewal period from 01 July 2016 to 30 June 2017	Active

[Renew!](#)

**Payment Detail**

Application Type	Amount	Date	Status
Renewal Application	\$150.00	06/15/2016	Paid <a href="#">Print</a>

**Additional Online Services**

- [Residential / Mailing Address Change](#)
- [Primary Professional Address Change](#)
- [Name Change](#)
- [Duplicate License](#)
- [License Verification](#)

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### Licensee Renewal

#### Limited License Dental License Renewal

Fee : \$200.00  
 Renewal # : CL150831014777  
 License # : NEPT.0003

#### Licensee Information

If different than license, legal proof of name change such as marriage certificate or divorce decree is required.

Legal Name:  
 First Name:  Last Name:   
 Middle Name:  Date of Birth:   
 Are you a citizen of the United States?  Yes  No  
 Social Security Number:

Place of Birth:  
 City:  State:

Home Address:  
 Street:   
 City:  State:  Zip:

Select if the Mailing Address is same as the Residential Address

Mailing Address:  
 Street:   
 City:  State:  Zip:

Email Address:   
 Home Phone:  Cell Phone:   
 Work Phone:  Fax:

Other Address:  
 Street:   
 City:  State:  Zip:

Email Address:   
 Office Phone:  Office Fax:

Other Name Used:  
 First Name:   
 Middle Name:   
 Last Name:

First Name	Middle Name	Last Name	Action
John		Doe	

## Licensee Renewal (cont.)

**Report Of Existence of Nevada Business License**

- I do NOT have a Nevada business license number.  
 I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 78 and my application is pending.  
 I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 78.

 Name of Business License: 

 Business License #: 

Address:

 Street: 

 City:  State:  Zip: 

The Nevada State Board of Dental Examiners is not the order of determining whether a licensee needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvssa.gov/>

**Report of Military Service**

AS REQUIRED BY EXECUTIVE ORDER 2014-20

 Have you ever served in the military?  Yes  No

Branch(es) of Service: (Check all that apply)

- Army/Army Reserve  
 Marine Corps/Marine Corps Reserve  
 Navy/Navy Reserve  
 Air Force/Air Force Reserve  
 Coast Guard/Coast Guard Reserve  
 National Guard

 Military Occupation: 

Specialty/Specialty Code:

 Date(s) of Service: From: 

 To: 

As required by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

**Continuing Education**

NRS 631.342 requires all licensees full-time mandated four (4) hour continuing education course to "renewal" to be completed within two (2) years after receiving licensure in this state. The state mandated course is in addition to your required CE hours. If certificate is not on file with the Board you must provide a copy of the certificate of attendance to receive credit for this "renewal" course.

- By selecting this box, I hereby affirm and attest that I have completed the required hours of continuing education with recognized providers. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three years and may be audited by the Board pursuant to NAC 631.117. In addition to the required CE hours, pursuant to NRS 631.342, I affirm that I have fulfilled a mandated four (4) hour continuing education course in "renewal" to be completed two (2) years after receiving licensure in this state.

**CPR Certification**

 New CPR Date: Begin: 

 End: 

- By selecting this box, I hereby affirm and attest that I have inserted valid dates of CPR certification on this form for a course taken with an actual certification demonstration by me that was not completed online. I understand that all certificates for CPR issued by certified instructors must be maintained for a minimum of three years and may be audited by the Board pursuant to NAC 631.117.

Licensee Renewal (cont.)

**Dental Assistants**

Do you employ Dental Assistants?  Yes  No

By selecting this box, I attest that each such employee has received:

1. Adequate instruction concerning radiographic procedures and is qualified to operate radiographic equipment as required pursuant to subsection 3 of NAC 639.022.
2. Training in CPR at least every 2 years while so employed;
3. A minimum of 4 hours of continuing education in infection control every 2 years while so employed;
4. Before beginning each employment, a copy of chapter 631 of NAC and chapter 639 of NRS in paper or electronic format.

**Applicable Renewal: Only Applicable to Current Permit Holders**

Administrative Permit - Select permit (NRS 639)

Corrosive Section  General Anesthesia

Current Permit Number:

New ALLS Dates: From:  To:

New HALLS Dates: From:  To:

I attest that I have completed the required completion of a 2-hour continuing education every 2 years related to anesthesia or sedation - applicable to the type of permit you hold pursuant to NAC 631.0228. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three years and be accessible by the Board pursuant to NAC 631.177.

Site Permits - Enter permit number you wish to renew (NRS 639)

Current Site Permit Number	Action
Test Number	<input type="checkbox"/> <input type="checkbox"/>

**Affidavit**

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2015 - June 30, 2016:

1. I attest by checking "yes", that I am in compliance with the reporting requirements regarding service of claims or complaints of malpractice, felony or misdemeanor convictions or the suspension, revocation or probation of my license by another licensing jurisdiction pursuant to NAC 631.153. If no, please provide a written statement backing the facts.  Yes  No
2. Are you subject to court order for the support of one or more children (i.e. do you have a child support order)?  Yes  No
3. Have you conducted practice within the provisions of NRS 631 and NAC 631?  Yes  No
4. Do you have a history of addiction(s) which would impair your practice of dental/dental hygiene pursuant to NRS 631 and NAC 631?  Yes  No
5. Do you utilize (use/reason) in the performance of your practice of dental/dental hygiene?  Yes  No
6. I attest by checking "yes", I am aware of the mandatory requirement to report child abuse and neglect in accordance with the laws of the State of Nevada.  Yes  No
7. Do you have a valid controlled substance permit with the Nevada State Board of Pharmacy?  Yes  No

**Acknowledgment and Declaration of Applicant**

Notice is Mandatory

Reporter:

I acknowledge I have been informed of my duty as a mandatory reporter of abuse or neglect of a child pursuant to NRS 402B.

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

Name:  Date of Application:

**Staff View: Individual**



**Nevada State Board of Dental Examiners**

Home Individual Application Renewal Reports Administration

**Search Results**

Last Name	First Name	License #
David	David	NVPT.0004
Bob	Bob	NVPT.0002
Lee	Lee	NVPT.0002
John	John	NVPT.0001

Individual Details

Home Address Renewal Reports Application Details License Details Pending Renewal

**Individual Details**

<p>Name: David Post                  DOB: 06/01/1952                  License #: NVPT.0004                  ID #: P501                  Mailing Address: PO Box 130                  Primary Phone: (530) 454-0470                  Email Address: joe@inlumon.com</p>	<p>Deficiency                  Photo incorrect                  Payment amount not correct                  LiveScan ATI</p>	
<p>License Details                  PT License Pending: 10/01/2012                  PT License Expired: 10/01/2012                  PT Renewed: 10/01/2012</p>	<p>Unpaid Invoiced                  Late Fee: \$250.00                  License Fee: \$150.00</p>	

**Record Hits**

DDJ  FZI  
 Cuspice Agencies  
 Complaint  
 Set Report  
 SAN

Last Name:  First Name:   
 Middle Name:  Suffix:   
 SSN:  Status:   
 DOB:  Age:   
 Place of Birth:  State:  CALIFORNIA  
 Birth City:  Sacramento  
 Country:  USA Gender:  Male  Female  
 Height:  5-7 Weight Pounds:  125  
 Eye Color:  Blue Hair Color:  Black  
 Driver License or Govt. ID:  
 DL or Govt. ID No.:   
 Issued by State:  CALIFORNIA  
 Web User Name:

First Name	Last Name	Status	Expiration Date	Renewal Date
David	Post	Current	01/02/2013	01/04/2013

First Name:  Last Name:

First Name	Last Name	Action
Michael	Carole	<input type="button" value="View"/>

Renewal Workflow for Review and Approval



Nevada State Board of Dental Examiners

Home Individual Application Renewal **License Renewal** Reporting Administration

**LIMITED LICENSE DENTAL Renewal**

3124 Nevada State 03/13/2015 Submitted

**Limited License Dental License Renewal** Fee: \$200.00  
Renewal #: CL150234034777  
License #: NSPT.LCC01

**License Information**

Differs than license, legal proof of name change such as marriage certificate or divorce decree is required.

Legal Name:  
 First Name: [John] Last Name: [Doe]  
 Middle Name: [ ] Date of Birth: [03/11/1968]

Are you a citizen of the United States?  Yes  No  
 Social Security Number: [ ]

Place of Birth:  
 City: [Tampa] State: [Nevada]

Home Address:  
 Street: [123 Test Street]  
 City: [Tampa] State: [Nevada] Zip: [33609]  
 Select if the Mailing Address is same as the Residential Address

Mailing Address:  
 Street: [123 Test Street]  
 City: [Tampa] State: [Nevada] Zip: [33609]

Email Address: [jdoe@inlumon.com]  
 Home Phone: [(772) 001-0001] Cell Phone: [ ]  
 Work Phone: [ ] Fax: [ ]

Office Address:  
 Street: [123 Test Street]  
 City: [Tampa] State: [Nevada] Zip: [33609]  
 Email Address: [jdoe@inlumon.com]  
 Office Phone: [ ] Office Fax: [ ]

Other Name Used:  
 First Name: [ ]  
 Middle Name: [ ]  
 Last Name: [ ]

John Doe

Renewal Workflow for Review and Approval (cont.)

Report of Existence of Nevada Business License

- I do NOT have a Nevada business license number.
- I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 78 and my application is pending.
- I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 78.

Name of Business License: \_\_\_\_\_  
 Business License #: \_\_\_\_\_  
 Address:  
 Street: 123 Test Street \_\_\_\_\_  
 City: Reno State: Nevada Zip: 89503

The Nevada State Board of Dental Examiners is not the arbiter of determining whether a licensee needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvso.gov/>

Report of Military Service

AS REQUIRED BY EXECUTIVE ORDER 2014-22

Have you ever served in the military?  Yes  No

Branch(es) of Service: (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

Military Occupation Description/Qualification: \_\_\_\_\_

Date(s) of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

As required by Executive Order 2014-22 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

Continuing Education

NAC 631.342 requires all licensees fulfill a minimum four (4) hour continuing education course in "renewal" to be completed within two (2) years after receiving licensure in this state. This state mandated course is in addition to your required CE hours. If certificate is not on file with the Board you must provide a copy of the certificate of attendance to receive credit for this "renewal" course.

By selecting this box, I hereby affirm and attest that I have completed the required hours of continuing education with recognized providers. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three years and may be audited by the Board pursuant to NAC 631.377. In addition to the required CE hours, pursuant to NRS 631.342, I affirm that I have fulfilled a minimum four (4) hour continuing education course in "renewal" to be completed within two (2) years after receiving licensure in this state.

CPR Certification

New CPR Dates: Begin: \_\_\_\_\_ End: \_\_\_\_\_

By selecting this box, I hereby affirm and attest that I have received valid CPR certification on this form for a course taken with an actual demonstration demonstration by me that was not completed online. I understand that all certifications for CPR issued by certified instructors must be maintained for a minimum of three years and may be audited by the Board pursuant to NAC 631.377.

Dental Assistance

Do you employ Dental Assistants?  Yes  No

- By selecting this box, I attest that each such employee has received:
  1. Appropriate instruction concerning radiographic procedures and is qualified to operate radiographic equipment as required pursuant to subsection 2 of NAC 432.032.
  2. Training in CPR at least every 2 years while so employed;
  3. A minimum of 4 hours of continuing education in infection control every 2 years while so employed;
  4. Before beginning such employment, a copy of chapter 631 of NAC and chapter 631 of NRS in paper or electronic format.

Anesthesia Renewal - Only Applicable to Current Permit Holders

Administrator Permit - Select permit (S202 sect10)

Corrective Session

General Anesthesia

Current Permit Number: \_\_\_\_\_

New ACLS Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

New BLS Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

I attest that I have completed the required completion of a 2-hour continuing education every 2 years related to anesthesia or sedation-applicable to the type of permit you are pursuant to NAC 631.333. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three years and be audited by the Board pursuant to NAC 631.377.

Site Permits - Enter permit number you wish to renew (S202 sect10)



Test Number

Renewal Workflow for Review and Approval (cont.)

**Affidavit**

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2015 – June 30, 2016:

1. I attest by checking "yes" that I am in compliance with the reporting requirements regarding service of claims or complaints of malpractice, (failure of maintenance or correction or the suspension, revocation or probation of my license by another licensing jurisdiction pursuant to NAC 631.125. If no, please provide a written statement explaining the facts.)  Yes  No
2. Are you subject to court order for the support of one or more children (i.e. do you have a child support order)?  Yes  No
3. Have you conducted practice within the provisions of NRS 631 and NAC 631?  Yes  No
4. Do you have a history of addiction(s) which would impair your practice of dentistry/dental hygiene pursuant to NRS 631 and NAC 631?  Yes  No
5. Do you utilize laser radiation in the performance of your practice of dentistry/dental hygiene?  Yes  No
6. I attest by checking "yes", I am aware of the mandatory requirement to report child abuse and neglect in accordance with the laws of the State of Nevada.  Yes  No
7. Do you have a valid controlled substance permit with the Nevada State Board of Pharmacy?  Yes  No

**Acknowledgment and Declaration of Applicant**

**Notice to Mandatory Reporter:**

I acknowledge I have been informed of my duty as a mandatory reporter of abuse or neglect of a child pursuant to NRS 432B.

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

Name:  Date of Application:

2345 Save Print 03/15/2015 Complete

### 3 IMPLEMENTATION OVERVIEW

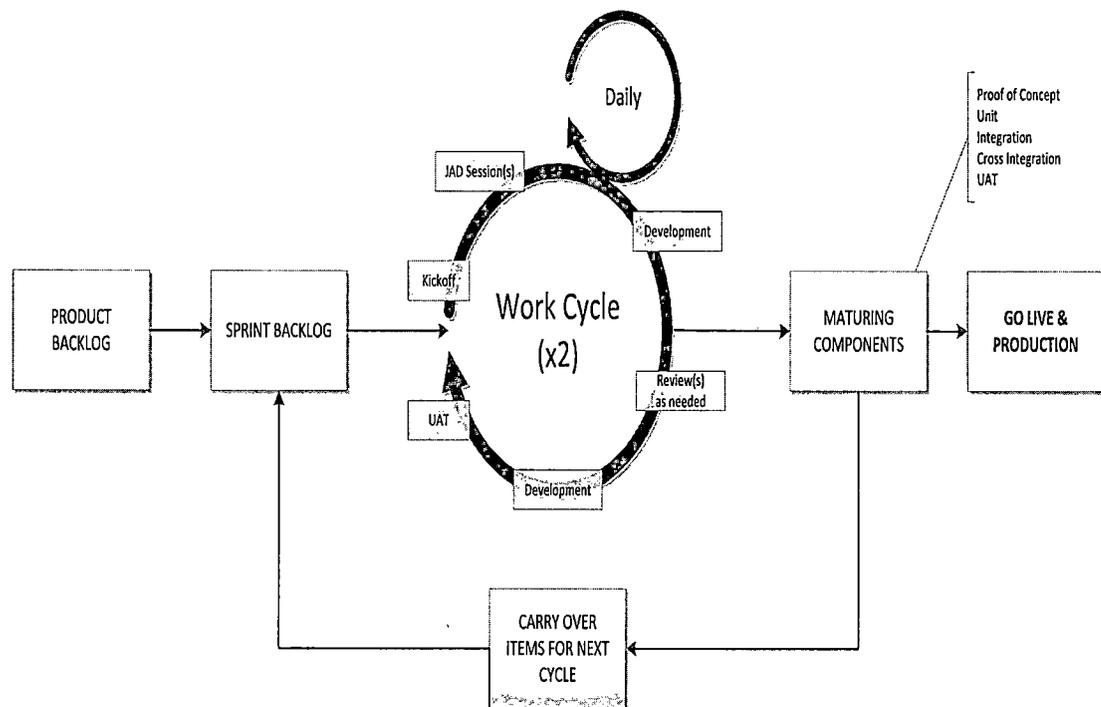
#### Approach & Strategy

The proposal is to use an adapted agile methodology. In general, the adapted agile methodology will deliver an updated build (code) depending on the frequency discussed and agreed. Builds will involve the team working through the full development life cycle including planning, requirements, design, development, unit and system testing, and acceptance testing.

The methodology will emphasize face-to-face communication and stakeholder feedback over extensive requirements gathering. It is expected that there will be three releases during the execution phase of the project. The Application will be released into production following the completion of all iterations and a comprehensive User Acceptance Test (UAT).

The approach involves three work cycles. inLumon will identify any variances and develop necessary project plans, which are spread across two work cycles.

The development work cycles will include post-UAT bug fix phases, with 30-day sprints. Upon group agreement on changes, the next phase shall begin.



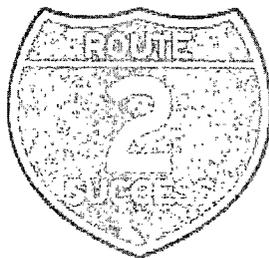


**inLumon uses Adapted Agile Methodology as a Standard for implementing a Licensing System**

The benefits of inLumon's iterative implementation approach:

- A short deliverable cycle allows developers to achieve visible results and a sense of accomplishment resulting from having smaller development tasks to plan, execute and deliver.
- NBDE management and staff stakeholders see visible, short-term results from the effort.
- Stakeholder 'owners' of different business processes automated by the effort get to see incremental results in their piece of the project with frequency, leading to better client buy-in for the project's goals.
- The NBDE users and staff get to provide feedback as each prototype deliverable of software is released to them for testing. This results in a better, more frequent and more accurate communication of client requirements that will naturally evolve over the life of the development cycle.

The InLumon Team's approach to successfully managing and implementing Licensing solution revolves around four defining features.



**InLumon's four axes that will support the project down the route to success:**

1. A **Deep Understanding** of the work to be performed resulting in InLumon's *Driving Principles for Success*.
2. An **Engagement Design** that serves as a blueprint for delivering the solution.
3. An **Execution and Implementation Approach** that incorporates Iterative Implementation of the solution by a Skilled Team of competent individuals
4. A **Next Generation Solution** built by leveraging InLumon's Web and Smartphone framework and integrated seamlessly with best-of-breed technologies.

These characteristics of the InLumon Team are fundamental to our engagement approach and technical approach. Equipped with expert technical skill, world-class project management capabilities, and industry leading technologies, the InLumon Team is prepared to bring the same dynamic client engagement factors that have established InLumon's impeccable record of success.

InLumon’s five Driving Principles for the route to success are as follows. Our goal with these driving principles is to actually exceed the expectations of NBDE - rather than simply meet expectations.

- PRINCIPLE

**Driving Principle 1**

1

Remove Roadblocks to Efficiency and Effectiveness
- PRINCIPLE

**Driving Principle 2**

2

Mitigate Development and Delivery Risks
- PRINCIPLE

**Driving Principle 3**

3

Enable Superb Customer Service Satisfaction
- PRINCIPLE

**Driving Principle 4**

4

Safeguard Organization Operations and Organization Stakeholder’s through Enhanced Technical Security
- PRINCIPLE

**Driving Principle 5**

5

Perform as a Strategic Partner with a Vested Interest

### **inLumon Implementation Approach**

For InLumon, implementation starts on the first day of the engagement and finishes only when our customer is completely satisfied with the solution that we have implemented. Our implementation management approach focuses on achieving project and organizational objectives – implementing and maintaining the management framework needed to sustain collaborative relationships, and institutionalizing processes and procedures needed to meet the planned schedules while producing a quality product. It also includes the rigorous monitoring and measurement necessary to mitigate the risks associated with all large system implementation efforts.

**Partnership, Professionalism, and Teamwork** - These are words that describe the way we engage all of our customers and manage our complete implementation. While implementation success is often measured in terms of meeting contractual obligations, stated project metrics or specific deliverables, at InLumon, success is also measured in terms of end user satisfaction and when stakeholders realize real benefits from the work we have performed. This is why we take great pride in our results. We apply simple principles when we engage in implementation to ensure satisfaction. Our management principles are discussed briefly below.

**Management Principle 1:  
Collaborate – Manage in Partnership**

inLumon recognizes the fundamental need to build a strong partnership with the customers. Because a partnership depends on open and effective collaboration, inLumon will employ management techniques based on values that are focused promoting open, timely, and forthright communications, and engage the stakeholders and participants in the implementation process. InLumon's experience has been that implementing such an approach results in a synergy between the various participants and the inLumon Team that is built on mutual trust and respect, therefore enabling the team to effectively implement the solution.

**Management Principle 2:  
Flexible Yet Robust – A Customer-Centric Management Approach**

inLumon's customer-centric approach to implementation management means that our technical services and implementation management approach will be specifically designed around the requirements and needs of our Customers.

**Management Principle 3:  
Communicate – Provide Visibility into the Project**

The collaborative approach to implementation will be successful only if a strong commitment is made to establishing an open and comprehensive communication channel between the stakeholders from the customer team and the inLumon team. A robust communication plan will ensure that all stakeholders and constituencies are duly informed and consulted, on all matters related to the implementation.

**Management Principle 4:  
Leverage Lessons Learned and Previous Experience**

By leveraging inLumon's enterprise Project Management experience, every project has the ability to learn from the success of previous projects. By providing this support, we ensure that all our implementation maintain the highest levels of quality.

PRINCIPLE  
**5**

**Management Principle 5:  
Start with the Implementation Plan – End with Success**

inLumon begins with developing and finalizing an implementation plan where everyone—staff, management, and especially sponsors and stakeholders—are in concurrence, enabling inLumon to build on this blueprint for successful implementation.

PRINCIPLE  
**6**

**Management Principle 6:  
Manage Proactively**

inLumon implementation team proactively manages implementation efforts by conducting regular reviews where we review status reports—each milestone and task—to ensure that we are on schedule. inLumon pays particular attention to any tasks that have begun or finished late, evaluating potential trends that suggest the need to adjust resources or approach to keep the project on track. Issues are either resolved or escalated weekly, which continues the steady progress for achieving the required milestone. All deliverables go through a rigorous quality assurance process to ensure that our customer gets the best quality. inLumon uses a collaborative approach to ensure that nothing is “thrown over the fence.”

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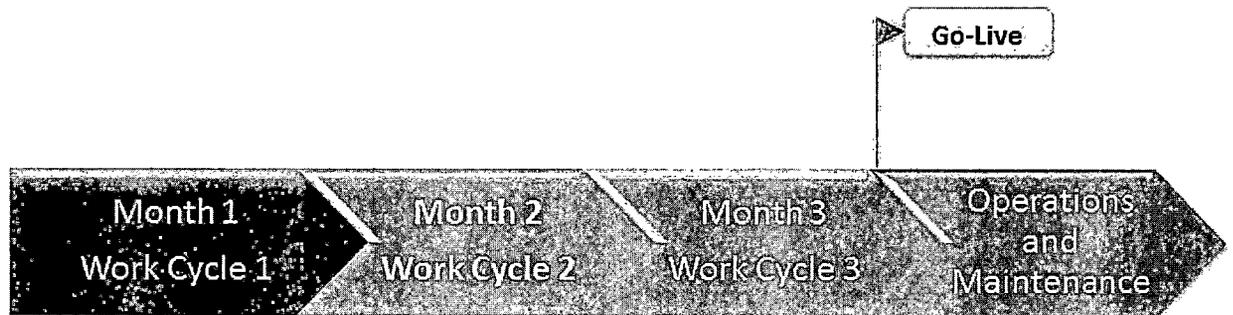
inLumon’s Project Management Framework follows industry accepted best practices for project management based on the Project Management Institute’s (PMI) Project Management Body of Knowledge (PMBOK®). We have PMI certified Project Managers on our team and they apply this knowledge, leverage past experiences and lessons learned, and utilize industry accepted project management tools and techniques, to monitor and control implementation activities, in order to meet or exceed our customer’s needs and objectives of the project.

## 4 PROJECT MANAGEMENT

### Anticipated Timeline

inLumon’s solution leverages the industry leading Licensing Application framework. This approach eliminates the need for lengthy design and development phases and reduces overall project risk.

Our comprehensive project plan and schedule for the implementation is based on our understanding of NBDE objectives and requirements, our significant experience implementing Enforcement Module of the Licensing systems as well as our robust delivery methodology. Our aggressive schedule, shown at a high-level below, provides for the major tasks and deliverables. This includes the 6 months Warranty and Maintenance Support period included in the cost after the Go-Live.



#### **WORK CYCLE 1 – DISCOVERY**

During the Discovery Phase, inLumon will perform the following high-level tasks:

- Gather requirements and validate requirements for Work Cycle 2 by meeting with NBDE staff
- Identify and analyze existing databases and files
- Finalize the application user interface for the applications
- Establish and implement Security architecture including Internal Controls and Audit Trails. Identify User Roles and Permission
- Establish Development Environment
- Whenever possible, identify changes necessary to the adapted system

#### **WORK CYCLE 2 – DESIGN AND DEVELOPMENT**

During the Design and Development phase, inLumon will perform the following high-level tasks:

- Whenever possible, identify changes necessary to the adapted system
- Design, configure and develop as the user and discovery phase requirement
- Establish Test/Training Environment
- Promote Changes to the Test/Training Environment
- Perform testing
- Integrate all the functionality developed and configured for User Testing

**WORK CYCLE 3 – DEVELOPMENT, USER TESTING AND GO-LIVE**

During this phase, inLumon will perform the following high-level tasks:

- System integration
- Continue with the design, configuration and development of the components as per the user and Work Cycle 1 and 2 requirements
- Integrate all the components configured and developed
- Integrate all the functionality developed and configured for User Testing
- User Acceptance Testing and provide training to the user
- Establish Production Environment
- Promote Changes to the Production Environment after confirmation from NBDE
- Go-Live

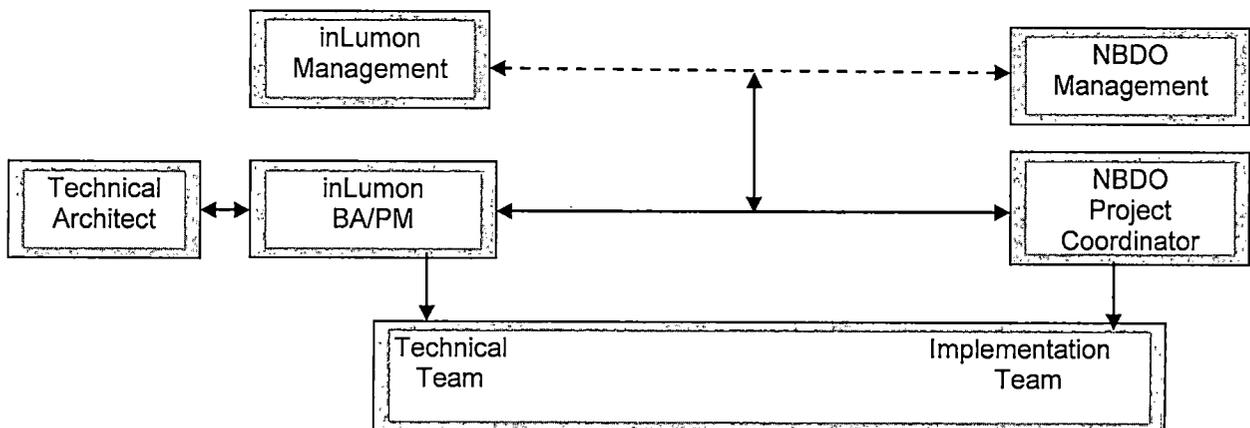
A kick-off meeting will precede each build cycle and stakeholder review/feedback sessions will occur on an agreed schedule.

**Strategies to Avoid Schedule Slippage**

inLumon’s Project Manager and team leads will continuously monitor the progress of the planned and unplanned work as well as assess the impact of any potential changes on the project schedule, cost, resources, scope and risks. We will be using Microsoft Project to track the project. Using Microsoft Project, Project Manager and leads will be able to identify tasks as risk of late delivery as well as review the latest status of project.

Corrective actions will be developed as necessary to avoid or resolve problems that may endanger the on-time delivery of the System.

**Project Team Structure**



### **Progress Monitoring and Communication**

From progress monitoring and communication standpoint, the following will be provided.

1. **Status Reporting:** A status of the progress shall be provided periodically in a document through email and/or by telephone
2. **Issue Resolution:** The issues can be either technical or related to a requirement. The issue will be identified and discussed and brought to the attention of the concerned stakeholders. The status report will highlight the issues by providing status on the following:
  - a) Key dependencies and milestones
  - b) Issue escalation date and issue resolution of issues.

## 5 COST PROPOSAL

inLumon is pleased to present its cost proposal to complete the scope of services mentioned below. We value our commitment and have done our very best to decrease your budget expenditures and to improve the services the Nevada State Board of Dental Examiners (NBDE) will receive. Our cost estimate has been developed based on our discussions with NBDE and our understanding of the requirements to be developed. We are prepared to discuss our proposed approach, solution, and assumptions and welcome in person conversations to answer any questions or to provide clarifications.

inLumon would like to propose our solution for the implementation as mentioned below. The option mentioned below includes all expenses, including travel, per-diem and out-of-pocket expense as well as administrative and/or overhead expenses.

### Option 1 Cost Proposal - Managed Hosting Subscription Service

inLumon will be hosting NTPEB Licensing Application in the Managed Hosting Subscription Service option.

Deliverables	Monthly Cost
<p>Analysis, Design, Configuration, Development, Testing, Implementation, Training, Operations and Maintenance</p> <ul style="list-style-type: none"> <li>• Development and Configuration of licensing application using latest browser based technology</li> <li>• Incorporate enhancement and changes as per the user requirement in the new application</li> <li>• Development and Integration of Compliance functionality</li> <li>• Integrate Workflow and task management and ability for the user to upload document</li> <li>• Self Service browser based portal for licensee and online user to renew licenses, make payments, change address and any other online features identified during the requirements phase</li> <li>• Integration of payment gateway with the online system</li> <li>• Online browser based application for credentials verification</li> <li>• Any other existing functionalities as discussed during the requirement phase</li> <li>• Convert existing data to the new application provided data is available in excel or any other database format like Access, MySQL, SQL Server</li> </ul>	<p>\$3,100.00</p>

**Option 2: Cost Proposal - Build and Deploy**

This option also assumes that inLumon will be hosting NTPEB Licensing Application.

<b>Deliverables (Build and Deploy - Initial Implementation)</b>	<b>Total Cost</b>
<p><b>Initial Implementation Cost</b>                      Analysis, Design, Configuration, Development, Testing, Implementation, Training, Operations and Maintenance</p> <ul style="list-style-type: none"> <li>• Development and Configuration of licensing application using latest browser based technology</li> <li>• Incorporate enhancement and changes as per the user requirement in the new application</li> <li>• Development and Integration of Compliance functionality</li> <li>• Integrate Workflow and task management and ability for the user to upload document</li> <li>• Self Service browser based portal for licensee and online user to renew licenses, make payments, change address and any other online features identified during the requirements phase</li> <li>• Integration of payment gateway with the online system</li> <li>• Online browser based application for credentials verification</li> <li>• Any other existing functionalities as discussed during the requirement phase</li> <li>• Convert existing data to the new application provided data is available in excel or any other database format like Access, MySQL, SQL Server</li> </ul>	<p><b>\$42,000.00</b></p>

<b>Deliverables (Build and Deploy - Maintenance)</b>	<b>Total Cost per month</b>
<p>Vendor Maintenance and Support after initial 6 months of Warranty and Support</p>	<p><b>\$2,100.00</b></p>

## Support And Service Level Agreement

Our company is focused not only on attracting new customers, but also on keeping our existing customers happy and satisfied. Our program in terms of its application is extremely scalable and dependable. Our highly trained technical team continuously work on improving the applications by implementing the best practices and latest in technology. Our Research and development team is highly competent and is continuously exploring solutions to make the user experience even better and making sure the needs of our customers are fulfilled.

### Support Services

- As per the needs and requirements of our clients, both on-site and off-site support service is provided
- The off-site support is carried on through remote login, telephone, e-mail, messenger, letters, etc. On-site support is provided by InLumon's technical staff by visiting the Office
- During the initial implementation phase, visit to the Customer location is a must! This is to make sure we understand your requirement to make your system operational and ready for use
- To ease out the implementation process, training sessions are provided to the customers
- inLumon will specifically support initially signed off requirement for the first 6 months as part of the initial acceptance. Additional functional programming requests may be subject to additional costs as determined at the time of the upgrade request(s).

### SERVICE LEVEL AGREEMENT

The inLumon Service Level Agreement (SLA) and Support Plan Guide details the parameter of the Support Plans inLumon offers and what Customers should expect in terms of product and support services.

### inLumon Support Desk Hours

The inLumon Support Desk operates from 7:00 AM to 6:00 PM Pacific Time, Monday through Friday except for federal holidays. Customers may use the inLumon Support Desk as a single point of contact for all support inquiries regarding inLumon products. The inLumon Support Desk provides first and second level diagnostic support including analysis of the issue, problem solving and resolution.

## Technical Support Options

Customer's Named Support Contacts have access to the following options:

- **inLumon Support Portal** - This allows Customers to log and track incident requests and for certain products, new feature requests, 24 hours a day, 365 days a year. The portal can only be accessed by inLumon Customers with valid User IDs and passwords.
- **Email** - [support@inlumon.com](mailto:support@inlumon.com). Email is the best way to contact the inLumon Support Desk. Every email is assigned a ticket number.
- **Telephone** - Toll free.

## Reporting Support Incidents

### Support Incident

A support incident is defined as a single, reproduceable issue displaying specific symptoms relating to one specific feature, function, action, or facet of the product, or one aspect of its operation or performance. Each Support Incident is a problem that inLumon cannot divide into separate, subordinate issues. If a problem can be broken down into subordinate issues, inLumon will consider each a separate incident.

inLumon may expand the definition of a Support Incident to include accompanying occurrences or events that arise because of, or are dependent on it.

### What is not a Support Incident?

- A problem with consulting deliverables not covered under contract
- Post implementation changes not covered under contract and scope
- Request for functionality outside the scope
- A problem caused by a Customer's unsupported alteration of an inLumon product

### Incident Resolution

Once the inLumon Support Desk reviews and an incident, inLumon in discussion with the customer will define resolution of the incident as accomplishing any one of the following:

- Provides a reasonable solution to the incident
- Provides a reasonable Workaround to the incident until the issue is resolved
- Determines the incident is related to an action that does not follow a published guideline or specification
- Determines the incident is an enhancement request

### Support Ticket Creation

Upon receiving the support call or email, the inLumon Support Desk will log an incident and provide an incident number to the Customer. This number signifies that the issue has been received, logged and will be assigned to the appropriate work group.

**Support Ticket Prioritization**

inLumon will prioritize Support tickets based on:

- The severity of the issue
- The urgency of the issue
- The effort involved in resolution

inLumon will work with the Customer to determine the appropriate Severity and priority.

**Support Ticket Severity and Response Times**

The table below describes the severity inLumon will associate with each support ticket. The table also list the standard response time for each level of severity.

Severity	Description	Response Time
P1	<ul style="list-style-type: none"> <li>• System crash, major system portion unusable and no reasonable workaround within application, irretrievable data loss</li> <li>• Requires immediate resolution and should be fixed in the next release or patch</li> </ul>	30 mins to 4 hours
P2	<ul style="list-style-type: none"> <li>• Some portions of the system not working as intended/planned, resulting in noticeable deficiency or difficulty with allowing system use</li> <li>• Application is usable with functional restrictions and impacted operations</li> <li>• Workarounds should be provided and plan for next available patch release is created</li> </ul>	4 hours to 12 hours
P3	<ul style="list-style-type: none"> <li>• Superficial defect and minor imperfection bug does not impede system functionality</li> <li>• Should be fixed in the next major release</li> </ul>	Within 48 hours
P4	<ul style="list-style-type: none"> <li>• No impact on performance or usability and does not impede functionality</li> <li>• Should be reviewed for a future release</li> </ul>	48 hours to 96 hours

**Customer Notification**

For all Severity levels, inLumon will update the Customer on the Support Ticket status as agreed upon at the time inLumon contacts the Customer with the initial response. inLumon will always attempt to resolve the incident on the first contact, but at times, additional contacts may be necessary.

**Customer Escalation**

The inLumon Support Desk is the single point of contact for all support issues. Please contact the inLumon Support Desk to escalate a Support Ticket. Additionally, Customers may contact their Account Manager for any questions about support procedures, escalation, or any other business needs.

**Additional Support-Related Policies****Planned System Outages**

inLumon will work with the Customer to schedule any planned outages for maintenance. inLumon will notify Customers one week prior to the scheduled maintenance window with the details.

**Unplanned System Outages**

In the course of resolving support incidents and software bugs, it may become necessary to temporarily bring services offline, or to block users access. The support team will work closely with the Customers to schedule these outages to minimize any interruption of service.

**Business Continuity Plan**

inLumon maintains a Business Continuity Plan to ensure the continuity of its critical business functions.

**Service Level Review**

inLumon will review and/or renew SLA at least once per year or as required. Customers may request a review of SLA at any time by contacting inLumon Account Manager.

## 6 TERMS AND CONDITIONS

- The tasks, steps, techniques and tools that are proposed are based on the current level of understanding and technology levels prevailing in the project domain. The proposed approach will be validated and may have to be refined and modified for the actual project requirement after discussing with NBDE team.
- inLumon will start the project within one week of acceptance of proposal or signing of the contract.
- Acceptance criteria shall be mutually discussed and decided by NBDO and inLumon's Project Manager during the project requirements phase.
- inLumon and NBDE will come into an agreement to fulfill the scope and whenever there is change in scope, mutually will agree and the document same in the agreement as and when it arises. Any other product or service required during implementation or at a later date shall be covered under a separate agreement.
- Transactional cost associated with electronic payment (Credit Card, Debit Card, eCheck) if any, is the responsibility of NBDE and has to be discussed between NBDE and the bank.
- Training will be provided to the designated staff at client's end to use the application.
- Implementation time may vary depending on NBDE requirement and other factors beyond inLumon and NBDE.
- If NBDE and inLumon consider that, due to existing circumstances, the achievement of agreed upon objectives are no longer possible at all or not to a satisfactory degree, services may terminate with a written notice of not less than sixty (60) days.
- Monthly rates are billed monthly at month end. Payment is required within 30 days from date of receipt of invoice; late invoices will be charged at 1.5% interest per month.
- On an annual basis, the support and/or subscription amount can be adjusted by 3% at inLumon's discretion.
- **Force Majeure:** inLumon shall be under no liability whatsoever on the occurrence of any Force Majeure event such as act of war, sabotage, strikes, fires, freight embargoes, floods, explosions, epidemics, orders of government or other duly constituted authority, any natural calamities or Act of God or other causes or events beyond the control and without the fault or negligence of Buyer (NBDE) or Seller (inLumon).

## 7 REFERENCE PROJECTS

<b>Client Name</b>	<b>Brief Project Description</b>	<b>Contact Name</b>
Nevada State Board of Professional Engineers and Land Surveyors	Replacement of Licensing and Enforcement Database and Implementation of Online Application	Patty Mamola Executive Director
Nevada State Board of Massage Therapists	Replacement of Licensing, Enforcement and Cash Management Application	Sandra J. Anderson Executive Director
Nevada State Board of Nursing	Support of their existing Licensing system and migration of the infrastructure and database	Dean Estes Director of Finance/Technology
Nevada State Board of Cosmetology	Inspection App on Android Tablet	Adam Higginbotham Deputy Executive Director
California Massage Therapy Council	Replacement of Certification and School Application	Beverly May Director of Governmental Affairs
Nevada State Board of Physical Therapy Examiners	Replacement of Licensing and Cash Management Application	Lisa Cooper Executive Director

**Highlights of the 12th Annual American Board of Dental Examiners, Inc. (ADEX)  
House of Representatives  
August 7, 2016  
Rosemont, IL**

The following are highlights of the 12th Annual ADEX House of Representatives:

There were 50 out of 58 Jurisdiction, District Hygiene and District Consumer Representatives present.

2016 – 2017 Officers were elected: Dr. Stanwood Kanna, HI, President; Dr. William Pappas, NV, Vice-President; Dr. Jeffery Hartsog, MS, Secretary; Dr. Conrad “Chip” McVea, III, LA, Treasurer. Dr. Bruce Barrette, WI, remains as Immediate Past President.

District 5 elected Dr. Eleanore Awadalla, OH, to the ADEX Board of Directors.

District 8 re-elected Dr. David Perkins, CT, to the ADEX Board of Directors.

District 9 elected Dr. Russell Chin, RI, to the ADEX Board of Directors.

District 10 elected Dr. Mina Paul, MA, to the ADEX Board of Directors.

ADEX Board of Directors

- Framework for a major review on the ADEX Bylaws announced.
- ADEX Strategic Plan reviewed.

Changes to the ADEX Dental Examination:

- Scoring – No changes.
- Endodontics
  - Increased the allowable size of the posterior access opening for 2017.
  - Approved new prototype Acadental molar for use in examination starting in 2018 or later depending on its availability.
- Periodontics – No changes. The committee is working on developing a prototype patient-based periodontics exam that test for the critical aspects of the National Occupational Analysis (NOA).
- Restorative
  - Approved the indirect pulp cap protocol beginning in 2017.
  - In 2018 there will be one posterior composite restoration.
- Prosthodontics – No change to current exam. Committee finalized new proposed criteria.

Changes to the ADEX Dental Hygiene Examination:

- The 2017 scoring changes will undergo an equating study before they are implemented.
- The Case Selection will consist of one primary quadrant with 6 natural teeth and 2 posterior teeth in a secondary quadrant all of which the candidate may utilize to select surfaces.
- The 2018 examination will be stopped after pre-treatment if it is determined that an adequate number of points to pass the examination has not been accrued to have a chance to pass.
- A process for the submission of a second Case Selection is being investigated for implementation in 2018.

ADEX House of Representatives:

- Approved the Dental and Dental Hygiene Examinations as recommended by the Examination Committees and the Board of Directors.

Presentations to the House of Representatives:

Dr. Joseph Gambacorta, Asst. Dean of Clinical Affairs, Univ. of Buffalo - School of Dental Medicine

"The Role of the Patient Centered CIF in a National Exam for Dentistry."

Dr. David Perkins, Chairman, The Commission on Dental Competency (CDCA)

"ADA Licensure Task Force – The Dental Examinations Are Not the Same."

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**13<sup>th</sup> Annual ADEX House of Representatives Meeting is scheduled on  
Sunday, August 13, 2017, Doubletree Hotel, Rosemont, IL.**

# 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

**TENTATIVE**

## **Calendar of Events for 2017**

### **Board Meetings – Starting at 9:00 a.m.**

Friday, January 20

Friday, March 24

Friday, May 12

Friday, July 21

Friday, September 22

Friday, November 3

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

- Mid-Year Meeting – TBA
- Annual Meeting – TBA



LAW OFFICES OF  
**LYN E. BEGGS**  
PLLC

August 18, 2016

**VIA Priority U.S. Mail & E-Mail**

Debra Shaffer-Kugel, Executive Director  
Nevada State Board of Dental Examiners  
3010 S. Rainbow Blvd.  
Bldg. A, Ste. 1  
Las Vegas, NV 89118  
[nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov)

Re: Smile Restore

Dear Ms. Shaffer-Kugel:

I have been requested to respond to your letter of July 14, 2016 on behalf of Smile Restore and to provide the information requested in your letter.

Smile Restore is a Nevada non-profit corporation, incorporated pursuant to NRS Chapter 82 and which has been granted 501(c)(3) tax exempt status by the Internal Revenue Service. Smile Restore has been providing low cost dental services to patients at its primary practice located at 943 S. Wells Avenue in Reno since late 2014. Smile Restore has a lay board that provides administrative and fundraising assistance to the non-profit but all dental care is directed and overseen by the Dental Director, as noted below.

Smile Restore is in the process of opening an additional practice location to provide low cost dental services in Mound House, Nevada. As you noted in your letter of July 14, 2016, Dr. Georgene Chase, the dental director for Smile Restore, notified the Nevada State Board of Dental Examiners ("Board") of the intent to open the Mound House location in early July.

The Mound House location of Smile Restore is in the process of being readied to see patients and Smile Restore recently received appropriate authorizations from Lyon County in order to operate a dental practice at the Mound House location. Dr. Chase is in receipt of the materials you provided to request the Infection Control Inspection pursuant to NAC 631.1785 for the Mound House location and will be forwarding the required paperwork to you shortly under separate cover.

Currently, Smile Restore has two primary volunteer licensed dentists: Lance Dodson, DDS, Nevada license number 0430 and Georgene Chase, DDS, Nevada license number 2676. Dr. Dodson is the primary dentist at the Smile Restore practice on S. Wells Avenue. Dr. Chase will be the primary dentist at the new Mound House location for the time being. Once the Mound House location is operational, Smile Restore intends to recruit additional volunteer dentists for both locations. Dr. Chase also currently is the Dental Director for the Wells Avenue location and will act as Dental Director for Mound House as well.

Also, per your request, we have enclosed the fee schedule for services provided to patients of Smile Restore. In some emergent cases, services may be provided for no charge.

I will be attending the Board meeting scheduled for September 23<sup>rd</sup> with my clients when the Board considers whether Smile Restore is providing low cost dental services to its patients as required by NRS 631.215(2)(f). We will be attending at the Reno meeting location.

Should the Board require any further information prior to the meeting, please do not hesitate to contact me. Also, please note that the primary mailing address for Smile Restore will remain its Wells Avenue address.

Sincerely,

A handwritten signature in black ink, appearing to read "Lyn E. Beggs". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lyn E. Beggs, Esq.

cc: Sally-Ann Nash, Board President  
Georgene Chase, DDS

# Procedure Codes

Smile Restore  
Office Fees

Code	Fee Amount	Description	Abbr Description
D0120	38.00	periodic oral evaluation - established pa	PerEx
D0140	56.00	limited oral evaluation - problem focus	LimEx
D0145	49.00	oral evaluation for a patient under three	OralEx
D0150	57.00	comprehensive oral evaluation - new or	CmpEx
D0160	97.00	detailed and extensive oral evaluation -	DetailedEval
D0170	52.00	re-evaluation - limited, problem focused	ReEval
D0180	75.00	comprehensive periodontal evaluation -	CompPerioEval
D0210	109.00	intraoral - complete series of radiograph	FMX
D0220	21.00	intraoral - periapical first radiographic i	PA
D0230	18.00	intraoral - periapical each additional rad	PA+
D0240	29.00	intraoral - occlusal radiographic image	OcclusaX
D0250	41.00	extraoral - first radiographic image	ExtraOr1
D0260	36.00	extraoral - each additional radiographic	ExtraOrX+
D0270	21.00	bitewing - single radiographic image	1BW
D0272	32.00	bitewings - two radiographic images	2BW
D0273	40.00	bitewings - three radiographic images	3BW
D0274	48.00	bitewings - four radiographic images	4BW
D0277	71.00	vertical bitewings - 7 to 8 radiographic i	VertBW7-8
D0290	75.00	posterior-anterior or lateral skull and fac	SurvXray
D0330	87.00	panoramic radiographic image	Pano
D0340	84.00	cephalometric radiographic image	Cephalo
D0350	42.00	2D oral/facial photographic image obtai	OralFacimage
D0460	40.00	pulp vitality tests	PulpVital
D0470	81.00	diagnostic casts	DiagnCast
D0472	75.00	accession of tissue, gross examination,	AccessTissGrEx
D0473	128.00	accession of tissue, gross and microsco	AccessTissGrMcrEx
D0474	183.00	accession of tissue, gross and microsco	AccessTissGrExInSurg
D1110	71.00	prophylaxis - adult	Pro
D1120	57.00	prophylaxis - child	ProChild
D1206	35.00	topical application of fluoride varnish	
D1208	30.00	topical application of fluoride - excludin	Flo
D1351	44.00	sealant - per tooth	Seal
D1352	53.00	preventive resin restoration in a modera	
D1510	252.00	space maintainer - fixed - unilateral	BandLoop
D1515	407.00	space maintainer - fixed - bilateral	SpMFxBi
D1520	285.00	space maintainer - removable - unilater	SpMRemUni
D1525	452.00	space maintainer - removable - bilateral	SpMRemBil
D1550	57.00	re-cement or re-bond space maintainer	Recement
D1555	57.00	removal of fixed space maintainer	RemFixMaint
D2140	113.00	amalgam - one surface, primary or per	A1
D2150	123.00	amalgam - two surfaces, primary or per	A2
D2160	152.00	amalgam - three surfaces, primary or p	A3
D2161	179.00	amalgam - four or more surfaces, prima	A4
D2330	113.00	resin-based composite - one surface, a	C1
D2331	140.00	resin-based composite - two surfaces, a	C2
D2332	172.00	resin-based composite - three surfaces,	C3
D2335	187.00	resin-based composite - four or more s	C4
D2390	249.00	resin-based composite crown, anterior	CresCn
D2391	125.00	resin-based composite - one surface, p	C1(P)
D2392	159.00	resin-based composite - two surfaces,	C2(P)
D2393	200.00	resin-based composite - three surfaces,	C3(P)
D2394	224.00	resin-based composite - four or more s	C4(P)
D2510	686.00	inlay - metallic - one surface	InlayMet1
D2520	755.00	inlay - metallic - two surfaces	InlayMet2
D2530	786.00	inlay - metallic - three or more surfaces	InlayMet3
D2542	846.00	onlay - metallic-two surfaces	OnlayMet2
D2543	857.00	onlay - metallic-three surfaces	OnlayMet3
D2544	894.00	onlay - metallic-four or more surfaces	OnlayMet4
D2710	356.00	crown - resin-based composite (indirect	CmRsLb
D2712	388.00	crown - 3/4 resin-based composite (indir	CmRsInd
D2720	813.00	crown - resin with high noble metal	CmRsHN
D2721	723.00	crown - resin with predominantly base	CmRsBm
D2722	741.00	crown - resin with noble metal	CmRsNm
D2740	887.00	crown - porcelain/ceramic substrate	AllCerCm
D2750	876.00	crown - porcelain fused to high noble m	PFM
D2751	792.00	crown - porcelain fused to predominant	CmPrFBm
D2752	804.00	crown - porcelain fused to noble metal	CmPrFNm
D2780	907.00	crown - 3/4 cast high noble metal	3/4HiNobl
D2781	883.00	crown - 3/4 cast predominantly base m	3/4BaseM

Code	Fee Amount	Description	Abbr Description
D2782	861.00	crown - 3/4 cast noble metal	3/4Noble
D2783	883.00	crown - 3/4 porcelain/ceramic	3/4Porc
D2790	832.00	crown - full cast high noble metal	FGCm
D2791	826.00	crown - full cast predominantly base me	CmFlcBm
D2792	824.00	crown - full cast noble metal	CmFlcNm
D2794	850.00	crown - titanium	CmTitan
D2910	81.00	re-cement or re-bond inlay, onlay, vene	RecemInly
D2915	77.00	re-cement or re-bond indirectly fabricat	
D2920	76.00	re-cement or re-bond crown	RecemCn
D2930	201.00	prefabricated stainless steel crown - pri	SSCPri
D2931	224.00	prefabricated stainless steel crown - pe	SSCPer
D2932	238.00	prefabricated resin crown	PrFbRsCm
D2933	260.00	prefabricated stainless steel crown with	PrFbScRsW
D2934	273.00	prefabricated esthetic coated stainless	
D2940	80.00	protective restoration	SedFill
D2950	188.00	core buildup, including any pins when r	BU
D2951	36.00	pin retention - per tooth, in addition to r	Pin
D2952	301.00	post and core in addition to crown, indir	CastP&C
D2954	251.00	prefabricated post and core in addition t	P&C
D2960	430.00	labial veneer (resin laminate) - chairsid	CmpVnr
D2961	679.00	labial veneer (resin laminate) - laborator	CmpVnrLb
D2962	893.00	labial veneer (porcelain laminate) - labo	PorcVnr
D3110	55.00	pulp cap - direct (excluding final restora	PulpCap
D3220	135.00	therapeutic pulpotomy (excluding final r	Pulpotomy
D3221	145.00	pulpal debridement, primary and perma	PulpDebr
D3230	173.00	pulpal therapy (resorbable filling) - anter	PulpThA/Pr
D3240	186.00	pulpal therapy (resorbable filling) - post	PulpThP/Pr
D3310	592.00	endodontic therapy, anterior tooth (excl	RCTAnt
D3320	686.00	endodontic therapy, bicuspid tooth (excl	RCTPre
D3330	868.00	endodontic therapy, molar (excluding fir	RCTMol
D3333	222.00	internal root repair of perforation defect	
D3346	781.00	retreatment of previous root canal thera	RCT-RAnt
D3347	881.00	retreatment of previous root canal thera	RCT-RBi
D3348	1055.00	retreatment of previous root canal thera	RCT-RMol
D3351	241.00	apexification/recalcification - initial visit	Apexif
D3352	154.00	apexification/recalcification - interim me	ApxRcln
D3353	714.00	apexification/recalcification - final visit	(i)ApxRcFin
D3410	648.00	apicoectomy - anterior	ApctPrSra
D3421	713.00	apicoectomy - bicuspid (first root)	ApctPr+th
D3425	777.00	apicoectomy - molar (first root)	ApctPrMol
D3426	247.00	apicoectomy (each additional root)	ApctPr+th
D3430	179.00	retrograde filling - per root	RetroFill
D3450	405.00	root amputation - per root	RtAmp
D3460	1582.00	endodontic endosseous implant	EndoEdslm
D3920	289.00	hemisection (including any root removal)	Hemi
D4210	415.00	gingivectomy or gingivoplasty - four or	GingivQdr
D4211	179.00	gingivectomy or gingivoplasty - one to t	Gingiv
D4240	560.00	gingival flap procedure, including root p	GnFlInRtp4+
D4241	416.00	gingival flap procedure, including root p	GnFlInRtp1-3
D4245	459.00	apically positioned flap	ApicFlap
D4249	645.00	clinical crown lengthening - hard tissue	CmLength
D4260	941.00	osseous surgery (including elevation of	OssSurgQ
D4261	744.00	osseous surgery (including elevation of	OssSurg1-2
D4263	387.00	bone replacement graft - first site in qua	BnRpGr1st
D4264	264.00	bone replacement graft - each additiona	BnRpGrEa1+
D4266	399.00	guided tissue regeneration - resorbable	TissRgPer
D4267	418.00	guided tissue regeneration - nonresorb	TissRgNr
D4270	687.00	pedicle soft tissue graft procedure	PedSfTsGr
D4273	845.00	subepithelial connective tissue graft pro	SubTsGr
D4321	243.00	provisional splinting - extracoronal	ProSplEx
D4341	189.00	periodontal scaling and root planing - fo	SRP
D4342	130.00	periodontal scaling and root planing - o	SRP1-3
D4355	122.00	full mouth debridement to enable comp	FullDebrd
D4910	111.00	periodontal maintenance	PerioMaint
D5110	1047.00	complete denture - maxillary	MaxDent
D5120	1037.00	complete denture - mandibular	MandDent
D5130	800.00	immediate denture - maxillary	MaxImmDent
D5140	800.00	immediate denture - mandibular	MandImmDent
D5211	735.00	maxillary partial denture - resin base (in	PermMaxFlip
D5212	784.00	mandibular partial denture - resin base	PermMandFlip
D5213	1147.00	maxillary partial denture - cast metal fra	MaxRPD
D5214	1152.00	mandibular partial denture - cast metal	MandRPD
D5225	1040.00	maxillary partial denture - flexible base (	

Code	Fee Amount	Description	Abbr Description
D5226	1073.00	mandibular partial denture - flexible bas	
D5281	586.00	removable unilateral partial denture - or	RmvUniPDn
D5410	59.00	adjust complete denture - maxillary	AdjCmDnMax
D5411	58.00	adjust complete denture - mandibular	AdjCmDnMand
D5421	60.00	adjust partial denture - maxillary	AdjPrDnMax
D5422	59.00	adjust partial denture - mandibular	AdjPrDnMand
D5510	129.00	repair broken complete denture base	RepairDent
D5520	108.00	replace missing or broken teeth - compi	RpIThCmDn
D5610	128.00	repair resin denture base	ReprFlip
D5630	157.00	repair or replace broken clasp	RepClsp
D5640	114.00	replace broken teeth - per tooth	RepBrkTh
D5650	140.00	add tooth to existing partial denture	AddTooth
D5660	161.00	add clasp to existing partial denture	AddClasp
D5710	337.00	rebase complete maxillary denture	RebsComMaxDn
D5711	359.00	rebase complete mandibular denture	RebsComMandDn
D5720	359.00	rebase maxillary partial denture	RebsRPDMaxDn
D5721	362.00	rebase mandibular partial denture	RebsRPDMandDn
D5730	227.00	reline complete maxillary denture (chair	RelMaxDntChair
D5731	221.00	reline complete mandibular denture (ch	RelMandDntChair
D5740	213.00	reline maxillary partial denture (chair	RelMaxRPDChair
D5741	212.00	reline mandibular partial denture (chair	RelMandRPDChair
D5750	311.00	reline complete maxillary denture (labor	RelMaxDnLab
D5751	307.00	reline complete mandibular denture (lab	RelMandDnLab
D5760	317.00	reline maxillary partial denture (laborato	RelMaxRPDLab
D5761	320.00	reline mandibular partial denture (labor	RelMandRPDLab
D5820	407.00	interim partial denture (maxillary)	TempMaxFlip
D5821	429.00	interim partial denture (mandibular)	TempMandFlip
D5850	109.00	tissue conditioning, maxillary	TisConMax
D5851	108.00	tissue conditioning, mandibular	TisConMand
D6010	1742.00	surgical placement of implant body: end	SurgImpEnd
D6040	2168.00	surgical placement: eposteal implant	SurgEpolmp
D6050	2001.00	surgical placement: transosteal implant	SurgTranImp
D6055	711.00	connecting bar - implant supported or	ImpConBr
D6056	475.00	prefabricated abutment - includes modif	PrefabAbut
D6057	669.00	custom fabricated abutment - includes	CustAbut
D6058	1178.00	abutment supported porcelain/ceramic	AbPorCerCn
D6059	1185.00	abutment supported porcelain fused to	AbPFMCnHNM
D6060	1049.00	abutment supported porcelain fused to	AbPFMCnBasM
D6061	1102.00	abutment supported porcelain fused to	AbPFMCnNM
D6062	1133.00	abutment supported cast metal crown	(AbCasMCnHNM
D6063	1095.00	abutment supported cast metal crown	(AbCasMCnBasM
D6064	1216.00	abutment supported cast metal crown	(AbCasMCnNM
D6065	1226.00	implant supported porcelain/ceramic cr	ImpPorCerCn
D6066	1222.00	implant supported porcelain fused to m	ImpPFMCm
D6067	1221.00	implant supported metal crown (titaniu	ImpMCn
D6068	1102.00	abutment supported retainer for porcela	AbCasMCnBasM
D6069	1170.00	abutment supported retainer for porcela	AbRPFMFxRPDHNM
D6070	1024.00	abutment supported retainer for porcela	AbRPFMFxRPDBasM
D6071	1036.00	abutment supported retainer for porcela	AbRPFMFxRPDNM
D6072	1050.00	abutment supported retainer for cast m	AbRtCasMFxRPDHNM
D6073	1055.00	abutment supported retainer for cast m	AbRCasMFxRPDBasM
D6074	1186.00	abutment supported retainer for cast m	AbRCasMFxRPDNM
D6075	1141.00	implant supported retainer for ceramic	ImpRCerFxrPD
D6076	1193.00	implant supported retainer for porcelain	ImpRPFMFxrPD
D6077	1133.00	implant supported retainer for cast metal	ImpRCasMFxrPD
D6092	91.00	re-cement or re-bond implant/abutment	ReceSuppCm
D6093	126.00	re-cement or re-bond implant/abutment	
D6104	387.00	bone graft at time of implant placement	GrtfPlcmnt
D6210	847.00	pontic - cast high noble metal	PontCast
D6211	769.00	pontic - cast predominantly base metal	PontCastBasM
D6212	847.00	pontic - cast noble metal	PontCastNM
D6214	984.00	pontic - titanium	
D6240	867.00	pontic - porcelain fused to high noble m	Pontic-PorcHN
D6241	764.00	pontic - porcelain fused to predominant	Pontic-PorcBase
D6242	816.00	pontic - porcelain fused to noble metal	PontPFNM
D6245	950.00	pontic - porcelain/ceramic	PonticPorc
D6250	826.00	pontic - resin with high noble metal	PntcRsHNM
D6251	727.00	pontic - resin with predominantly base	PntcRsRdB
D6252	800.00	pontic - resin with noble metal	PntcRsNM
D6545	343.00	retainer - cast metal for resin bonded	ResinBrdgRet
D6602	630.00	inlay - cast high noble metal, two surfac	BrdgRetInCasHNM2S
D6603	835.00	inlay - cast high noble metal, three or m	BrdgRetInCasHNM3+S
D6604	575.00	inlay - cast predominantly base metal, t	BrdgRetInCasHNM2S

Code	Fee Amount	Description	Abbr Description
D6605	692.00	inlay - cast predominantly base metal, t	BrdgRetInCasBsM3+S
D6606	613.00	inlay - cast noble metal, two surfaces	BrdgRetInCasNM2S
D6607	695.00	inlay - cast noble metal, three or more s	BrdgRetInCasNM3+S
D6610	681.00	onlay - cast high noble metal, two surfa	BrdgRetOnCasHNM2S
D6611	906.00	onlay - cast high noble metal, three or	BrdgRetOnCasHNM3+S
D6612	742.00	onlay - cast predominantly base metal,	BrdgRetOnCasBsM2S
D6613	731.00	onlay - cast predominantly base metal,	BrdgRetOnCasBsM3+S
D6614	818.00	onlay - cast noble metal, two surfaces	BrdgRetOnCasNM2S
D6615	872.00	onlay - cast noble metal, three or more	BrdgRetRsHNM
D6624	705.00	inlay - titanium	
D6634	740.00	onlay - titanium	
D6720	840.00	crown - resin with high noble metal	RtCmRsHN
D6721	668.00	crown - resin with predominantly base	RtCmRsBM
D6722	790.00	crown - resin with noble metal	RtCmRsNM
D6750	858.00	crown - porcelain fused to high noble m	BrdgRetPorHN
D6751	770.00	crown - porcelain fused to predominant	Bridge(end)Base
D6752	816.00	crown - porcelain fused to noble metal	RtCmPrFN
D6780	791.00	crown - 3/4 cast high noble metal	RtCrn3/4
D6781	813.00	crown - 3/4 cast predominantly base m	3/4Base
D6782	821.00	crown - 3/4 cast noble metal	3/4CrnNob
D6790	847.00	crown - full cast high noble metal	RtCmFCHN
D6791	782.00	crown - full cast predominantly base me	RtFCastBasM
D6792	844.00	crown - full cast noble metal	RtFCastNM
D6794	941.00	crown - titanium	CmTitan
D6930	109.00	re-cement or re-bond fixed partial dentu	RecemBrdg
D6940	220.00	stress breaker	StressBrk
D7111	90.00	extraction, coronal remnants - deciduo	E-Prim
D7140	120.00	extraction, erupted tooth or exposed	E
D7210	216.00	surgical removal of erupted tooth requir	E-Surg
D7220	263.00	removal of impacted tooth - soft tissue	E-SoftTiss
D7230	333.00	removal of impacted tooth - partially bo	E-PartBony
D7240	388.00	removal of impacted tooth - completely	E-CompBony
D7250	224.00	surgical removal of residual tooth roots	SurgRmvResidR
D7260	913.00	oroantral fistula closure	OrAntFistClos
D7261	524.00	primary closure of a sinus perforation	PrimClosSinusPerfor
D7270	362.00	tooth reimplantation and/or stabilization	ToothReimplant/Stabili
D7280	417.00	surgical access of an unerupted tooth	SurgAccessUnerupt
D7285	432.00	incisional biopsy of oral tissue - hard (b	BiopsyOralTissH
D7286	261.00	incisional biopsy of oral tissue - soft	BiopsySoft
D7310	181.00	alveoloplasty in conjunction with extract	Alveolo-w/E
D7311	164.00	alveoloplasty in conjunction with extract	
D7320	249.00	alveoloplasty not in conjunction with ext	Alveolo-w/oE
D7321	213.00	alveoloplasty not in conjunction with ext	
D7340	741.00	vestibuloplasty - ridge extension (secon	Vestib-Ridge
D7350	2237.00	vestibuloplasty - ridge extension (includ	MestibRidExten
D7410	341.00	excision of benign lesion up to 1.25 cm	ExcBenLes>1.25
D7411	579.00	excision of benign lesion greater than 1	ExcBenLes<1.25
D7450	396.00	removal of benign odontogenic cyst or t	RemBenTum>1.25
D7451	666.00	removal of benign odontogenic cyst or t	ReBOTum<1.25
D7460	388.00	removal of benign nonodontogenic cyst	ReBNOTum>1.25
D7461	651.00	removal of benign nonodontogenic cyst	ReBNOTum<1.25
D7471	492.00	removal of lateral exostosis (maxilla or	RemExost
D7510	165.00	incision and drainage of abscess - intra	Inc&Drain
D7520	536.00	incision and drainage of abscess - extral	Inc&DrAbsExtST
D7530	229.00	removal of foreign body from mucosa, s	RemForeign
D7540	366.00	removal of reaction producing foreign b	ReReaProForMus
D7550	239.00	partial ostectomy/sequestrectomy for r	PartOstec
D7560	1444.00	maxillary sinusotomy for removal of too	MaxSinRemFrag
D7953	500.00	bone replacement graft for ridge preser	
D7960	330.00	frenulectomy -- also known as frenecto	Frenulectomy
D7970	301.00	excision of hyperplastic tissue - per arc	ExcisTissue
D7971	154.00	excision of pericoronal gingiva	ExciPericoronalging
D8010	3190.00	limited orthodontic treatment of the prim	LimOrthoPri
D8020	3300.00	limited orthodontic treatment of the tran	LimOrthoTxPriDent
D8030	3300.00	limited orthodontic treatment of the adol	LimOrthoTxAdolDent
D8040	3300.00	limited orthodontic treatment of the adu	LimOrthoAdlt
D8050	3190.00	interceptive orthodontic treatment of the	InterOrthoTxPriDent
D8060	3300.00	interceptive orthodontic treatment of the	IntercOrthoTxTransDent
D8070	4620.00	comprehensive orthodontic treatment of	CompOrthoTxTransDent
D8080	4620.00	comprehensive orthodontic treatment of	ComOrthoTxAdolDent
D8090	4620.00	comprehensive orthodontic treatment of	CompOrthoAdlt
D8210	1100.00	removable appliance therapy	RemHabitAppl
D8220	1375.00	fixed appliance therapy	FxApplTh

Code	Fee Amount	Description	Abbr Description
D8660	83.00	pre-orthodontic treatment examination t	PreOrthoTx
D8670	0.00	periodic orthodontic treatment visit	OrthoAdj
D8999	1000.00	unspecified orthodontic procedure, by r	UnspecOrtho
D9110	77.00	palliative (emergency) treatment of dent	Palliative
D9220	291.00	deep sedation/general anesthesia - first	GeneralAnes/1st30min
D9221	111.00	deep sedation/general anesthesia - eac	GeneralAnes/add15min
D9230	45.00	inhalation of nitrous oxide / anxiolysis, a	Nitrous
D9241	270.00	intravenous moderate (conscious) seda	Analgesia/1st30min
D9242	93.00	intravenous moderate (conscious) seda	Analgesia/add15min
D9310	91.00	consultation - diagnostic service provid	Consult
D9430	50.00	office visit for observation (during regul	Observation
D9440	99.00	office visit - after regularly scheduled ho	AftHrsOV
D9912	12.00	Perio Rinse	Perio Rinse
D9930	65.00	treatment of complications (post-surgic	TxCompl
D9940	390.00	occlusal guard, by report	BiteGuard
D9951	86.00	occlusal adjustment - limited	OcclAdjLim
D9952	414.00	occlusal adjustment - complete	OcclAdjCp
D9998	450.00	New York Sleep Appliance	NY Appl
N	0.00	Appliance Deliver	Del Appl
N1254	0.00	Watch	Watch
N1255	0.00	Watch Surface	Watch Surface
N1438	0.00	Deliver Perio Protect Trays	Del PerioTray
N1439	0.00	Check on a Tooth and or Area	Chk tth
N1440	0.00	Adjust Bite	AdjBite
N4101	0.00	Post Op	PostOp
N4102	0.00	Denture Adjust	DentAdj
N4103	0.00	Bite Record	BiteRec
N4104	0.00	Adjust Partial	AdjPart
N4106	0.00	Cast P&C Seat	CstPCSeat
N4108	0.00	Veneer Seat	VenSeat
N4109	0.00	Alginates	Alg
N4111	0.00	Inlay Seat	InlaSeat
N4112	0.00	Onlay Seat	OnlaSeat
N4113	0.00	Fit Bands	FitBands
N4115	0.00	Soft reline	SoftLine
N4116	0.00	NEXT APPOINTMENT	Next
N4117	0.00	Note	Note
N4118	0.00	PFM Seat	PFMSeat
N4120	0.00	Denture Deliver	DentDeliv
N4121	0.00	RPD Deliver	RPDDeliv
N4122	0.00	Repair Deliver	ReprDeliv
N4123	0.00	Whitening Deliver	WhitDellv
N4124	0.00	Biteguard Deliver	BitguaDeli
N4125	0.00	Flipper Deliver	FlipDeliv
N4126	0.00	Retainer Deliver	RetaDeliv
N4127	0.00	Bridge Seat	BridgeSeat
N4130	0.00	Wax Try-in	WaxTryin
N4131	0.00	CustomTray	CustomTray
N4132	0.00	Invisalign deliver	Invisadeliver
N4136	0.00	Full Gold Crown Seat	FGCSeat
N4137	0.00	Treatment Plan	TX-PLN
T1356	55.00	Exam	Ex
T1546	20.00	Intraoral Periapical Film	PA
T1698	40.00	4 Bitewings	4-BWX
T3541	72.00	Prophy, Adult	Pro
T4528	61.00	Amalgam-1 Surf	A1
T6531	750.00	PFM Crown	PFM

## Revised Language for the Advisory Opinion

A licensed dentist who has received adequate training and who can safely administer botulinum toxin, dermal fillers and other facial injectables may administer botulinum toxin, dermal fillers and other facial injectables to a patient of record at his dental office. The administration of the botulinum toxin, dermal fillers and other facial injectables is limited to the oral and maxillofacial region only. The dentist must administer botulinum toxin, dermal fillers and other facial injectables in accordance with all provisions set forth in Chapter 631 of Nevada Revised Statute and the Nevada Administrative Codes.



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

Received  
 JUL 07 2016  
 NSBDE

PETITION FOR ADVISORY OPINION

Applicant/Licensee: Sara Mercer, RDH, BSDH Date: 06/30/16  
 Address: [REDACTED] Suite No.: \_\_\_\_\_  
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Telephone: [REDACTED] Fax: [REDACTED] Email: [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.

NAC 631.175 subsection 5(c).  
- NOT more than 50 percent of the CE hours required by  
NAC 631.173 can be in webinar form.

The substance and nature of this request is as follows:

(State clearly and concisely petitioner's question.)

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

Ms. Shaffer-Kugel stated in a recent Board Meeting on Nov. 20, 2015  
that webinars are considered live lecture (see attached), however,  
NAC 631.175 subsection 5(c) states that not more than 50 percent  
of required CE hours can be completed via home study or  
online-study, including webinars. I would like the Board to  
clarify if webinars are live study, or if I should follow NAC 631.175  
as written by law.

(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.

Sara Mercer RDH  
 Applicant/Licensee Signature

**NAC 631.175 Continuing education: Approved subjects; minimum requirements for clinical subjects; maximum credit for certain types of courses and activities. (NRS 631.190, 631.342)**

1. Approved subjects for continuing education in dentistry and dental hygiene are:
    - (a) Clinical subjects, including, without limitation:
      - (1) Dental and medical health;
      - (2) Preventive services;
      - (3) Dental diagnosis and treatment planning; and
      - (4) Dental clinical procedures, including corrective and restorative oral health procedures and basic dental sciences, dental research and new concepts in dentistry; and
    - (b) Nonclinical subjects, including, without limitation:
      - (1) Dental practice organization and management;
      - (2) Patient management skills;
      - (3) Methods of health care delivery; and
      - (4) Teaching methodology.
  2. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist must annually complete at least 15 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 30 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dentist.
  3. In completing the hours of continuing education required pursuant to NAC 631.173, a dental hygienist must annually complete at least 12 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 24 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dental hygienist.
  4. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist or dental hygienist must annually complete at least 2 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in NAC 631.178 or biennially complete at least 4 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in NAC 631.178, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dentist or dental hygienist.
  5. The Board will credit, as a maximum in any one year of an annual or biennial licensing period, the following number of hours of instruction for the following types of courses or activities:
    - (a) For approved study by a group, 3 hours.
    - (b) For attendance at a meeting or convention of a dental or dental hygiene society, 1 hour for each meeting, but not more than 3 hours, exclusive of hours of continuing education offered in conjunction with the meeting.
    - (c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the number of hours of continuing education required by subsection 1 or 2 of NAC 631.173, as applicable.
    - (d) For all other courses conducted by an approved instructor, the number of hours completed by the dentist or dental hygienist.
    - (e) For approved dental or dental hygiene services provided in approved nonprofit settings, 6 hours, except that not more than 3 hours will be allowed for any day of volunteer services provided.
- (Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 4-3-89; 9-6-96; R231-03, 5-25-2004; R063-05, 12-29-2005; R149-06, 9-18-2006; R159-08, 4-23-2009; R201-09, 8-13-2010; R020-14, 6-23-2014)

Received  
JUL 07 2016  
NSBDE

425 \*g. Consideration of Possible Installment Payment Agreement (For Possible Action)

426  
427 (1) L. Scott Brooksby, DDS

428  
429 Dr. Brooksby inquired if the Board would consider reducing the total costs. Mrs. Shaffer-Kugel explained that it  
430 would be a violation of the Open Meeting Law to discuss matters not properly noticed on an agenda in accordance  
431 with the Open Meeting Law posting requirements. Dr. Miller noted to Dr. Brooksby that if he agreed to enter into a  
432 payment plan with the Board that he could always petition to come before the Board to request a reduced amount at  
433 the next Board meeting so that it may be properly noticed for discussion. Dr. Brooksby agreed to enter into payment  
434 plan. Further, Dr. Brooksby agreed should he failed to make the monthly payments by the first (1<sup>st</sup>) day of each  
435 month, his license to practice dentistry in the State of Nevada will be automatically suspended without any further  
436 action by the Board other than the issuance of an Order of Suspension by the Board's Executive Director. Payments  
437 are to commence December 1, 2015 and all other provision remain in full effect.  
438

439 MOTION: Dr. Kinard made the motion to accept the payment plan as described. Motion was seconded by Dr.  
440 Blasco. All were in favor of the motion. It was noted that this would also serve as Dr. Brooksby request to be on  
441 placed on the January 22, 2016 agenda to discuss the possibility of the Board reducing the investigative costs.  
442

443 \*b. Approval for Committee on Anesthesia-NRS 631.190 (For Possible Action)

- 444  
445 (1) Jade Miller, DDS, Chair, CS Permit  
446 (2) Amanda Okundaye, DMD-Dental Anesthesiologist  
447 (3) D. Kevin Moore, DDS-CS Permit  
448 (4) Edward Gray, DDS- GA Permit  
449 (5) A. Ted Twesme, DDS-GA Permit  
450 (6) Joshua Saxe, DDS-CS Permit  
451

Received  
JUL 07 2016  
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452 Mrs. Shaffer-Kugel indicated that JM recommended creating a smaller group to iron out the language  
453

454 MOTION: Blasco made the motion to approve. Motion seconded by Guillen. Miller abstain All were in favor of the  
455 motion.  
456

457 \*c. Approval of Reactivation of Dental/Dental Hygiene License – NAC 631.170 (For Possible Action)

458  
459 (1) Jodi D McIntosh RDH  
460

461 Mrs. Shaffer-Kugel indicated that Ms. McIntosh has not worked since June 2013. She has completed the required  
462 CE and current CPR. Ms. Solie interpreted that all CE where completed online, but only 50% is online. Ms. Shaffer-  
463 Kugel stated webinars are considered live lecture.  
464

465 MOTION: made by Board Member Blasco to approve pending a successful skills assessment or pass a clinical  
466 examination pursuant to NRS 631.300. Motion seconded by Ms. Guillen. All were in favor of the motion.  
467

468 \*d. Approval of Voluntary Surrender of License – NAC 631.160 (For Possible Action)

469  
470 (1) Gary A Ferris, DMD  
471

472 Mrs. Shaffer-Kugel indicated that there were no pending matters.  
473

474 MOTION: Dr. Blasco made the motion to accept. Motion seconded by Dr. Miller. All were in favor of the motion;  
475 Dr. Blasco abstained.  
476

477 \*e. Approval of Permit to authorize Limited License Holder to Engage in Private Practice  
478 – NRS 631.271(4) (For Possible Action)

479  
480 (1) Rhonda J Everett, DDS  
481

482 Mrs. Shaffer-Kugel noted that this was the first application of this type ever received by the Board, and therefore  
483 placed it on the agenda as a formality. Further, that pursuant to NRS 631.27, the Board may issue permits to limited  
484 licenses holders to be in private practice. It was noted that the Secretary-Treasurer may issue a permit upon  
485 successful review of an application.  
486

487 MOTION: Dr. Miller made the motion to approve. Motion seconded by Ms. Guillen. All were in favor of the motion.

# 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

On August 18, 2016, the Budget & Finance Committee held a meeting to discuss and make recommendations to the Board regarding the Legislative Auditors Report and Recommendations: Listed below are the items referenced in the audit report to be considered by the Board as well as the recommendations from the Budget & Finance Committee:

- (i) Consideration for Board to create a policy for reimbursed investigation and legal costs relative to cases referenced in the Notice for Informal Hearings, which may result in a remand, and whether to assess the costs to licensees (For Possible Action)

The Budget & Finance Committee recommend that any investigation costs and attorney fees for complaints that results in a remand, to include, but not limited to, those considered at an Informal Hearing the costs will not be passed onto the licensee, the Board will incur those costs.

- (ii) Consideration for the Board to set travel limits (i.e. hotel costs) for Board Members, Administrative Staff and Other Agents of the Board (For Possible Action)

The Budget & Finance Committee recommends that travel expenses whenever possible should follow the State Administrative Manual (rates established by US General Services Administration). However, the Budget & Finance Committee recommends a maximum hotel expense amount not to exceed \$275.00 per night. If the hotel expense will exceed the \$275.00 maximum amount the expense will need Board approval.

- (iii) Board to review the merits of employing in-house counsel vs. contracting with independent counsel and costs associated with both (For Possible Action)

The Budget & Finance Committee recommends continue utilizing outside counsel through the contracted expiration date of June 30, 2017. At which time, the Board will consider and review the merits of in-house counsel vs. outside counsel to include any/all costs that may be associated should they pursue in-house counsel.

- (iv) Review, Discuss and make recommendations whether to reimburse investigations/monitoring costs to licensees identified from the Legislative Audit report and if so the amount (For Possible Action)

The Budget & Finance Committee recommends the Board reimburse any licensee identified with an overcharge in Appendix B (page 23-24) of the Legislative Auditors report the amounts set forth in Appendix B with the exception of the following licensees who are still under the probationary period

- (1) Craig Morris, DDS
- (2) Marianne Cohan, DDS

- (3) Georgene Chase, DDS
- (4) Travis Sorensen, DDS
- (5) Vincent Colosimo, DMD

Further, Committee Members recommend that upon completion of the probationary period, the licensees identified above should have their accounts audited by Board staff and should the audit result in an overcharge, the Board directs the Executive Director to reimburse any overcharges. Should the Legislative Auditors not agree with recommendations of the Board regarding the five licensees identified, the Board directs the Executive Director to issue the refund without any further action by the Board.

# Nevada State Board of Dental Examiners



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

## APPLICATION TO REINSTATE/REACTIVATE DENTAL LICENSE

Name Joseph (Jody) Beck Current Phone [REDACTED]

Complete Mailing Address [REDACTED]

I hereby apply to reinstate my Nevada dental license number NV3202. I am providing the following information and fees due the Board pursuant to NRS 631.330 and NAC 631.170(4) in order to reinstate/reactivate my license from revoked status to active/good standing status:

- Fees totaling \$800.00 (\$300 pro-rated active license fees for the remainder of the biennial renewal period of 2015/2017 and \$500 revoked reinstatement fee);
- Proof of current CPR certification (online recertification is not acceptable);
- Proof of completion the 40 hours of continuing education credits reported in your letter. If you have not done so, 2 of those hours must be specifically in infection control;
- License verification letter from every other state in which you hold/have held a license, regardless of the status (active, inactive, retired, etc.). A photocopy of the license is not sufficient; online verification is not acceptable;
- Certified score report from CDCA confirming successful passing of that examination;
- Current self-query report from the National Practitioners Data Bank
- Certify that during the period of July 1, 2009 through [REDACTED] (enter current date), I had [REDACTED] (indicate number of) filing(s) or service or claim(s) or complaint(s) of malpractice or disciplinary action(s) in any jurisdiction outside the State of Nevada (include any Peer Review activity). **(This is an attestation of the cases, claims or complaints disclosed in your letter received in the Board office on August 3, 2016);**
- Pursuant to federal mandated requirements, I further certify that:
  1. [REDACTED] I am NOT subject to a court order for the support of one or more children.
  2. [REDACTED] I AM subject to a court order for the support of one or more children (MUST complete 2a or 2b)
    - 2a. [REDACTED] 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. [REDACTED] 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.

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

State of IN

County of Hamilton

SIGNATURE OF LICENSEE [Signature]

DATE 9/7/2016

SUBSCRIBED TO AND SWORN BEFORE ME, this 7 day of September, 2016.

Received  
SEP 08  
NSBDE



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

NE



**Nevada State Board of Dental Examiners**

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Las Vegas, NV 89118  
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**VOLUNTARY SURRENDER OF LICENSE**

STATE OF CA

COUNTY OF Marin

Received

JUL 18 2016

NSBDE

I, Margaret MacMinn, hereby surrender my Nevada  
(Dental) Dental Hygiene (circle one) license number 6064 on 12<sup>th</sup> day of  
July, 2016.

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

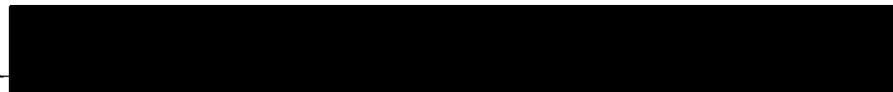
7-12-2016

Date

Notary Seal

Notary Signature

Licensee Current Mailing Address:



Home Phone

Cell Phone:



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

State of California

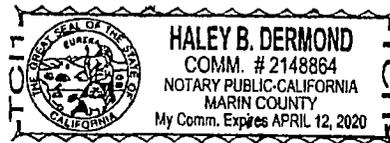
County of Marin

Subscribed and sworn to (or affirmed) before me this 12 day

of July, 2016, by Margaret

Sarah MacMinn, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Haley Dermond (Seal)



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

Received  
AUG 29 2016  
NSBDE

**VOLUNTARY SURRENDER OF LICENSE**

STATE OF Missouri

COUNTY OF Jackson

I, Russell Penner, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 2911 on 26<sup>th</sup> day of  
August, 20 16.

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.

Russell Penner  
Licensee Signature

August 26<sup>th</sup>, 2016  
Date

[Signature]  
Notary Signature

**RYAN QUIGLEY**  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for Jackson County  
My Commission Expires: Feb. 5, 2018  
14575574

Licensee Current Mailing Address: [Redacted]

Home Phone [Redacted] Cell Phone: [Redacted]



# Nevada State Board of Dental Examiners

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## VOLUNTARY SURRENDER OF LICENSE

STATE OF Nevada

COUNTY OF Washoe

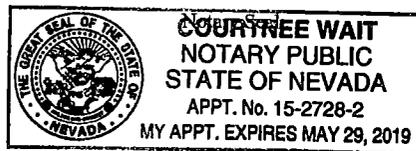
Received  
AUG 26 2016  
NSBDE

I, Irene J. Durand, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 3132 on 23rd day of  
August, 2016.

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.

Irene J. Durand  
Licensee Signature

8-23-16  
Date  
Courtney Wait  
Notary Signature



Licensee Current Mailing Address:



Home Phone None

Cell Phone:



# Nevada State Board of Dental Examiners

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## VOLUNTARY SURRENDER OF LICENSE

STATE OF Florida  
COUNTY OF Duval

Received  
SEP 06 2016  
NSBDE

I, Aymee Jaramillo Rojas, hereby surrender my Nevada  
Dental Dental Hygiene (circle one) license number 6426 on 31<sup>st</sup> day of  
August, 2016.

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

08/31/2016  
Date



[Signature]  
Notary Signature

Licensee Current Mailing Address: [Redacted]

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



### Nevada State Board of Dental Examiners

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## VOLUNTARY SURRENDER OF LICENSE

#5938

STATE OF CA

COUNTY OF San Diego

I, Lindsay Pfeffer, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 6209 on 12th day of  
September, 2016.

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 [Handwritten Signature]

Date 9/12/16

Notary Seal

Notary Signature see attached California Acknowledgement

Licensee Current Mailing Address: [Redacted]

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

Received

SEP 13 2016

NSBDE

### ACKNOWLEDGMENT

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

State of California  
County of San Diego

On September 12, 2016 before me, Arturo Magana, Notary Public  
(insert name and title of the officer)

personally appeared Lindsay Ann Pfeffer  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)



Received

SEP 13 2016

NSBDE

**Dental Exam Review Board  
June 24, 2016  
Austin, TX**

**Summary to Member States**

**Present:**

Dr. James Ence, Chair, UT  
Dr. Aimee Ameline, MT  
Dr. Leonard Aste, UT  
Dr. Eric Aubert, MO  
Dr. Byron Blasco, NV  
Dr. Paul Bryan, WA  
Dr. Nathan Catmull, ID  
Dr. Bradley Dean, TX  
Dr. Greg Evanoff, ND  
Dr. Michael Hauer, AZ  
Dr. Michael Howl, OK

Dr. Tom Kovaleski, AK  
Dr. Huong Le, CA  
Dr. Dennis Manning, IL  
Dr. Mike Mulvehill, Educator Member  
Dr. Roger Stevens, KS  
Dr. Burrell Tucker, NM  
Dr. Nathaniel Tippit, President  
Beth Cole, Chief Executive Officer  
Dr. Bruce Horn, Dir. of Dental Examinations  
Denise Diaz, Dir. of Dental Operations  
Dr. Chandurpal Gehani, ADA

**ADA Report**

Dr. Chad Gehani from the ADA presented a report to the DERB. The ADA believes that the ultimate goal should be to remove patients from the examination process altogether. The ADA also believes portability is a considerable challenge for Candidates moving between states and this is an issue that needs to be addressed. He reported that the ADA completed an analysis of all clinical exams and concluded that they are all comparable and all maintain patient safety. He reported that WREB was the only agency to willingly provide a technical report. There was extensive discussion with many state representatives voicing the opinion that licensure is a states' rights issue that does not fall under the ADA's purview.

**WREB Update**

- WREB recently participated in a meeting of all the testing agencies convened by the ADA to discuss the ADA Licensure Task Force.
- WREB also participated in the ADA Licensure Task Force meeting in June.
- Kentucky has opted to accept all exams as well as the California Portfolio.
- Beth Cole recently observed a CRDTS exam and found the observation experience to be a positive one.
- WREB has hired a new travel agent to take over following Debbie Wantland's retirement.

**Update on First Year of Provisional Acceptance**

Denise Diaz gave an update on the 2016 Provisional Acceptance process. 22 of 29 sites that have held exams to date used the provisional acceptance process. 54% of operative candidates at sites that had provisional acceptance available used the process. 99% of candidates surveyed who participated would recommend it to future candidates.

**Bylaws Update**

Beth Cole asked the DERB to approve a change to the bylaws language. The change would require Examiners to disclose if they hold any leadership positions in other testing agencies on an annual basis. Based on the disclosures, WREB could require the Examiner to choose one position over the other. Examiners could continue to examine for WREB, but they would need to choose between leadership positions in the two agencies. This would be discretionary and decided by the Examiner Review Committee on a case-by-case basis.

The DERB approved the following language:

*Any person who is involved in another testing agency in a leadership role, including but not limited to committee membership or chairman thereof, examining team captain or team leader, examination coordinator or in any other leadership and agency decision-making capacity, must disclose their involvement annually. These examiners may be asked to give up their position in any other testing agency if they choose to participate in WREB leadership.*

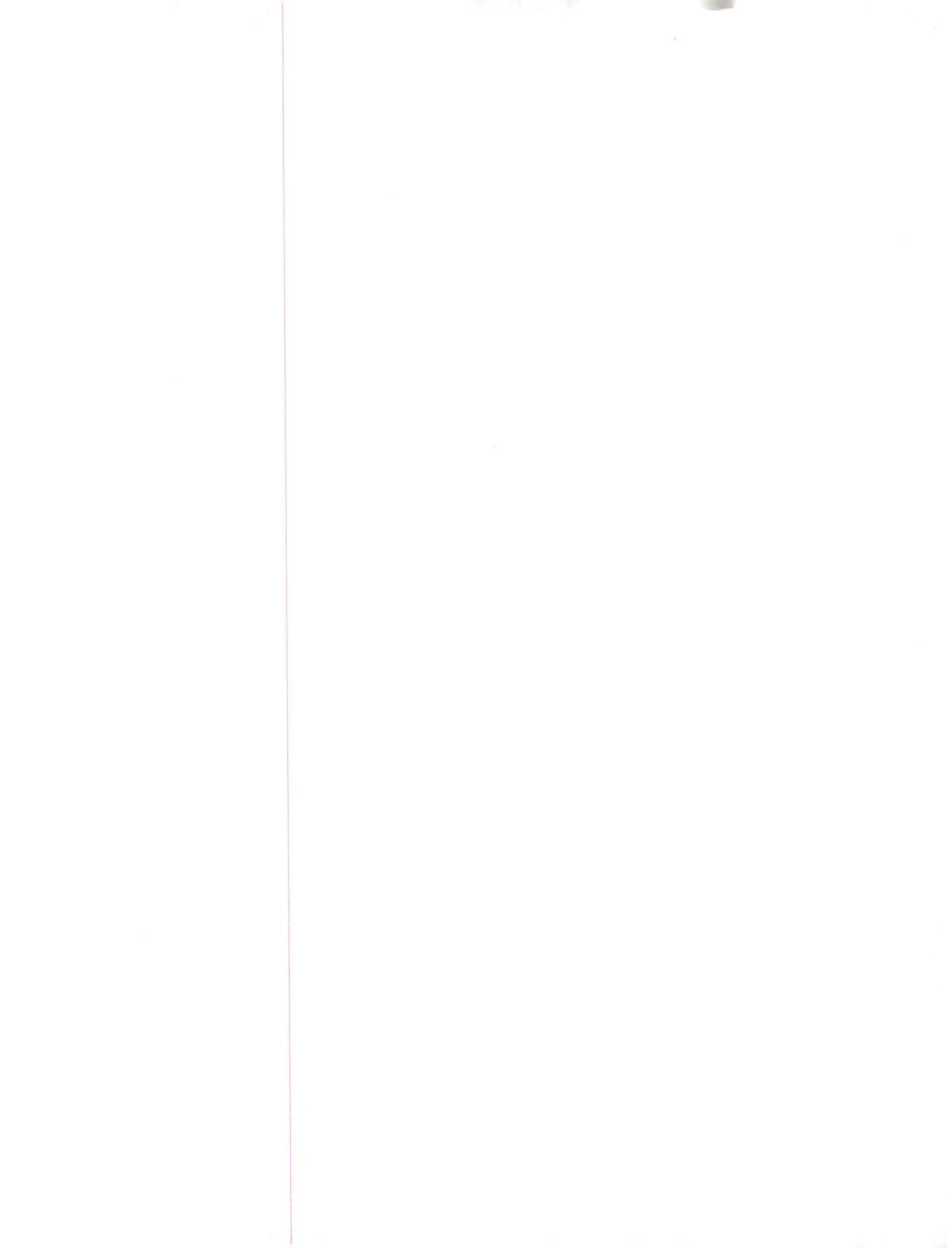
**Election Results**

Dr. Tippit announced the election results: Dr. Dale Chamberlain from Montana was elected President-Elect, Dr. Marshall Titus from Washington was elected Treasurer for a one year term, Dr. Robert Lauf from North Dakota was elected Member at Large for a two year term, and Dr. Aimee Ameline from Montana was elected Member at Large for a three year term.

# *TENTATIVE LANGUAGE*

PROPOSED LANGUAGE FROM THE  
ANESTHESIA SUBCOMMITTEE

NAC 631.2211–NAC 631.2254



**NAC 631.003** ~~“Conscious—Minimal and Moderate sedation—”~~ defined. (NRS 631.190) ~~“Conscious minimal or moderate sedation”~~ has the meaning ascribed to it in NRS 631.025.

**NAC 631.004** ~~“Conscious Moderate Sedation; Pediatric Moderate sedation permits”~~ defined. (NRS 631.190) ~~“Conscious- 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~~ *moderate* sedation to a patient *13 years of age or older*.
3. *Authorizes the holder to administer pediatric moderate sedation to a patient 12 years of age or under.*

**NAC 631.2211** *Minimal Sedation 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. *Single drug* Oral medication that is administered to a patient ~~as a~~ to relieve anxiety ~~in the patient~~ *and shall not be combined with any other pharmacological or non pharmacological method including nitrous oxide. The dosage of a single sedative agent given must be appropriate for anxiolysis. The appropriate dosing of enteral drugs is no more than the maximum recommended dosage of a single drug that can be prescribed for unmonitored home use*, if he 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~~, *moderate sedation, or pediatric 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~~ *permitted pursuant to NRS 449*, unless he or she first obtains a general anesthesia permit, *deep sedation permit*; or
  - (b) Use ~~conscious sedation~~ *moderate sedation or pediatric moderate sedation* for dental patients, except in a facility ~~accredited by The Joint Commission~~ *permitted pursuant to NRS*

~~449-~~, unless he or she first obtains a general anesthesia permit ~~or conscious sedation, deep sedation, moderate sedation, or pediatric 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, moderate sedation, or pediatric moderate sedation to patients~~.

2. To obtain a general anesthesia ~~permit or conscious sedation, deep sedation, moderate sedation, or pediatric 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 *moderate sedation to patients 13 years of age or older*, 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~~ *must act as the operator for* 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.~~ *holds current certification in Advanced Cardiac Life Support, 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 pediatric moderate sedation to patients 12 years of age or under~~, 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 pediatric-moderate sedation, and must be the operator for the administration of pediatric moderate sedation to not less than 25 pediatric patients;* or

(2) The completion of a program for *pediatric* 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 pediatric 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;~~ *or holds current certification in Pediatric Advanced Life Support, 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*

(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 *or a course approved by the Board* 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 or *dental anesthesiology* which has been approved by the Commission on Dental Accreditation of the American Dental Association.

*(a) A holder of a general anesthesia permit may administer all levels of sedation to include, moderate sedation, pediatric moderate sedation, deep sedation to any patient*

**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, moderate sedation, or pediatric moderate sedation* permit is subject to review by the Board at any time.

2. Each general anesthesia, ~~permit and conscious sedation~~ *deep sedation, moderate sedation, or pediatric 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, moderate sedation or pediatric 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, moderate sedation, pediatric moderate sedation, or certificates of site* 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, moderate sedation, or pediatric moderate sedation permit*, the Board ~~will~~ *may* designate two or more persons, each of whom holds a general anesthesia, ~~permit, or conscious sedation~~ *deep sedation, moderate sedation, or pediatric moderate sedation* permit and has practiced general anesthesia, ~~deep sedation or conscious sedation~~, *moderate sedation, or pediatric 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~~ *moderate sedation, or pediatric 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,~~ *moderate sedation or pediatric 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~~ *deep sedation, moderate sedation or pediatric moderate 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 *general anesthesia; deep sedation*: 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 *deep sedation* or certificate of site for the administration of general anesthesia permit, *deep sedation* 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 general anesthesia or deep sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the additional minimum standards with regard to physical facilities and equipment:*

- (a) Pediatric size ambu bag and masks*
- (b) Pediatric blood pressure cuffs*
- (c) Laryngoscope with appropriate size blades*
- (d) Intubation tubes multiple sizes*
- (e) An electrocardioscope and defibrillator with Peds pads*
- (f) Small oral air ways or nasal airways*

**NEW SECTION:**

*Inspections and evaluations; moderate sedation; pediatric moderate sedation: Physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation, pediatric moderate sedation permit or certificate of site for the administration of moderate sedation or pediatric moderate sedation 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) Laryngeal Mask Airways*

*(b) Oral airways;*

*(c) A tonsillar or pharyngeal suction tip adaptable to all office suction outlets*

*(d) An endotracheal tube type forcep*

*(e) A sphygmomanometer and stethoscope;*

*(f) An defibrillator or AED;*

*(g) Adequate equipment for the establishment of an intravenous infusion; and/or IO*

(h) A pulse oximeter.

8. When administering moderate sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the following additional standards with regard to physical facilities and equipment:

- (g) Pediatric size ambu bag and masks
- (h) Pediatric blood pressure cuffs
- (i) Laryngeal Mask Airways
- (j) An defibrillator with Peds pads or AED
- (k) Appropriate oral air ways or nasal airways

**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, moderate sedation or pediatric moderate sedation* or certificate of site approval for *deep sedation, moderate sedation or pediatric moderate sedation* must meet the following minimum standards with regard to the records of patients:

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

**NAC 631.2231 Inspections and evaluations; general anesthesia and deep sedation: 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*, or certificate of site approval for *general anesthesia or deep sedation permit* 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 general anesthesia or deep sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the additional minimum standards with regard to pediatric emergency drugs:

- (a) *Pediatric Auto-injector Epinephrine or appropriate dosages of epinephrine*
- (b) *Adenosine*
- (c) *Aminodarone*
- (d) *Magnesium Sulfate*
- (e) *Procainamide*

**NEW SECTION**

*Inspections and evaluations: moderate sedation or pediatric moderate; 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 moderate sedation permit, ~~conscious sedation permit~~ or pediatric moderate sedation, or certificate of site approval for moderate sedation permit or pediatric moderate sedation 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. *Appropriate drug antagonist;*
5. *Antihistaminic;*
6. *Anticholinergic;*
7. *Coronary artery vasodilator;*
8. *Anti-convulsive.*

*2. When administering moderate sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the following additional standards with regard to pediatric emergency drugs:*

- (a) *Pediatric Auto-injector Epinephrine or appropriate dosages of epinephrine*

**NAC 631.2233 Certificate of Site 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 certificate of site permit for the administration of general anesthesia or conscious sedation~~ *deep sedation, moderate sedation or pediatric 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 conclusions. ~~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, issue the certificate of site permit~~ *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 upon rectifying the deficiencies, request in writing for a reinspection.*

5. *If the reinspection is granted by the Executive Director, it shall 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.*

7. *A dentist who has received a notice of failure from the Executive Director shall cease and desist the administration of moderate sedation, pediatric moderate sedation, deep sedation or general anesthesia at his or her dental office until further ordered by the Board.*

**NAC 631.2235 Administration ~~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, moderate sedation or pediatric 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 recommendations for passing or failing to the *Executive Director*, setting forth the details supporting his or her conclusions.

~~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 Executive Director shall issue the permit for the administration of general anesthesia, deep sedation, moderate sedation or pediatric 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~~ **shall** 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, moderate sedation or pediatric 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.

8. A dentist who has received a notice of failure from the Executive Director shall cease and desist the administration of moderate sedation, pediatric moderate sedation, deep sedation or general anesthesia at his or her dental office until further ordered by the Board.

**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, moderate sedation or pediatric moderate sedation** permit, **to administer general anesthesia, deep sedation or ~~conscious sedation~~ moderate sedation or pediatric 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~~ **moderate sedation or pediatric 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 within 72 hours 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~~ *moderate sedation or pediatric 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~~ *moderate sedation or pediatric 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~~ *moderate sedation or pediatric 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~~ *moderate sedation or pediatric 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~~ *moderate sedation or pediatric moderate sedation* shall ensure that his or her auxiliary personnel are certified in basic cardiopulmonary resuscitation by the American Heart Association *or a course approved by the Board*.

**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~~, 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~~ *permitted pursuant to NRS 449*.

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~~ *permitted pursuant to NRS 449*.

**NAC 631.2241 Report of injuries to patients.** ([NRS 631.190](#), [631.265](#)) Each holder of a general anesthesia permit, deep sedation, ~~conscious sedation~~, *moderate sedation or pediatric 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~~ *permitted pursuant to NRS 449* and produces permanent injury to a patient or requires the hospitalization of a patient *which results in permanent physical or mental 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~~, *moderate sedation or pediatric 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~~ *moderate sedation or pediatric 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~~ *deep sedation, moderate sedation or pediatric moderate sedation* permit must complete at least ~~3~~ **6** 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](#).

## Debra Shaffer

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**From:** LV <[REDACTED]>  
**Sent:** Wednesday, August 03, 2016 5:39 AM  
**To:** Sandra Spilsbury  
**Cc:** Debra Shaffer; [REDACTED]  
**Subject:** Re: Important Infection Control Inquiry Attention Board and Mrs. Villigan RDH

Sandra, Below is a copy of an email sent to Deb and Dr. Blasco requesting a meeting to make certain changes to the inspection form back in September 2015. I do not remember if it was ever placed on the agenda or not. I will also forward the email directly to you. Please respond to Ms. Kelsch appropriately, in that these changes we are aware. Thanks.

Leslea

**From:** LV [REDACTED]  
**Date:** Sunday, September 20, 2015 at 9:56 AM  
**To:** Debra Shaffer <dashaffer@nsbde.nv.gov>  
**Cc:** "Dr. Byron Blasco" [REDACTED]  
**Subject:** Re: Infection Control Evaluation Form

Hi Deb,

Yes we should have a short IC committee meeting to go over any changes the committee members may have. I believe there should be changes to 92-95, 100-105, to align more with the CDC guideline language, as follows:

92- All applicable label instructions are followed on ~~EPA registered~~ **FDA approved** chemical sterilant (dilution, **expiration date**, shelf life, storage, safe use, disposal and material compatibility)

93- Practice is using an ~~FDA approved~~ **method as** high level disinfectant (**for heat-sensitive semicritical patient care items**) **add N/A**

94- ~~Chemical~~ **Method** used for high level disinfection are prepared **and follow the** ~~according to~~ manufacturer's instructions of use (dilution, shelf life, **expiration date**, storage, safe use, disposal and material compatibility) **add N/A**

95- ~~Chemical used for high level disinfection are dated with expiration dates and discarded before expiration dates~~

-  
100- ~~Semi-critical environmental~~ **Clinical contact** surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) **that are not barrier-protected are cleaned and disinfected using an EPA registered hospital disinfectant with low to intermediate claim decontaminated between after each patient. Uses intermediate level disinfectant (TB claim) if visibly contaminated with blood. patients using a high level surface disinfectant**

101- ~~Noncritical environmental surfaces are decontaminated between patients~~  
**Housekeeping surfaces (sinks, floors, walls) are cleaned on a routine basis**

102- ~~Objects and environmental surfaces are disinfected with an EPA registered~~ **low to intermediate disinfectant (tuberculocidal TB claim) disinfectant** at beginning **and end** of day

103- dup of 100

104- included in 102

105- EPA registered tuberculocidal-disinfectants are prepared and follow the manufacturer's instructions of use (dilution, shelf life, storage, use and material compatibility) used at the dilution specified by the manufacturer

Hi Leslea.

Below is an e-mail from Dr Blasco regarding two suggested changes to the IC Survey Form. Please review and if applicable, discuss with Dr Blasco. Should you need to hold an IC Committee Meeting and/or bring this suggestion to the Board I will place on the November 20<sup>th</sup> agenda. Thanks.

*Debra Shaffer-Kugel*

Debra Shaffer-Kugel, Executive Director

Nevada State Board of Dental Examiners

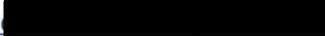
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Las Vegas, Nevada 89118

(702) 486-7044 ext 23

(702) 486-7046 (Fax)

[dashaffer@nsbde.nv.gov](mailto:dashaffer@nsbde.nv.gov)

**From:** Dr. Byron Blasco [mailto:   
**Sent:** Friday, September 11, 2015 3:39 PM  
**To:** Debra Shaffer  
**Subject:** Infection Control Evaluation Form

Hi Deb!

I hope your recovery is progressing well !!!

After a recent review of the NSBDE Infection Control Inspection Form, I have found 2 areas that should be brought to the attention of the Infection Control Committee.  
Item # 95 - "N/A" should be added as a possible option after Y N options  
Item # 100 - Semi-critical (should be changed to "Non-critical") environmental surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) are decontaminated between patients using a high (should be changed to "an intermediate") level surface disinfectant.

Thank you for all you do

B

Dr. Byron M. Blasco  
Byron M. Blasco, DMD, Ltd.

851 South Rampart Boulevard, Suite 240  
Las Vegas, NV 89145

[www.drblasco.com](http://www.drblasco.com)

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**From:** Sandra Spilsbury <stspilsbury@nsbde.nv.gov>  
**Date:** Monday, August 1, 2016 at 1:48 PM  
**To:** 'Leslea Villigan'  
**Subject:** FW: Important Infection Control Inquiry Attention Board and Mrs. Villigan RDH

Hi Leslea,  
Forwarding inquiry email below for your viewing and reply. Thank you.

*Sandra Spilsbury*  
Site Inspection – CE Coordinator  
Nevada State Board of Dental Examiners  
6010 S Rainbow Blvd., Suite A-1  
Las Vegas, NV 89118  
(702) 486-7044 Fax (702) 486-7046

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**From:** Board of Dental Examiners  
**Sent:** Monday, August 01, 2016 10:37 AM  
**To:** Sandra Spilsbury  
**Subject:** FW: Important Infection Control Inquiry Attention Board and Mrs. Villigan RDH

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**From:** NOEI KELSCH [mailto: ]  
**Sent:** Sunday, July 31, 2016 8:50 PM  
**To:** Board of Dental Examiners; Grace Huang  
**Subject:** Important Infection Control Inquiry Attention Board and Mrs. Villigan RDH

Dear Nevada State Dental Board of Examiners and the Chair of Infection Control Mrs. Villigan RDH,

I first want to thank you for the wonderful check list the committee created and for the board being so proactive in infection control. Your checklist is a valuable tool for making a difference in the lives of both the clinicians and public.

In giving infection control courses it came to my attention that there is one issue with number 97. It states

"Semi-critical environmental surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) are decontaminated between patients using a high level surface disinfectant"

The Centers for Disease Control recommendations, EPA and the FDA's requirements and federal laws contradict this statement. The CDC Document Recommendations from the Guidelines for Infection Control in Dental Health Care Settings Page 11 states:

General Recommendations:

Do not use liquid chemical sterilants / high-level disinfectants for disinfection of environmental surfaces (clinical contact or housekeeping) (IB, IC) (243 – 245).

Clinical Contact surfaces:

Clean and disinfect clinical contact surfaces that are not barrier-protected, by using an EPA-registered hospital disinfectant with a low- (i.e., HIV and HBV label claims) to intermediate-level (i.e., tuberculocidal claim) activity after each patient. Use an intermediate-level disinfectant if visibly contaminated with blood (IB) (2,243,244).

Use of a high level surface disinfectant for this purpose could put the patient and the clinician at risk. Surfaces in the operatory are broken up into environmental and housekeeping surfaces. The CDC does not break them up into Semi critical. That concept is part of instrument reprocessing.

Please let me know if there is anything that I can do to help you with this challenging part of putting things together. I have reviewed other states materials before they went into publication for accuracy. Noel Kelsch RDHAP, MS

## VII. Environmental Infection Control

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### A. General Recommendations

1. Follow the manufacturers' instructions for correct use of cleaning and EPA-registered hospital disinfecting products (IB, IC) (243–245).
2. Do not use liquid chemical sterilants/high-level disinfectants for disinfection of environmental surfaces (clinical contact or housekeeping) (IB, IC) (243–245).
3. Use PPE, as appropriate, when cleaning and disinfecting environmental surfaces. Such equipment might include gloves (e.g., puncture- and chemical-resistant utility), protective clothing (e.g., gown, jacket, or lab coat), and protective eyewear/face shield, and mask (IC) (13,15).

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### B. Clinical Contact Surfaces

1. Use surface barriers to protect clinical contact surfaces, particularly those that are difficult to clean (e.g., switches on dental chairs) and change surface barriers between patients (II) (1,2,260,288).
2. Clean and disinfect clinical contact surfaces that are not barrier-protected, by using an EPA-registered hospital disinfectant with a low- (i.e., HIV and HBV label claims) to intermediate-level (i.e., tuberculocidal claim) activity after each patient. Use an intermediate-level disinfectant if visibly contaminated with blood (IB) (2,243,244).

**Noel Brandon Kelsch**  
**Registered Dental Hygienist in Alternative Practice**  
**805-990-3524**  
**Access to Care**  
**A Right**  
**Not a privilege**



**INFECTION CONTROL INSPECTION/SURVEY FORM**

Rev 05/2016

Dental Office Name:			Date of Inspection:
Licensee Name:		Owner Dentist:	
Address:		INSPECTOR(S)	
		(1) _____ (2) _____	
City:	State: Nevada	Zip Code:	PURPOSE OF INSPECTION
			Initial Inspection: <input type="checkbox"/> Random Inspection: <input type="checkbox"/>

**COMPLIANCE LEVEL CRITERIA – LEVEL # 1-4**

# 1 - CRITICAL: MUST BE MET. COULD RESULT IN IMMEDIATE TERMINATION OF PATIENT CARE AND EXTENDED OFFICE INABILITY TO TREAT PATIENTS.

# 2 - REMEDIAL ACTION REQUIRED: REQUIRES CORRECTIVE COMPLIANCE WITHIN 7DAYS.

# 3 - ACTION REQUIRED: REQUIRES CORRECTIVE COMPLIANCE WITHIN 30 DAYS.

# 4 - ACTION RECOMMENDED: NOT REQUIRED FOR COMPLIANCE AT THIS TIME – COMPLIANCE REQUIREMENTS SUBJECT TO CHANGE AS CENTER FOR DISEASE CONTROL (CDC) REQUIREMENTS MAY CHANGE.

**RECORD KEEPING – EACH PRACTICE MUST HAVE**

		LEVEL 1-4	Y	N
1	Written infection control program that is specific for the owner of this location	3	Y	N

**EDUCATION & TRAINING**

2	Documentation of review of the infection control plan at least annually to ensure compliance with best practices	3	Y	N
3	Documentation of Bloodborne Pathogen training at the date of hire for practice	3	Y	N
4	Documentation of education and training that is appropriate to the assigned duties of the specific DHCP (dental health care personnel) and include hands on training for all staff assigned to process semi critical and critical instruments	3	Y	N
5	Training records kept for 3+ years	3	Y	N
6	Mechanism for corrective action for any deviation from written policy. Documentation of any corrective actions	3	Y	N

**CONFIDENTIAL VACCINATION RECORDS, EXPOSURE AND POST EXPOSURE MANAGEMENT, MEDICAL CONDITIONS, WORK RELATED ILLNESS AND WORK RESTRICTIONS**

7	Does the Licensee have written policies and procedures to address whether a dentist, hygienists or dental assistants who has an acute or chronic medical condition(s) that render them susceptible to opportunistic infection which may expose a patient to the risk of infection.	3	Y	N
8	Documentation of vaccinations offered to DHCP (Hepatitis B, Influenza, MMR, Varicella, Tetanus ,Meningococcal), informed consent of exposure risk, and declinations of such vaccinations or immunizations	3	Y	N
9	Employee health records include any exposure and post exposure and follow up records	3	Y	N
10	Written policies and procedures regarding all occupational exposures which include a post exposure medical plan (e.g. use CDC needle stick/sharps injury/exposure protocol)	3	Y	N
11	24/7 contact telephone number listed and posted for qualified healthcare provider	3	Y	N
12	Exposure and incident reporting forms	3	Y	N
13	Sharps injury log	3	Y	N
14	Written policy and procedure for patients known to have communicable disease upon arrival	3	Y	N

**BLOODBORNE PATHOGEN ELEMENTS**

15	Written policies and procedures for the prevention of transmission of bloodborne pathogens	3	Y	N
16	Written policies for hand hygiene, including documentation of training and appropriate selection of antiseptic agents	3	Y	N
17	Written policies for use of personal protective equipment	3	Y	N
18	Monitoring and documentation of compliance with PPE	3	Y	N
19	Written policies and procedures for handling and management of sharps	3	Y	N

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1<sup>ST</sup> INSPECTION Inspector Initials \_\_\_\_\_ Licensee Initials \_\_\_\_\_

DISINFECTION AND STERILIZATION OF PATIENT CARE ITEMS					
20	Written policies and procedures for managing semi-critical and critical items	3	Y	N	
21	Written system outlining entire sterilization process (written policies and procedures for transporting and processing of all contaminated critical and semi-critical instruments, the instrument processing area, preparation and packaging of instruments, sterilization and storage of sterilized and clean dental instruments)	3	Y	N	
22	Written policy and procedures for sterilization monitoring	3	Y	N	
23	Weekly biological monitoring logs	1	Y	N	
24	Current maintenance logs for sterilization equipment	3	Y	N	
25	Weekly biological monitoring logs kept for 2+ years or since opening date: _____	3	Y	N	
26	Written policy for managing failed chemical, heat or biological monitoring test	3	Y	N	
27	Equipment and maintenance logs	3	Y	N	
ENVIRONMENTAL INFECTION CONTROL ELEMENTS					
28	Written policy and procedure for aseptic management during patient care	3	Y	N	
29	Written policy and procedure for surface disinfection and environmental barrier protection	3	Y	N	
30	Written policy and procedure for medical waste management	3	Y	N	
31	Name/telephone number of licensed waste hauler for regulated waste	3	Y	N	
32	Written Policy and procedure for decontaminating spills of blood or other body fluids	3	Y	N	
33	Written policy and procedure to improve dental unit water quality	3	Y	N	
34	Documentation of dental unit water lines testing to meet potable water standard of EPA (<500 CFU/ml)	4	Y	N	
35	Documentation of action taken to meet EPA potable water standard, including re-testing	4	Y	N	
36	Written policy and procedure to maintain asepsis and prevent cross contamination when taking and processing dental radiographs	3	Y	N	
37	Written policy and procedure to maintain asepsis and prevent cross contamination during dental laboratory procedures	3	Y	N	
OTHER					
38	A comprehensive and annually up-dated medical history form is used to evaluate patients	3	Y	N	
COMMUNICABLE DISEASE CONTROL PROCEDURES					
		LEVEL 1-4	Y	N	N/A
39	Single use or sterilization for critical items	1	Y	N	N/A
40	<b>Multi - dose vials used</b>		Y	N	
41	<b>a)</b> if yes, vials are only entered with new, sterile syringe with a new, sterile needle	1	Y	N	N/A
42	<b>b)</b> Cap of multi-dose vial cleaned with alcohol based wipe before being accessed	2	Y	N	N/A
43	<b>c)</b> Are multi-use vials discarded when expired or 28 days after initial access (as applicable) - Must have date when first accessed	2	Y	N	N/A
44	<b>d)</b> is initial access dated on the multi-use vials	2	Y	N	N/A
45	<b>Fluid infusion and administration sets (IV bags, tubing and connectors) used?</b>		Y	N	
46	<b>a)</b> if yes, used only on one patient	1	Y	N	N/A
47	<b>b)</b> Disposed of after single use?	1	Y	N	N/A
48	<b>c)</b> Single IV bag is <b>not</b> used to mix medications for more than one patient	1	Y	N	N/A
49	<b>d)</b> Single dose medication/infusions are used for only one patient and discarded after use	1	Y	N	N/A
50	Personnel wear utility gloves when processing contaminated instruments - Not latex type for patient care	2	Y	N	
51	Supplies for hand hygiene accessible to employees at point of need	2	Y	N	
52	Soap and water easily accessible	2	Y	N	
53	Alcohol based rubs easily accessible-if used	2	Y	N	
54	Team members display appropriate hand hygiene techniques	1	Y	N	

APPROPRIATE PPE SUPPLIES ACCESSIBLE & EMPLOYEES WITH EXPOSURE RISKS					
55	Gloves (Latex and latex free or just latex free) Sterile Surgical Gloves---for surgical procedures	1 2	Y Y	N N	
56	Masks	1	Y	N	

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1<sup>ST</sup> INSPECTION

Inspector Initials \_\_\_\_\_ Licensee Initials \_\_\_\_\_

57	Safety glasses with side shield or full face shields	1	Y	N	
58	Disposable gowns/laundered gowns offered	1	Y	N	
59	Health care workers display appropriate use of PPE barriers	2	Y	N	
60	Running water eye wash station accessible	3	Y	N	
61	Appropriate barrier products available ( dental dams, protective eyewear, other)	2	Y	N	
62	Basic first aid products and equipment available (Recommended to include: nitroglycerin, Benadryl, epi-pen, oxygen, aspirin, albuterol, glucose, glucagon)	4	Y	N	
<b>DENTAL UNIT WATER QUALITY</b>					
63	Dental unit water lines flushed between patients for a minimum of 20 seconds	2	Y	N	
64	Dental unit water lines are treated to remove biofilm	4	Y	N	
65	Maintain documentation of dental unit water line testing to meet the potable water standard of EPA (< 500 CFU/ml)	4	Y	N	
66	Maintain documentaion of dental unit water lines not meeting the potable water standard of EPA are treated and retested	4	Y	N	N/A
<b>CLEANING, DISINFECTION &amp; STERILIZATION OF PATIENT CARE ITEMS</b>					
67	Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization	2	Y	N	
68	Sterilization equipment available and fully functional	1	Y	N	
69	Number of working autoclaves: _____	1	Y	N	N/A
70	Number of working chemiclaves: _____	1	Y	N	N/A
71	Number of working dry heat sterilizers: _____	1	Y	N	N/A
72	Number of working Flash steam sterilizers (Statim): _____	1	Y	N	N/A
73	Number of working ultrasonic cleaners: _____	1	Y	N	
74	Endodontic files/instrumentation sterilized or disposed	1	Y	N	
75	Is Biological testing of sterilizer completed weekly	1	Y	N	
76	If independent biological testing service, Name: _____		Y	N	N/A
77	If in-office biological testing, is control processed?	2	Y	N	N/A
78	Sterilization cycles are verified with chemical/heat indicator. Both interior and external indicators	2	Y	N	
79	Critical items (any instrument that penetrates soft tissue or bone) instruments are sterilized after each use	1	Y	N	
80	Use a biological indicator for every sterilizer load that contains a non-sterile Implantable device. Verify results before using the implantable device, whenever possible.	1	Y	N	N/A
81	Proper sterilization loading technique, not overloading	2	Y	N	
82	Heat Tolerant Handpieces are sterilized after each use (including high & low speed handpieces, prophylaxis angles, ultrasonic and sonic scaling tips, air abrasion devices, air and water syringe tips, and motors--with exception of electric type models)	1	Y	N	
83	Sterile packs are inspected for integrity, compromised packs are reprocessed	2	Y	N	
84	Event-related monitoring is used to monitor package integrity and packages are appropriately stored with a minimum of an initial date stamp	2	Y	N	
85	Single use instruments or devices are not processed and re-used	1	Y	N	
86	Semi-critical items are sterilized after each use if not heat sensitive	1	Y	N	
87	Heat sensitive semi-critical are at a minimum high level disinfected after each use or chemical sterilized after each use	1	Y	N	
88	Practice is using an FDA approved chemical sterilant	2	Y	N	N/A
89	All applicable label instruction are followed on EPA-registered chemical sterilant (dilution, shelf life, storage, safe use, disposal and material compatibility)	2	Y	N	N/A
90	Practice is using an FDA approved high level disinfectant	2	Y	N	
91	Chemical used for high level disinfection are prepared according to manufacturer's instructions (dilution, shelf life, storage, safe use, disposal and material compatibility)	2	Y	N	
92	Chemical used for high level disinfection are dated with expiration dates and discarded before expiration dates	2	Y	N	
<b>Aseptic Techniques:</b>					
93	Splash shields and equipment guards used on dental laboratory lathes	4	Y	N	N/A
94	Fresh pumice and a sterilized, or new rag wheel used for each patient	2	Y	N	N/A

95	Are devices used to polish, trim or adjust contaminated intraoral devices being disinfected or sterilized	2	Y	N	N/A
96	Intraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned and disinfected	2	Y	N	
<b>Environmental Infection Control</b>			LEVEL 1-4	Y	N
97	Semi-critical environmental surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) are decontaminated between patients using a high level surface disinfectant	2	Y	N	
98	Noncritical environmental surfaces are decontaminated between patients	2	Y	N	
99	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant at beginning of day	2	Y	N	
100	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant between patients	2	Y	N	
101	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant at the end of the day	2	Y	N	
102	EPA registered tuberculocidal disinfectants are used at the dilution specified by the manufacturer	2	Y	N	
103	All clinical contact surfaces are protected with barriers (especially areas that are difficult to clean)	2	Y	N	
104	Clinical contact barriers are changed between patients	2	Y	N	
105	Decontamination and clean areas separated in the instrument processing area	2	Y	N	
106	Biohazardous waste is disposed of properly	2	Y	N	
<b>Sharps</b>					
107	Approved sharps containers utilized and accessible	2	Y	N	
108	Sharps container taken out of service and processed appropriately	2	Y	N	
109	Safe recapping techniques/devices used	2	Y	N	
110	Sharps (needles, blades...) are single use	1	Y	N	
111	Employees use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays or containers	2	Y	N	

**ACKNOWLEDGEMENT AND RECEIPT OF COPY BY OWNER/AUTHORIZED AGENT**

The owner of the dental practice hereby acknowledges that by executing this document below and initialing each page's lower right hand corner on the line "Licensee Initials," receipt of a copy of this inspection/survey form is acknowledged.

In the event the dental practice has satisfactorily completed the inspection, as noted in this inspection/survey form, the owner/licensee will receive from the Board's Executive Director and/or representative, written notice of satisfactorily completing the inspection conducted.

If an owner/licensee has commenced the practice of dentistry prior to an Initial Inspection (NAC 631.1785) at any given location that inspection shall be deemed to be a Random Inspection pursuant to NAC 631.179.

If the inspection indicates "critical" deficiencies (items listed as "#1's") the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "critical" deficiencies and that a re-inspection will be conducted within seventy-two (72) hours of the written notice. However in the event the "critical" deficiencies noted, pose an immediate threat to the public health, safety and/or welfare the President of the Board, may without any further action of the Board, issue an Order of Summary Suspension pursuant to NAC 631.179(4).

In the event the inspection indicates "remedial action required" deficiencies (items listed as "#2's"), the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "remedial action required" deficiencies and that a re-inspection will be conducted within seven (7) days of the written notice.

In the event the inspection indicates "action required" deficiencies (items listed with a "#3"), the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "action required" deficiencies and that a re-inspection will be conducted within thirty (30) days of the written notice.

Receipt of a copy of the foregoing is hereby acknowledged;

By \_\_\_\_\_ Print name: \_\_\_\_\_  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_:\_\_\_\_.m. Title and/or position/capacity: \_\_\_\_\_