

**NEVADA STATE BOARD
of
DENTAL EXAMINERS**

BOARD MEETING &
ADOPTION HEARING

JANUARY 22, 2016

9:00 A.M.

PUBLIC BOOK

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: R119-15

Notice of 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 January 22, 2016 at 10:00 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 Additional copies of the notice and the regulations to be adopted and repealed will be available at the office of the Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd.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. 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. 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 631.029 Schedule of Fees:

a). Adverse and Beneficial Effect:

This proposed regulation change would establish a certain fees regarding initial infection control inspection (NAC 631.1785) to offset the cost associated with conducting these types of infection control inspections. The beneficial effect would be to ensure the Board has the monetary resources to continue to conduct the required inspections needed to ensure the public's safety, health and welfare.

b). Immediate and Long Tem Effect:

The immediate effect would be the fee to cover the costs associated with the inspection to a dentist who either purchases an existing dental practice or opens a new dental practice. The Board does not foresee any long term effects.

c). Method utilized to Determine Economic Effect:

Upon holding a Public Workshop (09/18/2015) where licensees, members of local associations and societies and public persons attended, the attendees did not object to establishing a fee in order to implement the policies of the Board. This included, a review of the Board's budget showing the amount of money it is costing the Board to conduct the inspections The Board determined establishing a fee as set forth in NRS 631.345 was needed to continue the inspections for infection control to ensure the public's health, safety and welfare.

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

There should be a minimal cost for enforcement of the proposed regulation to the agency to conduct the inspections. The immediate cost would include informing the licensed professionals of the State of Nevada of the change in regulation.

NAC 631.150-Filing of addresses of licensee; notice of change; display of license-

a). Adverse and Beneficial Effect:

This proposed regulation change would include without limitation any electronic mailing address for that practice. The beneficial effect would provide the Board the ability to notify licensees of immediate information that may have an effect on their practice.

licensees of immediate information that may have an effect on their practice.

b). Immediate and Long Tem Effect:

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

There should be no additional cost for enforcement of the proposed regulation to the agency. The immediate cost would include developing the e-mail group query to inform the licensed professionals of the State of Nevada by electronic mailing.

NAC 631.1785-Initial inspection of office or facility:

a). Adverse and Beneficial Effect:

This proposed regulation change would provide consistent due process to the licensees and ensure consistency when conducting inspections for infection control compliance pursuant to NAC 631.1785 and NAC 631.179.

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.

There should be no additional cost for enforcement of the proposed regulation to the agency. 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:

a). Adverse and Beneficial Effect:

This proposed regulation change would allow for dental hygienists to performing certain acts prior to the patient being examined by the authorizing dentist. The change also includes amending certain acts a dental hygienist may perform under the authorization and employment of the dentist. The beneficial effect would provide the dentist with valuable data prior to his examination of the patient.

b). Immediate and Long Tem Effect:

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

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

There should be no additional cost for enforcement of the proposed regulation to the agency. The immediate cost would include informing the licensed professionals of the State of Nevada of the change in regulation.

NAC 631.220-Dental assistants: Authorization to perform certain services; supervision by dental hygienist for certain purposes.

a). Adverse and Beneficial Effect:

This proposed regulation change provides the dentist the ability to authorize a dental assistant in his or her employ and under his supervision to perform certain acts before the patient is examined by the dentist.

b). Immediate and Long Tem Effect:

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

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

There should be no additional cost for enforcement of the proposed regulation to the agency. 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. Written submissions must be received by the NEVADA STATE BOARD OF DENTAL EXAMINERS on or before January 15, 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
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. R119-15

October 28, 2015

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

AUTHORITY: §1, NRS 631.190 and 631.345, as amended by section 27 of Assembly Bill No. 89, chapter 546, Statutes of Nevada 2015, at page 3877; §2, NRS 631.190 and 631.350; §3 NRS 631.190 and 631.363; §4, NRS 631.190, 631.310, 631.313 and 631.317; §5, NRS 631.190, 631.313 and 631.317.

A REGULATION relating to dentistry; requiring the Board of Dental Examiners of Nevada to charge and collect a fee for conducting certain inspections; revising provisions relating to the inspection of certain offices or facilities where dental treatments are to be performed; allowing a dentist who is licensed in this State to authorize a dental hygienist or dental assistant to perform certain procedures before the patient is examined by the dentist; 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, including the collection and application of fees. (NRS 631.190) Existing law also requires the Board to charge a fee, not to exceed a certain amount, for the inspection of a facility required by the Board to ensure compliance with the infection control guidelines adopted by reference in NAC 631.178. (NRS 631.345, as amended by section 27 of Assembly Bill No. 89, chapter 546, Statutes of Nevada 2015, at page 3877) **Section 1** of this regulation adds to the fee schedule a fee for the inspection of a facility required by the Board to ensure compliance with those inspection control guidelines.

Existing regulations provide for the inspection of an office or facility to ensure compliance with the infection control guidelines adopted by reference in NAC 631.178. Existing regulations also set forth the procedure that the Board is required to follow if the Board finds that the office or facility in this State where dental treatments are to be performed, other than certain medical facilities, that is inspected is not in compliance with those guidelines. (NAC 631.1785) **Section 3** of this regulation sets forth provisions relating to inspections by the Board when the Board receives evidence that an office or facility in this State where dental treatments are

performed may not be in compliance with the infection control guidelines adopted by reference in NAC 631.178.

Existing regulations provide that a dental hygienist and a dental assistant may be authorized by a dentist to perform certain procedures: (NAC 631.210, 631.220) Sections 4 and 5 of this regulation add provisions that allow a dentist to authorize a dental hygienist or dental assistant to perform certain procedures, including exposure of radiographs and taking of impressions, before the patient is examined by the dentist.

Section 1. NAC 631.029 is hereby amended to read as follows:

631.029 The Board will charge and collect the following fees:

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| Application fee for an initial license to practice dentistry if the applicant has successfully passed a clinical examination administered by the Western Regional Examining Board or a clinical examination approved by the Board and the American Board of Dental Examiners and administered by a regional examination organization other than the Board..... | \$1,200 |
| Application fee for an initial license to practice dental hygiene..... | 600 |
| Application fee for a specialty license by credential..... | 1,200 |
| Application fee for a temporary restricted geographical license to practice dentistry | 600 |
| Application fee for a temporary restricted geographical license to practice dental hygiene..... | 150 |
| Application fee for a specialist's license to practice dentistry | 125 |

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| Application fee for a limited license or restricted license to practice dentistry or dental hygiene | 125 |
| Application and examination fee for a permit to administer general anesthesia, conscious sedation or deep sedation | 750 |
| Application and examination fee for a site permit to administer general anesthesia, conscious sedation or deep sedation | 500 |
| Fee for any reinspection required by the Board to maintain a permit to administer general anesthesia, conscious sedation or deep sedation..... | 500 |
| <i>Fee for the inspection of a facility required by the Board to ensure compliance with infection control guidelines.....</i> | <i>250</i> |
| Biennial renewal fee for a permit to administer general anesthesia, conscious sedation or deep sedation..... | 200 |
| Fee for the inspection of a facility required by the Board to renew a permit to administer general anesthesia, conscious sedation or deep sedation..... | 350 |
| Biennial license renewal fee for a general license or specialist's license to practice dentistry | 600 |
| Biennial license renewal fee for a restricted geographical license to practice dentistry | 600 |
| Biennial license renewal fee for a restricted geographical license to practice dental hygiene..... | 300 |
| Biennial license renewal fee for a general license to practice dental hygiene | 300 |

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| Annual license renewal fee for a limited license to practice dentistry or dental hygiene | 200 |
| Annual license renewal fee for a restricted license to practice dentistry | 100 |
| Biennial license renewal fee for an inactive dentist | 200 |
| Biennial license renewal fee for an inactive dental hygienist | 50 |
| Reinstatement fee for a suspended license to practice dentistry or dental hygiene | 300 |
| Reinstatement fee for a revoked license to practice dentistry or dental hygiene | 500 |
| Reinstatement fee to return an inactive or retired dentist or dental hygienist or a dentist or dental hygienist with a disability to active status | 300 |
| Fee for the certification of a license | 25 |
| Fee for the certification of a license to administer nitrous oxide or local anesthesia | 25 |
| Fee for a duplicate wall certificate | 25 |
| Fee for a duplicate pocket card receipt | 25 |
| Application fee for converting a temporary license to a permanent license | 125 |
| Fee for an application packet for an examination | 25 |
| Fee for an application packet for licensure by credentials | 25 |

Sec. 2. NAC 631.150 is hereby amended to read as follows:

631.150 1. Each licensee shall file with the Board the addresses of his or her permanent residence and the office or offices where he or she conducts his or her practice ~~{ }~~, ***including, without limitation, any electronic mailing address for that practice.***

2. Within 30 days after any change occurs in any of these addresses, the licensee shall give the Board a written notice of the change. The Board will impose a fine of \$50 if a licensee does not report such a change within 30 days after it occurs.

3. The licensee shall display his or her license and any permit issued by the Board, or a copy thereof, at each place where he or she practices.

Sec. 3. NAC 631.1785 is hereby amended to read as follows:

631.1785 1. Not later than 30 days after a licensed dentist becomes the owner of an office or facility in this State where dental treatments are to be performed, other than a medical facility as defined in NRS 449.0151, the licensed dentist must request in writing that the Board conduct an initial inspection of the office or facility to ensure compliance with the guidelines adopted by reference in NAC 631.178.

2. Not later than 90 days after receiving a written request pursuant to subsection 1:

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

(b) The agents shall conduct the inspection.

3. Not later than 30 days after agents of the Board have completed the initial inspection of an office or facility ~~{to ensure compliance with the guidelines adopted by reference in NAC 631.178, }~~ ***pursuant to subsection 2,*** the agents shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the office or facility:

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

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

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

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

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

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

(2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility

that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

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

6. Not later than 3 days after a dentist receives a written notice pursuant to subsection 5:

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

(b) The agents shall conduct the inspection.

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

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

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

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

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

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

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

(2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the

licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

9. Pursuant to subsection 3 of NRS 233B.127, if an initial 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 who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

Sec. 4. 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 perform the following acts before a patient is examined by the dentist:*

(a) Expose radiographs;

(b) Conduct an assessment of the oral health of the patient 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 the patient;

(c) After conducting an assessment pursuant to paragraph (b), develop a dental hygiene care plan to address the oral health needs and problems of the patient; and

(d) Take impressions for the preparation of diagnostic models.

⇒ 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.

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

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

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

(c) Provide dental hygiene care that includes:

(1) 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]~~ **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.~~ **Remove sutures.**

(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.

~~§2.3.~~ 3. 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)~~ (b) Fabricate and place temporary crowns and bridges.
- ~~(d)~~ (c) 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)~~ (d) Perform nonsurgical cytologic testing.
- ~~(f)~~ (e) Apply and activate agents for bleaching teeth with a light source.

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

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

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

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

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

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

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

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

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

~~{3.}~~ 4. 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.}~~ 5. 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.}~~ 4, 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.}~~ 6. The Board may authorize a dental hygienist to perform the services set forth in **subsection 1 and** paragraphs (a) to (n), inclusive, of subsection ~~{1.}~~ 2 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.}~~ 7. The Board may revoke the authorization described in subsection ~~{5}~~ 6 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}~~ 6 if the Board revokes the authorization pursuant to this subsection.

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

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

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

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

Sec. 5. NAC 631.220 is hereby amended to read as follows:

631:220 1. ~~A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision to perform the following procedures before the patient is examined by the dentist:~~

~~(a) Expose radiographs; and~~

~~(b) Take impressions for the preparation of diagnostic models.~~

2. A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision only to do one or more of the following ~~[-]~~ procedures after the patient has been examined by the dentist:

~~(a) Expose radiographs.~~

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

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

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

~~[(e)] (d) Place and secure an orthodontic ligature;~~

~~[(f)] (e) Remove sutures.~~

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

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

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

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

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

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

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

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

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

~~{{(4)}}~~ (k) Fabricate and place temporary crowns and bridges. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.

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

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

~~{{(o)}}~~ (n) Administer a topical fluoride.

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

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

~~{2-}~~ 3. A dentist who is licensed in the State of Nevada may authorize a dental hygienist to supervise a dental assistant in the assistance of the hygienist's performance of one or more of the following:

(a) ~~{Expose radiographs}~~

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

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

~~{(e)}~~ (c) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

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

~~{(f)}~~ (e) Administer a topical fluoride.

~~{3-}~~ 4. A dental hygienist, who is authorized by the Board to perform the services described in subsection ~~{5}~~ 6 of NAC 631.210, may authorize a dental assistant under his or her supervision to assist the hygienist in the performance of the services described in paragraphs (a) to ~~{(f)}~~ (e), inclusive, of subsection ~~{2-}~~ 3.



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



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

NOTICE OF PUBLIC MEETING

Friday, November 20, 2015

9:00 a.m.

DRAFT

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.

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

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

Pledge of Allegiance

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

| | |
|---------------------------------|--------------------------------------|
| Dr. Timothy Pinther-----PRESENT | 45 Dr. Ali Shahrestani-----PRESENT |
| Dr. Byron Blasco-----PRESENT | 46 Mrs. Leslea Villigan -----PRESENT |
| Dr. J Gordon Kinard-----PRESENT | 47 Ms. Theresa Guillen -----PRESENT |
| Dr. Jade Miller-----PRESENT | 48 Ms. Caryn Solie -----PRESENT |
| Dr. Gregory Pisani -----EXCUSED | 49 Mrs. Lisa Wark -----EXCUSED |
| Dr. Jason Champagne-----PRESENT | |

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

Public Attendees: Steven Sill, DMD; L. Kristopher Rath, Hutchison & Steffen, Counsel for Dr. Mohtashami; Annette Lincicome, NDHA; Sandra Nguyen; Steven Moore, LVRJ; Nicole Mackie, Prosthodontist; Amanda Cragun, for Travis Sorensen; Scott Brooksby, LVDA; Robert Sorensen, for Travis Sorensen; Jane Sorensen, for Travis; Travis Sorensen; Nichole Sorensen, for Travis Sorensen; Lisa Jones, Campbell Jones Cohen CPA's; David Ayala, DA Medical Group; Nancy Stokes, for Travis Sorensen; Dr. Ross Stokes, for Travis Sorensen; Kerry Doyle, for Travis Sorensen; Tyler Crawford, Counsel for Travis Sorensen; Boune Cragun, for Travis Sorensen; Daniel Royal; Amanda Okundaye; Joanna Jacob, Ferrari Public Affairs for the Nevada Dental Association.

2. Public Comment: (Public Comment is limited to three (3) minutes for each individual) Dr. Brooksby read a comment about recommended changes to the dental practice act. (Statement provided for the record)

Joanna Jacob commented on behalf of the NDA on agenda item (6) regarding the appointment of an anesthesia committee. She stated that the NDA appreciated the appointments made and how they do not want the regulations to become more constrictive, and that they appreciated the committee for reviewing the regulations further.

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. Old Business: NAC 631.279 (For Possible Action)**

- (a) Request for Advisory Opinion regarding whether NRS 631.215 and/or NRS 631.255 allows a person who has a valid specialty license in the area of Prosthodontics can administer Botox, dermal fillers or other injectables in clinical practice (For Possible Action)

(1) Nicole Mackie, DDS, MS, FACP

Mrs. Shaffer-Kugel reminded the Board that this request was originally presented to them at Board meeting on September 18; however, they tabled the matter so that Dr. Mackie could contact the Medical Board regarding their stance on the matter. Mrs. Shaffer-Kugel noted that the response provided to her regarding the administration of Botox and dermal fillers was provided in their board books. Dr. Mackie read her statement into the record. Mr. Hunt advised the Board of their options for offering an advisory opinion and that they may choose to uphold the advisory opinions previously given to dentists and oral and maxillofacial surgeons, or that they may choose to issue a new advisory opinion. Mrs. Shaffer-Kugel asked if Dr. Mackie could clarify if her request was specifically for prosthodontists that were Board Certified, or if she meant for her request to be applicable to all licensed Prosthodontists. Dr. Mackie replied that she meant to encompass all licensed prosthodontists that have the appropriate training. Dr. Miller inquired if there would be any limitation in the area that prosthodontist would work in. Mr. Hunt noted that when oral and maxillofacial surgeons came before the board for clarification, the board at the time made it clear in their opinion that they were limited to administering within their scope. Thus, Dr. Miller commented that the advisory opinion would be solely related to the scope of prosthodontics. Dr. Mackie commented that the administration would be adjunct to all prosthodontic treatment.

Public Comment: Dr. Brooksby suggested to the Board that if the original Advisory Opinion given by previous board members was given prior to changes made by CODA, that perhaps, they could state in their new opinion that prosthodontist would be limited to cheekbones and below. He added that prosthodontist are trained in areas that general dentists are not trained to do, but offered that if a new advisory opinion were to be given that it be given in a way so as to keep prosthodontist from going outside their scope. It was clarified that only prosthodontist would not be permitted to delegate the administration of injectables.

MOTION: Dr. Blasco made the motion that the Board consider both Advisory Opinions on the agenda together and to consolidate the Advisory Opinion to be given with agenda item (6)(a). Motion was seconded by Ms. Guillen. All were in favor of the motion.

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

- *a. Request for the NSBDE to review the two Advisory Opinions issued on May 18, 2006 and December 12, 2014 regarding the use of Botox, dermal fillers and/or other agents by general Dentists NRS 631.215 (For Possible Action)

(1) Jonathan White, DDS

Dr. Sill read a statement into the record. (Attached for the record) Dr. Sill stated that dentists can be trained at the same level as other providers and should be able to administer injections (botox and dermal fillers). He added that he would like to see the Board grant an advisory opinion where dentist that have proper training be permitted to administer botox and dermal fillers. Mr. Hunt clarified that the Board should be specific in declaring whom may administer the injections, and perhaps should add that dentist will only be allowed to administer said injections if and only if the dentist possesses the skills and training; furthermore that they must personally administer the injectables and they cannot be delegated to someone other than the dentist.

MOTION: Dr. Blasco made the motion that any dentist that holds a valid license and possesses the proper training supported by the Academy of General Dentistry, and the American Dental Association, they be able to administer injectables. Furthermore, the dentist must solely administer botox, dermal fillers, and/or the injectables. Mr. Hunt advised that the motion should clarify that for agenda items (3a) and (6a), a Nevada Licensed Dentist who possesses the skill and training may administer injectable, and only the dentist can them. Motion was seconded by Ms. Guillen. Discussion: Ms. Solie inquired if a dental hygienist would be permitted to administer injectables if they possess the proper skills and training. She asked that the motion be amended. Dr. Blasco amended his motion to include that Nevada licensed dental hygienists be permitted to administer injectables, if and only when they possess the skills and training to administer. Ms. Guillen concurred with the amendment. Ms. Solie suggested that the Board consider creating a standard in the statutes and regulations, just as they for laser certification. Mrs. Shafer-Kugel and Mr. Hunt discussed how they could go about amending the regulations and statutes. 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. Mr. Hunt indicated that the Board could create the requirements and standards that would be deemed acceptable and adequate training for injectables, just as they currently have for lasers. Dr. Miller enquired if there were any dental hygiene programs that offered courses to administer botox and/or dermal fillers. Ms. Guillen and Ms. Solie both stated that while they were unsure, they were aware of post-graduate courses that were available for dental hygienists. Dr. Blasco added that anyone holding a general dental license that possessed the skills and training may administer injectables and that any dental hygienists that possessed the skills and training may also do so, but it would have to be under the direct supervision of a Nevada licensed dentist. Roll call vote:

| | |
|-------------------------|--------------------------|
| Dr. Pinther -----Yes | Dr. Shahrestani -----Yes |
| Dr. Blasco -----Yes | Mrs. Villigan -----Yes |
| Dr. Kinard -----No | Ms. Guillen -----Yes |
| Dr. Miller -----No | Ms. Solie -----Yes |
| Dr. Champagne ----Yes | Mrs. Wark -----Excused |
| Dr. Pisani -----Excused | |

Motion was agreed to.

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

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

(1) Public Workshops & Board Meeting-09/18/2015 (For Possible Action)

Mrs. Shaffer-Kugel indicated that draft minutes in board books.

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

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

(1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for fiscal period July 1, 2015 through September 2015

Mrs. Hummel stated that there was nothing to report that was extraordinary. She added that the board was doing rather well in staying in line with the budget. She noted, however, that there was one item that they may see on the balance sheet is that they have had added several new accounts for the purpose of pension recording. She stated that they were being deferred to the next agenda item regarding the audit, where Lisa Jones the auditor could discuss the mandated change.

(2) Approval of FY 15 Audit to State of Nevada (For Possible Action)

Mrs. Lisa Jones stepped forward to address the Board. She notified the Board that there was a new federal mandate that requires that they report pension liabilities. She stated that because the Board participates in PERS, they share the liability for unfunded pensions that will be coming to the Board in the future. She added that as of the end of June the Board had a pension liability of four-hundred and twenty thousand dollars (\$420,000). She noted that the numbers could change significantly year to year. Mrs. Hummel stated that these were not funds that that Board

owed, and noted that the state now required them to place and report the amounts for pensions on their budget statements.

MOTION: Ms. Solie made the motion to accept the budget and financial statements. Motion seconded by Ms. Guillen. All were in favor of the motion.

c. Licenses Granted: Dental and Dental Hygiene September 1, 2015 thru October 31, 2015

September 1, 2015 thru September 30, 2015

| | | | | | |
|-------------------------|---------|------------|------------------------|---------|------------|
| Jubert J C Aranas | 6711 | 09/16/2015 | Brittany H Henriod RDH | 102121 | 09/09/2015 |
| Bradlee M Davis DDS | 6714 | 09/16/2015 | Kristy M Hurt RDH | 102120 | 09/16/2015 |
| Morrigan H Drew DDS | 6716 | 09/16/2015 | Beata Milewska RDH | 102061 | 09/09/2015 |
| Daniel G Egbert DMD | 6713 | 09/24/2015 | Aimee M Shelhamer RDH | 102128 | 09/30/2015 |
| Thomas L Fernandes DDS | 6707 | 09/09/2015 | Paul D Hardman DMD | 6717 | 09/16/2015 |
| Frederick J John DMD | S6-140 | 09/09/2015 | James Kim DDS | S2-141C | 09/02/2015 |
| Thais Macedo Soares DDS | S3-277C | 09/16/2015 | Neil V Mandalia DMD | 6695 | 09/24/2015 |
| Brandon J Morales DMD | 6703 | 09/09/2015 | Pedro A Ruiz Jr DDS | S7-90C | 09/02/2015 |
| Karen S Sheppard DDS | 6718 | 09/24/2015 | Quoc C Vu DDS | 6712 | 09/30/2015 |
| Emily A Whipple DMD | S6-141 | 09/24/2015 | Willard E Zurcher DDS | S3-278C | 09/24/2015 |

October 1, 2015 through October 31, 2015

| | | | | | |
|--------------------------|---------|------------|-----------------------|--------|------------|
| Alyson J Felesina DDS | 6719 | 10/07/2015 | Shalisa K Cade RDH | 102137 | 10/21/2015 |
| Tamara L B Fernandes DDS | 6709 | 10/07/2015 | Jill A Garfield RDH | 102124 | 10/21/2015 |
| Raymond B Graber III DDS | 6715 | 10/21/2015 | Nicole M Graves RDH | 102130 | 10/28/2015 |
| Judy C Hou DDS | S3-276C | 10/07/2015 | Haley K Hall RDH | 102127 | 10/07/2015 |
| Justin D Kiggins DMD | 6721 | 10/21/2015 | Anna L Mason RDH | 102126 | 10/07/2015 |
| Huu Duc D Luu DMD | 6710 | 10/07/2015 | Amy R Mills RDH | 102135 | 10/21/2015 |
| Christy N P Mellor DDS | 6708 | 10/28/2015 | Cozi R Pond RDH | 102125 | 10/07/2015 |
| Sunshine A Mullins DDS | 6705 | 10/07/2015 | Svetlana Srenchuk RDH | 102133 | 10/21/2015 |

Mrs. Shaffer-Kugel announced the names of the newest licensees in the State of Nevada.

***d. Correspondence: NRS 631.190 (For Possible Action)**

(1) Invitation for State Board Participation on Accreditation Site Visit for Truckee Meadows Community College (For Possible Action)

Mrs. Shaffer-Kugel indicated that could be any board member just to observe the site. Ms. Guillen and Ms. Solie volunteered to attend the site visit.

MOTION: Mrs. Villigan made the motion to approve to have Ms. Guillen or Ms. Solie to participate in the site visit. Motion seconded by Dr. Kinard. All were in favor of the motion.

***e. Travel (For Possible Action)**

(1) Approval for Board Member and/or Infection Control Inspector to attend OSAP Boot Camp – Atlanta, GA- January 11-13, 2016 (For Possible Action)

Mrs. Shaffer-Kugel indicated that Mrs. Villigan attended the last boot camp and recommended that the Board approve travel for a board member and/or Infection Inspector to attend the upcoming boot camp. Dr. Kinard enquired if travel for this meeting was budgeted for in the travel funds. Mrs. Hummel responded that it was not.

MOTION: Dr. Blasco made the motion to send a board member or inspector to the meeting. Motion seconded by Mrs. Villigan. All were in favor of the motion.

(2) Approval for Executive Director to attend the Federation of Regulatory Boards Meeting- Clearwater FL –January 27-31. 2016 (For Possible Action)

Mrs. Shaffer-Kugel indicated what the topics for this meeting encompassed and believed that it would be a beneficial meeting to attend.

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

245 *f. Authorized Investigative Complaint-NRS 631.360 (For Possible Action)

246 (1) Dr Z-NRS 631.3475(5) (For Possible Action)

247 Mrs. Shaffer-Kugel went over the alleged violations of Dr. Z.

248
249 MOTION: Dr. Miller made the motion to authorize the investigation. Motion seconded by Dr. Kinard. All were in
250 favor of the motion.

251 JH: - for public clarification under 631.3** board may look into a possible violation and its done anonymously so that the board does not who it
252 is.

253
254 *5. Board Counsel's Report (For Possible Action)

255
256 *a. Legal Actions/Lawsuit(s) Update (For Possible Action)

257 (1) District Court Case(s) Update

258
259 Mr. Hunt reminded the Board members that they are not to discuss any cases with anyone to ensure that a licensee's
260 due process is protected, as well as the publics. He added that the Board has always taken any unlicensed dentist
261 and dental hygienist in Nevada to court and have sought injunction on them.

262
263 *b. Old Business: (For Possible Action)

264 (1) Request to Amend Disciplinary Stipulation approved by the Board on June 19, 2015 regarding
265 Probation & Inactive practice- (For Possible Action)

266 (a)Travis Sorensen, DDS

267
268 Mr. Hunt indicated that Dr. Sorensen and counsel, Tyler Crawford, were present. He noted to the Board that Dr.
269 Sorensen was required to wear a patch since he was abusing the anesthesia he was administering to his patients.
270 Mr. Hunt briefly summarized the stipulation and the provisions that Dr. Sorensen originally signed into. He stated
271 that he has tried to come to a resolution with Dr. Sorensen but was unable to come to a resolution. He did get a
272 review of the confidential stipulation agreement entered into by Dr. Sorensen with the Arizona Dental Board. Mr.
273 Crawford stated to the Board that the issue Dr. Sorensen is facing is that he is unemployable because of the
274 probation provision in his stipulation agreement. Mr. Crawford stated further that were seeking to change the
275 language so that Dr. Sorensen could become employable. Mr. Hunt noted to the Board that Dr. Sorensen is able to
276 work, and that he misrepresented himself at the previous Board meeting in that he failed to disclose that he holds a
277 license to practice dentistry in the State of Texas. He noted further, that historically the Board has only amended a
278 stipulation agreement so that a payment plan can be added, but never had the Board amended a stipulation
279 agreement to remove, or cut down on the probation provision. Mr. Hunt stated that is was his opinion that it would
280 not be in the best interest of the board to remove the probation provision, as Dr. Sorensen was abusing the same
281 drug that he was administering to his own patients. He reminded the Board that is was their position to protect the
282 public. Mr. Hunt reminded the board that Dr. Sorensen was aware of the provisions at the time of entering into the
283 stipulation agreement where he had legal counsel present. Mr. Crawford stated to the Board that Dr. Sorensen's
284 Texas license was retired prior to the stipulation agreement in Nevada. Mrs. Shaffer-Kugel commented to the Board
285 that she contacted the Dental Board in Texas and was notified that a month prior to coming before the board in
286 September, Dr. Sorensen placed his license on a retired status. Dr. Pinther inquired of Mr. Crowley and Dr. Sorensen
287 what would guarantee that by removing the term 'probation' that he would be able to be covered by providers and
288 work? Mr. Crowley replied that the said term was prohibiting him from being able to work, as the term makes him
289 unemployable. The Board members stated that he Dr. Sorensen had the option to work on a fee-for-service basis.

290
291 Mrs. Villigan inquired if there was language that was specifically different in Dr. Sorensen's stipulation agreement
292 from other licensees with the same or similar language and provision that were practicing. Mr. Hunt stated that the
293 language was exactly the same as other licensees that had probation provisions in their stipulation agreements that
294 were and are practicing. He added that the Board took a remedial approach with Dr. Sorensen and that his
295 stipulation agreement was no different than anyone else. He noted that when there is something is so egregious as
296 Dr. Sorensen's, the Board would normally revoke a license in a full board hearing. Mrs. Shaffer-Kugel stated that

there were currently four (4) licensees that were being monitored and on probation per a stipulation agreement and that they are actively practicing. Mr. Crawford stated to the Board that the main difference among them and Dr. Sorensen was that Dr. Sorensen self-reported. Mrs. Shaffer-Kugel noted that other licensees, also, self-reported their substance issues with the Board. Mr. Hunt stated that every case is judge on its facts, and that the problem with Dr. Sorensen's case was that he was treating patients while impaired. He stated that the public was entitled to know the reasons for the stipulation agreement, and that part of the punishment was probation. Furthermore, that removing the probation would take part of the punishment away; and that in doing so would be a disservice to the public. Dr. Pinther inquired of Dr. Sorensen if he self-reported to the Texas Dental Board. Dr. Sorensen stated that so long as his license was in a 'retired' status he was not required to report, therefore, no he did not. Dr. Pinther inquired further why Dr. Sorensen made the decision to place his Texas license on a retired status. Dr. Sorensen stated that he did not want the implication that came with notifying another state board of his substance issues.

MOTION: Ms. Solie made the motion to uphold the existing stipulation agreement and deny Dr. Sorensen's petition. Motion was seconded by Dr. Kinard. Roll call vote:

| | |
|-------------------------|--------------------------|
| Dr. Pinther -----Yes | Dr. Shahrestani -----Yes |
| Dr. Blasco -----Yes | Mrs. Villigan -----Yes |
| Dr. Kinard -----Yes | Ms. Guillen -----Yes |
| Dr. Miller -----Yes | Ms. Solie -----Yes |
| Dr. Champagne ----Yes | Mrs. Wark -----Excused |
| Dr. Pisani -----Excused | |

Motion was agreed to; petition denied.

***c. Consideration of Stipulation Agreements (For Possible Action)**

(1) Otabor Okundaye, DDS

Mr. Hunt stated for the record that if a licensee believes that the DSO did not properly or inconveniently investigate a complaint, the licensee has the ability to contest the findings. He stated further, that through the course of an investigation, should the investigator find other areas of concern they can bring up those findings in their recommendations and findings. He explained that licensees have the opportunity to go to a full board hearing should they wish to not enter into a stipulation agreement at an informal hearing. Mr. Hunt went over the provisions of the stipulation agreement.

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

(2) Allyn Goodrich, DDS

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

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

(3) Young K Dill, DMD

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

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

(4) Saeid Mohtashami, DDS

Mr. Hunt went over the provisions of the stipulation agreement. Counsel for Dr. Mohtashami stepped forward.

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

***d. Request to accept settlement payment for investigative costs/attorney fees
(District Court Case) (For Possible Action)**

(1) Lori Werder

Mr. Hunt noted to the Board that a district court judge found Ms. Werder and another gentleman guilty of illegal management of a dental office. He added that because it was a district judge's decision the board would be waiving the right to hold them in contempt for paying should they accept the lump sum.

MOTION: Dr. Miller made the motion to deny the request. Motion seconded by Dr. Champagne. All were in favor of the motion.

- *e. Request to Amend Paragraph 9(E) of the Corrective Action Non Disciplinary Stipulation approved on September 18, 2015 regarding reimbursement of investigation costs to the Board request for installment payments-NRS 631.190 (For Possible Action)

(1) Erika J Smith, DDS

Mr. Hunt indicated that Dr. Smith was requesting a payment plan. He advised that the payment must be made to fit the length of the stipulation agreement, if approved. Mrs. Shaffer-Kugel stated that payment could commence December 1, 2015 and her monthly payments would be Seven Hundred and Thirty-Eight dollars (\$738). Another option was to have payments commence on January 1, 2016, for a total of nine payments at Eight Hundred Thirty Dollars and twenty-five cents (\$830.25) per month. Mrs. Shaffer-Kugel added that the total amount due would be paid in full just prior to completion of the stipulation agreement.

MOTION: Dr. Blasco made the motion to approve the request to amend the stipulation agreement to add installment payments to commence on January 1, 2016, and that all other provisions remain in full force and effect. Motion was seconded by Ms. Guillen. All were in favor of the motion.

- *f. Request to waive investigation costs and attorney fees pursuant to Paragraph 7 of the Board's Order dated August 10, 2015 (For Possible Action)

(1) L. Scott Brooksby, DDS

Dr. Brooksby stepped forward. Mr. Hunt indicated that the costs in question were pursuant to his original order. Dr. Brooksby stated to the Board that when he presented himself for his informal hearing, he was prepared to discuss a patient complaint but found that he was questioned on other areas of practice not specifically related to the patient in question. He added that he was at a disadvantage as he was not prepared to argue the other areas he was questioned of. Mr. Hunt commented to Dr. Brooksby that if he reviewed page two of the notice of informal hearing, that it clearly states that through the course of the investigation that other areas may be reviewed if the investigator finds something to be amiss or questionable. Dr. Pinther noted to Dr. Brooksby that the Board was only to discuss his request to waive the investigation costs and fees. Dr. Brooksby stated that he was given a bill for Thirty-Nine Thousand dollars (\$39,000) for investigative costs, and that he has requested, on multiple occasions, copies of proof for the total costs and had yet to be provided with them. Mr. Hunt commented that a letter was sent on October 6 noting that he had a certain period of time to contest the monies owed or motion for the Board to reconsider. Dr. Brooksby asked that the Board waive the investigation costs of \$39,000 and that if they were not inclined to waive the costs, to allow him the opportunity to do pro-bono care to total \$39,000 and reimburse patients. Mrs. Shaffer-Kugel explained that the costs charged to Dr. Brooksby entailed costs incurred by the Board.

MOTION: Dr. Blasco made the motion to deny the request to waive the investigation costs and fees. Motion seconded by Ms. Solie. Roll Call vote:

| | |
|-------------------------|--------------------------|
| Dr. Pinther -----Yes | Dr. Shahrestani -----Yes |
| Dr. Blasco -----Yes | Mrs. Villigan -----Yes |
| Dr. Kinard -----Yes | Ms. Guillen -----Yes |
| Dr. Miller -----Yes | Ms. Solie -----Yes |
| Dr. Champagne ----Yes | Mrs. Wark -----Excused |
| Dr. Pisani -----Excused | |

Motion was agreed to; petition denied.

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 (1st) 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

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.

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

489
490 **(1) Conscious Sedation (For Possible Action)**

- 491
492 (a) Chrishelle W Hemphill, DDS
493 (b) Sunshine A Mullins, DDS
494

495 Dr. Miller indicated that all was in order and recommended approval.

496
497 MOTION: Ms. Guillen made the motion to approve. Motion was seconded by Ms. Solie. All were in favor of the
498 motion. Dr. Miller and Dr. Blasco abstained.
499

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

- 501
502 (a) Nathan G Adams, DMD
503 (b) Michael A Gladwell, DMD
504

505 Dr. Miller indicated that all was in order and recommended approval.

506
507 MOTION: Ms. Solie made the motion to approve. Motion seconded by Ms. Guillen. All were in favor of the motion.
508 Dr. Miller & Dr. Blasco abstained.
509

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

511
512 **(1) Conscious Sedation (For Possible Action)**

- 513
514 (a) Timothy Cid Adams, DMD
515 (b) Peter Nguyen, DDS
516 (c) Yonatan M Moskowitz, DDS
517 (d) Christopher T Spillers, DMD ---- TABLED
518

519 Dr. Miller indicated that all was in order and recommended approval.

520
521 MOTION: Ms. Guillen made the motion to approve (a-c) and table (d). Motion seconded by Ms. Solie. All were in
522 favor of the motion. Dr. Miller & Dr. Blasco abstained.
523

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

- 525
526 (a) Aaron U Adamson, DMD
527 (b) Ryan R Falke, DDS
528 (c) James Kim, DDS
529 (d) Matthew M Kikuchi, DMD
530

531 Dr. Miller indicated that all was in order and recommended approval.

532
533 MOTION: Ms. Guillen made the motion to approve. Motion seconded by Ms. Solie. All were in favor of the motion.
534 Dr. Miller & Dr. Blasco abstained.
535

536
537 ***h. Approval for a 90-Day Extension of Anesthesia Permit – NAC 631.2254(2)**
538 **(For Possible Action)**
539

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

- 541
542 (a) Frederick J John, DMD
543

544 Dr. Miller indicated that all was in order and recommended approval.

545
546 MOTION: Ms. Guillen made the motion to approve. Motion seconded by Ms. Solie. All were in favor of the motion.
547 Dr. Miller & Blasco abstained.
548
549
550
551

- 552 **i. Appointment of Byron Blasco, DMD to Chair the following Resource Group-NRS 631.190*
553 (For Possible Action)

554
555 (1) Continuing Education

556
557 Mrs. Shaffer-Kugel indicated that Dr. Sill was the chair of the committee but is now no longer a board member and
558 that Dr. Blasco was to replace his position as the committee chairperson.

559
560 MOTION: Dr. Miller made the motion to approve. Motion seconded by Ms. Guillen. All were in favor of the motion;
561 Dr. Blasco abstained.

- 562
563 **j. Appointment of Ali Shahrestani, DMD to the following Resource Groups-NRS 631.190*
564 (For Possible Action)

565
566 (1) Continuing Education
567 (2) Committee on Dental Hygiene
568 (3) Legal and Disciplinary Action

569
570 Mrs. Shaffer-Kugel indicated that Dr. Shahrestani needed to be formerly appointed to the committees listed.

571
572 MOTION: Dr. Blasco made the motion to approve. Motion seconded by Ms. Guillen. All were in favor of the
573 motion; Dr. Blasco abstained.

574
575
576 ***7. Resource Group Reports**

- 577
578 **a. Legislative and Dental Practice (For Possible Action)*
579 (Chair: Dr. Pinther; Dr. Champagne; Dr. Blasco; Dr. Kinard; Ms. Guillen, Mrs. Wark)

580
581 No report.

- 582
583 **b. Legal and Disciplinary Action (For Possible Action)*
584 (Chair: Dr. Kinard; Dr. Pisani; Dr. Blasco; Mrs. Villigan; Mrs. Wark)

585
586 No report.

- 587
588 **c. Examinations Liaisons (For Possible Action)*

- 589
590 ** (1) WREB Representatives (For Possible Action)*
591 (Dr. Blasco and Ms. Solie)

592
593 No report.

- 594
595 ** (2) ADEX Representatives (For Possible Action)*
596 (Dr. Kinard)

597
598 Dr. Kinard stated that he attended the annual meeting in Chicago. He noted that there were some inconsistencies
599 with ADEX. He commented that he is only presented with an agenda at meetings and not prior. He had previously
600 asked that they provide him with agendas before scheduled meetings. He stated further that there were
601 teleconferences held without his knowledge. He stated that there appeared to be a communication issue. He noted
602 to the Board that there were changes being made to the dental exam, which can be problematic to Nevada Statute.
603 He stated that currently the statute required that the Board approve the exam in order for it to be accepted.

604
605 Dr. Blasco stated that his committee met for a great number of hours over a two day period. He noted that there was
606 discussion in favor of changing the exam to a pass/fail grading. Further, that they also discussed eliminating
607 subsections in their grading, but that moving sub-categories to the acceptable category, but would not work with
608 the pass/fail grading. He added that the issues that arising from the exam would affect the number of candidates
609 taking the exam, which financially would not be beneficial to them to change the exam.

610
611 Dr. Kinard commented that it appeared that ADEX was becoming an exam more marketing based and that UNLV
612 School of Dental Medicine issued a notice that they will not be allowing Nevada licensees to partake in the

administration of the exam. Mr. Hunt read the statute regarding the ADEX exam and stated that he believed it would be fair to request a copy of the exam outline, which the Board can review and decide to deny or approve the exam as an acceptable exam to become licensed in Nevada.

***d. Continuing Education** (For Possible Action)
(Dr. Blasco; Dr. Pisani; Mrs. Villigan; Ms. Solie)

No report.

***e. Committee of Dental Hygiene** (For Possible Action)
(Chair: Ms. Guillen; Mrs. Villigan, Ms. Solie)

Ms. Guillen noted to the Board that she received a notice from Sunset subcommittee that they will be conducting a full review and audit of the Board and the dental hygiene committee on December 15, 2015. She stated that she will be present to answer any questions. Mrs. Shaffer-Kugel stated that they requested a certain period of Board meetings, minutes, audits, LCB reports, and budgets. It was noted that the request for the review came from the Las Vegas Dental Association, and that they were requesting that the Board be sunsetted and to cut how long the staff can serve at the office.

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

No report.

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

Dr. Miller stated that the ADA recently proposed some changes to the guidelines, which were referred back to the committee. He noted that the Anesthesia subcommittee was going to be reviewing the regulations to make modifications to the sedation guidelines.

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

No report.

***i. Budget and Finance Committee** (For Possible Action)
(Chair: Dr. Blasco, Dr. Pinther, Mrs. Wark, Ms. Guillen)

No report.

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

The mother-in-law of Dr. Sorensen stated that she was grateful to the Board for their consideration and time. She remarked to Mrs. Shaffer-Kugel and Mr. Hunt that she lost a sister-in-law, Connie Short, and an eight (8) month old, Hudson Skeen, because of someone with substance abuse. She stated that Mr. Hunt and Mrs. Shaffer-Kugel did not know what they were going through. She commented that self-reporting, to her, was self-healing. She stated that they have feared for their lives, afraid of Mrs. Shaffer-Kugel and Mr. Hunt lurking around their backs attempting to sabotage them. She stated that many dentists were going to view their attempts and it will cause other dentists to not self-report. She urged the Board to use their voice for the better good.

The wife of Dr. Sorensen stated that they understood the consequences of their actions, and that despite their hiccup in life, they assumed they were correct to self-report. She noted that it was of his own volition that her husband self-reported. She stated that the probation provision was not allowing them to fulfill their hopes of progressing and bettering their lives. She stated that there were dentists out there committing more egregious acts, and now doubts that any licensee will ever want to come forward and self-report.

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

9. Announcements:

Mrs. Shaffer-Kugel announced that the annual audit was going to be sent to the state. She noted that the proposed language from the workshop regarding changes to the schedule of fees, the duties delegable to a dental hygienist and dental assistants, returned from the LCB with minimal modifications. She stated that the Notice to Intent to Act will be posted at the beginning of December for the January 22, 2016 meeting. She noted, lastly, that the Board will be traveling to Las Vegas for the January meeting, as they will be holding the election of officers.

Dr. Blasco welcomed Dr. Shahrestani to the Board.

*10. Adjournment (For Possible Action)

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

Meeting Adjourned at 12:37 p.m.

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



Video Conferencing at the Nevada State Board of Medical Examiners office was not available for this meeting

DRAFT Minutes

Thursday December 3, 2015
6:08 PM

Telephone Conference Board Meeting

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

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

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

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

Pledge of Allegiance

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

| | |
|---------------------------------|-----------------------------------|
| Dr. Timothy Pinther-----EXCUSED | Dr. Ali Shahrestani-----PRESENT |
| Dr. Byron Blasco-----PRESENT | Mrs. Leslea Villigan -----PRESENT |
| Dr. J Gordon Kinard-----PRESENT | Ms. Theresa Guillen -----EXCUSED |
| Dr. Jade Miller-----PRESENT | Ms. Caryn Solie -----PRESENT |
| Dr. Gregory Pisani -----EXCUSED | Mrs. Lisa Wark -----PRESENT |
| 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 was limited to three (3) minutes for each individual)

No one was present to provide comments.

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)

56 *3. Executive Director's Report:

57
58 *(1)Authorized Investigative Complaint: NRS 631.360 (For Possible Action)

59
60 *(a) Dr Z-NRS 631.348(6) and NRS 631.3485(1) (For Possible Action)

61
62 Mrs. Shaffer-Kugel went over the alleged violations.

63
64 MOTION: Mrs. Wark made the motion to approve. Motion seconded by Dr. Miller. All were in favor of the motion.

65
66 *4. New Business (For Possible Action)

- 67
68 *a. Request the Board grant a reevaluation of a temporary conscious sedation permit pursuant to
69 NAC 631.2235 (2 and3) and request to reinstate his temporary conscious sedation permit
70 for the evaluation and to remain active upon successful passing the evaluation. (For Possible Action)

71
72 *(a) Dr Y

73
74 MOTION: Dr. Miller made the motion to approve. Mrs. Wark seconded the motion. Discussion: Per Dr. Miller's
75 inquiry, Mrs. Shaffer-Kugel explained that pursuant to NAC 631.2254, when an licensee who holds a temporary
76 permit for the administration of anesthesia fails the evaluation pursuant to NAC 631.2254, the temporary permit will
77 be revoked, however, the regulation further states the holder of the temporary permit may petition to be re-
78 evaluated but that the individual cannot administer under a revoked permit. If the Board elects to grant the re-
79 evaluation pursuant to NAC 631.2235, then the Board would have to re-instate the revoked temporary permit only
80 for the evaluation to be conducted. Should the licensee pass the evaluation, then the temporary permit would be in
81 effect until the Board approves the permanent anesthesia permit. If the licensee fails the evaluation, the permit
82 would be revoked and the licensee cannot request a re-evaluation for a period of one year pursuant to NAC 631.2235.

83
84 5. Public Comment: (Public Comment is limited to three (3) minutes for each individual)

85
86 There was no public comment.

87
88 Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been
89 specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

90 6. Announcements: Mrs. Shaffer-Kugel announced that Ms. Solie was not being reappointed to serve a second
91 term, and that she was sorry to see her go. She stated that a new public member and the dentist member (to replace
92 Mrs. Wark and Dr. Miller) had not yet been appointed, and thus will continue to serve until new members are
93 appointed.

94
95 Ms. Solie thanked the Board and staff for everything and stated that it was a true blessing and opportunity to serve
96 the Board.

97
98 *7. Adjournment (For Possible Action)

99
100 MOTION: Mrs. Wark made the motion to adjourn. Motion seconded by Ms. Solie. All were in favor of adjourning.

101
102
103
104 Meeting Adjourned at 6:20 pm.

105
106 Respectfully submitted by:

107
108
109 _____
110 Debra Shaffer-Kugel, Executive Director
111



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



Telephone Conference meeting was available at the Nevada State Board of Dental Examiners office

DRAFT Minutes

Tuesday December 15, 2015
5:30 p.m.

ANESTHESIA SUBCOMMITTEE

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

Telephone Conference 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.

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

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

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

Dr. Jade Miller -----PRESENT
Dr. A Ted Twesme-----PRESENT
Dr. D Kevin Moore-----EXCUSED
Dr. Amanda Okundaye----PRESENT
Dr. Edward Gray-----PRESENT
Dr. Joshua Saxe-----PRESENT

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

Public Attendees: (via telephone): John Biting, DOCS Education; Richard Dragon, NDA-Sitting Secretary;
(in person): Robert Talley, DDS, NDA; Steve Saxe, DDS, President of NV State of OMFS.

2. Public Comment: (Public Comment is limited to three (3) minutes for each individual) Dr. Saxe congratulated the Board on making the changes necessary relating to anesthesia.

| |
|--|
| <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> |
|--|

Dr. Miller asked that each sub-committee member introduce themselves and provide some background information so that they may get to know one another a bit more. Each member complied with Dr. Miller's request.

***3. Review, Discussion of current Anesthesia Regulations NAC 631.2211 - NAC 631.2254 and Draft Proposed Regulations for NAC 631.2211 - NAC 631.2254 pursuant to the new definitions for minimal and moderate sedation enacted through AB89.**

(For Possible Action)

Dr. Miller briefly went over the materials provided to the sub-committee. He asked for everyone to briefly state their thoughts on how to approach discussing and making the appropriate changes to the regulations. All sub-committee members stated that they read all documents provided to them. They all agreed that reviewing each regulation at a time would be a good approach. There was plenty of discussion regarding adding a separate, or special, permit for those administering to minor patients. It was undecided on what age a 'minor' would be defined as.

Dr. Miller asked that Mr. Biting provide an overview of what other states require in comparison. Mr. Biting stated that the proposed regulations were very much in line with the ADA's guidelines and noted that the regulation changed being proposed were advanced in comparison. He strongly believed that they should separate pediatrics and adults.

Dr. Miller stated that he was in agreement with everyone that they should create a separate permit for those wanting to administer to minors. He added that a concern would be the manpower needed to conduct evaluations and inspections. Thus suggesting that those with a minimal sedation permit, perhaps, only be required to attest that they have complied with the requirements for their permit type. He noted that they would need to consider different requirements for continuing education for permit holders. He offered that in lieu of the ACLS/PALS requirement, they permit holders complete simulation courses.

Dr. Miller went on to suggest that each sub-committee member submit to him their suggestions for changes, as they each have made notes and suggestions in their materials of the changes, amendments, and recommendations for changes. Said recommendations would then be disseminated to each member for review and upon the next meeting they may all discuss the recommendations and move forward with the regulation changes.

Mrs. Shaffer-Kugel stated that NAC 631.004's language for sedation may add the language for pediatric sedation permit. She suggested that they perhaps add to the language to read 'minimal, pediatrics, moderate' and define each one. She stated that they could always make a separate regulation for pediatric sedation. Dr. Talley and Dr. Steve Saxe commented to not forget to address general dentists that administer anesthesia.

Dr. Twesme noted that they needed to be sure to define pediatrics and set what age range would fall under said type. Mrs. Shaffer-Kugel noted that they could list Minimal, pediatrics, and moderate separately under the regulation. She added that pediatrics was defined as anyone 13 years of age and younger. Dr. Joshua Saxe stated that the pediatric specialty license lists minors as anyone 18 and younger. Mr. Biting noted to the subcommittee that there were a few states that defined 'minimal' and 'moderate' in their regulations. Dr. Miller asked inquired if Mr. Biting would provide Mrs. Shaffer-Kugel with information on those states that have addressed the definitions, especially any that address pediatrics, so that Mrs. Shaffer-Kugel could disseminate it to members. He also suggested that upon receiving said information, the subcommittee could reconvene after the first of the year.

4. Public Comment: (Public Comment was 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) |
|--|

5. Announcements: Happy Holidays!

***6. Adjournment** (For Possible Action), All voted to adjourn.

Meeting Adjourned at 6:34 pm.

Respectfully submitted by:

Debra Shaffer-Kugel, Executive Director

Debra Shaffer

From: Board of Dental Examiners
Sent: Tuesday, January 12, 2016 1:29 PM
To: Debra Shaffer
Subject: FW: request to reduce charges

From: Andrea Brooksby [mailto:andrea.brooksby@nvdb.org]
Sent: Tuesday, January 12, 2016 12:30 PM
To: Board of Dental Examiners
Subject: request to reduce charges

January 12, 2016

Dear Sirs:

Mr. Hunt and the Nevada Dental Board sued me in 2015 in district court for practicing as an unlicensed dental hygienist.

I maintain that I have never done so. The court granted a permanent injunction against me from using a cavitron scaler. This injunction prevents me from doing my job in part as a dental assistant. The court awarded fees of \$27K. I would respectfully request that the charges against me be dropped and that the attorney's fees and charges be eliminated.

These problems and fees should have been addressed through my employer, not me personally. I was never aware or given warning that what I was or was not doing was improper.

I work part time and made less than \$20K in 2015. I was the sole provider for my household. I am and will forever be judgement proof. I make less than 50 times the minimum wage. I don't own a house. I don't own an expensive car. I don't have any money in my bank accounts.

Mr Hunt offered a substantially lower amount and we request that the fees be discussed and reduced if not eliminated.

I realize that this must be addressed at the next hearing of the board on January 22 and am requesting that this be put on the agenda for that meeting.

Respectfully,

Andrea Smith

1 STATE OF NEVADA
2 BEFORE THE BOARD OF DENTAL EXAMINERS
3

4 NEVADA STATE BOARD OF DENTAL
5 EXAMINERS,

Case No. 74127-02772

6 Complainant,

7 vs.

8 L. SCOTT BROOKSBY, DDS,

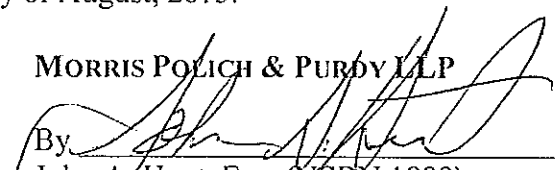
9 Respondent.
10

NOTICE OF ENTRY
OF
FINDINGS OF FACT,
CONCLUSIONS OF LAW, &
DECISION

11 PLEASE TAKE NOTICE a *Findings of Fact, Conclusions of Law, & Decision* was
12 signed and filed on August 10, 2015, in the above-captioned matter, a true and correct copy of
13 which is attached hereto and incorporated herein by this reference.
14

15 Respectfully submitted this 11th day of August, 2015:

16 MORRIS POLICH & PURDY LLP

17 By 
18 John A. Hunt, Esq. (NSBN 1888)
19 Bert Wuester Jr., Esq. (NSBN 5556)
20 500 South Rancho Drive, Suite 17
21 Las Vegas, Nevada 89106
22 ph. (702) 862-8300; fax (702) 862-8400
23 email: jhunt@mpplaw.com
24 email: bwuester@mpplaw.com
25 Attorneys for Complainant

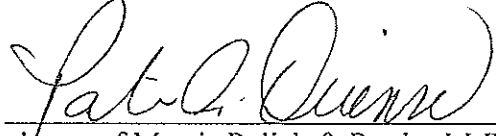
26 CERTIFICATE OF SERVICE

27 I hereby certify on the 11th day of August, 2015, I served a true and accurate copy of the
28 foregoing document (which includes a copy of the referenced *Findings of Fact, Conclusions of*
Law, & Decision dated August 10, 2015) via U.S. regular mail, postage prepaid AND via U.S.

1 mail, certified, return receipt requested, postage prepaid from Las Vegas, Nevada, to the
2 following individual at the below referenced addresses.
3

4 L. Scott Brooksby, DDS
8960 W. Cheyenne Avenue, Suite 190
5 Las Vegas, Nevada 89129

L. Scott Brooksby, DDS
6558 Coley Avenue
Las Vegas, Nevada 89146

6
7
8 By 
Employee of Morris Polich & Purdy, LLP
9

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STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 74127-02772

Complainant,

vs.

L. SCOTT BROOKSBY, DDS,

Respondent.

FINDINGS OF FACT,
CONCLUSIONS OF LAW, &
DECISION

WHEREAS, on Friday, May 22, 2015, at 1:00 p.m., the Nevada State Board of Dental
Examiners (the "Board") held a hearing relative to the Complaint dated and signed March 13,
2015, in the above-captioned matter.

I.
INTRODUCTION/GENERAL MATTERS

1. Board members present were: Timothy T. Pinther, DDS, President; Byron M. Blasco,
DMD, Secretary-Treasurer; J. Stephen Sill, DMD; Jason L. Champagne, DMD; Gregory J. Pisani,
DDS; J. Gordon Kinard, DDS; Caryn L. Solie, RDH; Theresa C. Guillen, RDH; and Lisa M.
Wark, Consumer Member.¹

Also present was Debra Shafer-Kugel, Executive Director.

Gary Braun, DMD, appeared as Disciplinary Screening Officer.

John A. Hunt, Esq. of the law firm Morris Polich & Purdy, LLP was present and
appeared as prosecutor for the Board. Sophia Long, Deputy Attorney General, was present and
appeared as counsel for the Board.

Respondent, L. Scott Brooksby, DDS ("Respondent" or "Dr. Brooksby"), appeared and

¹ The following Board members were excused and not present: Leslie R. Villigan, RDH, and Jade A. Miller, DDS.

1 represented himself.

2
3 2. The Board offered the following exhibits which were admitted by stipulation:
4

| Exhibit No. | Description |
|-------------|---|
| 1A | Notice of Complaint & Request for Records dated February 5, 2014 (with attachments regarding verified complaint from Maria Fужack) |
| 1B | September 15, 2014, letter from Debra Shaffer-Kugel, Board Executive Director, to Marila Fужack with copy of Dr. Scott Brooksby's written response to Ms. Fужack's verified complaint |
| 1C | December 16, 2014, letter from Debra Shaffer-Kugel, Board Executive Director, to Gary Braun, DDS, DSO, with copy of additional supplemental information from Dr. Scott Brooksby regarding Ms. Fужack's verified complaint |
| 1D | INTENTIONALLY LEFT BLANK |
| 1E | Dr. Brooksby's dental office website print-out |
| 1F | Dr. Brooksby's dental office website print-out |
| 2A | October 24, 2014, letter to Dr. Brooksby regarding notice of informal hearing set for January 9, 2015 |
| 2B | Affidavit of Service dated November 14, 2014, regarding service of the notice of informal hearing and Subpoena Duces Tecum |
| 2C | Stipulation approved on January 18, 2001, in case no. 00-637 in the matter captioned <u>Nevada State Board of Dental Examiners v. L. Scott Brooksby, D.D.S.</u> before the Board of Dental Examiners of Nevada |
| 2D | Order of Reinstatement of Specialty License dated August 20, 2010, in case no. 00-637 in the matter captioned <u>Nevada State Board of Dental Examiners v. L. Scott Brooksby, D.D.S.</u> before the Board of Dental Examiners of Nevada |
| 3A | Subpoena Duces Tecum dated January 14, 2015, for production on January 24, 2014, addressed to L. Scott Brooksby, DDS, regarding records pertaining to use of hypnosis and hypnosis training |
| 3B | January 19, 2015, letter from Dr. Brooksby to Debra Shaffer, Executive Director, regarding records pertaining to use of hypnosis and hypnosis training |
| 3C | January 22, 2015, email to Dr. Brooksby from Daniel Orr, DDS with January 24, 2015, handwritten annotations by Dr. Brooksby regarding documents pertaining to hypnosis cases and hypnosis training |

| Exhibit No. | Description |
|-------------|---|
| 3D | Subpoena Duces Tecum dated January 22, 2015, for production on February 11, 2015, addressed to L. Scott Brooksby, DDS, regarding records pertaining to use of hypnosis, hypnosis training, and ozone generator |
| 3E | January 23, 2015, letter from John A. Hunt, Esq. to L. Scott Brooksby, DDS regarding Subpoena Duces Tecum dated January 22, 2015, for production on February 11, 2015 |
| 3F | February 11, 2015, letter from L. Scott Brooksby, DDS and documents in response to Subpoena Duces Tecum dated January 22, 2015, for production on February 11, 2015 (bate numbered BROOKSBY 000001-14) |
| 4A | February 4, 2015, letter from Debra Shaffer-Kugel, Executive Director, to Gary Bran, DMD, DSO, with copy of correspondence and documents from the University of the Pacific, Arthur A. Dugoni School of Dentistry regarding education and training for hypnosis |
| 5A | Formal Complaint dated March 13, 2015, in matter captioned <u>Nevada State Board of Dental Examiners v. L. Scott Brooksby, DDS</u> , case no. 74127-02772 with attached exhibits: Exhibit 1: <i>Stipulation</i> in Case No. 00-637 (approved by the Board on or about January 18, 2001) Exhibit 2: <i>Order of Reinstatement of Specialty License</i> dated August 20, 2010. Exhibit 3: The Food and Drug Administration ("FDA") enforcement report for the week of May 21, 2014, regarding recall of "the Enaly 1000 BT-12 Ozone Generator because it is not approved or cleared by the FDA for medical use." Exhibit 4: Print-out from Respondent's dental practice website which, in part, addresses/advertises applying ozone to teeth. |
| 5B | Notice of Filing of Complaint, Date(s) Set for Formal Hearing, & Related Matters dated March 13, 2015 |
| 5C | Certificate of Service dated March 17, 2015 (re: Complaint dated March 13, 2015, and Notice of Filing of Complaint, Date(s) Set for Formal Hearing, & Related Matters dated March 13, 2015) |
| 5D | Affidavit of Service for service on 3-24-15, regarding the Complaint dated March 13, 2015, and Notice of Filing of Complaint, Date(s) Set for Formal Hearing, & Related Matters dated March 13, 2015 |
| 5E | Notice of Public Meeting – Amended Formal Hearing Agenda – for May 22, 2015, at 1 p.m. and May 23, 2015, at 9 a.m. |
| 6A | March 2, 2015, letter from John A. Hunt, Esq. to L. Scott Brooksby, DDS regarding |

| Exhibit No. | Description |
|-------------|---|
| | information regarding FDA recall of the Enaly 1000 BT-12 Ozone Generator |
| 6B | Various articles regarding ozone in dentistry: *Delta Dental -- 7-17-13 article *Ozone therapy for the treatment of dental caries *Inconclusive evidence of ozone's antimicrobial or disinfectant effects on teeth *Ozone therapy in dentistry: A strategic review |
| 6C | May 1, 2015, letter from Lauren Swanson, Coordinator, at the American College of Prosthodontists, to Gary Braun, DMD, MS, FACP, regarding use of the letters MACP as a credential |
| 6D | March 5, 2015, letter from John A. Hunt, Esq. to L. Scott Brooksby, DDS with copy of proposed Findings and Recommendations of the Informal Hearing held Pursuant to NRS 631 and NAC 631 & Consent of L. Scott Brooksby DDS, to the Findings and Recommendations Pursuant to NRS 631.363(5) signed by Gary Braun, DMD, DSO, on March 5, 2015 |
| 6E | March 10, 2015, faxed letter from L. Scott Brooksby, DDS, to the Board regarding the Findings and Recommendations |
| 6F | Transcript of the informal hearing held January 9, 2015 |
| 6G | Copy of radiograph and two photos of tooth #9 taken of Ms. Fujack by Dr. Braun. One photo is tooth missing filling and other photo is fragment of filling brought in by Ms. Fujack. |

3. Brooksby offered various documents as exhibits, all of which were admitted by stipulation and marked collectively as Exhibit 1.

4. At the hearing, the following individuals were sworn and provided testimony: Gary Braun, DMD; L. Scott Brooksby, DDS; and William Domb, DDS.

II. FINDINGS OF FACT

1. The Board, having considered all evidence presented, the testimony of witnesses, and considered the arguments of counsel and Respondent, for good cause appearing, finds a

1 sufficient quantity and/or quality of evidence sufficient to meet a preponderance of the evidence
2 standard of proof (see Nassiri v. Chiropractic Physicians' Board of Nevada, 130 Nev. Adv. Op.
3 27, at *8-9 (April 3, 2014)) that:
4

5 2. The Board is empowered to enforce the provisions of Chapter 631 of the Nevada Revised
6 Statutes ("NRS"). NRS 631.190.
7

8 3. The Board, pursuant to NRS 631.190(6), keeps a register of all dentists and dental
9 hygienists licensed in the State of Nevada; said register contains the names, addresses, license
10 numbers, and renewal certificate numbers of said dentists and dental hygienists.
11

12 4. On July 8, 1989, the Board issued Respondent a license to practice general dentistry in
13 the State of Nevada, license #2543.
14

15 5. Respondent is licensed by the Board and, therefore, has submitted himself to the
16 disciplinary jurisdiction of the Board.
17

18 6. On November 5, 1990, the Board issued Respondent a specialty license in the area of
19 prosthodontics, license #S5-09.
20

21 Stipulation in case 00-637 and specialty license status

22 7. Respondent entered into a *Stipulation* with the Board in Case No. 00-637 (approved by
23 the Board on or about January 18, 2001). In part, the *Stipulation* suspended Respondent's
24 specialty license for one (1) year. *Id.*, at ¶10.a. Further, the *Stipulation* provides, in part, that
25 upon reinstatement of Respondent's specialty license, he would be restricted from performing
26 endodontic treatment, periodontal treatment, and surgical procedures. *Id.*, at ¶10.c.(i)(ii) and (iii).
27
28

1 Order of Reinstatement of Specialty License dated August 20, 2010, in case no. 00-637

2 8. With respect to the restrictions upon Respondent's specialty license as referenced in the
3 *Stipulation* at paragraph 10.c.(i)(ii) and (iii), the *Order of Reinstatement of Specialty License*
4 dated August 20, 2010, in Case No. 00-637, provides, in pertinent part:

5 On August 20, 2010, at a properly noticed meeting your request to remove certain
6 restrictions pursuant to Paragraph 10(c)(i)(ii)(iii) of the Stipulation Agreement
7 entered into with the Nevada State Board of Dental Examiners on January 18,
8 2001 was considered.

9 The Board approved to remove the restrictions referenced in Paragraph
10 10(c)(i)(ii)(iii) and your request to reinstate your specialty license in the specialty
11 area of Prosthodontics.

12 Upon submission of the required reinstatement fee of \$200.00 pursuant to NAC
13 631.029 your specialty license will be reinstated to an active status.

14 Id. (emphasis in original).

15 Patient, Marlia Fujack

16 9. Via a *Notice of Complaint & Request for Records* dated September 5, 2014, the Board
17 notified Respondent of a verified complaint received from Marlia Fujack. On September 12,
18 2014, the Board received Respondent's response (w/attachments) to Ms. Fujack's verified
19 complaint, a copy of which was provided to Ms. Fujack on September 15, 2014. The Board also
20 received Ms. Fujack's additional written information dated October 5, 2014. In addition, the
21 Board received Respondent's December 5, 2014, correspondence. The Board subsequently
22 received Respondent's additional written information dated December 11, 2014, which included
23 a copy of correspondence dated December 8, 2014, from Ms. Fujack to Respondent, a copy of
24 which was provided to Ms. Fujack on December 16, 2014.

25 Informal hearing

26 10. On November 5, 2014, via correspondence dated October 29, 2014, sent via certified
27 mail, return receipt requested and via regular mail to L. Scott Brooksby, DDS, 8960 W.
28

1 Cheyenne Ave, Suite 190, Las Vegas, Nevada 89129, Respondent was provided notice of
2 informal hearing set for 10:00 a.m. on Friday, January 9, 2015, at Morris, Polich & Purdy, LLP,
3 500 South Rancho Drive, Suite 17, Las Vegas, Nevada 89106, regarding the above-referenced
4 verified complaint of Ms. Fujack.

5 The informal hearing notice also advised that pursuant to NAC 631.250(1), the
6 Disciplinary Screening Officer shall not limit the scope of the investigation "but will extend the
7 investigation to any additional matters which appear to constitute a violation of any provision of
8 Chapter 631 of the Nevada Revised Statutes or the regulations contained in Chapter 631 of NAC
9 of Chapter."

10
11 11. On November 10, 2014, the above-referenced notice of informal hearing and Subpoena
12 Duces Tecum were personally served upon Respondent. *See Affidavit of Service* dated November
13 14, 2014.

14
15 12. On January 9, 2015, the above-referenced informal hearing was held in Las Vegas,
16 Nevada, regarding the above-referenced verified complaint of Ms. Fujack and/or as more fully
17 addressed in the notice of informal hearing. The informal hearing was held pursuant to NRS
18 631.363 and NAC 631.250 and 631.255.

19
20 13. In attendance at the January 9, 2015, informal hearing was Dr. Brooksby, Respondent;
21 Gary Braun, DMD, MS, Disciplinary Screening Officer; Debra Shaffer-Kugel, Executive
22 Director of the Board, and Board attorney, John A. Hunt, Esq.

23
24 14. Following the informal hearing, written findings of fact and conclusions were drafted,
25 pursuant to NRS 631.363(3). *See Findings and Recommendations of the Informal Hearing held*
26 *Pursuant to NRS 631 and NAC 631 & Consent of L. Scott Brooksby, DDS, to the Findings and*
27 *Recommendations Pursuant to NRS 631.363(3)* dated March 5, 2015 (hereinafter "FR&C"). The
28

1 FR&C were forwarded to Respondent for review and consent by Respondent, pursuant to NRS
2 631.363(5). Respondent via correspondence dated March 9, 2015, advised he did not consent to
3 the FR&C.
4

5 15. NRS 631.075 provides as follows:
6

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

14 16. NRS 631.095 provides, in pertinent part:
15

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

19 1. Lack of knowledge or training;
20 ***

21 4. Any other sole or contributing cause.
22

23 17. NRS 631.3475 provides, in pertinent part:
24

25 The following acts, among others, constitute unprofessional conduct:

26 1. Malpractice;

27 2. Professional incompetence;
28 ***

4. More than one act by the dentist or dental hygienist constituting substandard
care in the practice of dentistry or dental hygiene;

18. NRS 631.348 provides, in pertinent part:

NRS 631.348 Misleading statements; false advertising; fraud in securing
license; practice under misleading name; submitting fraudulent claim to insurer;
failure to notify insurer of forgiven debt. The following acts, among others,
constitute unprofessional conduct:

2. Using advertising which is false or misleading;

1 19. NAC 631.270(1)(d) provides:

2 NAC 631.270 False or misleading advertising. (NRS 631.190, 631.348)

3 1. Advertising is false or misleading if it:

4 * * *

5 (d) Includes any statement which is known to be false, or through the
6 exercise of reasonable care should be known to be false, deceptive,
7 misleading or harmful, in order to induce any person to purchase, use or
8 acquire any professional services or to enter into any obligation or
9 transaction relating to those services.

10 20. NRS 622.400 provides:

11 1. A regulatory body may recover from a person reasonable attorney's fees and
12 costs that are incurred by the regulatory body as part of its investigative,
13 administrative and disciplinary proceedings against the person if the regulatory
14 body:

15 (a) Enters a final order in which it finds that the person has violated any
16 provision of this title which the regulatory body has the authority to
17 enforce, any regulation adopted pursuant thereto or any order of the
18 regulatory body; or

19 (b) Enters into a consent or settlement agreement in which the regulatory
20 body finds or the person admits or does not contest that the person has
21 violated any provision of this title which the regulatory body has the
22 authority to enforce, any regulation adopted pursuant thereto or any order
23 of the regulatory body.

24 2. As used in this section, "costs" means:

25 (a) Costs of an investigation.

26 (b) Costs for photocopies, facsimiles, long distance telephone calls and
27 postage and delivery.

28 (c) Fees for court reporters at any depositions or hearings.

(d) Fees for expert witnesses and other witnesses at any depositions or
hearings.

(e) Fees for necessary interpreters at any depositions or hearings.

(f) Fees for service and delivery of process and subpoenas.

(g) Expenses for research, including, without limitation, reasonable and necessary expenses for computerized services for legal research.

Re: allegations/claims regarding Respondent's treatment of patient, Marlia Fужack

21. That with regards to Respondent's treatment of patient, Marlia Fужack, the following facts are hereby established by a preponderance of the evidence:

A. Respondent failed to remove all carious lesions on the mesial and distal surfaces in the preparation of the placement of a composite restoration on Tooth #9.

B. Respondent failed to properly contour the facial aspect of Tooth #9, resulting in the unacceptable retention of plaque.

C. Respondent failed to properly bond the restoration for Tooth #9, resulting in the restoration failing.

D. Respondent failed to place rubber dam to isolate Tooth #9 from contamination. Having a rubber dam in place could have prevented moisture from affecting bonding.

E. Respondent's placement of the composite restoration on Tooth #9 lacked proper retention resulting in the failure of the composite restoration placed in Tooth #9.

Re: allegations/claims with regards to certain advertisements/statements

22. That with regards to the allegations/claims pertaining to certain advertisements/statements of Respondent, the following facts are hereby established by a preponderance of the evidence:

A. Respondent advertised/stated he possesses "[] the ability to safely put a patient to sleep he can usually overcome most fears associated with dental care[]" (see Board Exhibit 1E) and he advertised/stated he possesses the credential "M.A.C.P." (see Board Exhibit 1F).

1 Re: allegations/claims pertaining to Respondent's use of an ozone machine

2 23. That with regards to the allegations/claims pertaining to Respondent's use of an ozone
3 machine, the following facts are hereby established by a preponderance of the evidence:

4 A. At the informal hearing, Respondent represented under oath he uses an ozone
5 machine in treating dental patients, including Patient, Marlia Fужack. Respondent
6 indicated his method to capture the potential toxic ozone gas is to place a high speed
7 suction right next to the gas.

8 B. At the informal hearing Respondent acknowledged the presence of "affected
9 dentin" after he placed the composite restoration on Tooth #9 of Patient, Marlia Fужack.

10 C. At the informal hearing, Respondent represented under oath he had a friend in
11 Southern California calibrate his ozone machine. Respondent further testified that at the
12 levels he is using ozone he does not need the ozone machine calibrated.

13 D. At the informal hearing, Respondent testified he took a course in Upland,
14 California, about three (3) years ago regarding learning how to use the ozone machine.

15 E. Respondent was served with a *Subpoena Duces Tecum* dated January 22, 2015,
16 which, in part, commanded Respondent to produce certain documents and materials,
17 including:

18 3. Any and all documents which evidence the date of purchase of the
19 ozone generator;

20 4. Any and all documents which evidence the calibration of the ozone
21 generator;

22 5. Copy of the handbook regarding the operation of the ozone generator.

23 Id., at 1:24-27 (emphasis in original).

24 F. Respondent, on February 11, 2015, in response to the *Subpoena Duces Tecum*
25 dated January 22, 2015, produced, in pertinent part, the instruction manual for the ozone
26 generator Respondent uses. The instruction manual produced by Respondent states, in
27 part, it is for a Enaly (Shanghai Enaly M&E Ltd.) 1000BT-12 Ozone Generator.

28 G. The Food and Drug Administration ("FDA") in an enforcement report for the
week of May 21, 2014, advises of the recall regarding "the Enaly 1000 BT-12 Ozone
Generator because it is not approved or cleared by the FDA for medical use."

 H. The Code of Federal Regulations ("CFR"), Title 21 (Food and Drugs) provides, in

1 pertinent part at 21 CFR 801.415 with regards to ozone and ozone generating devices:

2 (a) Ozone is a toxic gas with no known useful medical application in
3 specific, adjunctive, or preventive therapy. In order for ozone to be
4 effective as a germicide, it must be present in a concentration far
5 greater than that which can be safely tolerated by man and animals.

6 (b) Although undesirable physiological effects on the central nervous
7 system, heart, and vision have been reported, the predominant
8 physiological effect of ozone is primary irritation of the mucous
9 membranes. Inhalation of ozone can cause sufficient irritation to the
10 lungs to result in pulmonary edema. The onset of pulmonary edema is
11 usually delayed for some hours after exposure; thus, symptomatic
12 response is not a reliable warning of exposure to toxic concentrations
13 of ozone. Since olfactory fatigue develops readily, the odor of ozone is not
14 a reliable index of atmospheric ozone concentration.

15 (c) A number of devices currently on the market generate ozone by design
16 or as a byproduct. Since exposure to ozone above a certain concentration
17 can be injurious to health, any such device will be considered adulterated
18 and/or misbranded within the meaning of sections 501 and 502 of the act
19 if it is used or intended for use under the following conditions:

20 (1) In such a manner that it generates ozone at a level in excess of
21 0.05 part per million by volume of air circulating through the device or
22 causes an accumulation of ozone in excess of 0.05 part per million by
23 volume of air (when measured under standard conditions at 25 °C (77 °F)
24 and 760 millimeters of mercury) in the atmosphere of enclosed space
25 intended to be occupied by people for extended periods of time, e.g.,
26 houses, apartments, hospitals, and offices. This applies to any such device,
whether portable or permanent or part of any system, which generates
ozone by design or as an inadvertent or incidental product.

27 (2) To generate ozone and release it into the atmosphere in
28 hospitals or other establishments occupied by the ill or infirm.

(3) To generate ozone and release it into the atmosphere and does
not indicate in its labeling the maximum acceptable concentration of
ozone which may be generated (not to exceed 0.05 part per million by
volume of air circulating through the device) as established herein and the
smallest area in which such device can be used so as not to produce an
ozone accumulation in excess of 0.05 part per million.

(4) In any medical condition for which there is no proof of
safety and effectiveness.

1
2 (5) To generate ozone at a level less than 0.05 part per million by
3 volume of air circulating through the device and it is labeled for use as a
4 germicide or deodorizer.

5 (d) This section does not affect the present threshold limit value of 0.10
6 part per million (0.2 milligram per cubic meter) of ozone exposure for an
7 8-hour-day exposure of industrial workers as recommended by the
8 American Conference of Governmental Industrial Hygienists.

9 (e) The method and apparatus specified in 40 CFR part 50, or any other
10 equally sensitive and accurate method, may be employed in measuring
11 ozone pursuant to this section.

12 Id. (bold emphasis added).

13 I. Respondent's dental practice has a website which, in part, addresses ozone. In
14 part, Respondent's dental office's website advertises applying ozone to the teeth:

15 Bacteria that cause cavities are so small that a million of them fit on the
16 head of a pin. When five or six of these bacteria eat a hole through the
17 side of a tooth, millions can follow them, yet we as dentists can not see the
18 holes until a substantial amount of tooth structure has been destroyed.
19 Applying ozone to the teeth, either individually or in an entire arch using a
20 custom fit tray, can kill the bacteria in these microscopic holes. The ozone
21 then stimulates the cells within the tooth to begin repairing themselves.
22 Doing this at regular checkups has the potential to literally stop cavities
23 in their tracks. In our office we charge \$280 for each tray and that includes
24 two ozone treatments. After that, we can use the trays after each checkup
25 for only \$30. If this works as the research seems to indicate, it is one of the
26 least expensive ways to prevent dental disease and to avoid shots and
27 drilling.

28 Id., at pg. 2.

J. With regards to Respondent's actions in placement of a composite restoration to
Patient, Marlia Fujack's, Tooth #9, Respondent applied ozone gas to Tooth #9
administered by an FDA unapproved, recalled, and non-calibrated medical device.

K. Respondent's use of the ozone device resulted in Respondent placing a composite
restoration over the presence of existing decay at Tooth #9 of Patient, Marlia Fujack

L. Respondent failed to obtain an informed consent or record in Patient, Marlia
Fujack's, chart that Respondent was going to administer ozone gas on Tooth #9.

1 24. This action relates to the Board, a regulatory body, undertaking action as part of its
2 investigative, administrative, and disciplinary proceedings against Respondent as to the
3 enforcement of provisions of chapter 631 of the Nevada Revised Statutes and/or chapter 631 of
4 the Nevada Administrative Code which the Board has the authority to enforce. In addition, this
5 document (i.e., this *Findings of Fact, Conclusions of Law, & Decision*) is a final order in which
6 the Board finds, as noted herein, that Respondent has violated provisions of chapter 631 of the
7 Nevada Revised Statutes and/or chapter 631 of the Nevada Administrative Code which the
8 Board has the authority to enforce and, therefore, NRS 622.400(1) is satisfied.
9
10

11
12 25. Any Findings of Fact that is or may be construed to constitute a Conclusion of Law is
13 hereby incorporated as such to the extent as if originally so denominated.
14

15
16 **III.**
CONCLUSIONS OF LAW

17 1. Having made the aforementioned findings, the Board decides there is a sufficient quantity
18 and/or quality of evidence sufficient to meet a preponderance of the evidence standard of proof
19 (see Nassiri v. Chiropractic Physicians' Board of Nevada, 130 Nev. Adv. Op. 27, at *8-9 (April
20 3, 2014)) to make the following conclusions of law:

21 2. By virtue of the foregoing findings, Respondent's treatment of patient, Marlia Fujack, is
22 in violation of NRS 631.075; NRS 631.095; NRS 631.3475(1), (2), and/or (4).
23

24 3. By virtue of the foregoing findings, Respondent has violated NRS 631.348(2) and/or
25 NAC 631.270(1)(d) with regards to Respondent's advertisement/statement wherein he contends
26 he possesses "[] the ability to safely put a patient to sleep he can usually overcome most fears
27
28

1 associated with dental care[]” (see Board’s Exhibit 1E) and his advertisement/statement wherein
2 Respondent contends he possesses the credential “M.A.C.P.” (see Board’s Exhibit 1F), in that
3 they are false and/or misleading.
4

5 4. By virtue of the foregoing findings, Respondent has violated NRS 631.075 and NRS
6 NRS 631.3475(1) and (4), with regards to Respondent’s above-referenced use of the ozone
7 machine.
8

9 5. That, as the foregoing findings and NRS 622.400(1)(a) or (b) be satisfied, the Board may
10 recover from Respondent its attorney’s fees and costs.
11

12 6. Any Conclusion of Law that is or may be construed to constitute a Finding of Fact is
13 hereby incorporated as such to the extent as if originally so denominated.
14

15
16 **IV.**
ORDER

17 Having found by a preponderance of the evidence the Findings of Fact and Conclusions
18 of Law set forth herein, **IT IS HEREBY ORDERED:**
19

20 1. Pursuant to NRS 631.350(1)(d) and (1)(h), Respondent’s dental practice shall be
21 placed on probation for a period of one (1) year (the one (1) year period shall begin three
22 (3) days after service of notice of entry upon Respondent of this document, i.e., the
23 *Findings of Fact, Conclusions of Law and Decision* (“Order”) (sometimes referred to as
24 the “probationary period”). During the one (1) year probationary period, Respondent’s
25 practice shall be supervised and monitored Respondent shall allow either the Executive
26 Director of the Board and/or an agent appointed by the Executive Director of the Board
27 to inspect Respondent’s records during normal business hours without notice to inspect
28 and be provided copies of the billing and patient records for patients requested by an
agent(s) assigned by the Executive Director. Respondent shall provide copies of
requested patient records, including but not limited to charts, billing, treatment plans,
and/or radiographs at Respondent’s expense at the time of the inspection. During the
above-referenced one (1) year probationary period, the duties of the agent assigned by the
Executive Director shall include, but are not limited to having unrestricted access to

1 observe Respondent performing treatments delivered by Respondent within the scope of
2 Respondent's specialty including but not limited to patients who receive composite
3 restoration(s). During the probationary period, the duties of the agent assigned by the
4 Executive Director shall also include, but are not necessarily limited to, to contacting
5 patients treated by Respondent who have received treatments by Respondent within the
6 scope of Respondent's specialty including but not limited to patients who receive
7 composite restoration(s). Pursuant to NRS 622.400, Respondent should be assessed all
8 fees and cost associated with supervising and monitoring Respondent during the
9 probationary period.

10 2. Pursuant to NRS 631.350(1)(d) and (1)(h), during the above-referenced one (1)
11 year probationary period wherein Respondent is practicing dentistry in the State of
12 Nevada, Respondent shall maintain a daily log containing the following information for
13 any patient(s) who receive fixed prosthetic treatments, implants and/or any restorative
14 procedures:

- 15 1. Name of patient
- 16 2. Date treatment commenced
- 17 3. Explanation of treatment

18 The daily log shall be made available during normal business hours without notice. In
19 addition, during the one (1) year probationary period, Respondent shall mail to the Board
20 no later than the fifth (5th) day of the month a copy of the daily log(s) for the preceding
21 calendar month (for example: by May 5, Respondent shall mail to the Board a copy of
22 daily logs for the month of April) (hereinafter "monthly log mailing requirement").
23 Failure to comply with the monthly log mailing requirement shall be an admission of
24 unprofessional conduct.

25 3. Pursuant to NRS 631.350(1)(d) and (1)(h), in the event Respondent no longer
26 practices dentistry in the State of Nevada prior to completion of the above-referenced one
27 (1) year probationary period, the probationary period shall be tolled.

28 4. Pursuant to NRS 631.350(1)(d) Respondent shall cease all use of any ozone
machine in the practice of dentistry until FDA approval of such ozone machine for dental
use.

5. Pursuant to NRS 631.350(1)(k), in addition to completing the required continuing
education, Respondent shall obtain twenty-four (24) hours of supplemental continuing
education pertaining to the following areas/matters:

- A. Eight (8) hours re: diagnosis and treatment of caries;
- B. Eight (8) hours re: placement of composite restoration(s);
- C. Four (4) hours re: evidence based dentistry (i.e., course(s) that teach the
use of literature and research in making clinical decisions).
- D. Four (4) hours re: record keeping and documentation

1
2 The supplemental education must be submitted in writing to the Executive Director of the
3 Board for approval prior to attendance. Upon the receipt of the written request to attend
4 the supplemental education the Executive Director of the Board shall notify Respondent
5 in writing whether the requested supplemental education is approved for attendance. Fifty
6 percent (50%) of the supplemental education in each category shall be completed through
7 "hands on" type course. The remaining fifty percent (50%) of the supplemental education
8 in each category may be completed through live, lecture, or online/home study courses.
9 The cost associated with this supplemental education shall be paid by Respondent. All of
10 the supplemental education must be completed within six (6) months (the six (6) months
11 period shall begin three (3) days after service of notice of entry upon Respondent of this
12 Order).

13
14 6. Pursuant to NRS 631.350(1)(k), Respondent shall retake the jurisprudence test as
15 required by NRS 631.240(2) on the contents and interpretation of NRS 631 and the
16 regulations of the Board. Respondent shall have ninety (90) days to complete the
17 jurisprudence test (the ninety (90) day period shall begin three (3) days after service of
18 notice of entry upon Respondent of this Order). The jurisprudence test is administered on
19 the first Monday of each month at 10:00 a.m. and 2:00 p.m. at the Board's office.
20 Respondent shall contact the Board to schedule a time to take the jurisprudence test.

21
22 7. Pursuant to NRS 622.400, Respondent shall reimburse the Board its attorney's
23 fees and costs relative to this matter. The Board's administrative personnel shall tally the
24 costs and fees and shall provide Respondent written notice of the total within thirty (30)
25 days of the service of the notice of entry upon Respondent of this Order. Respondent
26 shall then have sixty (60) days from the date Respondent is given written notice the cost
27 and fee associated with this matter to pay said amount to the Board. Payment shall be
28 made payable to the Nevada State Board of Dental Examiners and mailed directly to
6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118.

29
30 8. Pursuant to NRS 631.350(1)(l), Respondent shall reimburse Marlia Fjack in the
31 amount of Six Hundred and xx/100 Dollars (\$600.00) relative to matters addressed above
32 regarding Ms. Fjack. Payment of the \$600.00 shall be made with thirty (30) days (the
33 thirty (30) day period shall begin three (3) days after service of notice of entry upon
34 Respondent of this Order). Respondent shall deliver/mail to the Board (6010 S. Rainbow
35 Blvd., Suite A1, Las Vegas, Nevada 89118) checks made payable to Marlia Fjack.

36
37 9. Pursuant to NRS 631.350(1)(c), Respondent should be fined Five Hundred and
38 xx/100 Dollars (\$500.00). Payment shall be due within thirty (30) days (the thirty (30)
39 day period shall begin three (3) days after service of notice of entry upon Respondent of
40 this Order). Payment shall be made payable to the Nevada State Board of Dental
41 Examiners and mailed directly to 6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada
42 89118.

43
44 10. Pursuant to NRS 631.350(1)(e) this Order shall be deemed a public reprimand

1 based upon Respondent's violations of the above-referenced provisions of chapter 631 of
2 the Nevada Revised Statutes and Nevada Administrative Code.

3 Dated this 10 day of August, 2015.

4 Nevada State Board of Dental Examiners

5
6 Timothy T. Pinther
7 Timothy T. Pinther, DDS, President

8 Submitted:

9 Attorney General's Office, State of Nevada
10 Adam Paul Laxalt, Attorney General

11 By Sophia Long
12 Sophia Long, Deputy Attorney General
13 555 E. Washington Avenue, Suite 3900
14 Las Vegas, Nevada 89101
Ph. (702) 486-3416; fax (702) 486-3165
email: slong@ag.nv.gov

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BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS

IN REGARDS TO THE MATTER OF:

Request for the Advisory Opinion by
licensee Nicole Mackie, DDS regarding
whether NRS 631.215 and/or
NRS 631.255 allows a person who
has a valid specialty license in the
area of Prosthodontics to administer
Botox, dermal fillers or other injectables
in clinical practice and request by
Jonathan White, DDS for the NSBDE
to review the two Advisory Opinions
issued on May 18, 2006 and
December 12, 2014 regarding the use
of Botox, dermal fillers and/or other agents)
by general dentists

AO—15-1120

On November 20, 2015 pursuant to agenda item 3(a) at a properly noticed meeting held at the Nevada State Board of Dental Examiners ("Board") office located at 6010 S Rainbow Boulevard, Suite A-1, Las Vegas, Nevada 89118 the "Board" issued the following advisory opinion.

BOARD MEMBER PARTICIPATION:

| | |
|----------------------|---------|
| Dr. Jade A Miller | Present |
| Dr. Gregory Pisani | Excused |
| Dr. Jason Champagne | Present |
| Dr. Timothy Pinther | Present |
| Dr. James G Kinard | Excused |
| Dr. Ali Shahrestani | Present |
| Dr. Byron Blasco | Present |
| Ms. Caryn Solie | Present |
| Mrs. Leslea Villigan | Present |
| Mrs. Theresa Guillen | Present |
| Mrs. Lisa Wark | Excused |

ADVISORY OPINION

I.
BACKGROUND

1. As set forth in NAC 631.279 through authority of NRS 631.190 and NRS 233B.120 the Board is authorized to provide advisory opinions.
-

NAC 631.279 Proceedings to determine applicability and construction of statutes and regulations. (NRS 631.190)

1. Any applicant or licensed dentist or dental hygienist may obtain a determination or advisory opinion from the Board as to the applicability of any provision of chapter 631 of NRS or any regulation adopted pursuant thereto by bringing an action for a declaratory judgment before the Board.

2. The Board will construe any statute or regulation reviewed pursuant to this section in a manner consistent with the declared policy of the State of Nevada.

- A. The Board has discretion whether or not to issue an advisory opinion pursuant to NAC 631.279.
- B. Licensee, Nicole Mackie, DDS, requested an advisory opinion whether NRS 631.215 and/or NRS 631.255 allows a person who has a valid specialty license in the area of Prosthodontics to administer Botox, dermal fillers or other injectables in clinical practice
- C. Public notice of the above-referenced request for an advisory opinion was provided in accordance with state law.
- D. A motion was made by Board Member Blasco to consider Agenda 3(a) the request by Nicole Mackie, DDS, for an advisory opinion whether NRS 631.215 and/or NRS 631.255 allows a person who has a valid specialty license in the area of Prosthodontics to administer Botox, dermal fillers or other injectables in clinical practice and Agenda 6(a) the request by Jonathan White, DDS for the Board to review the two Advisory Opinions issued on May 18, 2006 and December 12, 2014 regarding the use of Botox, dermal fillers and/or other agents by general dentists at the same time. Seconded by Board Member Guillen.

II.
DISCUSSION

Nicole Mackie, DDS was present at the meeting to discuss clarification of NRS 631.215 and/or NRS 631.255 allows for a person who has a valid specialty license in the area of Prosthodontics to administer Botox, dermal fillers or other injectables in clinical practice. Dr Mackie read her statement into the record and discussed the training a person receives through a prosthodontic residency program to administer botox, dermal fillers and other agents for clinical and cosmetic treatments. Dr. Brooksby suggested to the Board that if the original Advisory Opinion given by previous board members was given prior to changes made by CODA, that perhaps, they could state in their new opinion that prosthodontists would be limited to cheekbone area and below. Board Counsel noted that when oral and maxillofacial surgeons came before the board for clarification, the board at the time made it clear in their opinion that they were limited to administering within their scope. Thus, Dr. Miller commented that the advisory opinion would be solely related to the scope of prosthodontics. Dr. Mackie commented that the administration would be adjunct to all prosthodontic treatment.

J. Stephen Sill, DMD on behalf of Jonathan White, DDS read his statement into the record. The statement included that dentists can be trained to the same level as other providers and that general dentists should be able to administer injectables (botox, and dermal fillers) Dr Sill would like the Board to grant an advisory opinion where dentists who are adequately trained be allowed to administer botox and dermal fillers. Board Counsel clarified that the Board should be specific in declaring who may administer the injections, and perhaps should add that dentists will only be allowed to administer said injections only if the dentist possesses the adequate skills, training and can safely administer these agents to patients.

Board Member Blasco made a motion that any dentists who holds a valid license and possesses the proper training may be able to administer botox, dermal fillers and other injectables. Motion seconded by Board Member Guillen. Board Member Solie inquired whether a dental hygienist who receives adequate training and possesses the skills necessary to safely administer botox and dermal fillers be allowed under the supervision of a dentist. Board Member Blasco amended his motion to include dental hygienists. Motion to amend was seconded Board Member Guillen.

Board Counsel then advised the Board Members the proper language necessary to issue an advisory opinion.

III. CONCLUSION

After considering and discussing public comment pursuant to the authority set forth in NAC 631.279, NRS 631.190 and NRS 233B.120, a motion was made by Board Member Blasco that the Board issue an opinion that a person who holds a valid

dental license and who possesses the necessary skills and training to safely administer injectables (botox and dermal fillers) be allowed and that a licensed dental hygienists who possesses the necessary and skills and adequate training to safely administer injectables, but a dental hygienist may only administer to a patient under the direct supervision of a Nevada licensed dentist who has the same adequate training and skills to safely administer the injectables (botox and dermal fillers).

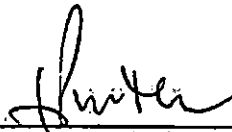
The motion was seconded by Board Member Guillen. No discussion:

III

Dr. Pinther called for the motion:

| | |
|----------------------|---------|
| Dr. Jade A Miller | no |
| Dr. Gregory Pisani | excused |
| Dr. Jason Champagne | yes |
| Dr. Timothy Pinther | yes |
| Dr. James G Kinard | no |
| Dr. Ali Shahrestani | yes |
| Dr. Byron Blasco | yes |
| Ms. Caryn Solie | yes |
| Mrs. Leslea Villigan | yes |
| Mrs. Theresa Guillen | yes |
| Mrs. Lisa Wark | excused |

The motion passed that the Board issue an opinion that a person who holds a valid dental license and who possesses the skills and training to safely administer injectables (botox and dermal fillers) be allowed and that a licensed dental hygienists who possesses adequate skills and training to safely administer injectables(botox and dermal fillers), but that a dental hygienist may only administer to a patient under the direct supervision of a Nevada licensed dentist who has the same adequate training and skills to safely administer the injectables (botox and dermal fillers).



TIMOTHY PINTHER, DDS, PRESIDENT
Nevada State Board of Dental Examiners

Debra Shaffer

From: [REDACTED]
Sent: Wednesday, December 16, 2015 10:02 AM
To: Debra Shaffer
Subject: Re: Req for Info 2013-2014 Exams

Here are the various changes that were adopted by the ADEXHR in 2012, 2013, and 2014.

Thanks

Dr. Scott Houfek, Chair - ADEX Dental Examination Committee - Dental Examination Overview

Dr. Scott Houfek presented the report of the Examination Committee meeting which was held on Friday and Saturday, November 9-10, 2012. The following recommendations were made by the examination committee:

The following are the recommendations to the ADEX House of Representatives regarding the Dental Examination.

2013 Dental Examination Recommendations:

- 2013 – Recommend if the examiner is unable to floss criteria to be changed. If 2 examiners rate crit def cannot pass floss it is scored as a sub, and if all 3 examiners score a crit def it will be a crit def.

2014 Dental Examination Recommendations:

- Change the SAT & ACC criteria to no more than 1mm for the Buccal and Lingual proximal box clearance. Substandard more than 1mm to 2.5 mm, Crit Def – More than 2.5mm
- Recommendation – Combine the SAT & ACC categories.
- Recommends – Report passing scores as 75 or higher.
- Recommends – Score anterior & posterior procedures separately. If candidate passes the first procedure and fails second – retake second and if fails the first has to retake both restorative procedures.
- Recommend – CFE's evaluate all medical histories.
Separate restorations to be allowed for occlusal decay and a slot prep if 1 mm or more tooth structure exists between the slot prep and the occlusal prep.
- Recommend – The criteria for the posterior slot prep & the posterior conventional composite for breaking gingival contact be the same. i.e. gig. Contact does not have to be broken for SAT.
- Timelines
 - 4 – Hours – 1 procedure
 - 7 – Hours – 2 procedures
 - 9 – Hours – 3 procedures
- Recommend – CFE's ask the patient if Blood Pressure was taken – no longer observe procedure.

2015 Dental Examination Recommendations:

- Recommend – Utilize a radiopaque radiographable tooth in 2015 for anterior endo procedure pending feedback from the schools on implementation. The root portion on the endo procedure will be graded on the radiographs.

Dr. Scott Houfek, Chair - ADEX Dental Examination Committee - Dental Examination Overview

Dr. Scott Houfek, Chair of the Dental Examination Committee Reported on the following items that were approved and are being recommended by the ADEX Dental Examination Committee.

The following are the recommendations to the ADEX House of Representatives regarding the Dental Examination.

2014 Dental Examination Recommendations:

There are 6 changes that are being recommended to the ADEX House of Representatives Meeting for approval for the 2014 exam.

- The radiology recommendations were approved.
- No sharing of class III patients.
- Allow one lesion to be treated on anterior tooth.
- The new medical history was approved.
- All exposures to be processed at the express chair.
- Remove the phrase "damage to the patient" wherever it appears.

Dr. Scott Houfek, Chair - ADEX Dental Examination Committee - Dental Examination Overview

Report from the ADEX Dental Subcommittee on Prosthodontics

- That testing agencies supplied stent to be used to verify critical deficiencies on all three pros preparations.
- That Agency supplied stent to be used to verify critical deficiencies for endentulous proximal surfaces only on axial reduction
- That any criteria that includes over or under reduction be separated into two separate criteria and graded separately.
- That in the "Margin Definition" if there is a concavity cupped or J shaped with unsupported enamel it will be a deficiency.
- That the protocol for marking teeth should only be done in the mouth on the labial/buccal surface after the exam starts following CDC (wrapped writing instrument) guidelines for infection control.
- The manikin exam to be deemed acceptable, the typodont must be mounted into a simulated patient head which includes minimally the facial features below the supraorbital region, the extra oral tissues and a working hinge function. Any deviation must be pre-approved by the ADEX Prosthodontic Committee.
- That the chair appoints a small committee to review current pfm and all ceramic crown preparation criteria and designs. During the interim period all prosthodontic preparations must follow current ADEX criteria. (wing preparations)
- That throughout the manual all references to gold be changed to metal.

- That Walls, Taper and marginal width in the all ceramic crown prep that lingual clearance be included as a definition of axial reduction.
- That the Exam criteria: Full Metal Crown Prep Marginal Width Feather margin or no margin is a critical deficiency. Margin with .5 to 1 mm is acceptable. 1-2 is Sub-standard or a detectable margin less than .5mm. Feel a margin or is less than .5mm is a sub-standard, over 2 is critical deficiency.
- To remove all references to "optimal" and change all material measurement standards to mathematical symbols. Criteria will be adjusted to have no unmeasurable area. The motion passed by general consent.
- That any criteria that includes over or under reduction be separated into two separate criteria and graded separately. The motion passed by general consent.

Report from the ADEX Dental Subcommittee on Periodontics

- To charge the Periodontics Ad Hoc Committee to develop a more relevant and simplified periodontal clinical examination. Motion passed by general consent.
- To include a more relevant and simplified periodontal component to the ADEX clinical examination.
- To allow a candidate a second periodontal treatment selection if the first treatment selection is rejected. This second treatment selection can be in the same patient or in a new one. If the second treatment selection is rejected that is then considered a failure.
- To charge the periodontal Ad Hoc committee to investigate the feasibility of including a periodontal assessment on the candidate's restorative patients.

Report from the ADEX Dental Subcommittee on Endodontics

- That a Protocol be developed for the Marking of teeth that must be done after both the typodont has been mounted and the beginning of the examination with the utilization of the CDC guidelines.
- That a rubber dam be in place prior to the initiation of the access opening.
- That the adoption of the proposed criteria for anterior and posterior endodontics.

PROPOSED: Anterior Access Opening Acceptable Criteria

1. The placement of the access opening is on the lingual surface directly over the pulp chamber and allows for:
 - Pulp horns to be fully removed
 - Complete debridement of the pulp chamber
 - Provides straight line access to the root canal system.
2. The size of the access opening:
 - Allows for complete removal of the pulp horns
 - The incisal aspect of the access opening is not less than 3 mm from the incisal edge which provides for a fully supported incisal edge
 - The cervical aspect of the access opening is not less than 4 mm from the lingual CEJ which provides for a fully supported cingulum
 - The widest portion of the preparation mesio-distally is not greater than one half of the lingual surface which provides for fully supported marginal ridges (approximately 2 mm)

3. From the lingual surface to the cervical portion, the internal form tapers to the canal opening with slight irregularities, if any.

PROPOSED: Anterior Access Opening Marginally Substandard Criteria

1. The placement of the access opening is not directly over the pulp chamber but does allow:
 - Complete debridement of the pulp chamber
 - Access to the root canal system.
2. The size of the access opening:
 - The incisal aspect of the access opening is not less than 2 mm from the incisal edge which provides for a supported incisal edge
 - The cervical aspect of the access opening is not less than 3 mm from the lingual CEJ which provides for a supported cingulum
 - The widest portion of the preparation mesio-distally is greater than one half of the lingual surface but provides for supported marginal ridges (greater than 1 mm)

PROPOSED: Anterior Access Opening Critically Deficient

1. The placement of the access opening is NOT over the pulp chamber and/or does NOT allow:
 - Complete debridement of the pulp chamber or
 - Access to debride the root canal system
2. The size of the access opening:
 - Does NOT allows removal of the pulp horns
 - The incisal aspect of the access opening is less than 2 mm from the incisal edge which compromises the incisal edge
 - The cervical aspect of the access opening is less than 3 mm from the lingual CEJ which compromises the cingulum
 - The preparation compromises the mesial and/or distal marginal ridge(s) (1 mm or less)
3. The internal form exhibits excessive gouges which compromises the integrity of the tooth.
4. Reduction of the crown has been performed.

PROPOSED: Anterior Canal Instrumentation Acceptable

1. The canal is shaped to a continuous taper to allow adequate debridement and obturation.
2. The cervical portion of the canal is of appropriate location and size to allow access to the apical root canal system.
3. The mid root portion of the canal blends smoothly with the cervical portion, without ledges or shoulders.
4. The apical portion of the canal is prepared to the anatomical apex of the tooth or up to 1 mm short of the anatomical apex.

PROPOSED: Anterior Canal Instrumentation Marginally Substandard

1. In the cervical portion, the canal is over or under prepared but still allows adequate debridement and shaping without affecting the integrity of the tooth structure.
2. The mid root portion of the canal does not blend with the cervical region of the canal and/or canal irregularities are present that will inhibit but not prevent canal obturation.
3. The apical portion of the canal is under-prepared more than 1 mm and up to 3 mm short of the anatomical apex.

4. The mid root or apical portion of the canal is transported, but the apical portion of the preparation is still congruent with the anatomical apex.

PROPOSED: Anterior Instrumentation Critically Deficient

1. The cervical portion of the canal is grossly over prepared affecting the integrity of the tooth structure.
2. The mid root portion of the canal has significant instrumentation irregularities that will compromise obturation.
3. The apical portion of the canal is over-prepared beyond the anatomical apex or is under prepared more than 3 mm short of the anatomic apex.
4. The apical portion of the canal preparation is transported to the extent that the apical portion of the canal is not instrumented.
5. Any portion of the tooth is fractured.
6. Any portion of the tooth is perforated.

PROPOSED: Anterior Canal Obturation Acceptable

1. The root canal is obturated at the anatomical apex or up to 1 mm short of the root apex.
2. The apical third of the obturation in the root canal is dense and without voids.
3. The gutta percha in the root canal is up to 1 mm apical to the CEJ when measured from the facial.
4. Gutta percha and/or sealer is/are evident in the pulp chamber extending up to 1 mm coronal to the CEJ when measured from the facial.
5. A file is separated in the root canal but does not affect the obturation of the root canal.

PROPOSED: Anterior Canal Obturation Marginally Substandard

1. The root canal is obturated with gutta percha more than 1 mm but no more than 3 mm short of the apical foramen.
2. There are minor voids present throughout the obturation of the root canal.
3. The gutta percha in the root canal is more than 1 mm but less than 3 mm apical to the CEJ when measured from the facial.
4. Gutta percha and/or sealer is/are evident in the pulp chamber extending more than 1 mm but no more than 2 mm coronal to the CEJ when measured from the facial.
5. A file is separated in the root canal but allows obturation of the root canal which is otherwise evaluated as marginally substandard.

PROPOSED: Anterior Canal Obturation Critically Deficient

1. The root canal is obturated with gutta percha more than 3 mm short of the anatomical apex or beyond the anatomical apex.
2. There are significant voids throughout the obturation of root canal, there is no gutta percha present in the root canal or a material other than gutta percha was used to obturate the root canal.
3. The gutta percha in the root canal is more than 3 mm apical to the CEJ when measured from the facial.
4. Gutta percha and/or sealer is/are evident in the pulp chamber extending more than 2 mm coronal to the CEJ when measured from the facial.

5. A file is separated in the root canal and either prevents obturation or allows obturation at a critically deficient level.
6. There is restorative material present in the pulp chamber.

POSTERIOR ACCESS OPENING PROPOSED ACCEPTABLE

1. The placement of the access opening is over the pulp chamber allowing debridement of the pulp chamber and straight line access to the three root canals located in the tooth.
2. The access opening is in the mesial triangular pit and central fossa of the tooth and:
 - The mesial extent of the access preparation is not less than 3 mm from the mesial marginal ridge of the tooth.
 - The buccal extent of the access preparation is not less than 2 mm from the line bisecting the mesiobuccal and distobuccal cusp tips.
 - The distal extent of the access preparation is not less than 2 mm from the oblique ridge.
 - The palatal extent of the access preparation is not less than 2 mm from the palatal cusp tip.
3. The depth of the access preparation removes the entire roof of the pulp chamber and all three canals can be accessed.
4. The internal form of the access preparation leaves at least 2 mm of supported lateral tooth structure at any point of the preparation and tapers to the canal orifices with no or slight gouges.

POSTERIOR ACCESS OPENING PROPOSED marginally SUBSTANDARD

1. The placement of the access opening is not directly over the pulp chamber and hinders but allows complete debridement of the pulp chamber and hinders but allows access to the 3 root canals.
2. The access opening is in the mesial triangular pit and central fossa of the tooth and:
 - The mesial extent of the access preparation is not less than 2 mm from the mesial marginal ridge.
 - The buccal extent of the access preparation is not less than 1 mm from the line bisecting the mesiobuccal and distobuccal cusp tips.
 - The distal extent of the access preparation is not less than 1 mm from the oblique ridge.
 - The palatal extent of the access preparation is not less than 1 mm from the palatal cusp tip.
3. The internal form of the access preparation leaves at least 1 mm of lateral supported tooth structure at any point of the preparation and tapers to the canal orifices with moderate gouges.

POSTERIOR ACCESS OPENING PROPOSED CRITICALLY DEFICIENT

1. The placement of the access opening is not over the pulp chamber and does not allow complete debridement of the pulp chamber or access to the 3 root canals.
2. The access opening is either grossly under-or-over-extended in one or more of the following categories:

- The mesial extent of the access preparation is less than 2 mm distal to the mesial marginal ridge.
 - The buccal extent of the access preparation is less than 1 mm to the line bisecting the mesiobuccal and distobuccal cusp tips.
 - The distal extent of the access preparation is less than 1 mm from the oblique ridge.
 - The palatal extent of the access preparation is less than 1 mm from the palatal cusp tip.
3. The depth of the access preparation does not remove the roof of the pulp chamber to the extent that all pulp tissue can be removed and all 3 canals can be accessed.
 4. The depth of the access preparation does not remove more than 2 mm from the floor of the pulp chamber and/or the pulpal floor at the center of the floor is more than 10 mm deep when measured from the buccal cavosurface margin of the access preparation.
 5. The internal form of the access preparation leaves less than 1 mm of lateral supported tooth structure at any point of the preparation and/or tapers to the canal orifices with gross ledges that will inhibit access to the root canal orifices.
 6. There is a perforation in any aspect of the access preparation.
 7. Reduction of the crown has been performed.

That the adoption of the proposed criteria for anterior and posterior endodontics. The motion passed by general consent.

Report from the ADEX Dental Subcommittee on Restorative Dentistry

- That the Asst. Chief be allowed to perform CFE upgradeable procedures only if they have been calibrated.
- That the Committee that the M & D language be eliminated on the progress sheet for the posterior Composite. The motion passed with general consent.
- That prior to presenting a preparation to the express chair for modification; candidates acknowledge on the modification form that their preparation meets the acceptable criteria. If the preparation fails to meet the acceptable criteria a 10 point penalty will be assessed. The motion passed by general consent.
- That regarding the references to the 11/12 explorer is removed from the restorative section of the manual. The motion passed with general consent.
- That all examiners be prompted to confirm Liner/Base issue vs. only the first examiner. The motion passed with general consent.
- To remove the word Base and to simplify the entire liner protocol.
- That the following editorial changes for 2015 manual in the Scoring Criteria C. II Amalgam Prep Treatment Management Marginally substandard should be "hemorrhagic" instead of hemorrhage. Scoring Criteria Posterior Occlusal Composite Prep Internal Form Critical Deficiency 1. DEJ should be the end of sentence no #3, #2 should be what is written for #3.
- That the following editorial change for the 2015 manual in Scoring Criteria; Posterior Proximal Occlusal Composite Preparation Internal from Marginally substandard #3. Remove the word "sharp". The motion approved by general consent.
- That the following editorial changes for 2015 Manual in Scoring Criteria: Internal Form Critical Deficiency for all preparations the following be added to #3, or assigned carious lesions has not been accessed. The motion approved by general consent.

- That the following editorial changes for 2015 Manual in Scoring Criteria: Anterior Class II Composite Preparation External Outline Form Treatment Goals Critical deficiency the following be removed from #2 the word mesiodistally. The motion approved by general consent.
- That the following editorial changes for 2015 Manual in Scoring Criteria: Class II Amalgam Preparation External Outline form under Marginally Substandard remove in #4 "The isthmus is less than 1mm" and move it to Critical Deficiency. The motion approved by general consent.
- To develop a format to allow for the use of an indirect pulp cap procedure for the 2016 restorative examination and that a small committee of the Restorative Subcommittee will develop the format. The motion approved by general consent.
- That a small committee to look at the Indirect Pulp Cap be created, Dr. Peter Yaman will Chair with Dr. Hongo, Dr. Rosenblum and Dr. Wester serving on the Committee.

Report from the ADEX Dental Subcommittee on Scoring

- That a Chief or Captain **not be** allowed to call for three new graders when one examiner has changed their vote.
- Regarding the number of subs to cause a failure and that scoring criteria should be reduced to two categories that of either PASS or FAIL, and that both need to be defined for the 2016 Examination cycle.
- That the qualifying pocket depth requirement be eliminated. Pt qualification will be based on having 12 surfaces of qualifying sub gingival calculus only.
- That if the first perio pt is not approved a second calculus distribution may be submitted with a penalty of 21 points. If a second distribution is not submitted the failure remains.
- That a pilot study be conducted to further implement (true) CIF policies/procedures to include ADEX calibrated faculty for the approval of lesions as presented by the candidate. All other aspects of the exam and candidate performance remain the same according to current ADEX guidelines. The motion passed by general consent.
- That data analysis for each exam component including an analysis of time expended. (all time(s) to be accounted for). Include all P/F results relative to time expended. This is a Psychometrician project.

Cheryl Bruce, RDH, MD moved and Dr. Mark Baird, HI seconded a motion to accept the Dental Examination Committee Report. Motion approved by general consent.

Nan Kosydar Dreves, RDH, MBA - Chair ADEX Dental Hygiene Exam Committee - Dental Hygiene Examination Overview

- ADEX Manual focusing on content, criteria and scoring reviewed and approved.
- Front cover design reviewed and draft submitted to manual committee for redesign.
- New calibration slides reviewed and proposed for use by each agency. Different agencies need to supplement the ADEX calibration slides with their own.
- Calibration devices for calculus detection and 11/12 explorers provided for potential use in calibration in each agency.

- Change in selection of calculus to provide an improved fairness in the "playing field" recommended and approved. The Case selection consists of one full quadrant plus two posterior teeth from one other quadrant. If needed to fulfill the calculus requirements, the Case may also include two more posterior teeth from the same quadrant where the required two additional posterior teeth are located. The candidates must list 12 surfaces where they believe qualifying calculus is located. Examiners will add two more surfaces from within the selection where qualifying calculus is located. All the surfaces in the selection must be debried and will be evaluated. As always only 12 surfaces will be evaluated for qualifying calculus removal.
- Point values for different portions of the examination did not change.
- Use of electronics for the NERB examinations will not occur until spring 2015. A demonstration from Brightlink was well received.
- Welcome to new members and appreciation to committee members going off the committee expressed.
- Special recognition to Irene Stavros, Manual Committee Chair expressed with utmost gratitude. Ms. Cheryl Bruce, RDH, MD moved and Ms. Lynda Sabat, RDH, OH seconded a motion to accept the Dental Hygiene Examination Committee Report. Motion approved by general consent.

Patrick D. Braatz, Chief Operating Officer,
American Board of Dental Examiners, Inc., (ADEX)

-----Original Message-----

From: Debra Shaffer <dashafer@nsbde.nv.gov>
To: adexoffice ~~XXXXXXXXXX~~
Sent: Thu, Dec 10, 2015 3:06 pm
Subject: Req for Info 2013-2014 Exams



AMERICAN BOARD OF DENTAL EXAMINERS, INC.

Stanwood Kanna, D.D.S., President
William Pappas, D.D.S., Vice-President
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Highlights of the American Board of Dental Examiners, Inc. (ADEX)
11th House of Representatives
November 15, 2015
Rosemont, IL

2015

The following are highlights of the 11th ADEX House of Representatives:

There were 52 out of 59 Jurisdictions, District Hygiene and District Consumer Representatives present.

2015 – 2016 Officers were elected: Dr. Stanwood Kanna, HI, President; Dr. William Pappas, NV, Vice-President; Dr. Jeffery Hartsog, MS, Secretary; Dr. Conrad "Chip" McVea, LA, Treasurer, and Dr. Bruce Barrette, WI remains as Immediate Past President.

District 2 re-elected Dr. Patricia Parker, OR to the ADEX Board of Directors.

District 3 elected Dr. Bryan Chapman, MO to the ADEX Board of Directors.

District 4 re-elected Dr. Keith Clemence, WI to the ADEX Board of Directors.

District 6 elected Dr. John Douglass, TN to the ADEX Board of Directors.

District 7 re-elected Dr. John Reitz, PA to the ADEX Board of Directors.

District 11 elected Dr. Millard "Buddy" Wester, NC to the ADEX Board of Directors.

District 13 elected Dr. Irving McKenzie, Jamaica to the ADEX Board of Directors.

Ms. Mary Johnston, RDH, MI was re-elected as one of the Dental Hygiene Members to the ADEX Board of Directors.

Ms. Nan Kosydar Dreves, RDH, MBA, WI was elected as one of the Dental Hygiene Members to the ADEX Board of Directors.

Ms. Clance LaTurner, IN was re-elected as one of the Consumer Members to the ADEX Board of Directors.

Mr. Alton Harvey, Sr., OR was elected as one of the Consumer Members to the ADEX Board of Directors.

ADEX Board of Directors

- Adopted a new ADEX Mission Statement.

"Develop clinical licensure examinations for dental professionals"

- Appointed Ms. Pat Connolly-Atkins, RDH, MA as the new Dental Hygiene Examination Chair.

Changes to the ADEX Dental Examination:

- Made changes which allow the "Buffalo Model" CIF format to be delivered this year at schools who request it. This will be at CDCA sites this year with CITA's future use to be determined after further study of the logistics.
- Developed a procedure by which a candidate can perform an "Indirect Pulp Cap", where indicated, starting with the 2017 Examination.

Changes to the ADEX Dental Hygiene Examination:

- Extended the Examination time from 90 minutes to 120 minutes
- Manual revisions in multiple area to improve the clarity of information to candidates.
- Definition of calculus in the detection exercise redefined.
- Changes to the scoring rubric and point values for the 2017 Examination Cycle.
- No major changes in the content or criteria of the examination.

ADEX House of Representatives:

- Approved Bylaw changes that will change the membership of the House of Representatives and developed bylaws concerning a conflict of interest.
- Approved the Dental and Dental Hygiene Examinations as recommended by the Examination Committees and the Board of Directors.

Presentations to the House of Representatives from the following:

Dr. Guy Champagne, "Patient Centered Curriculum Integrated Format Examination."

Dr. William Pappas, "ADEX Quality Assurance Site Visits."

Mr. Alex Vandiver, CEO, CDCA, Mr. Michael Zeder, CDCA and Dr. Chip McVea, President of CITA "ADEX Dental Examination Score Portal."

2016 ADEX House of Representatives: The 12th ADEX House of Representatives Meeting is scheduled for Sunday, August 7, 2016, at the Doubletree Hotel, Rosemont, IL.

----- Forwarded message -----

From: **Michael S. Zeder** <[REDACTED]>

Date: Monday, January 11, 2016

Subject: CDCA Dental Perio & Restorative Examiners and Patient CFEs

To: Ellis Hall <[REDACTED]>

Cc: Maria Cortez <[REDACTED]>

Dental Perio and Restorative Examiners and Patient CFEs,

Please be advised that for 2016 major changes to the Perio/Restorative exams include:

1. For the Perio Exam, the requirement for Case Acceptance for 3 teeth among those selected to treat to have pockets of 4 mm +/- 1 mm has been eliminated.
2. For the Restorative Exam, prior to presenting a preparation to the Express Chair for modification, candidates must acknowledge on the Modification Request Form that their preparation meets "Acceptable" dimensions. A CFE will need to confirm this acknowledgement with his /her number entered on the Modification Form before the patient goes to the Express Chair.
3. All references to bases have been removed but liners may still be requested.
4. A new item has been added to the list of Critical Deficiencies (DEF): "All assigned carious lesions have not been accessed". That is if carious material is found at the Preparation Check in any of the preparations that have been assigned, this will be considered a DEF.
5. For the Amalgam Preparation, an isthmus width of less than 1 mm is now considered a DEF.
6. The boxes on the Progress Forms that previously were stamped with "ADEX" for such things as "Selection Accepted", "Liner/Base Granted", "OK for Restoration", "Patient may be Discharged", "Perio Pre-Treatment Complete" and "Perio Post-Treatment Completed" have been removed. Now CFEs will accompany all patients returning from the Evaluation Station and provide this information to candidates based on the information on

their CFE tablets. CFEs should also accompany patients going to the Evaluation Station and at that time may check that the forms being submitted are correctly filled out.

7. All forms except the Modification Request Form are now single sheet forms and should be placed into the appropriate Candidate's white envelope by the end of the exam.

In preparation for the 2016 Perio/Restorative Exams, we are now providing materials for training and review:

You can go the main CDCA website (www.cdcaexams.org), click on "Dentist" and then "Dental Exam Manual" for the new 2016 ADEX Dental Candidate Manual.

Then you should go to back to the main page and click on the "Member Resources" icon at the top right. Then you click on "Manuals/Forms/Docs" and then "Class of 2016 Rest and Perio Examiner Manual". Enter the user name: CDCA and the password: members1969 and you can access the 2016 Rest and Perio Dental Examiner's Manual.

Going back to the main page on the website, if you again click "Member Resources" at the top right of the page, then "Training Exercises" where you may access the three voice over training power points. They are the "Role of the Evaluation Station Examiner", "CFE Patient – Restorative and Periodontal Exams", and "The Restorative Captain". In addition there are two quizzes, one for Perio/Restorative Examiners and one for CFE Examiners. Once you complete either quiz with a score of 80% or better, click the red "Click here" box at the end of the quiz and you will see a CE certificate appear with 2 hours credit for the Perio/Restorative and 1 hour credit for the CFE review. Copy them as needed. If you don't achieve 80%, just retake the quiz. You are only required to take and pass the quiz for the position you will be holding during the upcoming exams. However, this must be done at least a week prior to the day you go to the exam site. Examiners who have not successfully completed the appropriate quiz will not be permitted to examine.

It is not necessary to take and pass the Manikin quiz at this time. Most examiners took that quiz last summer and this is good until next summer

If you have any questions, please contact me at [REDACTED]

Ellis H. Hall, DDS

CDCA Director of Examinations