

NEVADA STATE BOARD of DENTAL EXAMINERS



BOARD MEETING

NOVEMBER 03, 2017

9:00 A.M.

***Amended* PUBLIC BOOK**

PLEASE DO NOT REMOVE BOOK FROM OFFICE

Draft Minutes



NEVADA STATE BOARD OF DENTAL EXAMINERS
6010 S. Rainbow Boulevard, Suite A1
Las Vegas, NV 89118



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

PUBLIC MEETING

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

Board Meeting DRAFT Minutes

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

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

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

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

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

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

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

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

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

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

Dr. Blasco opened the floor for public comment. Dr. Talley made the comment that the NDA want to ensure that anyone applying for licensure by endorsement must have graduated from an accredited program, as one of the requirements to be eligible to apply for licensure. Mrs. Shaffer-Kugel noted to Dr. Talley that a revision

was made to the proposed regulations to include that they must meet all other requirements regarding educational requirements and citizenship in order to be eligible to apply for licensure by endorsement.

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

***3. Public Workshop:** (For Possible Action)

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

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

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

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

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

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

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

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

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

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

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

The Workshop concluded at 9:29 a.m.

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

117
118 ***a. Minutes - NRS 631.190** (For Possible Action)

119
120 (1) Board Meeting 07/21/2017

121 (2) Board Meeting 09/11/2017

122
123 Dr. Blasco asked if the members of the Board had an opportunity to review the minutes listed on the agenda
124 for approval. With an affirmative response, he asked if there were any changes or corrections to be noted. No
125 other changes were offered. A motion was called for:

126
127 **MOTION:** Dr. Pinther moved that the Board approve the minutes as presented with the noted
128 correction, seconded by Dr. Pisani. Mrs. Shaffer-Kugel noted to correct the statement "is
129 available at" to "was available at" for the July 21, 2017 board meeting. Dr. Pinther
130 amended his motion to include the noted change. Dr. Pisani amended his second to the
131 motion, as well. Without discussion, the motion was unanimously approved by the members
132 of the Board.

133
134 ***b. Financials - NRS 631.180/NRS 631.190**

135
136 (1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for period
137 July 31, 2017 (For Informational Purposes)

138
139 Dr. Blasco directed attention to Ms. Stacie Hummel, the board accountant, to go over with the Board the
140 balance sheet and statement of revenues, expenses, and balances. She inquired if there were any questions
141 on the financial statements. Mrs. Hummel addressed the board and noted that there were significant
142 purchases made to upgrade office equipment. She stated that they were only into the first month of the new
143 fiscal year, and noted that the board was currently conducting their annual audit, which would be presented
144 at the next board meeting. There was no further discussion.

145
146 ***c. Authorized Investigative Complaints - NRS 631.360** (For Possible Action)

147
148 (1) RDH Z-NRS 631.287 and NAC 631.210(5) (For Possible Action)

149
150 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel addressed the Board and read into
151 the record the Statutes of the alleged violations of RDH Z.

152
153 **MOTION:** Ms. Guillen moved that the board authorize the investigation on RDH Z, and was seconded by Ms.
154 Gabriel. The motion was unanimously approved by the Board.

155
156 (2) Dr. Y NRS 631.3475(5) and NAC 631.230(1)(b) (For Possible Action)

157
158 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel addressed the Board and read into
159 the record the Statutes of the alleged violations of Dr. Y.

160
161 **MOTION:** Dr. Pinther moved that the board authorize the investigation on Dr. Y, and was seconded by Dr.
162 Johnson. The motion was unanimously approved by the Board.

163
164 ***d. Contracts:** NRS 631.190 (For Possible Action)

165
166 (1) InLumon - Support and Maintenance Contract - Licensing System

167
168 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel to discuss the contract with inLumon. Mrs. Shaffer-
169 Kugel explained that the 5-year contract that was approved at the previous Board meeting in July was being
170 replaced by the proposed annual contract presented in their board books. Dr. Blasco called for a motion:

171
172 **MOTION:** Dr. Pisani moved that the Board approve the contract with inLumon, and was seconded by Dr.
173 Pinther. The motion was unanimously approved by the Board.

177 ***e. Calendar:**

178
179 (1) Approval of Board Meeting Calendar of Events 2018

180
181 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that this was to approve the
182 tentative meeting dates for Calendar Year 2018. She noted that the Board conference room is shared
183 Medical Board.
184

185 **MOTION:** Ms. Guillen moved that the Board approve the proposed Calendar dates for Board meetings
186 in 2018, and was seconded by Dr. Johnson. The motion was unanimously approved by the
187 Board.
188

189 ***5. General Counsel's Report** (For Possible Action)

190
191 **a. Legal Actions/Lawsuit(s) Update**

192 (1) District Court Case(s) Update

193 Dr. Blasco introduced and welcomed Mrs. Melanie Bernstein Chapman and wished her all the best in this
194 endeavor with the Board.
195

196 Dr. Blasco directed the attention to the Board general counsel, Melanie Bernstein Chapman. Mrs. Bernstein
197 Chapman addressed the Board and noted that she was only aware of one case pending at the Attorney
198 General's office. Ms. Long stated that there was one case regarding Marco Casco for the illegal practice of
199 dentistry which they have now appealed and have a settlement date in October for mediation. She stated
200 that they only have authority to agree to a settlement if the board grants the authority. She noted that she
201 had, yet, to see what they were appealing, but assumed it would be in regards to costs associated to Mr.
202 Hunt and his legal fees. Furthermore, that any agreements made during mediation would be contingent upon
203 the Board's approval. Dr. Blasco inquired if there was any jail time to be served for this case. Ms. Long
204 responded that there was not because this was a civil case and not a criminal case. Additionally, that upon
205 completion of the mediation date, they would come back to the Board to potentially approve the settlement
206 agreement discussed and proposed.
207
208
209

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

211
212 ***a. Request for an Advisory Opinion from the Office of the Attorney General regarding**
213 **advertising dental specialties per the request by Frank Recker, Esquire** (For Possible Action)
214

215 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel noted that they received a letter
216 regarding advertising. She noted that the board would have to request that the Attorney General's office
217 issue an opinion on the request by Mr. Recker. Dr. Blasco called for a motion:
218

219 **MOTION:** Dr. Pisani motioned to approve the AG review and respond, seconded by Dr. Pinther. The
220 motion was unanimously approved by the Board.
221

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

223 (1) Dental Review Panel

224 (a) Gregory Pisani, DDS

225 (b) Rick B Thiriot, DDS
226

227 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Dr. Pisani inquired if the review panel meetings would
228 be done remotely or via video-conference. Mrs. Shaffer-Kugel stated that they would conduct a video-
229 conference meeting or could arrange to meet in any room available since the meetings would not be public.
230 She added that every 6-8 weeks they would conduct a meeting to review all cases. Mrs. Shaffer-Kugel stated
231 that she recommended appointing the dentists' listed above to the dental review panel. Dr. Blasco called for
232 a motion:
233
234
235

236 **MOTION:** Ms. Guillen motioned to appoint Dr. Pisani and Dr. Thiriot to the Dental Review Panel, and was
237 seconded by Dr. Pinther. The motion was unanimously approved by the Board.
238

239 (2) Dental Hygiene Review Panel
240

241 (a) Gregory Pisani, DDS

242 (b) Caryn Solie, RDH
243

244 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel inquired if, perhaps, Ms. Gabriel
245 would be interested in serving as the dental hygiene board member on the review panel. Ms. Gabriel inquired
246 on which days they would conduct the reviews of cases. Mrs. Shaffer-Kugel stated that the dates would be
247 flexible, but would primarily be held on Fridays. Mrs. Shaffer-Kugel recommended appointing the dental
248 hygienists' listed above to the dental hygiene review panel. Dr. Blasco called for a motion:
249

250 **MOTION:** Dr. Pinther motioned to appoint Dr. Pisani and Ms. Solie to the Dental Hygiene Review Panel, and
251 was seconded by Ms. Guillen. The motion was unanimously approved by the Board. Mrs. Shaffer-
252 Kugel added a disclaimer that the individuals approved to the review panels would not be used as
253 DSO's in any capacity while sitting on the review panels.
254

255 ***c. Review, Discussion and Approval/Rejection of Public Health Dental Hygiene Program**
256 (For Possible Action)
257

258 (1) UNLV, School of Dental Medicine Early Childhood Caries Prevention Project
259

260 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that all dental health
261 programs have to be approved by the Board, and briefly discussed the details of the program as presented in
262 the documents provided to the board. Dr. Blasco called for a motion:
263

264 **MOTION:** Dr. Pinther moved that the Board approve the public health dental hygiene program, and was
265 seconded by Dr. Johnson. The motion was unanimously approved by the Board.
266

267 ***d. Request to increase daily salary for Board Members for Board related business**
268 **pursuant to NRS 631.180** (For Possible Action)
269

270 Dr. Blasco directed the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel indicated to the
271 Board that a few board members contacted her regarding their honorary. She noted that they were
272 currently paid \$80 per meeting day. She added that they, the board, would need to discuss and
273 determine if they would like to increase the honorary. Dr. Blasco inquired when the last increase
274 occurred, to which Mrs. Shaffer-Kugel stated that it was approximately, 8-10 years prior. There was
275 discussion on the amount paid for board meetings and telephone conference calls - \$80 and \$50,
276 respectively. Dr. Johnson expressed his concerns to increase their honorary at this time. There was
277 discussion on the effects an increase would have on the approved budget for FY2018. Mrs. Shaffer-Kugel
278 stated that if an amendment needed to be made, it would be placed on the next scheduled Board
279 meeting agenda. Dr. Blasco called for a motion:
280

281 **MOTION:** Dr. Pisani motioned that the Board approve the increased daily salary for the Board members
282 for Board Meetings, Hearings, Workshops, and the Review Panel to \$150 per meeting. Motion
283 was seconded by Dr. Pinther. The motion was approved by a majority of the Board; and was
284 opposed by Dr. Johnson.
285

286 **MOTION:** Dr. Pisani motioned that the Board approve the increased daily salary for the Board members
287 for Board Telephone conferences to \$80. Motion was seconded by Dr. Pinther. The motion
288 was approved by a majority of the Board; and was opposed by Dr. Johnson.
289

290 ***e. Consideration of Application for Licensure by Endorsement - NRS 622/SB69**
291 (For Possible Action)
292

293 (1) Anna M. Chioffe, RDH
294

295 Dr. Blasco directed the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that the applicant
296 applied under the recently passed SB69. She noted that historically a completed application is sent for review
297 and approval to the Secretary/Treasurer, however, due to the new license type, and the fact that the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

362 (2) **Conscious Sedation** (For Possible Action)

- 363 (a) Mark A Ferrari, DDS
364 (b) Jared K Bauerle, DMD
365

366 Dr. Blasco directed the Board's attention to Dr. Brendan Johnson. Dr. Johnson stated that he reviewed the
367 applications for the licensees listed above, that the applications were in order, and recommended approval. A
368 motion was called for.
369

370 **MOTION:** Dr. Pinther moved that the Board approve the licensees listed for conscious sedation permits;
371 seconded by Ms. Guillen. Without discussion, the motion was unanimously approved by the
372 members of the Board; Dr. Johnson abstained from the motion.
373

374 *i. **Approval for Anesthesia-Temporary Permit – NAC 631.2254** (For Possible Action)
375

376 (1) **General Anesthesia** (For Possible Action)

- 377 (a) Steven V. Dryden, DDS
378

379 Dr. Blasco directed the Board's attention to Dr. Brendan Johnson. Dr. Johnson stated that he reviewed the
380 application by Dr. Steven Dryden, that the application was in order, and recommended approval. A motion
381 was called for.
382

383 **MOTION:** Dr. Pinther moved that the Board approve Dr. Dryden for temporary general anesthesia permit;
384 seconded by Dr. Pisani. Without discussion, the motion was unanimously approved by the members
385 of the Board; Dr. Johnson abstained from the motion.
386

387 (2) **Conscious Sedation** (For Possible Action)

- 388 (a) Lindsay M. Row, DMD
389 (b) Treagan N. White, DDS
390 (c) Spencer C. Wirig, DMD
391 (d) Nasim Zarkesh, DDS
392

393 Dr. Blasco directed the Board's attention to Dr. Brendan Johnson. Dr. Johnson stated that he reviewed the
394 applications for the licensees listed above, that the applications were in order, and recommended approval. A
395 motion was called for.
396

397 **MOTION:** Dr. Pinther moved that the Board approve the licensees listed for temporary conscious sedation
398 permits; seconded by Dr. Pisani. Without discussion, the motion was unanimously approved by the
399 members of the Board; Dr. Johnson abstained from the motion.
400
401

402 *7. **Resource Group Reports** (For Possible Action)
403

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

405 (Chair: Dr. Pinther; Dr. Champagne; Dr. Blasco; Dr. Sanders; Ms. Guillen)
406

407 Dr. Pinther stated that there was no report.
408

409 *b. **Legal and Disciplinary Action** (For Possible Action)

410 (Chair: Dr. Pisani; Dr. Blasco; Dr. Shahrestani; Dr. Sanders)
411

412 Dr. Pisani stated that there was no report.
413

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

415 *(1) **WREB/HERB Representatives** (For Possible Action)

416 (Dr. Blasco; Ms. Gabriel)
417

418 Dr. Blasco stated that there was no report.
419

420 Ms. Gabriel stated that there was no report.
421

422 ***(2) ADEX Representatives** (For Possible Action)
423 (Timothy Pinther, DDS)
424

425 Dr. Pinther stated that there was a meeting he attended in August, and stated that there were minor changes
426 made to the exam. He noted that ADEX was now accepted in 42-43 states. He added that the ADA Student
427 association – was pushing for a non-patient based exam.
428

429 Dr. Talley stated that NDA will address this concern at the next meeting. He added that the ADA creates
430 policy and States will have to determine whether or not to accept any new policy it adopts.
431

432 ***d. Continuing Education** (For Possible Action)
433 (Chair: Dr. Blasco; Dr. Shahrestani, Dr. Pisani; Ms. Gabriel)
434

435 Dr. Blasco stated that there was no report.
436

437 ***e. Committee of Dental Hygiene** (For Possible Action)
438 (Chair: Ms. Guillen; Ms. Gabriel; Dr. Shahrestani)
439

440 Ms. Guillen stated that there was no report.
441

442 ***f. Specialty** (For Possible Action)
443 (Chair: Dr. Pisani; Dr. Johnson; Dr. Pinther)
444

445 Dr. Pisani stated that there was no report.
446

447 ***g. Anesthesia** (For Possible Action)
448 (Chair: Dr. Johnson; Dr. Pinther; Dr. Champagne; Dr. Sanders)
449

450 Dr. Johnson stated that there was no report.
451

452 ***h. Infection Control** (For Possible Action)
453 (Chair: Ms. Gabriel; Dr. Blasco; Dr. Champagne; Dr. Pisani)
454

455 Ms. Gabriel stated that there was no report.
456

457 ***i. Budget and Finance Committee** (For Possible Action)
458 (Chair: Dr. Champagne; Dr. Blasco; Dr. Pinther; Ms. Guillen)
459

460 Dr. Champagne stated that there was no report.
461

462 **8. Public Comment:** (Public Comment is limited to three (3) minutes for each individual)
463

464 Ms. Failing thanked the board for approving her PHE and noted that they will be reaching out to the Northern
465 Nevada elementary school students.
466

467 Ms. Chandler provided the Board with some research Future Smiles conducted in Northern Nevada. She
468 thanked the board for the approval of the PHE's, and stated that 39% of kids are not reachable and
469 therefore, are working diligently to find a dental home for patients. She thanked Dr. Johnson for assisting a
470 patient of theirs that needed emergency care.
471

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

474 **9. Announcements**
475

476 Dr. Blasco noted that in light of recent activity with the Board's former counsel, he extended his appreciation
477 of Ms. Sophia and efforts during their transitional period. He noted they were now behind several months
478 and that Mrs. Bernstein Chapman had an extensive amount of work to bring current. He thanked both
479 counsels, and extended his appreciation and thanks to Mrs. Shaffer-Kugel for overseeing it all. Dr. Pinther
480 inquired if there were any potential solutions to assist with the backlog of complaints, and further inquired if

481 the board, perhaps, could hire a legal consultant. Mrs. Shaffer-Kugel noted that the Board could amend their
482 budget, and that they are able to appoint employees, attorneys, consultants, etc. to their discretion. Dr.
483 Blasco stated that the Board could discuss a few options in the future. Mrs. Shaffer-Kugel stated that the
484 main concerns are the patients that are waiting resolutions to their complaints, but are waiting since they are
485 currently backlogged.
486

487 Mrs. Shafer-Kugel announced that the regulations regarding anesthesia and botulinum toxins returned from
488 LCB and that she was hoping to have them posted on the November 3rd board meeting agenda.
489

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

491 Dr. Blasco called for a motion to adjourn.
492

493 **MOTION:** Dr. Pinther moved that the September 29, 2017 meeting of the Nevada State Board of Dental
494 Examiners be adjourned. Motion was seconded by Dr. Johnson 11:01 a.m., and without
495 discussion, unanimously approved by the Board.
496
497
498
499
500
501

502 Meeting adjourned at 11:01 a.m.
503 Respectfully Submitted by
504
505

506 _____
507 Debra Shaffer-Kugel, Executive Director
508
509

Financials

Nevada State Board of Dental Examiners

Balance Sheet

As of August 31, 2017

| | <u>Aug 31, 17</u> |
|---|-------------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 10000 · Wells Fargo-Operating | 624,324 |
| 10015 · Wells Fargo - Saving | 1,031,000 |
| 10010 · Wells Fargo-Reserves | 1,053,726 |
| Total Checking/Savings | <u>2,709,050</u> |
| Accounts Receivable | 85,248 |
| Other Current Assets | |
| 11050 · Reimbursements Receivable | 207 |
| 11200 · Prepaid Expenses | 28,240 |
| 11210 · Prepaid Insurance | 2,721 |
| 18000 · Deferred Outflows-Pension | 239,676 |
| Total Other Current Assets | <u>270,844</u> |
| Total Current Assets | <u>3,065,142</u> |
| TOTAL ASSETS | <u><u>3,065,142</u></u> |
| LIABILITIES & FUND BALANCE | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 20000 · Accounts Payable | 39,015 |
| Total Accounts Payable | <u>39,015</u> |
| Other Current Liabilities | |
| 22125 · DDS Deferred Revenue | 1,113,936 |
| 22136 · RDH Deferred Revenue | 184,511 |
| 20500 · Fines Payable-State of Nevada | 700 |
| 23750 · Accrued Vacation/Sick Leave | 58,330 |
| 23820 · Employee HSA/Ins Payable | 11 |
| 23821 · Employee Deferred Comp Payable | 250 |
| Total Other Current Liabilities | <u>1,357,738</u> |
| Total Current Liabilities | <u>1,396,753</u> |
| Long Term Liabilities | |
| 20601 · Pension Liability | 647,372 |
| 21001 · Deferred Inflows-Pension | 48,282 |
| Total Long Term Liabilities | <u>695,654</u> |
| Total Liabilities | <u>2,092,407</u> |
| Fund Balance | 972,735 |
| TOTAL LIABILITIES & FUND BALANCE | <u><u>3,065,142</u></u> |

Nevada State Board of Dental Examiners
Statement of Revenues, Expenses and Fund Balance
July through August 2017

| | <u>Jul - Aug 17</u> | <u>Budget</u> | <u>\$ Over Budget</u> |
|---|---------------------|-------------------|-----------------------|
| Ordinary Income/Expense | | | |
| Income | | | |
| 40000 · Dentist Licenses & Fees | | | |
| 40100 · DDS Active License Fee | 88,436.23 | 97,750.00 | (9,313.77) |
| 40102 · DDS Inactive License Fee | 5,207.97 | 5,350.00 | (142.03) |
| 40135 · DDS Activate/Inactive/Suspend | 15,025.00 | 2,125.00 | 12,900.00 |
| 40136 · DDS Activate Revoked License | 900.00 | 0.00 | 900.00 |
| 40140 · Specialty License App | 2,650.00 | 1,000.00 | 1,650.00 |
| 40145 · Limited License App | 750.00 | 250.00 | 500.00 |
| 40115 · Limited License Renewal Fee | 1,659.09 | 2,020.00 | (360.91) |
| 40116 · LL-S Renewal Fee | 413.42 | 400.00 | 13.42 |
| 40150 · Restricted License App | 0.00 | 200.00 | (200.00) |
| 40180 · Anesthesia Site Permit App | 0.00 | 3,330.00 | (3,330.00) |
| 40182 · CS/GA/Site Permit Renewals | 6,162.32 | 6,450.00 | (287.68) |
| 40183 · GA/CS/DS or Site Permit ReInp | 0.00 | 1,700.00 | (1,700.00) |
| 40175 · Conscious Sedation Permit Appl | 3,750.00 | 5,000.00 | (1,250.00) |
| 40170 · General Anesthesia Permit Appl | 1,750.00 | 3,000.00 | (1,250.00) |
| 40184 · Infection Control Inspection | 3,250.00 | 3,750.00 | (500.00) |
| 40212 · DDS ADEX License Application | 2,400.00 | 6,000.00 | (3,600.00) |
| 40205 · DDS Credential Appl Fee-Spclty | 2,400.00 | 7,200.00 | (4,800.00) |
| 40211 · DDS WREB License Application | 18,600.00 | 20,400.00 | (1,800.00) |
| Total 40000 · Dentist Licenses & Fees | 153,354.03 | 165,925.00 | (12,570.97) |
| 50000 · Dental Hygiene Licenses & Fees | | | |
| 40213 · RDH Endorsement License App | 300.00 | 0.00 | 300.00 |
| 40105 · RDH Active License Fee | 35,347.08 | 33,500.00 | 1,847.08 |
| 40106 · RDH Inactive License Fee | 1,341.50 | 1,340.00 | 1.50 |
| 40130 · RDH Activate/Inactive/Suspend | 800.00 | 1,500.00 | (700.00) |
| 40110 · RDH LA/N2O Permit Fee | 2,250.00 | 1,600.00 | 650.00 |
| 40224 · RDH ADEX License Application | 0.00 | 2,400.00 | (2,400.00) |
| 40222 · RDH WREB License Application | 8,700.00 | 9,600.00 | (900.00) |
| Total 50000 · Dental Hygiene Licenses & Fees | 48,738.58 | 49,940.00 | (1,201.42) |
| 50750 · Other Licenses & Fees | | | |
| 40220 · License Verification Fee | 1,550.00 | 1,325.00 | 225.00 |
| 40227 · CEU Provider Fee | 250.00 | 1,550.00 | (1,300.00) |
| 40225 · Duplicate License Fee | 150.00 | 275.00 | (125.00) |
| 40555 · Fines | 0.00 | 100.00 | (100.00) |
| 40185 · Lists/Labels Printed | 950.00 | 1,000.00 | (50.00) |
| 40600 · Miscellaneous Income | 0.00 | 160.00 | (160.00) |
| Total 50750 · Other Licenses & Fees | 2,900.00 | 4,410.00 | (1,510.00) |
| Total Income | 204,992.61 | 220,275.00 | (15,282.39) |
| Expense | | | |
| 60500 · Bank Charges | 3,737.00 | 3,150.00 | 587.00 |
| 63000 · Dues & Subscriptions | 918.29 | 1,050.00 | (131.71) |
| 65100 · Furniture & Equipment | 15,695.68 | 4,000.00 | 11,695.68 |

Nevada State Board of Dental Examiners
Statement of Revenues, Expenses and Fund Balance
July through August 2017

| | <u>Jul - Aug 17</u> | <u>Budget</u> | <u>\$ Over Budget</u> |
|---|---------------------|---------------|-----------------------|
| 65500 · Finance Charges | 0.00 | 10.00 | (10.00) |
| 66500 · Insurance | 2,124.43 | 2,630.00 | (505.57) |
| 66520 · Internet/Web/Domain | 1,318.42 | 1,223.00 | 95.42 |
| 73500 · Information Technology | | | |
| 73500-1 · Computer Repair/Upgrade | 420.00 | 1,350.00 | (930.00) |
| Total 73500 · Information Technology | 420.00 | 1,350.00 | (930.00) |
| 66600 · Office Supplies | 3,055.89 | 1,650.00 | 1,405.89 |
| 66650 · Office Expense | | | |
| 68710 · Miscellaneous Expenses | 0.00 | 825.00 | (825.00) |
| 68700 · Repairs & Maintenance | | | |
| 68700-1 · Janitorial | 1,000.00 | 1,000.00 | 0.00 |
| 68700-2 · Copier Maintenance | 970.14 | 768.00 | 202.14 |
| 68700-3 · Copier Maintenance (7435P) | 0.00 | 314.00 | (314.00) |
| Total 68700 · Repairs & Maintenance | 1,970.14 | 2,082.00 | (111.86) |
| 68725 · Security | 140.00 | 140.00 | 0.00 |
| 68715 · Shredding Services | 372.00 | 275.00 | 97.00 |
| 68720 · Utilities | 1,007.23 | 1,005.00 | 2.23 |
| Total 66650 · Office Expense | 3,489.37 | 4,327.00 | (837.63) |
| 67000 · Printing | 250.25 | 1,600.00 | (1,349.75) |
| 67500 · Postage & Delivery | 2,260.16 | 2,250.00 | 10.16 |
| 68500 · Rent/Lease Expense | | | |
| 68500-1 · Equipment Lease | 379.11 | 250.00 | 129.11 |
| 68500-2 · Office | 11,744.04 | 11,880.00 | (135.96) |
| 68500-4 · Storage Warehouse | 1,167.15 | 190.00 | 977.15 |
| Total 68500 · Rent/Lease Expense | 13,290.30 | 12,320.00 | 970.30 |
| 75000 · Telephone | 216.34 | 180.00 | 36.34 |
| 73550 · Per Diem (Staff) | 0.00 | 50.00 | (50.00) |
| 73600 · Professional Fee | | | |
| 73600-1 · Accounting/Bookkeeping | 6,840.00 | 3,000.00 | 3,840.00 |
| 73600-4 · Legislative Services | 6,000.00 | 6,000.00 | 0.00 |
| 73600-2 · Legal-General | 2,221.99 | 1,600.00 | 621.99 |
| Total 73600 · Professional Fee | 15,061.99 | 10,600.00 | 4,461.99 |
| 73700 · Verification Services | 4,390.76 | 2,500.00 | 1,890.76 |
| 72000 · Employee Wages & Benefits | | | |
| 72100 · Executive Director | 18,340.32 | 21,976.50 | (3,636.18) |
| 72300 · Credentialing & Licensing Coord | 9,308.51 | 10,003.00 | (694.49) |
| 72132 · Site Inspection Coordinator | 6,605.01 | 6,719.00 | (113.99) |
| 72200 · Technology/Finance Liaison | 9,093.08 | 8,635.00 | 458.08 |
| 72130 · Public Info & CE Coordinator | 5,003.78 | 5,735.00 | (731.22) |
| 72160 · Legal Counsel | 19,028.45 | 19,434.00 | (405.55) |
| 72165 · Legal Assistant | 4,889.78 | 9,057.00 | (4,167.22) |
| 72010 · Payroll Service Fees | 295.50 | 281.00 | 14.50 |
| 72005 · Payroll Tax Expense | 1,289.79 | 1,465.00 | (175.21) |
| 72600 · Retirement Fund Expense (PERS) | 20,128.92 | 21,784.00 | (1,655.08) |

Nevada State Board of Dental Examiners
Statement of Revenues, Expenses and Fund Balance
July through August 2017

| | <u>Jul - Aug 17</u> | <u>Budget</u> | <u>\$ Over Budget</u> |
|--|---------------------|-------------------|-----------------------|
| 65525 · Health Insurance | 10,528.64 | 13,774.00 | (3,245.36) |
| Total 72000 · Employee Wages & Benefits | 104,511.78 | 118,863.50 | (14,351.72) |
| 72400 · Board of Directors Expense | | | |
| 72400-1 · Director Stipends | 720.00 | 1,440.00 | (720.00) |
| 72400-2 · Committee Mtgs-Stipends | 0.00 | 187.50 | (187.50) |
| 72400-3 · Director Travel Expenses | 0.00 | 500.00 | (500.00) |
| 72400-9 · Refreshments - Board Meetings | 101.14 | 213.00 | (111.86) |
| Total 72400 · Board of Directors Expense | 821.14 | 2,340.50 | (1,519.36) |
| 60001 · Anesthesia Eval Committee | | | |
| 60001-1 · Evaluator's Fee | 1,154.17 | 2,000.00 | (845.83) |
| 60001-4 · Travel/Misc. Expense | 148.68 | 580.00 | (431.32) |
| Total 60001 · Anesthesia Eval Committee | 1,302.85 | 2,580.00 | (1,277.15) |
| 73650 · Investigations/Complaints | | | |
| 72550 · DSO Coordinator | 625.00 | 700.00 | (75.00) |
| 73650-1 · DSO Consulting Fee | 4,133.33 | 5,160.00 | (1,026.67) |
| 73650-2 · DSO Travel Expense | 22.07 | 250.00 | (227.93) |
| 73651-1 · DSO Review Panel Fee | 0.00 | 2,400.00 | (2,400.00) |
| 73651-2 · DSO Review Panel Travel Expense | 0.00 | 500.00 | (500.00) |
| 73650-3 · Legal Fees-Investigations | 1,609.01 | 0.00 | 1,609.01 |
| 73650-4 · Staff Travel | 0.00 | 100.00 | (100.00) |
| 73650-7 · Miscellaneous Investigation Exp | 1,092.35 | 2,650.00 | (1,557.65) |
| Total 73650 · Investigations/Complaints | 7,481.76 | 11,760.00 | (4,278.24) |
| 60002 · Infection Control Inspection | | | |
| 60002-1 · Initial Inspection Expense | 2,395.73 | 1,840.00 | 555.73 |
| 60002-2 · Reinspection Expense | 141.62 | 170.00 | (28.38) |
| 60002-3 · Random Inspection Expense | 0.00 | 90.00 | (90.00) |
| 60002-4 · Travel/Misc. Expense | 210.05 | 420.00 | (209.95) |
| Total 60002 · Infection Control Inspection | 2,747.40 | 2,520.00 | 227.40 |
| Total Expense | 183,093.81 | 186,954.00 | (3,860.19) |
| Net Ordinary Income | 21,898.80 | 33,321.00 | (11,422.20) |
| Other Income/Expense | | | |
| Other Income | | | |
| 40800 · Interest Income | 92.42 | 140.00 | (47.58) |
| Total Other Income | 92.42 | 140.00 | (47.58) |
| Net Other Income | 92.42 | 140.00 | (47.58) |
| Net Income | 21,991.22 | 33,461.00 | (11,469.78) |

Old Business: Licensure by Endorsement



Nevada State Board of Dental Examiners

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

Las Vegas, NV 89118

(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046



I hereby make application for Nevada Dental Hygiene licensure by:

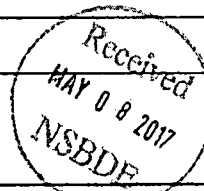
(Please check one below)

| | | | |
|---|--------------------------------------|--|--|
| Licensure by ADEX Exam (NRS 631.300): \$600 <input checked="" type="checkbox"/> | | Licensure by WREB Exam (NRS 631.300): \$600 <input type="checkbox"/> | |
| Limited Licensure (NRS 631.271): \$125 | | Restricted Geographical (NRS 631.274): \$150 | |
| Resident: <input type="checkbox"/> | Instructor: <input type="checkbox"/> | Underserved County(ies): <input type="checkbox"/> | FQHC or Non-Profit: <input type="checkbox"/> |
| Indicate Residency Program: | Indicate Instructor Facility: | Indicate County(ies) | Indicate FQHC Facility or Non Profit |
| Military Spouse by Reciprocity/Credential: \$300.00 <input type="checkbox"/> | | | |

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

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

| | | | | | | | |
|---|------|--|------------|--|--|------------------------------|--|
| Last: Chioffe | | First: Anna | | Middle: Michelle | | Suffix: | |
| Soc. Security #: | Age: | Male <input type="checkbox"/> | Birthdate: | Birthplace (City, County, State, & Country): | | | |
| | | Female <input checked="" type="checkbox"/> | | | | | |
| Have you ever been known by any other name? | | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, state in full every other name by which you have been known, the reason therefore, and the inclusive dates so known: | | | | | | | |
| If a married woman, state maiden name: King | | | | | | | |
| If a name change was made by court order, attach a CERTIFIED COPY of the court order. | | | | | | | |
| Are you a U.S. born citizen? | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If no, are you naturalized? | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, naturalization # | | Naturalization Date: | | Place: | | | |
| If no, were you born abroad of US citizens? | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If no, are you a legal resident? | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is your application for naturalization pending? | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Date of Application: | | Place: | | | | | |
| *You must submit appropriate proof of Citizenship or legal documentation for lawful entitlement to remain in the U.S. and work in the U.S.* | | | | | | | |



cc #600-

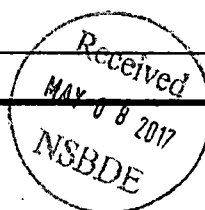
(A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY

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

(B) PREVIOUS STREET ADDRESSES

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

| | | | |
|---------------|--|--------|-----------|
| 1. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: 6/1/1996 to 5/1/2017 <i>Current</i> | | |
| 2. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 3. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 5. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 6. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 7. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 8. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 9. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 10. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |



(C) MILITARY SERVICE

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

Yes ☐ No ☒

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

(D) EDUCATION & CERTIFICATIONS**DENTAL HYGIENE EDUCATION:**

Dental Hygiene School: Palm Beach State College

City: Lake Worth

State: Florida

Years Attended: (month/year)

08/2005

to

05/2007

Graduation Date: (month/year)

05/08/2007

to

Degree Earned:

Associates



Bachelors

**(E) LASER USE AND CERTIFICATION**

I utilize laser radiation in the performance of my practice of dental hygiene.

Yes ☐ No ☒

I certify that each laser I use in my practice of dental hygiene has been cleared by the United States Food and Drug Administration for use in dental hygiene.

Yes ☐ No ☒

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

(F) CONTINUED CLINICAL COMPETENCY

Have you been out of active practice for one or more years just prior to completing this application?

Yes ☐ No ☒

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

(G) HISTORY OF IMPAIRMENT

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

Yes ☐ No ☐

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

Yes ☐ No ☐

(H) DENTAL HYGIENE PRACTICE & EMPLOYMENT HISTORY

Have you ever been employed as a dental hygienist?

Yes ☒ No ☐

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

Current Practice Address (if any):

City:

State:

Zip Code:

Telephone:

Fax:

Email address:

(I) PREVIOUS EMPLOYMENT

1. Address:

2700 NE 14th Street, Suite #102

City:

Pompano Beach

State:

FL

Zip Code:

33062

From:

To:

(Include month/year)

Telephone:

Name of Employers:

Reason for leaving:

2. Practice Address:

7000 W. Camino Real, Suite #120

City:

Boca Raton

State:

FL

Zip Code:

33433

From:

To:

(Include month/year)

Telephone:

Name of Employers:

Reason for leaving:

3. Practice Address:

301 SE 16th Street

City:

Fort Lauderdale

State:

FL

Zip Code:

33316

From:

To:

(Include month/year)

Telephone:

Name of Employers:

Reason for leaving:

4. Practice Address:

7025 Beracasa Way, Suite #203

City:

Boca Raton

State:

FL

Zip Code:

33433

From:

To:

(Include month/year)

Telephone:

Name of Employers:

Reason for leaving:

5. Practice Address:

8903 Glades Road, Suite #D4

City:

Boca Raton

State:

FL

Zip Code:

33434

From:

To:

(Include month/year)

Telephone:

Name of Employers:

Reason for leaving:

Received

MAY 8 8 2017

NSBDE

(J) EXAMINATION AND LICENSURE HISTORY**NATIONAL BOARD EXAMINATION**

Date Taken: 12/12/2006

PASS ☒ FAIL ☐

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

(Use additional sheets if necessary)

CLINICAL EXAMS:ADEX ☒ Date(s) of Clinical Examination: 06/02/2007 to 06/02/2007 PASS ☒ FAIL ☐WREB ☐ Date(s) of Clinical Examination: to PASS ☐ FAIL ☐**OTHERS EXAMS:**

Regional/State, Territory, DC:

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

Regional/State, Territory, DC:

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

Regional/State, Territory, DC:

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

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

Yes ☒ No ☐

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

State, Territory, DC: Florida

Date of Application: 06/02/2007

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

State, Territory, DC:

Date of Application:

Result of Application (Granted, Denied, Pending):

State, Territory, DC:

Date of Application:

Result of Application (Granted, Denied, Pending):

- | | | | |
|---|---|------------------------------|--|
| 1 | Have any proceedings been initiated against you to revoke or suspend your dental hygiene license? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2 | At the time you filed this application, were any disciplinary proceedings pending against you, including complaints or investigations, in any other state, territory or the District of Columbia? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3 | Have you ever been terminated or attempted to terminate or surrender a dental hygiene license in any state, territory or the District of Columbia? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 4 | Have you ever been denied a dental hygiene license in this state, another state, or a territory of the U.S. or the District of Columbia? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

If you answered 'yes' to questions J1, J2, J3 and/or J4, provide a full explanation of each answer on a separate sheet and attach to this application.



(K) MALPRACTICE

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

Yes ☐ No ☒

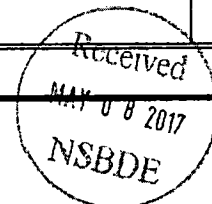
If yes, list all malpractice, negligence lawsuits and claims you have ever had against you. Include dates, names, settlements or resolutions. Please include malpractice and lawsuits that were dismissed. Provide additional pages as needed.

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

Yes ☐ No ☒

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

| | | | |
|-----------|-------|----------------------|------------|
| Carrier: | | Policy Number: | |
| Address : | City: | State: | Zip Code: |
| From: | To: | (Include month/year) | Telephone: |
| Carrier: | | Policy Number: | |
| Address : | City: | State: | Zip Code: |
| From: | To: | (Include month/year) | Telephone: |
| Carrier: | | Policy Number: | |
| Address : | City: | State: | Zip Code: |
| From: | To: | (Include month/year) | Telephone: |
| Carrier: | | Policy Number: | |
| Address : | City: | State: | Zip Code: |
| From: | To: | (Include month/year) | Telephone: |
| Carrier: | | Policy Number: | |
| Address : | City: | State: | Zip Code: |
| From: | To: | (Include month/year) | Telephone: |
| Carrier: | | Policy Number: | |
| Address : | City: | State: | Zip Code: |
| From: | To: | (Include month/year) | Telephone: |



(L) MORAL CHARACTER

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

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

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

- | | | | |
|---|---|------------------------------|--|
| 5 | Have you ever been declared a ward of any court, or adjudged as incompetent, or have any proceedings ever been brought to have you declared a ward of any court or adjudged as incompetent, or have you ever been committed to any institution? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 6 | Have you ever been dropped, suspended, expelled or disciplined by any school or college for any cause whatsoever: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

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

- | | | | |
|---|--|------------------------------|--|
| 7 | Have you ever been denied participation in, or suspended from, the Medicaid or Medicare benefit program? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 8 | Have you ever had a civil court action in which you were either the plaintiff or defendant? (please include all civil actions civil disputes, negligence or personal injury) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

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

(M) STATEMENT OF CHILD SUPPORT

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

- | | | |
|----|---|-------------------------------------|
| 1 | I am NOT subject to a court order for the support of one or more children. | <input checked="" type="checkbox"/> |
| 2 | I AM subject to a court order for the support of one or more children and: (continue to 2a or 2b below) | <input type="checkbox"/> |
| 2a | I am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children. | <input type="checkbox"/> |
| 2b | I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children. | <input type="checkbox"/> |



(N) AFFIDAVIT AND PLEDGE

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

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

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

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

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

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

APPLICANT

Anna Michelle Chioffe
Applicant Signature

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

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

Applicants Date of Birth (month/day/year)

Social Security Number

NOTARY

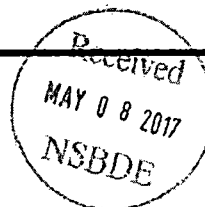
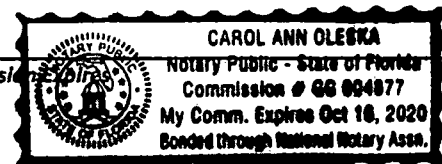
State of *Florida* County of *Palm Beach*

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

1st day of *May*, 20 *17*

Carol Ann Oleksa
Notary Public

My Commission



Advisory Opinion

Amended Document



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

AMENDED PETITION

PLEASE REPLACE ORIGINAL PETITION

H/A 2

PETITION FOR ADVISORY OPINION

Applicant/Licensee: HARVEY CHEN Date: 10/31/17
Address: 6870 S RAINBOW Suite No.: 119
City: LAS VEGAS State: NV Zip Code: 89115
Telephone: 702 876-6067 Fax: _____ Email: _____

In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:

This request is for clarification of the following statute, regulation, or order:

(Identify the particular aspect thereof to which the request is made.)

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

The substance and nature of this request is as follows:

(State clearly and concisely petitioner's question.)

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

IS BUCCAL FAT PAD REMOVAL A PROCEDURE THAT
CAN BE USED IN ORAL SURGERY FOR A GRAFT FOR
ORAL ANTRAL FISTULA; COSMETICS, OR ANY
OTHER REASON IN DENTISTRY?

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

Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this petition and issue an advisory opinion in this matter.

[Signature]
Applicant/Licensee Signature





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

ORIGINAL PETITION

PETITION FOR ADVISORY OPINION

Applicant/Licensee: HARVEY A. CHIA, DDS Date: 10/19/17
Address: 6870 S. RAINBOW BLVD, Suite No.: 119
City: LAS VEGAS State: NV Zip Code: 89118
Telephone: 702 876 6067 Fax: 702 873 2896 Email: [REDACTED]

In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:

This request is for clarification of the following statute, regulation, or order:

(Identify the particular aspect thereof to which the request is made.)

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

The substance and nature of this request is as follows:

(State clearly and concisely petitioner's question.)

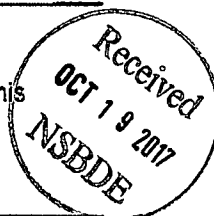
Note: If you require additional space you may attach separate pages to the petition form.

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

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

Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this petition and issue an advisory opinion in this matter.

Applicant/Licensee Signature



Request to Reinstate Revoked License

Amended Documents

ALVERSON, TAYLOR, MORTENSEN & SANDERS

J. BRUCE ALVERSON
ERIC TAYLOR
DAVID J. MORTENSEN
LEANN SANDERS
KURT R. BONDS
JONATHAN B. OWENS
KARIE N. WILSON
SHIRLEY BLAZICH
DALTON L. HOOKS, JR.
MARI K. SCHAAN
COURTNEY CHRISTOPHER

MATTHEW PRUITT
ADAM R. KNECHT
MARJORIE E. KRATSAS
SHAUN R. MENG
JARED F. HERLING
MATTHEW W. SMITH
CANDACE HERLING
EDWARD M. SILVERMAN
JOHN A. CLEMENT
ALEXANDER M. BROWN
TREVOR WAITE
BRADY L. DAVIES

LAWYERS

LAS VEGAS OFFICE

6605 GRAND MONTECITO PARKWAY, SUITE 200
LAS VEGAS, NEVADA 89149
(702) 384-7000 FAX (702) 385-7000

RENO OFFICE

200 S. VIRGINIA, 8TH FLOOR, RENO, NEVADA 89501
Telephone (775) 398-3025
www.alversontaylor.com

REPLY TO: ☒ Las Vegas Office ☐ Reno Office

MICHAEL T. McLOUGHLIN
JENNIFER SANTANA
SARA D. WRIGHT
DANIELLE A. OTERO
LIAM Q. O'GORMAN-HOYT
JESSICA R. GANDY
TANYA M. FRASER
HENRY H. KIM
BRIAN J. MOY
SHEA I. BILLADEAU
McKAY OZUNA
MARIAN MASSEY

ALEXANDER P. WILLIAMS
JOEL K. BROWNING
HOLLY GALLOWAY
JUSTIN L. DEWEY

OF COUNSEL

JOHN F. WILES
JACK C. CHERRY
(1932 - 2015)

October 30, 2017

VIA HAND DELIVERY

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

AMENDED REQUEST

Re: Client : Stanley Pinkus, D.D.S.
Claimant : Nevada State Board of Dental Examiners
Our File No.: 24733

RE: FORMAL AMENDED REQUEST AND PROPOSAL FOR RENEWAL AND REINSTATEMENT TO INACTIVE STATUS OF STANLEY PINKUS D.D.S.' NEVADA DENTAL LICENSE

Dear Board of Dental Examiners:

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

It is our understanding, based on a review of correspondence from the Board and discussions with Dr. Pinkus that his Nevada Dental license was revoked at a Board hearing in February, 2012.

On June 13, 2017, we formally requested that the Board reconsider its revocation, pursuant to NAC 631.050(3). We now amend our request and respectfully ask this Board to specifically vacate the revocation order and reinstate Dr. Pinkus' Nevada Dental License to inactive status.

Dr. Pinkus Has Satisfied all Requirements of the February 3, 2012 Order

The Board's Findings of Fact, Conclusions of Law and Decision, was signed February 3, 2012. Therein, the Board Ordered that Dr. Pinkus complete the following requirements:



ALVERSON, TAYLOR, MORTENSEN & SANDERS

Page Number : 2

Continuing Letter : October 30, 2017

1. Reimburse the Board \$10,555.78 for the costs of the investigation;
2. Reimburse Tiana Elliot \$2,047.00;
3. Reimburse Robert Simons \$2,041.00; and
4. Pay the Board a Fine of \$500.00.

Attached hereto, please find five (5) checks in satisfaction of all the foregoing reimbursements and fines set forth in the February 3, 2012, Order. Dr. Pinkus was unable to locate Ms. Elliot and Mr. Simons and respectfully requests that this Board attempt to forward their respective reimbursement checks on his behalf.

Please contact us with any questions or if there is any other documentation we may provide to assist in consideration of vacating the Board's prior revocation order, and renewal and reinstatement of Dr. Pinkus' Nevada Dental license to inactive status. We look forward to seeing you on November 3, 2017.

Very truly yours,

ALVERSON TAYLOR
MORTENSEN & SANDERS

David J. Mortensen, Esq.

DJM/tf

Encl.

n:\david.grp\clients\24733\bde\02 amd reinstatement.docx



AMENDED REQUEST

QCDS

ADACERP

Continuing Education Recognition Program

86-90 188th Street

Jamaica, NY 11423

Tel: 718-454-8344

Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

Dr. Stanley Pinkus

This is to certify that _____ has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA# 638541
CODE# _____

Attendee State License Number: 047191 NY

**COURSE: (1) "UPDATE IN ORAL HYGIENE STANDARD OF CARE"
(2) "RESTORATIVE COMPONENTRY IN IMPLANT DENTISTRY"**

SPEAKERS: (1) DR. JAMES KOUZOUKIAN (2) DR. LEORA WALTER

DATE: SEPTEMBER 24, 2017

TIME: (1) 8:30- 11:15AM (2) 11:15-1:00PM

CREDIT HOURS: (1) 3 (2) 2

COURSE CODE: (1) 158 (2) 613

CONTACT: QCDS HEADQUARTERS (718) 454-8344

**LOCATION: TERRACE ON THE PARK
52-11 111TH STREET
FLUSHING, NY 11368**

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE

Oleg Rabinovich

OLEG RABINOVICH,
EXECUTIVE DIRECTOR



Credits issued for participation in CE activity may NOT apply towards license renewal.

It is the responsibility of each participant to verify the requirements

Retain this record of attendance for your files in the events of an audit by your State Board of Dentistry
NYSDA members: As a member benefit, your attendance has been forwarded electronically to NYSDA
for posting on your CE ledger. Do NOT send this certificate to NYSDA for posting.

QCDS is an ADA CERP Recognized Provider approved by the NYSDA. ADA CERP is a service of the
American Dental Association to assist dental professionals in identifying quality providers of continuing
dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it
imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may
be directed to the provider or to ADA CERP at www.ada.org/cerp.

QCDS

ADACERP

CONTINUING EDUCATION RECOGNITION PROGRAM

86-90 188th Street
Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

Dr. Stanley Pinkus

This is to certify that _____ has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA 753 914
CODE# _____

Attendee State License Number: 047191 NY.

**COURSE: (1) "SURGICAL IMPLANT FAILURE: LESSONS TO BE LEARNED"
(2) "OSHA COMPLIANCE FOR THE DENTAL PRACTICE"**

SPEAKERS: (1) DR. DALE ROSENBACH (2) RICK GAROFOLO

DATE: SEPTEMBER 24, 2017

TIME: (1) 1:00 - 2:00PM (2) 2:00 - 5:00PM

CREDIT HOURS: (1) 1 (2) 3

COURSE CODE: (1) 316 (2) 150

CONTACT: QCDS HEADQUARTERS (718) 454-8344

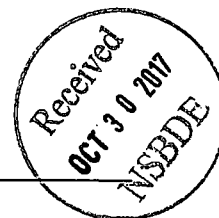
**LOCATION: TERRACE ON THE PARK
52-11 111TH STREET
FLUSHING, NY 11368**

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE

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OLEG RABINOVICH,
EXECUTIVE DIRECTOR



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QCDS

ADACERP®

CONTINUING EDUCATION RECOGNITION PROGRAM

86-90 188th Street
Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

Dr. Stanley Pinkus

This is to certify that _____ has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____
CODE# 638541

Attendee State License Number: 047191 NY

**COURSE: (1) "OPTIMAL SOLUTIONS FOR ACHIEVING THE ESTHETIC RESTORATION IN THE ATROPHIC ANTERIOR MAXILLA"
(2) "DATA PROTECTION FOR DENTISTS"**

SPEAKERS: (1) DR. TED KORIN (2) DR. BIJAN ANVAR

DATE: SEPTEMBER 23, 2017

TIME: (1) 8:30- 11:15AM (2) 11:15-1:00PM

CREDIT HOURS: (1) 3 (2) 2

COURSE CODE: (1) 256 (2) 162

CONTACT: QCDS HEADQUARTERS (718) 454-8344

**LOCATION: TERRACE ON THE PARK
52-11 111TH STREET
FLUSHING, NY 11368**

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE

Oleg Rabinovich

OLEG RABINOVICH,
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QCDS
ADACERP
CONTINUING EDUCATION RECOGNITION PROGRAM
86-90 188th Street
Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

Dr. Stanley Pinkus

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The following continuing education course and is entitled to the credit hours indicated

ADA# 753914
CODE# _____

Attendee State License Number: 047191 NY

**COURSE: (1) "UPDATE IN ORAL HYGIENE STANDARD OF CARE"
(2) "RESTORATIVE COMPONENTRY IN IMPLANT DENTISTRY"**

SPEAKERS: (1) DR. JAMES KOUZOUKIAN (2) DR. LEORA WALTER

DATE: SEPTEMBER 24, 2017

TIME: (1) 8:30- 11:15AM (2) 11:15-1:00PM

CREDIT HOURS: (1) 3 (2) 2

COURSE CODE: (1) 158 (2) 613

CONTACT: QCDS HEADQUARTERS (718) 454-8344

**LOCATION: TERRACE ON THE PARK
52-11 111TH STREET
FLUSHING, NY 11368**

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE

Oleg Rabinovich

OLEG RABINOVICH,
EXECUTIVE DIRECTOR

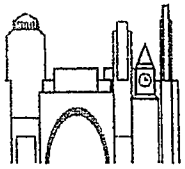


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be directed to the provider or to ADA CERP at www.ada.org/cerp.



boston district dental society

Boston District Dental Society

Continuing Education Form

Course Title Optimizing Implant Esthetics & Immediate Occlusal Loading

Date 11/20/2015 Credits 7

Time 8:30 a.m. – 3:30 p.m.

Location Newton Marriott

Lecturer Dr. Craig Misch

Sponsor Stamp or Signature Boston District Dental Society

A. D. A. Number

- ☐ Dentist
☐ Hygienist
☐ Assistant

- ☒ Lecture
☐ Hands-on
☐ Home Study
☐ Workshop
☐ Convention General Attendance
☐ Author of Publication
☐ Presenter of Course

Name STAN PINKUS DDS

Street NYS

City, State, Zip 11581

Participant's Signature

X

Continuing Education Receipt

Keep for your records.

Course Optimizing Implant Esthetics & Immediate Occlusal Loading

Time 8:30 a.m. – 3:30 p.m.

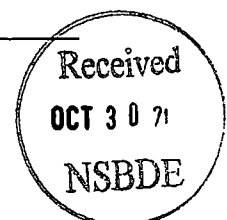
Location Newton Marriott Hotel

Lecturer(s) Dr. Craig Misch

Date November 20, 2015

Credits 7

Keep for your records.



DCCLINICAL

EDUCATING | ADVISING | ENRICHING

DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Tuesday, March 8, 2016
8 pm

WHERE Live, Interactive Webinar

SPEAKER David Little, DDS

TOPIC Implant Solutions for the Edentulous Patient (Part 2)

AGD CODE(S):

752 (Special Patient Care: Geriatric Dentistry) — 0.75 hour

697 (Implants: Diagnosis and Treatment Planning) — 0.75 hour

Stan Pinkus DDS

Attendee

KYS 42 # 047191



PACE
Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425



DCDENTAL
equipment • office design • service • supplies

DCCLINICAL

EDUCATING | ADVISING | ENRICHING

DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Tuesday, January 5, 2016
8 pm

WHERE Live, Interactive Webinar

SPEAKER David Little, DDS

TOPIC Implant Solutions for the Edentulous Patient (Part 1)

AGD CODE(S):

697 (Implants: Diagnosis and Treatment Planning) — 0.75 hours

752 (Special Patient Care: Geriatric Dentistry) — 0.75 hours

STAN RAKES DDS

Attendee

NYS LIC # 047191



PACE
Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425

DCDENTAL
equipment • office design • service • supplies



DCCLINICAL

EDUCATING | ADVISING | ENRICHING

DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Tuesday, January 19, 2016
8 pm

WHERE Live, Interactive Webinar

SPEAKER Lou Berman, DDS

TOPIC The Comprehensive Guide to Managing Dental Trauma

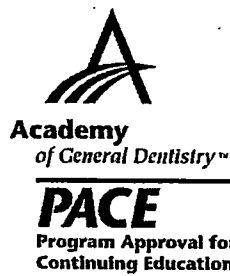
AGD CODE(S):
077 (Endodontics: Cracked Tooth & Restorations) — 0.75 hours
314 (Oral & Maxillofacial Surgery: Trauma Management) — 0.75 hours

Stan Rukles DDS

Attendee

NY # 047791 NY

[Signature]



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425



CERTIFICATE OF COMPLETION

This letter certifies that the person below participated in the following course given by Align Technology, Inc., Continuing Dental Education Program.

STAN PINKUS DDS

PROGRAM PROVIDER: **Align Technology, Inc.**

DATE: **June 24, 2016**

COURSE TITLE: **Invisalign Fundamentals**

EDUCATIONAL METHOD: **Lecture**

INSTRUCTOR NAME: **Dr. Ben Miraglia**

COURSE LOCATION: **Brooklyn, NY**

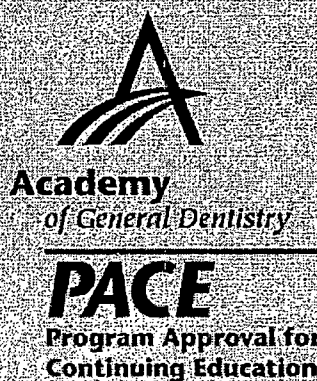
CODE: **377 - Removable Orthodontic Appliances**

INVISALIGN COURSE COMPLETION CODE: **490754**

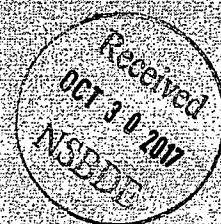
CE: **4 hours**



Dr. René Sterental
Professional Education
Align Technology
2560 Orchard Parkway
San Jose, CA 95131



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
January 1, 2015 to December 31, 2017: 304513



DCCLINICAL

EDUCATING | ADVISING | ENRICHING

DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Tuesday, May 5, 2015
8 pm

WHERE Live, Interactive Webinar

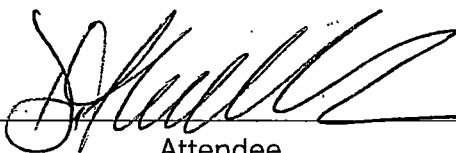
SPEAKER Brady Frank, DDS

TOPIC The Top Four Minimally Invasive Implant
Procedures in Dentistry Today

AGD CODE(S):

695 (Implants: Implant Restorative) — 0.75 hour

697 (Implants: Diagnosis and Treatment Planning) — 0.75 hour



Attendee

STAN PINKUS DDS



PACE
Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425



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QCDS

ADACERP

CONTINUING EDUCATION RECOGNITION PROGRAM

86-90 188th Street
Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

This is to certify that SPRIN DUKES has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendee State License Number: NY 047191

COURSE: "PATIENT MANAGEMENT INCREASING CASE ACCEPTANCE PART 2-STAFF TRAINING"

SPEAKERS: DR. BERNARD FIALKOFF

DATE: JANUARY 20, 2016

TIME: 7:00 PM- 10:00 PM

CREDIT HOURS: 3

COURSE CODE: 557

STUDY CLUB: DR. FIALKOFF STUDY CLUB

CONTACT: DR. FIALKOFF (718) 229-3838

**LOCATION: LATERNA RESTAURANT
47-20 BELL BLVD
BAYSIDE, NY**

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE



OLEG RABINOVICH,
EXECUTIVE DIRECTOR



Credits issued for participation in CE activity may NOT apply towards license renewal.

It is the responsibility of each participant to verify the requirements

Retain this record of attendance for your files in the events of an audit by your State Board of Dentistry
NYSDA members: As a member benefit, your attendance has been forwarded electronically to NYSDA
for posting on your CE ledger. Do NOT send this certificate to NYSDA for posting.

QCDS is an ADA CERP Recognized Provider approved by the NYSDA. ADA CERP is a service of the
American Dental Association to assist dental professionals in identifying quality providers of continuing
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imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may
be directed to the provider or to ADA CERP at www.ada.org/cerp.

QCDS

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Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

This is to certify that STAN PINKUS has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendee State License Number: NY 047191

COURSE: "MEDICAL BILLING FOR THE DENTAL OFFICE"

SPEAKERS: CHRISTINE TAXIN

DATE: MARCH 9, 2016

TIME: 7:00 PM- 10:00 PM

CREDIT HOURS: 3

COURSE CODE: 554

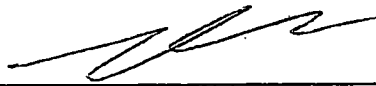
STUDY CLUB: DR. FIALKOFF STUDY CLUB

CONTACT: DR. FIALKOFF (718) 229-3838

LOCATION: LATERNA RESTAURANT
47-20 BELL BLVD
BAYSIDE, NY

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE



OLEG RABINOVICH,
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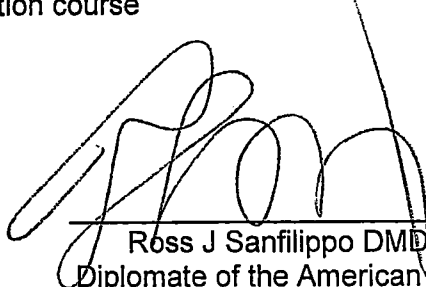
Dr. Robert Carnevale & Dr. Ross Sanfilippo

The New England Dental Forum
Presents:

OPIOID USE AND ABUSE IN THIS NEW ENVIRONMENT

STAN PINKUS DDS

has attended this continuing education course


Ross J Sanfilippo DMD
Diplomate of the American
Board of
Oral and Maxillofacial Surgeons

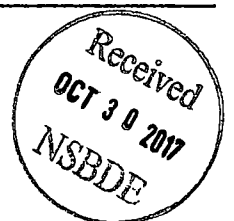
MARCH 22, 2016
2 CEU credits



The New England Dental Forum is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 9/1/2015 to 8/31/2018.

www.carnevaleperiodontics.com

2 Shaw's Cove • Ste. 200 • New London, CT 06320 • 860 443-1114
190 West Town Street • Norwich, CT 06360 • 860 889-1781
130 Granite Street • Westerly, RI 02891 • 401 596-9867





School of Dental Medicine

6/6/2017

Stan Pinkus

REF: Verification of Attendance for Dental Continuing Education

Tufts University School of Dental Medicine verifies the attendance at the Dental Continuing Education Program listed below.

Program Title: Crown Lengthening Workshop

Instructor(s): James Kohner

Course Dates: 6/2/2017

AGD Code: 490

CE Credits Earned: Participation: Credit Hours - 7.00

Course Location: Tufts Dental School

Verified by:

Samuel Ruth

Director of Continuing Education



Tufts University School of Dental Medicine is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or at ADA CERP at www.ada.org/goto/cerp.



STANLEY PINKUS
795 KEARNY DRIVE
VALLEY STREAM, New York 11581.

INFORMED

Certificate of Completion

This Certifies that

Name: STANLEY PINKUS License #: 047191

Has participated in the enduring material titled:

2017 New York Mandatory Prescriber Education Course

Section : Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics
on 5/24/2017

And is awarded Total Hours: 3 AMA PRA Category 1 Credits™

InforMed is accredited by the Accreditation Council for Continuing Medical
Education (ACCME) to provide continuing medical education for physicians

This Course fulfills the requirements for 3 hours in pain management, palliative
care, and addiction pursuant to *PHL 3309-a(3)*

William J. Ratliff
Director, Program Administration

Score Information

100 %

Correct answers are:

1. B 2. A 3. D 4. B 5. D 6. B 7. A 8. B 9. A 10. C
11. A 12. A 13. B 14. D 15. C 16. B 17. D 18. C 19. B 20. A

Payment Information

Card Used: Visa Amount: 55.00 Date: 5/24/2017



DCCLINICAL

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Course Attendance Verification 1.5 Credit Hours

DATE April 6, 2017

LOCATION Online

METHOD Live Webinar

SPEAKER Amy Creech-Gionis, DDS

TOPIC Socket Preservation Bone Grafting for the General Dentist:
You Can Do It!

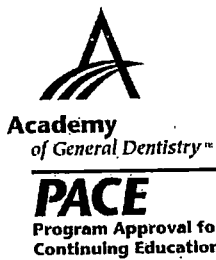
AGD Code(s):
318: (Bone Grafting/GTR Surgery) - 1.5 Hours

Verification Code: 04062017CREECHGIONIS

SPAN PINKUS DDS
Attendee

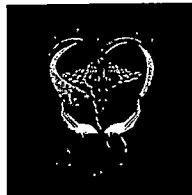
NY - 047191
State & License #

[Signature]
Participant AGD ID



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425





CERTIFICATION CENTER NY

42-05 PARSONS BLVD., SUITE C3
FLUSHING, NY 11355
718-539-8800



WWW.THECERTIFICATIONCENTER.COM

THECERTIFICATIONCENTER@GMAIL.COM

CERTIFICATE OF COMPLETION

This is to verify that

STANLEY PINKUS-DDS

has completed a Continuing Medical Education Course
provided by the above agency entitled

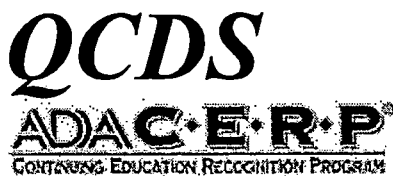
****American Heart Associated Accredited**

RECERTIFICATION OF BASIC LIFE SUPPORT Course



Completion Date: 07-20-2017
CME Hours: 3.0

License #:03101742695
Instructor: DEIRDRE Linardos



86-90 188th Street
Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

Dr. Stanley Pinkus

This is to certify that _____ has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____
CODE# 638541

Attendee State License Number: 047191 NY

**COURSE: (1) "OPTIMAL SOLUTIONS FOR ACHIEVING THE ESTHETIC RESTORATION IN THE ATROPHIC ANTERIOR MAXILLA"
(2) "DATA PROTECTION FOR DENTISTS"**

SPEAKERS: (1) DR. TED KORIN (2) DR. BIJAN ANVAR

DATE: SEPTEMBER 23, 2017

TIME: (1) 8:30- 11:15AM (2) 11:15-1:00PM

CREDIT HOURS: (1) 3 (2) 2

COURSE CODE: (1) 256 (2) 162

CONTACT: QCDS HEADQUARTERS (718) 454-8344

**LOCATION: TERRACE ON THE PARK
52-11 111TH STREET
FLUSHING, NY 11368**

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE

Oleg Rabinovich

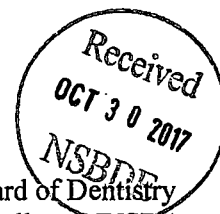
OLEG RABINOVICH,
EXECUTIVE DIRECTOR

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NYSDA members: As a member benefit, your attendance has been forwarded electronically to NYSDA for posting on your CE ledger. Do NOT send this certificate to NYSDA for posting.

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STANLEY PINKUS
795 KEARNY DRIVE
VALLEY STREAM, New York 11581.

INFORMED

Certificate of Completion

This Certifies that

Name: **STANLEY PINKUS** License #: **047191.**

Has participated in the enduring material titled:
2017 New York Mandatory Prescriber Education Course

Section : Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics
on 5/24/2017

And is awarded **Total Hours: 3 AMA PRA Category 1 Credits™**

InforMed is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to
provide continuing medical education for physicians

This Course fulfills the requirements for 3 hours in pain management, palliative care, and addiction
pursuant to *PHL 3309-a(3)*

William J. Ratliff
Director, Program Administration

Score Information

100 %.

Correct answers are:

1. B 2. A 3. D 4. B 5. D 6. B 7. A 8. B 9. A 10. C
11. A 12. A 13. B 14. D 15. C 16. B 17. D 18. C 19. B 20. A

Payment Information

Card Used: Visa Amount: 55.00 Date: 5/24/2017



DCCLINICAL

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Course Attendance Verification

1.5 Credit Hours

DATE March 7, 2017

LOCATION Online

METHOD Live, Interactive

SPEAKER Judd Vetock

TOPIC Become a More Efficient and Predictable Implant Practice

AGD Code(s):

695 (Implant Restorative) - 0.75 Hours

719 (Implants: Product Training) - 0.75 Hours

Verification Code: 03072017VETOCK

STAN PINIKUS DDS

Attendee

NY - 047191-1

State & License #

[Signature]

Participant AGD ID



PACE

Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425

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Course Attendance Verification 1.5 Credit Hours

DATE March 15, 2017

LOCATION Online

METHOD Live, Interactive

SPEAKER Matt VanderMolen, DDS

TOPIC The Most Profitable One Hour in Dentistry

AGD Code(s):

557: (Patient Education and Motivation) - 1.5 Hours

Verification Code: 03152017VANDERMOLEN

STAN PINKUS DDS

Attendee

042191-1 NY

State & License #

[Signature]

Participant AGD ID



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425



DCCLINICAL

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DC Clinical

COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Tuesday, January 10, 2017
8:00 pm

LOCATION Online

METHOD Live, Interactive

SPEAKER Steffany Mohan, DDS

TOPIC Simple, Cost-Effectice, Stealth-Mode Marketing Ideas for Dentists that Want to Grow and Practice the Dentistry They Enjoy

AGD CODE(S):

550 (Practice Management and Human Resources) — 1.5 hours

VERIFICATION CODE: 011017MOHAN

STAN PINKAS DDS

Attendee

047191-1 NY

State & License #

[Signature]

Participant AGD ID



PACE

Program Approval for
Continuing Education

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provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425

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COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Tuesday, January 24, 2017
8:00 pm

LOCATION Online

METHOD Live, Interactive

SPEAKER Lou Berman, DDS

TOPIC Endodontic Repairs: Fixing the Unfixables

AGD CODE(S):

072 (Endodontics: Diagnosis and Medications) — 0.75 hours
099 (Endodontics: Product Training) — 0.75 hours

VERIFICATION CODE: 012417BERMAN

Stan Rykus DDS

Attendee

NY 047191-1

State & License #

[Signature]

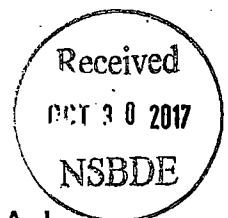
Participant AGD ID


Academy
of General Dentistry™

PACE
Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425

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DC Clinical

COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Wednesday, February 8, 2017
8:00 pm

LOCATION Online

METHOD Live, Interactive

SPEAKER Pamela Ray, DDS

TOPIC Proper Techniques & Importance of Implant Maintenance

AGD CODE(S):

693 (Implants: Implant Maintenance) — 0.75 hours
695 (Implants: Implant Restorative) — 0.75 hours

VERIFICATION CODE: 02082017RAY

Skw Ray DDS
Attendee

017191-1
State & License #

[Signature]
Participant AGD ID



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425



CERTIFICATE OF COMPLETION

This letter certifies that the person below participated in the following course given by Align Technology, Inc., Continuing Dental Education Program.

STAN PINKUS

PROGRAM PROVIDER: Align Technology, Inc.

DATE: 9/16/2016

COURSE TITLE: Invisalign Summit - 2013 - Effective ClinCheck Plan
Review

EDUCATIONAL METHOD: Self-Instruction (Electronically Delivered)

INSTRUCTOR NAME: Self-Instruction (Electronically Delivered)

COURSE LOCATION: Electronically Delivered

CODE: Invisalign Appliance

CE: 2 hours

Course Completion Code: 408197



Dr. Rene Sterental
Professional Education
Align Technology
2560 Orchard Parkway
San Jose, CA 95131



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DC Clinical

COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Tuesday, August 2, 2016
8 pm

LOCATION Webinar, Online

METHOD Live, Interactive

SPEAKER Diwakar Kinra, DDS

TOPIC Endodontic Case Selection for Profitability

AGD CODE(S):

071 (Endodontics: Surgical Endodontics) — 0.75 hour
072 (Endodontics: Diagnosis and Medications) — 0.75 hour

VERIFICATION CODE: 080216

STAN PINIGES DDS

Attendee

NY 04791

State & License #



Participant AGD ID



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4/1/2016 to 3/31/2020.
Provider ID# 358425

 **DC DENTAL**
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Received
OCT 30 2017
NSBDE

BASIC LIFE SUPPORT**BLS
Provider****STANLEY PINKUS-DDS**

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

07/20/2017

Issue Date

07/2019

Recommended Renewal Date

**American
Heart
Association****BASIC LIFE SUPPORT**Training Center Name **Safe Health Educators** TC ID #TC Info **NY20842**
Baldwin, New York 11510 TC Phone
City, State ZipCourse Location
Certification Center NYInstructor Name **Deirdre Linardos 03112359441** Inst. ID #Holder's
Signature

© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1805


**PEEL
HERE**
**This card contains unique security features to protect against forgery.**

15-1805 11/11

**Received
OCT 30 2017
NSBDE**

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DC Clinical

COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Tuesday, August 2, 2016
8 pm

LOCATION Webinar, Online

METHOD Self-Study

SPEAKER Diwakar Kinra, DDS

TOPIC Endodontic Case Selection for Profitability

AGD CODE(S):

071 (Endodontics: Surgical Endodontics) — 0.75 hour
072 (Endodontics: Diagnosis and Medications) — 0.75 hour

VERIFICATION CODE: 071216

STAN PINICKS DDS

Attendee

NY 047191

State & License #

Participant AGD ID

Received
OCT 30 2017
NSBDE



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Continuing Education

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provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425

 **DC DENTAL**
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CERTIFICATE OF COMPLETION

This letter certifies that the person below participated in the following course given by Align Technology, Inc. Professional Education Department.

| | | |
|-------------------------|--------------------|--------------------|
| ATTENDEE INFORMATION | NAME: | STAN PINCUS DDC |
| | SIGNATURE: | <i>[Signature]</i> |
| | LICENSE NUMBER: | NY 047191 |
| | ADDRESS: | [REDACTED] |
| | CITY/STATE/ZIP: | [REDACTED] |
| COURSE INFORMATION | DATE: | August 11, 2016 |
| | LOCATION: | Melville, NY |
| | INSTRUCTOR: | Dr. Payam Ataii |
| | REGISTRATION CODE: | SCC0001D |

PROGRAM PROVIDER: **Align Technology, Inc.**

COURSE TITLE: **INCREASING CASE ACCEPTANCE**

EDUCATIONAL METHOD: **Lecture**

CE HOURS: **3**



Dr. René Sterental
Professional Education
Align Technology
2560 Orchard Pkwy
San Jose, CA 95131



Align Technology is not accredited through a national organization to issue continuing education hours. CE hours issued for these programs may not apply toward license renewal in all states. Please be sure to verify the specific state dental boards' requirements for re-licensure in the state where you are licensed. Some states have restrictions on the subject matter that is acceptable to receive CE hours and/or on the number of CE hours that can be earned through online programs.

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DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Tuesday, June 28, 2016
8 pm

WHERE Self-Study, Webinar

SPEAKER Isaac Hakimi

TOPIC Will Digital Dentistry Help My Practice?

AGD CODE(S):

562 (Digital/Video Imaging) — 0.75 hour

629 (Prosthodontics/Fixed: Product Training) — 0.75 hour

STAN FINKUS DDS

Attendee

06/29/16 NY

Received

OCT 30 2017

NSBDE



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Continuing Education

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Provider ID# 358425

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DC Clinical

COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Tuesday, July 12, 2016
8 pm

LOCATION Webinar, Online

METHOD Live, Interactive

SPEAKER William Nudera, DDS

TOPIC Endodontic Management of the Immature Root

AGD CODE(S):
099 (Endodontics: Product Training) — 0.75 hour
072 (Endodontics: Diagnosis and Medications) — 0.75 hour

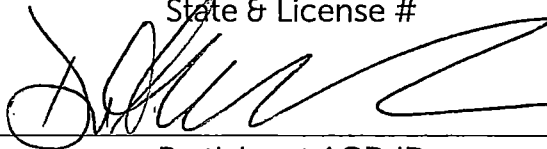
VERIFICATION CODE: 071216

STAN BINKUS DDS

Attendee

NY 047191

State & License #



Participant AGD ID

Received
OCT 30 2017
NSBDE



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Continuing Education

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The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425

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DCCLINICAL

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DC Clinical COURSE ATTENDANCE VERIFICATION *1.5 Credit Hours*

DATE Tuesday, February 21, 2017
8 pm

LOCATION Online

METHOD Live, Interactive

SPEAKER William Nudera, DDS

TOPIC To Retreat or Not to Retreat: When is it appropriate to retreat a root canal?

AGD CODE(S):
071 (Surgical Endodontics) — 0.75 hour
731 (Digital Radiology) — 0.75 hour

VERIFICATION CODE: 02212017NUDERA

Stan Nudera DDS
Attendee

07191-1 NY
State & License #

[Signature]
Participant AGD ID




Academy
of General Dentistry™

PACE
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Provider ID# 358425

 **DC DENTAL**
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DC Clinical

COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Wednesday, September 21, 2016
8 pm

LOCATION Webinar

METHOD Live, Interactive

SPEAKER Matt VanderMolen, DDS

TOPIC The Power and Profitability of Focus: How to Focus and Grow into a "Super Practice"

AGD CODE(S):
770 (Self-Improvement) — 1.5 hours

VERIFICATION CODE: 092116

STAN PINKUS DDS

Attendee

NY 047191-1

State & License #

[Signature]

Participant AGD ID



Academy
of General Dentistry™

PACE

Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425



DC DENTAL
equipment • office design • service • supplies

DCCLINICAL

EDUCATING ADVISING ENRICHING

DC Clinical

COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Wednesday, September 7, 2016
8 pm

LOCATION Webinar, Online

METHOD Live, Interactive

SPEAKER Christopher Phelps, DMD

TOPIC Increase Your Case Acceptance Using The Science Of Influence

AGD CODE(S):

557 (Patient Education/Motivation) — 0.75 hour
734 (Diagnosis and Treatment Planning) — 0.75 hour

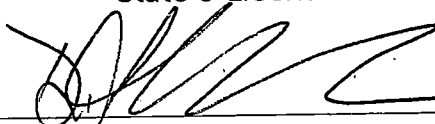
VERIFICATION CODE: 090716

STAN PINICKS DDS

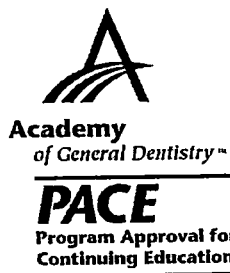
Attendee

NY 047191-1

State & License #



Participant AGD ID



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425



DCCLINICAL

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DC Clinical

COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Wednesday, November 16, 2016
8 pm

LOCATION Webinar

METHOD Live, Interactive

SPEAKER David Moffet, DDS

TOPIC Closing Those Leaks: How to Stop Losing Patients, Retaining More Patients in Your Dental Office by Creating an Ultimate Patient Experience

AGD CODE(S):

770 (Self-Improvement) — 1.5 hours

VERIFICATION CODE: MOFFET 111616

Stan Pinkus DDS

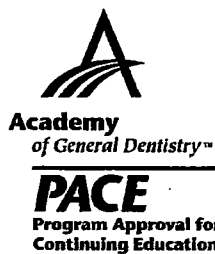
Attendee

NY - 047191-1

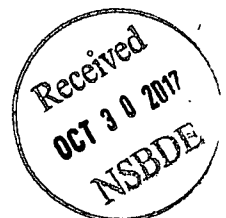
State & License #

[Signature]

Participant AGD ID



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425



DCCLINICAL

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DC Clinical

COURSE ATTENDANCE VERIFICATION

1.5 Credit Hours

DATE Wednesday, October 26, 2016
8 pm

LOCATION Webinar

METHOD Live, Interactive

SPEAKER Christopher Phelps, DMD

TOPIC Decrease Costly No Shows While Increasing New Patient Numbers

AGD CODE(S):

560 (Appointment/Recall Procedures) — 1.50 hours

VERIFICATION CODE: 102616

STAN PINKUS

Attendee

NY - 047191-1

State & License #

N/A
Participant AGD ID



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425



CERTIFICATE OF COMPLETION

This letter certifies that the person below participated in the following course given by Align Technology, Inc., Continuing Dental Education Program.

STAN PINKUS

PROGRAM PROVIDER: Align Technology, Inc.

DATE: 6/26/2016

COURSE TITLE: Invisalign Fundamentals - Online Post-Training

EDUCATIONAL METHOD: Self-Instruction (Electronically Delivered)

INSTRUCTOR NAME: Self-Instruction (Electronically Delivered)

COURSE LOCATION: Electronically Delivered

CODE: Invisalign Appliance

CE: 4 Hours

Course Completion Code: 419925



Dr. Rene Sterental
Professional Education
Align Technology
2560 Orchard Parkway
San Jose, CA 95131



DCCLINICAL

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DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Tuesday, June 14, 2016
8 pm

WHERE Live, Interactive Webinar

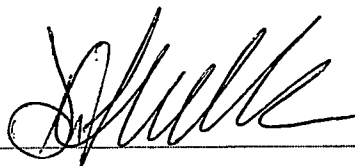
SPEAKER Gary Imm, DDS

TOPIC GuestWise Part 1: The WOW Factor, Guest Retention and the Bottom Line

AGD CODE(S):

557 (Patient Education/Motivation) — 0.75 hour

770 (Self-Improvement) — 0.75 hour



STAN D'INACIO

Attendee

DDS
MYS 097191



PACE

Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425

DC DENTAL
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DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Tuesday, May 3, 2016
8 pm

WHERE Live, Interactive Webinar

SPEAKER Brady Frank, DDS

TOPIC The OsteoLift Implant Procedure

AGD CODE(S):

695 (Implants: Implant Restorative) — 0.75 hour

697 (Implants: Diagnosis and Treatment Planning) — 0.75 hour

STAN PRICKS DDS UZ # 047191
NY

Attendee



PACE
Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425

DCDENTAL
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DCCLINICAL

EDUCATING | ADVISING | ENRICHING

DC Clinical

CONTINUING EDUCATION CERTIFICATE *1.5 Credit Hours*

DATE Tuesday, May 17, 2016
8 pm

WHERE Live, Interactive Webinar

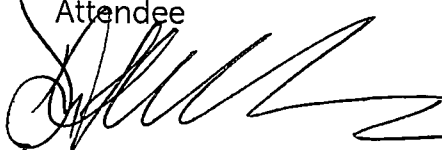
SPEAKER Lou Berman, DDS

TOPIC Surgical Endodontics: Why, When and How

AGD CODE(S):
071 (Endodontics: Surgical Endodontics) — 0.75 hour
072 (Endodontics: Diagnosis and Medications) — 0.75 hour

STAN PINKUS DDS 42 04791 MS

Attendee



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2016 to 3/31/2020.
Provider ID# 358425



DCCLINICAL

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DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Wednesday, April 6, 2016
8 pm

WHERE Live, Interactive Webinar

SPEAKER Guy Gross, DDS

TOPIC Propel Your Practice to Continuous Growth

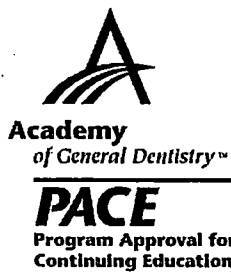
AGD CODE(S):
697 (Diagnosis and Treatment Planning) — 0.50 hour
770 (Self-Improvement) — 1.00 hour

STAN RUCKES DDS

Attendee

U2 # 047191

[Signature]



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425



DCCLINICAL

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DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Tuesday, April 19, 2016
8 pm

WHERE Live, Interactive Webinar

SPEAKER Lou Berman, DDS

TOPIC Obturation: The Good, The Bad & The Ugly

AGD CODE(S):

075 (Obturation Techniques) — 1.00 hour

099 (Product Training) — 0.50 hour



STAN PINKUS

Attendee

MS LIC 047191



Academy
of General Dentistry™

PACE

Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425



 **DCDENTAL**
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DCCLINICAL

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DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Tuesday, March 22, 2016
8 pm

WHERE Live, Interactive Webinar

SPEAKER Kathryn Gross, DDS

TOPIC Propel Your Practice to Continuous Growth

AGD CODE(S):

557 (Patient Education/Motivation) — 0.75 hour

770 (Self-Improvement) — 0.75 hour

STAN PINIKUS DDS

Attendee

04791 MS



Academy
of General Dentistry™

PACE

Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425



 **DC DENTAL**
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CE Units
1.0

CE units may qualify towards CE requirements of your State Board or professional organization. Original certificates are subject to audit and should be retained for a period of four years. Do not send this certificate to your State Board or group unless requested.

License Number (if applicable) 04791
Date 05/03/17
For the State of NYS
Employee Signature
Trainer Signature

has on this date completed the identified training.

STAN PINKUS

This is to certify that

ANNUAL BLOODBORNE PATHOGENS TRAINING

Stericycle

Stericycle

HAZARD COMMUNICATION AWARENESS TRAINING

This is to certify that

STAN PINKUS DDS

has on this date completed the above mentioned training at the employer's facility.

Date 05/03/17

Employee Signature
NYS 047191

Trainer Signature
ICE

The acceptance of Continuing Education credit is subject to the rules of various professional organizations. Statement herein of the number of hours completed is provided as a convenience for your recordkeeping requirements and does not imply acceptance by any particular organization.

1.0 CEU

Received
OCT 30 2017
NSBDE

DCCLINICAL

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DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Wednesday, April 22, 2015
8 pm

WHERE Live, Interactive Webinar

SPEAKER Kenneth A. Malament, DDS

TOPIC Understanding Modern Dental Ceramics and the Future Practice

AGD CODE(S):

612 (Prosthodontics: Ceramic Restorations) — 0.75 hour

697 (Implants: Diagnosis and Treatment Planning) — 0.75 hour

STAN PINKEES DDS

Attendee

NY 047191



PACE
Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425



DCDENTAL
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SALES LIAISON

CARE CREDIT
BERNARD FIALKOFF DDS
BAYSIDE, NY 11364



03/11/15

02801839712

07:53:38P

ACCOUNT NUMBER

CERTIFICATE OF ATTENDANCE

This is to certify that STAN R. NICKS has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendee State License Number: 04791 NY

COURSE: "I-STOP COMPLIANCE AND ELECTRONIC PRESCRIBING"

SPEAKERS: DR. BLJAN ANVAR, DDS

DATE: MARCH 11, 2015

TIME: 7:00 PM-10:00 PM

CREDIT HOURS: 3

COURSE CODE: 586

STUDY CLUB: DR. FIALKOFF STUDY CLUB

CONTACT: DR. FIALKOFF (718) 229-3838

**LOCATION: LATERNA RESTAURANT
47-20 BELL BLVD
BAYSIDE, NY**

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE

**OLEG RABINOVICH,
EXECUTIVE DIRECTOR**

Credits issued for participation in CE activity may NOT apply towards license renewal.

It is the responsibility of each participant to verify the requirements.

Retain this record of attendance for your files in the events of an audit by your State Board of Dentistry. NYSDA members: As a member benefit, your attendance has been forwarded electronically to NYSDA for posting on your CE ledger. Do NOT send this certificate to NYSDA for posting.

QCDS is an ADA CERP Recognized Provider approved by the NYSDA. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.



DCCLINICAL

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DC Clinical

CONTINUING EDUCATION CERTIFICATE

1.5 Credit Hours

DATE Wednesday, March 4, 2015
8 pm

WHERE Live, Interactive Webinar

SPEAKER Kenneth A. Malament, DDS

TOPIC Integration of Esthetic Dentistry and Implant Dentistry

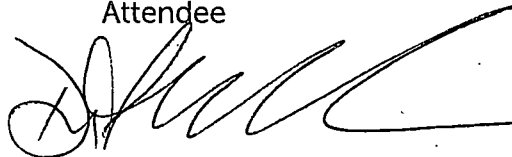
AGD CODE(S):

612 (Prosthodontics: Ceramic Restorations) — 0.75 hour

697 (Implants: Diagnosis and Treatment Planning) — 0.75 hour

STAN PINKUS DDS

Attendee





Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425



HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

Healthcare
ProviderAmerican
Heart
AssociationPEEL
HERE

Stanley Pinkus-DDS

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

06/04/2015

Issue Date

06/2017

Recommended Renewal Date

Training
Center Name Maimonides Medical Center TC ID #TC
Info NY04296
Brooklyn, NY 11219Course
Location The Certification CenterInstructor
Name Deirdre Linardos 03112359441 Inst. ID #Holder's
Signature

© 2011 American Heart Association Tampering with this card will alter its appearance 90-1802

Stanley Pinkus-DDS
795 Kearny Drive
Valley Stream, NY 11581

Peel the wallet card off the
sheet and fold it over.

This card contains unique security features to protect against forgery.
This card can be inserted into either a number 10 window or regular envelope.
If using a number 10 regular envelope, peel off the address label and apply it to the
outside of the envelope.

90-1802 3/11





THE CERTIFICATION CENTER, INC.

142-04 BAYSIDE AVE. SUITE 8L
FLUSHING, NY 11354
718-539-8800



WWW.THECERTIFICATIONCENTER.COM

THECERTIFICATIONCENTER@GMAIL.COM

CERTIFICATE OF COMPLETION

This is to verify that

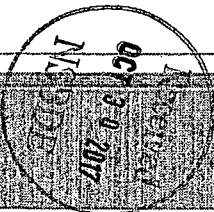
Stanley Pinkus-DDS

has completed a Continuing Medical Education Course
provided by the above agency entitled

BLS for Healthcare Providers (Original) Course

Completion Date: 6/4/2015
CME Hours: 4.0

License #:03101742695
Instructor: Deirdre Linardos



Dental Education Institute

Presents this Certificate to

DR. STAN PINKUS DDS



CE

As evidence of attendance in an education seminar:
"The use of minimally invasive surgical techniques for
implant placement and restoration in standard and
compromised sites".

**Dental Educational Institute has been designated an
approved sponsor of the Academy of General Dentistry
and awards.....Continuing Education Credit hours**

Academy of General Dentistry approved PACE Program Provider, FAGD/MAGD. Approval does
not imply acceptance by a state or provincial board of Dentistry or AGD endorsement. Sponsor Code
Number 218733. For lecture course, we issue 1 hour of C.E for each 1 hour spent in classroom

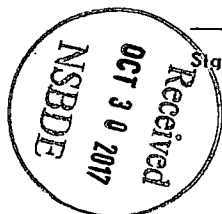
Stan Pinkus

Signature

5/22/15

Date


sweden & martina



DCCLINICAL

EDUCATING | ADVISING | ENRICHING

DC Clinical

CONTINUING EDUCATION CERTIFICATE *1.5 Credit Hours*

DATE Wednesday, May 20, 2015
8 pm

WHERE Live, Interactive Webinar

SPEAKER Steffany Mohan, DDS

TOPIC Adding or Increasing Implant Overdentures in Your Practice –
Marketing and Systems

AGD CODE(S):

695 (Implants: Implant Restorative) – 0.5 hour
697 (Implants: Diagnosis and Treatment Planning) – 0.5 hour
719 (Implants: Product Training – 0.5 hour

STAN BINKES MOHAN

Attendee

[Signature]

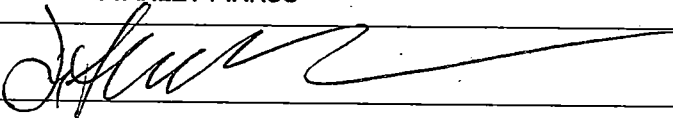


Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425



Blue Sky Bio, LLC**Record of Attendance**

Pace # 343567

| | |
|-----------------------------|---|
| Participant's Name | STANLEY PINKUS |
| Participant AGD ID# |  |
| State and License # | NY 047191 |
| Course Title | We Sweat Over Microns in Crown and Bridge, but We Don't Care About Millimeters in Implant Dentistry |
| Speaker Name | Dr. Armen Mirzayan |
| Educational Method | Lecture (webinar) |
| Course Date | March 23, 2015 |
| Location | Webinar |
| Verification Code | VBP |
| CDE Hours | 1 Credit Hour -- 1 hour course |
| Authorized Signature | Blue Sky Bio, LLC |



Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance
by a state or provincial board of dentistry
or AGD endorsement.
(10/01/2014) to (09/30/2018)
Provider AGD ID #343567





THE DIGITAL DENTIST

CONTINUING EDUCATION INFORMATION AGD APPROVED NATIONAL SPONSOR

This is to verify that the following individual participated in continuing education entitled, "Ortho for the GP"

Participant:

Participant State:

Certificate #:

STAN PINCUS DDS
NY 047191

Sponsor Name: The Digital Dentist

Instruction: Lorne Lavine, DMD, A+, Network +, CHSP

Seminar Date: March 3, 2015

Program Location: Online

Type of Credit: Lecture/Scientific: 1.5

561 (Information Technology/Computers) – 1.5 hours

TOTAL CREDIT HOURS: 1.5

Retain a copy for your files. Mail a copy to:

Academy of General Dentistry

Department of Dental Education

211 E. Chicago Ave. #900

Chicago, IL 60611

ID#346999



The Digital Dentist is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends 2/1/2014 to 1/31/2017.



Blue Sky Bio, LLC

Record of Attendance

Pace # 343567

| | |
|-----------------------------|---------------------------------------|
| Participant's Name | STAN PINKUS |
| Participant AGD ID# | |
| State and License # | NY 047191 |
| Course Title | DIGITAL POSSIBILITIES FOR CT PLANNING |
| Speaker Name | Joe Ambrose CDT |
| Educational Method | Lecture (webinar) |
| Course Date | January 26, 2015 |
| Location | Webinar |
| Verification Code | VBP |
| CDE Hours | 1 Credit Hour – 1 hour course |
| Authorized Signature | Blue Sky Bio, LLC |



Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance
by a state or provincial board of dentistry
or AGD endorsement.
(10/01/2014) to (09/30/2018)
Provider AGD ID #343567



Blue Sky Bio, LLC**Record of Attendance**

Pace # 343567

| | |
|-----------------------------|-------------------------------|
| Participant's Name | Stan Pinkus |
| Participant AGD ID# | |
| State and License # | NY 047191 |
| Course Title | Planning for the Future |
| Speaker Name | Joe Ambrose CDT |
| Educational Method | Lecture (webinar) |
| Course Date | January 12, 2015 |
| Location | Webinar |
| Verification Code | VBP |
| CDE Hours | 1 Credit Hour – 1 hour course |
| Authorized Signature | Blue Sky Bio, LLC |



Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance
by a state or provincial board of dentistry
or AGD endorsement.
(10/01/2014) to (09/30/2018)
Provider AGD ID #343567



CONTINUING EDUCATION CERTIFICATE OF COMPLETION

PROVIDER NAME: Nobel Biocare USA, LLC
DATE OF COURSE: 12/7/2013
COURSE TITLE: Esthetic Alliance-Module 1-Sessions 3 & 4
COURSE LOCATION: Mahwah, NJ
SPEAKER: Dr. Tom Williams
UNITS EARNED: 2
SPONSOR NUMBER: ADA Provider Code 08394012 / AGD Provider Code 208731
SUBJECT CODE: Prosthetic-Participation (692)
LICENTIATE'S NAME: STAN PINKUS DDS
ADA/AGD NUMBER: NY 047191

I certify that I completed the above course of continuing education.

LICENTIATES SIGNATURE: [Signature] DATE: 12/07/13

PARTICIPANTS: Continuing education credits issued for participation in the CE activity may not apply towards license renewal in all licensing jurisdictions. It is the responsibility of each participant to verify the CE requirements of his/her licensing or regulatory agency.

Dental Board of California - #RP2499

ADA CERP® | Continuing Education
Recognition Program

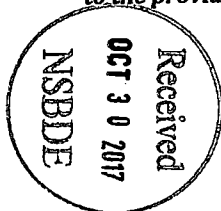
Nobel Biocare USA, LLC is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professional in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to the ADA CERP at www.ada.org/cerp.



Approved PACE Program Provider, FAGD/MAGD Credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement (8/1/2013 to 7/31/2016). Provider ID #208731



Continuing Education

CONTINUING EDUCATION CERTIFICATE OF COMPLETION

PROVIDER NAME: Nobel Biocare USA, LLC
DATE OF COURSE: 12/7/2013
COURSE TITLE: Esthetic Alliance-Module 1-Sessions 3 & 4
COURSE LOCATION: Mahwah, NJ
SPEAKER: Dr. Tom Williams
UNITS EARNED: 6
SPONSOR NUMBER: ADA Provider Code 08394012 / AGD Provider Code 208731
SUBJECT CODE: Prosthetic-Participation (692)
LICENTIATE'S NAME: STAN RINKUS, DDS
ADA/AGD NUMBER: _____

I certify that I completed the above course of continuing education.

LICENTIATES SIGNATURE: _____

DATE: 12/07/13

PARTICIPANTS: Continuing education credits issued for participation in the CE activity may not apply towards license renewal in all licensing jurisdictions. It is the responsibility of each participant to verify the CE requirements of his/her licensing or regulatory agency.

Dental Board of California - #RP2499

ADA C.E.R.P.[®] | Continuing Education
Recognition Program

Nobel Biocare USA, LLC is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professional in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to the ADA CERP at www.ada.org/cerp.



Approved PACE Program Provider, FAGD/MAGD
Credit. Approval does not imply acceptance by a
state or provincial board of dentistry or AGD
endorsement (8/1/2013 to 7/31/2016). Provider ID #208731



Continuing Education

DCCLINICAL

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DC Clinical

CONTINUING EDUCATION CERTIFICATE 1.5 Credit Hours

DATE Wednesday, December 17, 2014
8 pm

WHERE Live, Interactive Webinar

SPEAKER Anthony Feck, DMD, DDOCS

TOPIC Managing the High Fear Patient with Oral Conscious Sedation

AGD CODE(S):

341 (Anesthesia, Pain Mgmt, Sedation, Pharmacology:
Anesthesia and Pain Control) — 0.75 hour

343 (Anesthesia, Pain Mgmt, Sedation, Pharmacology: Oral Sedation) — 0.75 hour

STAN PINKUS DDS

Attendee

[Signature]

12/17/14.



PACE

Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
The current term of approval extends from
4/1/2014 to 3/31/2016.
Provider ID# 358425

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QCDS

ADACERP

CONTINUING EDUCATION RECOGNITION PROGRAM

86-90 188th Street

Jamaica, NY 11423

Tel: 718-454-8344

Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

This is to certify that DR. SPAN RINKUS has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendee State License Number: NY 047191

**COURSE: "PROBLEM SOLVING AND CURRENT TECHNOLOGY IN
IMPRESSIONING AND TEMPORIZATION-PROMOTING DENTAL PRACTICE
SUCCESS"**

SPEAKERS: DAVID HOLLIS

DATE: JANUARY 14, 2015

TIME: 7:00 PM- 10:00 PM

CREDIT HOURS: 3

COURSE CODE: 270

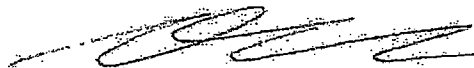
STUDY CLUB: DR. FIALKOFF STUDY CLUB

CONTACT: DR. FIALKOFF (718) 229-3838

**LOCATION: LATERNA RESTAURANT
47-20 BELL BLVD
BAYSIDE, NY**

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE



**OLEG RABINOVICH,
EXECUTIVE DIRECTOR**

Credits issued for participation in CE activity may NOT apply towards license renewal.

It is the responsibility of each participant to verify the requirements

Retain this record of attendance for your files in the events of an audit by your State Board of Dentistry. NYSDA members: As a member benefit, your attendance has been forwarded electronically to NYSDA for posting on your CE ledger. Do NOT send this certificate to NYSDA for posting.

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QCDS

ADACERP

CONTINUING EDUCATION RECOGNITION PROGRAM

86-90 188th Street

Jamaica, NY 11423

Tel: 718-454-8344

Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

This is to certify that STAN PINKES has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: Attendee State License Number: NY 047191

COURSE: "REAL LIFE SOLUTIONS TO EVERYDAY PROBLEMS- CLINICAL DILEMMAS & HOW TO SOLVE THEM"

SPEAKERS:

DR. MARVIN FIER DDS

DATE: APRIL 2, 2014

TIME: 7:00 PM- 10:00 PM

CREDIT HOURS: 3

COURSE CODE: 256

STUDY CLUB:

DR. FIALKOFF STUDY CLUB

CONTACT:

DR. FIALKOFF (718) 229-3838

LOCATION:

**LATERNA RESTAURANT
47-20 BELL BLVD
BAYSIDE, NY**

SPONSOR:

QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE


**WILLIAM BAYER
EXECUTIVE DIRECTOR**

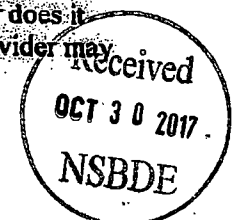


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CONTINUING EDUCATION INFORMATION
AGD APPROVED NATIONAL SPONSOR

This is to verify that the following individual participated in continuing education entitled, "Improving Patient Experience"

Participant:
Participant State:
Certificate #:

STAN PINKUS
NY 047191

Sponsor Name: The Digital Dentist
Instruction: Lorne Lavine, DMD, A+, Network +, CHSP
Seminar Date: January 27, 2015
Program Location: Online

Type of Credit: Lecture/Scientific: 1.5

561 (Information Technology/Computers) – 1.5 hours

TOTAL CREDIT HOURS: 1.5

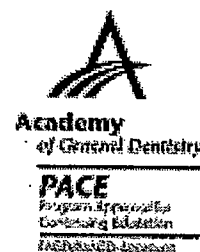
Retain a copy for your files. Mail a copy to:

Academy of General Dentistry

Department of Dental Education
211 E. Chicago Ave. #900
Chicago, IL 60611
ID#346999



The Digital Dentist is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends 2/1/2014 to 1/31/2017.





Fialkoff Dental Study Club

56-03 214th Street
Bayside, NY 11364

COURSE COMPLETION FORM

[*Stu Pinkus DDS*] has successfully completed the following continuing education course.

Course Title: What's New With OSHA and HIPAA? 10 Tips/Tools to Keep Your Practice in Compliance

Course Presented By: Leslie Canham, CDA RDA

Course Content: Are you familiar with the current updates to HIPAA and OSHA regulations? The first part of the course will familiarize familiar participants with the basic concepts of HIPAA including the Final Omnibus Rule and its Sept. 23, 2013 compliance deadline. The second part of the course will cover OSHA requirements, including bloodborne pathogen training and new Hazard Communication standard which employers were required to provide to employees Dec. 1 of 2013. If you missed the deadlines you cannot miss this program. Review HIPAA regulations as they apply to dentistry, Understand how to meet OSHA requirements and Learn about the changes to the Hazard Communication Standard

Date: Tuesday, March 11, 2014

Time Held: 7-10 PM

Credit Hours: 3 CE Hours

Course Code: 150 for OSHA and 162 for HIPAA

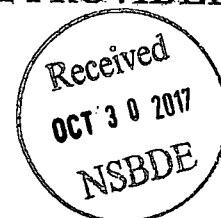
Co-Sponsored By: The New York State AGD and Fialkoff Dental Study Club

Location: Laterna Restaurant, 47-20 Bell Blvd., Bayside, NY 11364

Provider Signature: _____

Bernard Fialkoff DDS and Fialkoff Dental Study Club

The New York State constituent of the Academy of General Dentistry has designated Fialkoff Dental Study Club as an approved program provider. The sponsor's formal CDE programs are acceptable by the AGD for Fellowship and Mastership and membership maintenance credit. This course is also acceptable for MCE Licensing Maintenance. The current term of approval extends from May 1, 2012 to May 1, 2014. **PACE PROVIDER # 348742**



AGD – Accepted Program Provider
FAGD/ MAGD Credit (Provider ID# 208002)
HSE is an ADA CERP Recognized Provider



healthcampus.com

courses are provided through home study educators

HOME STUDY EDUCATORS, INC.
13801 N. Mo-Pac, Suite 100 AUSTIN, TX 78727
Telephone (800) 442-1149

Approved by the Florida Board of Dentistry
Dental Board of California Registration #4656
KY CHFS 0810-1568-M

NUTRITIONAL COUNSELING

Verification of Participation for:

License (s): **NY 047191-1**

12 CE Hours

STAN PINKUS
936 MIDWAY
WOODMERE, NY 11598

Awarded on 11/20/2012
Registrar: **Clyde Seepersad**

I completed this course and the post test without assistance:

Signature: _____

KEEP THIS CERTIFICATE FOR 2 BIENNIUMS

December 20, 2012

Dear STAN PINKUS,

Thank you for taking the Home Study Educators course! It was our pleasure to help you further your success.

Enclosed, you will find your detachable Certificate of Completion.

If you have any questions, please do not hesitate to contact us at 1.888.360.TRNG or e-mail us at hawama.sattar@360training.com.

Kind Regards,

Home Study Educators



ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp.

Fialkoff Dental Study Club

COURSE COMPLETION FORM

Stan Pinkies DDS has successfully completed the following continuing education course.

Course Title: Porcelain Veneers – Secrets & Avoiding the Potential Pitfalls

Course Presented By: Dr. Neil Berman DDS

Course Content: With materials and techniques changing so rapidly in dentistry, the general practitioner needs to have a system for porcelain veneers that is predictable and simplified. The ability to create seamless, esthetic and lifelike restorations from temporization to bonding in the final veneers is paramount to a successful cosmetic practice. Topics to be discussed are Case Selection, Provisionalization, Materials, Finishing, Preparation, Seating and Bonding, Limitations and Occlusion as it relates to porcelain veneers. The participants should feel comfortable employing various techniques and materials presented back in their own offices.

Date: May 9, 2012
Credit Hours: 3 CE Hours

Time Held: 7-10 PM
Course Code: 676

Co-Sponsored By: The New York State AGD and Fialkoff Dental Study Club
Location: Laterna Restaurant, 47-20 Bell Blvd., Bayside, NY 11364

Provider Signature:


Bernard Fialkoff DDS and Fialkoff Dental Study Club

The New York State constituent of the Academy of General Dentistry has designated Fialkoff Dental Study Club as an approved program provider. The sponsor's formal CDE programs are acceptable by the AGD for Fellowship and Mastership and membership maintenance credit. This course is also acceptable for MCE Licensing Maintenance. The current term of approval extends from May 1, 2012 to May 1, 2013. **PACE PROVIDER # 348742**



QCDS

ADAC·E·R·P

CONTINUING EDUCATION RECOGNITION PROGRAM

86-90 188th Street

Jamaica, NY 11423

Tel: 718-454-8344

Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

This is to certify that STAN DINKU has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendee State License Number: 047191 NY

COURSE: "HOW TO AVOID HEADACHES WITH IMPLANTS"

SPEAKERS: SIMON GALEAS & DR. BERNARD FIALKOFF DDS

DATE: MAY 6, 2014

TIME: 7:00 PM- 10:00 PM

CREDIT HOURS: 3

COURSE CODE: 613

STUDY CLUB: DR. FIALKOFF STUDY CLUB

CONTACT: DR. FIALKOFF (718) 229-3838

LOCATION: LATERNA RESTAURANT
47-20 BELL BLVD
BAYSIDE, NY

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE


WILLIAM BAYER
EXECUTIVE DIRECTOR



Credits issued for participation in CE activity may NOT apply towards license renewal.

It is the responsibility of each participant to verify the requirements.

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QCDS

ADACERP

CONTINUING EDUCATION RECOGNITION PROGRAM

86-90 188th Street
Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

CERTIFICATE OF ATTENDANCE

This is to certify that STAN PINKUS DDS has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendee State License Number: 04791 NY

COURSE: "LASER ENDODONTICS - WHAT IS POSSIBLE?"

SPEAKERS: DR. JOHN L. SANTOPOLO, DDS, MSCD

DATE: JULY 16, 2014

TIME: 7:00 PM- 10:00 PM

CREDIT HOURS: 3

COURSE CODE: 070

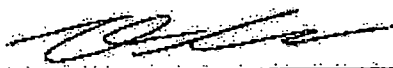
STUDY CLUB: DR. FIALKOFF STUDY CLUB

CONTACT: DR. FIALKOFF (718) 229-3838

LOCATION: LATERNA RESTAURANT
47-20 BELL BLVD
BAYSIDE, NY

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE



OLEG RABINOVICH
EXECUTIVE DIRECTOR

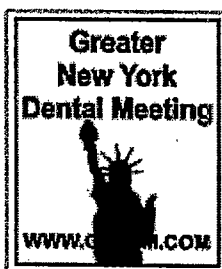
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NYSDA members: As a member benefit, your attendance has been forwarded electronically to NYSDA
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be directed to the provider or to ADA CERP at www.ada.org/cerp.





Stanley Pinkus
316 Beach 20th Street
Far Rockaway, NY - New York 11691

Dear Stanley,

The Greater New York Dental Meeting verifies your attendance at the following course(s) during the 2011 meeting. The GNYDM is an ADA CERP recognized provider. Credit awarded for the courses listed below is accepted at the discretion of the agency to which you report your CEUs. Continuing education credits are designated based on hour-for-hour attendance. The attendee named above has met the requirements for continuing education verification.

| Course # | Title of Course | AGD Code | Credit Hours | Date |
|-----------------------------------|--|----------|------------------|----------------------|
| 3130 | Exhibit Floor Credit | 149 | 1.00 | issued on 11/27/2011 |
| 3070 | Antibiotics in Dentistry | 016 | 3.00 | issued on 11/27/2011 |
| 3060 | Common Oral Lesions: Differential Diagnosis and Treatment | 739 | 3.00 | issued on 11/27/2011 |
| 3840 | Scientific Poster Presentations | 149 | 1.00 | issued on 11/27/2011 |
| 4130 | Predictable Comprehensive Dentistry - Addressing Occlusion, Sleep Breathing Disorders and Aesthetics | 180 | 3.00 | issued on 11/28/2011 |
| 4135 | Comprehensive Care & It Isn't About the Teeth!- In our quest to be better dentists, are our patients paying the price? | 149 | 3.00 | issued on 11/28/2011 |
| 5640 | Salivary Diagnostics | 149 | 3.00 | issued on 11/29/2011 |
| 5240 | The Legal and Ethical Responsibilities of Practicing Dentistry in New York State | 581 | 3.00 | issued on 11/29/2011 |
| Total Course Hours Earned: | | | <u>20</u> | |

ADA ID:

It is your responsibility to submit course hours earned to the appropriate agency.

We hope you enjoyed our Meeting in New York City and found the Exhibits and Scientific Sessions to be professionally rewarding. Please join us next year at the 88th Annual Greater New York Dental Meeting, November 23 - November 28, 2012.

Greater New York Dental Meeting
November 25 - November 30, 2011
570 Seventh Ave, Suite 800
New York, NY 10018
Phone: 212-398-6922



PROFESSIONAL
COMPLIANCE
GROUP

Certificate of Completion

This certifies that STAN PINKUS has successfully completed an approved course in Infection Control and Barrier Precautions, updated CDC guidelines and OSHA regulations on 12/11/12. Location Laterna Restaurant

This program was presented by Dr. Harold E. Edelman of Professional Compliance Group, P.O.Box 454, Farmingville, New York, 11738 (631) 716-0046, infectioncontrolguy@Gmail.com

License # 047191

Signature [Signature]

Providers: [Signature]
Harold E. Edelman, D.D.S.

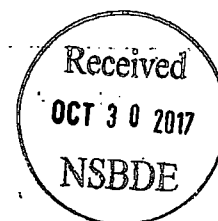
ADA # _____
C.E. Credits 3

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|---|---|---|---|---|
| I | C | 0 | 0 | 8 |
|---|---|---|---|---|

N.Y.S. Education
Dept. Approved
Provider Number

White copy: Registrant

Yellow copy: Dr. Harold Edelman



QCDS

86-90 188th Street
Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

ADACERP
CONTINUING EDUCATION RECOGNITION PROGRAM

CERTIFICATE OF ATTENDANCE

This is to certify that Stan Pinkus has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendance State License Number: 047191 NY

COURSE: "SOLVING AND TREATING THE DIFFICULT,
INSANE LITIGIOUS DENTAL PATIENT"

SPEAKERS: DR. ED PORTNOY

STUDY CLUB: DR. FIALKOFF STUDY CLUB

DATE: JUNE 13, 2012

TIME: 7:00-10:00 PM

CREDIT HOURS: 3

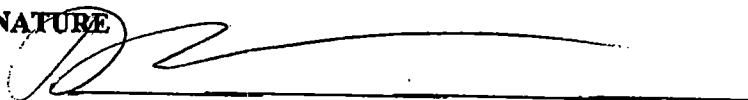
COURSE CODE: 557

CONTACT: DR. FIALKOFF (718) 229-3838

LOCATION: DR FIALKOFF'S OFFICE
56-03 214TH STREET, BAYSIDE, NY

SPONSOR: Queens County Dental Society

PROVIDERS SIGNATURE



WILLIAM BAYER,
EXECUTIVE DIRECTOR

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COURSE COMPLETION FORM

STAN DINKU has successfully completed the following continuing education course.

Course Title: "NY STATE MANDATORY INFECTION CONTROL COURSE AND OSHA COMPLIANCE"

Course Presented By: Dr. Harold E. Edelman DDS

Course Content: This course satisfies the New York State mandate in infection control for four years. This course also satisfies the attending practitioner's OSHA's annual training requirements for all employees present; New, updated inserts for your Exposure Control Plan / Current CDC infection control guidelines and OSHA directives will be provided. This is one of the only courses that satisfies all of these requirements in one. This course will cover hand hygiene, influenza vaccination, post exposure protocols, new technologies in our professional areas, dental aerosols, updated OSHA compliance directives that are relevant to dentists, instrument processing, MMR & Varicella and engineered sharps/safety devices. Dental hygienists are welcome to attend and are required to satisfy this mandate as well.

Date: Tuesday, December 11, 2012

Time Held: 7-10 PM

Credit Hours: 3 CE Hours

Course Code: 170

Co-Sponsored By: The New York State AGD and Fialkoff Dental Study Club

Location: Laterna Restaurant, 47-20 Bell Blvd., Bayside, NY 11364

Provider Signature:


Bernard Fialkoff DDS and Fialkoff Dental Study Club

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STANLEY PINKUS
316 BEACH 20TH STREET
FAR ROCKAWAY, NY 11691

Dear STANLEY,

The Greater New York Dental Meeting verifies your attendance at the following course(s) during the 2011 meeting. The GNYDM is an ADA CERP recognized provider. Credit awarded for the courses listed below is accepted at the discretion of the agency to which you report your CEUs. Continuing education credits are designated based on hour-for-hour attendance. The attendee named above has met the requirements for continuing education verification.

| Course # | Title of Course | AGD Code | Credit Hours | Date |
|----------|---|----------|--------------|----------------------|
| 3130 | Exhibit Floor Credit | 149 | 1.00 | issued on 11/27/2011 |
| 3060 | Common Oral Lesions: Differential Diagnosis and Treatment | 739 | 3.00 | issued on 11/27/2011 |
| 3840 | Scientific Poster Presentations | 149 | 1.00 | issued on 11/27/2011 |
| 3070 | Antibiotics in Dentistry | 016 | 3.00 | issued on 11/27/2011 |

Total Course Hours Earned: 8

11/28/11 MON AM

4130 3 CE - 218-023

11/29/11 MON PM 4135 3 CE - 214-933

ADA ID:

It is your responsibility to submit course hours earned to the appropriate agency.

We hope you enjoyed our Meeting in New York City and found the Exhibits and Scientific Sessions to be professionally rewarding. Please join us next year at the 88th Annual Greater New York Dental Meeting, November 23 - November 28, 2012.

Greater New York Dental Meeting
November 25 - November 30, 2011
570 Seventh Ave, Suite 800
New York, NY 10018
Phone: 212-398-6922
Fax: 212-398-6934
www.gnydm.com
INFO@gnydm.com



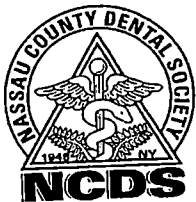
TUE PM 5240

558-1733

TUE AM 5640

574-953?

2011/12



EDUCATION CERTIFICATE OF COMPLETION

Nassau Academy
Of Dentistry

Received
OCT 30 2017
NSBDE

| | |
|-----------------------|---|
| PROVIDER NAME: | Dr. Fialkoff Study Club |
| DATE OF COURSE: | Wednesday, January 11, 2012 |
| COURSE TITLE: | The Implant Cases You're Not Doing – Innovative Ideas for Implant Site Development and Abutment Preparation |
| SPEAKER: | Dr. Scott D Ganz DDS and Alex Miller President of Meisinger USA |
| CREDITS AWARDED: | 3 |
| SUBJECT CODE: | 316 |
| SPONSOR NUMBER: | Nassau Academy of Dentistry |
| NAME: | DR. STAN PINKUS UZ # 047191 NY |
| ADA/AGD #: | [REDACTED] |
| AUTHORIZED SIGNATURE: | [Signature] |

I certify that I have completed the above course for continuing education.

SIGNATURE: _____

DATE: 01/11/12

If you are a member of ADA or AGD please complete this form and follow the guidelines of the organization for submitting completed continuing education certificate for credit.

QCDS

86-90 188th Street
Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

ADACERP
CONTINUING EDUCATION RECOGNITION PROGRAM

CERTIFICATE OF ATTENDANCE

This is to certify that STAN PINKUS DDS has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendance State License Number: NY 047191

COURSE: "INSTANT DENTURES, DIRECT PULP CAPS AND OTHER MYTHS".

SPEAKERS: DR. MICHAEL TEITELBAUM

STUDY CLUB: DR. FIALKOFF STUDY CLUB

DATE: FEBRUARY 8, 2012

TIME: 7:00-10:00 PM

CREDIT HOURS: 3

COURSE CODE: 671

CONTACT: DR. FIALKOFF (718) 229-3838

LOCATION: DR FIALKOFF'S OFFICE
56-03 214TH STREET, BAYSIDE, NY

SPONSOR: Queens County Dental Society

PROVIDERS SIGNATURE



WILLIAM BAYER,
EXECUTIVE DIRECTOR

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QCDS

86-90 188th Street
Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

ADACERP
CONTINUING EDUCATION RECOGNITION PROGRAM

CERTIFICATE OF ATTENDANCE

This is to certify that DR. STAN PEWKUS has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendance State License Number: 047191/NY

**COURSE: "WHAT CHOICES TO CASE SUCCESS? DIAGNOSTIC CASE
PLANNING, THE KEY TO PREDICTABLE CASES"**

SPEAKERS: DR. HOWARD FRIEDMAN

STUDY CLUB: DR. FIALKOFF STUDY CLUB

DATE: MARCH 7, 2012

TIME: 7:00-10:00 PM

CREDIT HOURS: 3

COURSE CODE: 550

CONTACT: DR. FIALKOFF (718) 229-3838

**LOCATION: DR FIALKOFF'S OFFICE
56-03 214TH STREET, BAYSIDE, NY**

SPONSOR: Queens County Dental Society

PROVIDERS SIGNATURE



**WILLIAM BAYER,
EXECUTIVE DIRECTOR**

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Jamaica, NY 11423
Tel: 718-454-8344
Fax: 718-454-8818

ADACERP
CONTINUING EDUCATION RECOGNITION PROGRAM

CERTIFICATE OF ATTENDANCE

This is to certify that Stan Pinkus DDS has successfully completed

The following continuing education course and is entitled to the credit hours indicated

ADA#: _____ Attendance State License Number: NY 047191

COURSE: "PORCELAIN VENEERS – SECRETS AND
AVOIDING POTENTIAL PITFALLS"

SPEAKERS: DR. NEIL BERMAN

STUDY CLUB: DR. FIALKOFF STUDY CLUB

DATE: MAY 9, 2012

TIME: 7:00PM- 10:00PM

CREDIT HOURS: 3

COURSE CODE: 250

CONTACT: DR. FIALKOFF (718) 229-3838

LOCATION: LATERNA RESTAURANT
47-10 BELL BLVD, BAYSIDE NY

SPONSOR: QUEENS COUNTY DENTAL SOCIETY

PROVIDERS SIGNATURE



WILLIAM BAYER,
EXECUTIVE DIRECTOR

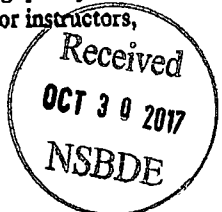
Credits issued for participation in CE activity may NOT apply towards license renewal.
It is the responsibility of each participant to verify the requirements
Retain this record of attendance for your files in the events of an audit by your State Board of Dentistry
NYSDA members: As a member benefit, your attendance has been forwarded electronically to NYSDA for
posting on your CE ledger. Do NOT send this certificate to NYSDA for posting.

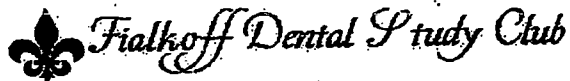
QCDS is an ADA CERP recognized provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality
providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors,
nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at
ADA.org/goto/cerp.

QCDS designates this activity for continuing education credits.





56-03 214th Street
Bayside, NY 11364

COURSE COMPLETION FORM

SPAN
PINKUS
DDS
[] has successfully completed the following continuing education course.

Course Title: Mandatory Licensing Oral Cancer Screening Course - "Oral Cancer - Early Detection and Prevention"

Course Presented By: Dr. Alexander Ross Kerr DDS and Dr. Robert Trager DDS

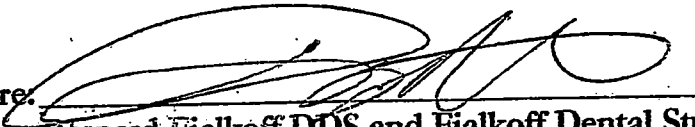
Course Content: How many lives have you saved? This program, with a discussion of cases, will prepare the entire dental team to implement oral cancer detection into their practice. Attendees will learn about the current epidemiology, pathogenesis, and molecular basis for oral and oropharyngeal cancers and potentially malignant oral lesions, how to perform a comprehensive yet practical risk assessment and oral examination, what to do when abnormal examination findings are encountered including the indications for currently available diagnostic and adjunctive tests and techniques, and patients with malignant and premalignant lesions are managed. Preventive activities, including tobacco cessation strategies will also be discussed. This program satisfies the New York mandated continuing education oral cancer requirements.

Date: August 14, 2012
Credit Hours: 3 CE Hours

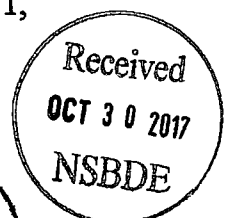
Time Held: 7-10 PM
Course Code: 160

Co-Sponsored By: The New York State AGD and Fialkoff Dental Study Club
Location: Laterna Restaurant, 47-20 Bell Blvd., Bayside, NY 11364

Provider Signature:


Bernard Fialkoff DDS and Fialkoff Dental Study Club

The New York State constituent of the Academy of General Dentistry has designated Fialkoff Dental Study Club as an approved program provider. The sponsor's formal CDE programs are acceptable by the AGD for Fellowship and Mastership and membership maintenance credit. This course is also acceptable for MCE Licensing Maintenance. The current term of approval extends from May 1, 2012 to May 1, 2013. **PACE PROVIDER # 348742**



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ERIC TAYLOR
DAVID J. MORTENSEN
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LAWYERS

LAS VEGAS OFFICE

6605 GRAND MONTECITO PARKWAY, SUITE 200
LAS VEGAS, NEVADA 89149
(702) 384-7000 FAX (702) 385-7000

RENO OFFICE

200 S. VIRGINIA, 8TH FLOOR, RENO, NEVADA 89501
Telephone (775) 398-3025

www.alversontaylor.com

REPLY TO: ☒ Las Vegas Office ☐ Reno Office

ALEXANDER M. BROWN
TREVOR WAITE
DAVID J. ROTHENBERG
BRADY L. DAVIES
MICHAEL T. McLOUGHLIN
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JENNIFER M. McMENOMY
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JASON SADOW

OF COUNSEL

JOHN F. WILES
JACK C. CHERRY
(1932 - 2015)

August 7, 2017

VIA U.S. MAIL

ORIGINAL REQUEST

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



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

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

Dear Board of Dental Examiners:

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

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

STATEMENT OF FACTS

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

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

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ORIGINAL REQUEST

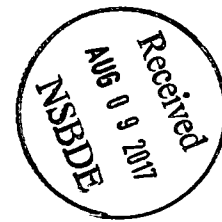
In July 2009, Dr. Pinkus entered into a stipulation agreement (attached hereto as **Exhibit "A"** and hereinafter referred to as the "Stipulation") with the Board. In that agreement, Dr. Pinkus agreed to a twelve (12) month monitoring period; 54 hours of supplementary education relating to pediatric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

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

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

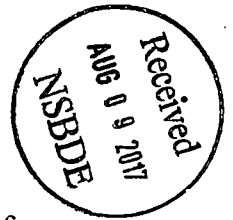
Section 8(b) of the proposed agreement stated:

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



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

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



nonappearance at the hearing. Dr. Pinkus is cognizant that his actions and beliefs were inexcusable and he truly regrets his failure to appear.

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

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

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

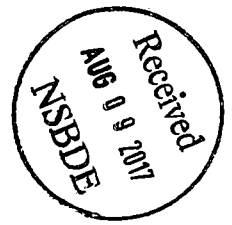
Since Dr. Pinkus' return to New York, Dr. Pinkus has not been subject to any patient complaints or disciplinary investigations. At this time, Dr. Pinkus is requesting the Board reevaluate the revocation of his Nevada Dental License.

REQUEST FOR RECONSIDERATION

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

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

In June 2011, the Board proposed Stipulation II, which would allow Dr. Pinkus to continue practicing dentistry under the supervision of the Board. The Board also proposed Dr. Pinkus take additional courses in crown and bridge work, and reimburse the complaining patients



for the work the Board deemed to be below the standard of care. As Dr. Pinkus did not agree with the Board's findings, and he no longer planned on practicing dentistry in Nevada, he did not enter into Stipulation II at that time. When the Board found against Dr. Pinkus in 2012, they revoked his Nevada Dental License, in addition to the same fines, costs, and reimbursements. The Board had discretion in its assignment of disciplinary action; however, it chose the most severe penalty.

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

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

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

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

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

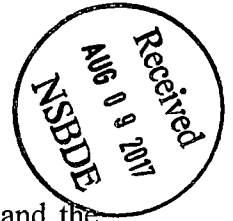
In its Findings, the Board stated that Legal Conclusions were decided "by virtue of the foregoing facts." *See Findings at 8.* However, the Board *failed to identify any facts which supported its conclusions*, let alone supported the revocation of his license. The facts section

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only detailed the allegations against Dr. Pinkus; the findings of the 2009 Stipulation; and the correspondence the Board provided to Dr. Pinkus after the informal hearing, asserting he had violated sections of Nevada Revised Statute section 631. *See generally, Id.* at 2 – 7. This correspondence was written *before* Dr. Pinkus had an opportunity to respond to the Board's findings at that informal hearing and *before* Dr. Pinkus submitted his response to the Board, refuting the Board's factual conclusions. *Id.* at 7. Specifically, Dr. Pinkus objected to findings based on the Disciplinary Screening Officer's evaluation, as those evaluations took place *after* the patients went to another office for additional dental work on the same crowns called into question. Nevertheless, based on its Findings, the Board did not take any of Dr. Pinkus' objections into consideration.

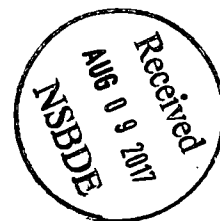
Dr. Glavas provided an opinion letter to the Board suggesting that an independent third party examine the patients and records in question due to inconsistencies in the x-rays. Dr. Glavas stated that the records provided by the Board "show a large difference suggesting second restorations were in place."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

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

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

Thus, Dr. Pinkus respectfully asks that the Board review the totality of his circumstances and reconsider the status of his license based on all available evidence and documentation.

...
...



3. Dr. Pinkus does not pose any threat to the health and safety of his patients

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

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

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

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

CONCLUSION

In light of the circumstances in this case, and based on the Dr. Pinkus' good faith efforts, our client hereby requests and proposes that his license be reactivated subject to. Dr. Pinkus will

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eagerly satisfy any outstanding obligation to the Board. Dr. Pinkus sets forth these proposed courses of action in the best of faith, and we look forward to your response to the foregoing request, including any counter-proposal(s) to rectify the issues related to Dr. Pinkus' license.

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

Very truly yours,

ALVERSON TAYLOR
MORTENSEN & SANDERS


David J. Mortensen, Esq.

DJM/mb

Enclosure as stated

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Exhibit A



LV152146

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 08-01721

Complainant,

vs.

STANLEY PINKUS, D.D.S.,

Respondent.

STIPULATION AGREEMENT

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

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

2. On August 11, 2008, the Board notified Respondent of a verified complaint received from Joseph Rytel (on behalf of minor Ryan Rytel). On September 26, 2008, the Board received an answer to the complaint from Respondent.

VG1 9116v2 05/18/09

Page 1 of 14

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1
2 3. On March 2, 2009, an informal hearing was held in Las Vegas, Nevada, regarding
3 alleged violations of chapter 631 of the Nevada Revised Statutes ("NRS") and chapter 631 of the
4 Nevada Administrative Code ("NAC") by licensee, STANLEY PINKUS, D.D.S. The informal
5 hearing was held pursuant to NRS § 631.363 and NAC §§ 631.250 and 631.255.

6
7 4. Based upon the limited investigation conducted to date, Disciplinary Screening Officer,
8 Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set
9 forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and
10 see *Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
11 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other
12 subsequent civil action, finds there is substantial evidence Respondent violated NAC
13 631.230(1)(c) regarding treatment rendered to patient Troy Gerber based upon the following:

- 14 a. Respondent did not diagnose and chart the patient's Periodontal condition prior to
15 placing a bridge on Teeth #19, 20, and 21.
- 16 b. Respondent did not obtain a written informed consent regarding acceptance of the
17 shade of color for the bridge.
- 18 c. The Crown placed on Tooth #22 had an open margin on the distal of Tooth #22.
- 19 d. The Respondent extracted tooth #19 and left a residual root tip. Thereafter
20 Respondent placed a bridge over teeth #19, 20, 21, and 22 without first removing
21 the root tip.

22 5. Based upon the limited investigation conducted to date, Disciplinary Screening Officer,
23 Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set
24 forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and
25 see *Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
26 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other



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1 subsequent civil action, finds there is substantial evidence that Respondent violated NAC
2 631.230(1)(c) regarding treatment rendered to patient Sharon Gerber based upon the following:

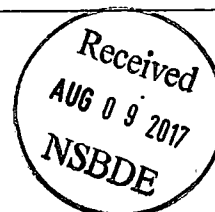
- 3
- 4 a. Respondent did not chart the Periodontal condition of the patient prior to placing
the bridge on Teeth #18, 19, 20, 21, and 22.
- 5
- 6 b. The crown placed on Tooth #22 had an open margin on the distal of tooth #22.
The crown placed on Tooth #22 was also too short.
- 7
- 8 c. There was an open margin on the distal of tooth #30.

9 6. Based upon the limited investigation conducted to date, Disciplinary Screening Officer,
10 Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set
11 forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and
12 see *Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
13 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other
14 subsequent civil action, finds there is substantial evidence that Respondent violated NAC
15 631.230(1)(c) regarding patient Ryan Rytel (minor) when Respondent placed crowns on teeth #8
16 and #9, which should have been bonded based upon the age of the patient.

17 7. Applying the administrative burden of proof of substantial evidence as set forth in *State,*
18 *Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see *Minton v.*
19 *Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
20 233B.135(3)(e) & NRS 631.350(1), Respondent admits, but not for any other purpose, including
21 any subsequent civil action, that the treatment rendered to Troy Greber as set forth in paragraph
22 4 was in violation of NAC 631.230(1)(c).

23 8. Applying the administrative burden of proof of substantial evidence as set forth in *State,*
24 *Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see *Minton v.*
25 *Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
26

28 SP 



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

4
5 9. Applying the administrative burden of proof of substantial evidence as set forth in *State,*
6 *Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see *Minton v.*
7 *Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
8 233B.135(3)(e) & NRS 631.350(1), Respondent admits, but not for any other purpose, including
9 any subsequent civil action, that the treatment provided to Ryan Rytel as set forth in paragraph 6
10 was in violation of NAC 631.230(1)(c).

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

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

26 a). Name of patient

27 b). Date of treatment bridge was placed

1 c). Explanation of treatment

2 d). Pre and Post cementations, bitewings, and radiographs.

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

20 b. Pursuant to NRS 631.350(1)(f), Respondent, upon adoption of this Stipulation,
21 **shall not provide pediatric dentistry** to patients under the age of eighteen (18)
22 until Respondent has completed the nineteen (19) hours supplemental education
23 set forth in paragraph 10(c)(4) of this Stipulation. It should be noted that prior to
24 the Board's adoption of this Stipulation, the Executive Director of the Board
25 authorized a course in pediatric dentistry sponsored by the American Academy of
26 Pediatric Dentistry in partial satisfaction of the continuing education requirement
27 contained in paragraph 10(c) of this Stipulation. Respondent completed the

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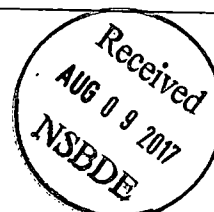
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1 Board-approved course in pediatric dentistry, receiving 19.75 hours of continuing
2 education credit in pediatric dentistry. Respondent submitted to the Executive
3 Director of the Board a Continuing Education Certification of Attendance as
4 proof of completion of 19.75 hours of continuing education in pediatric dentistry
5 prior to Board adoption of this Stipulation.

6
7 c. Pursuant to NRS 631.350(k), in addition to completing the required continuing
8 education, Respondent shall obtain a total of Fifty-four (54) hours of additional
9 supplemental education in the following areas:

- 10 1. Seven (7) hours shall be regarding proper billing and record
11 keeping.
- 12 2. Seven (7) hours shall be regarding radiographic interpretation and
13 diagnosing.
- 14 3. Twenty-one (21) hours shall be regarding the proper diagnosis and
15 treatment of Periodontal conditions prior performing any other
16 dental treatments, including but not limited to the placement of
17 crowns and bridges.
- 18 4. Nineteen (19) additional hours shall be in the area of appropriate
19 diagnosis for Pediatric patients.

20 Record keeping, radiography, and diagnosis and treatment of Periodontal
21 education set forth in this paragraph must be completed within twelve (12)
22 months of the adoption of this Stipulation Agreement while the nineteen (19)
23 hours in the area of Pediatric Dentistry set forth in this paragraph must be
24 completed within six (6) months of the adoption of this Stipulation Agreement.
25 Respondent can not treat children under the age of eighteen (18) until above-
26 referenced education in the area of Pediatric Dentistry is completed. As noted in
27 Paragraph 10 (b), prior to adoption of this Stipulation, Respondent began taking

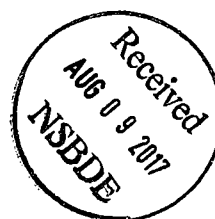


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1 approved courses to satisfy the requirements of Paragraphs 10(b) & 10(c)(4).
2 Respondent acknowledges and agrees he is taking such courses knowing in the
3 event the Board does not approve this Stipulation the courses taken may only be
4 applied to the regular continuing education requirements set forth in NAC
5 631.173 thru NAC 631.178. Further Respondent acknowledges and agrees the
6 taking such courses prior to adoption of this Stipulation in no way obligates the
7 Board to adopt this Stipulation. The Board is still permitted to adopt or reject
8 this Stipulation regardless of whether Respondent has taken pre-approved courses
9 prior to the adoption of this Stipulation in order to comply with the requirements
10 set for in Paragraphs 10(b) & 10(c)(4).

11 The supplemental education must be submitted in writing to the Executive
12 Director of the Board for approval prior to attendance. Upon the receipt of the
13 written request to attend the supplemental education the Executive Director of the
14 Board shall notify Respondent in writing whether the requested supplemental
15 education is approved for attendance. Respondent agrees seventy (70%) percent
16 of the supplemental education shall be completed through attendance at live
17 lecture and/or hand on clinical demonstration, which include in-office
18 education/training in record keeping and billing practices. The remaining thirty
19 (30%) percent of the supplemental education may be completed through
20 online/home study courses. The cost associated with this supplemental education
21 shall be paid by Respondent.

22 In the event Respondent fails to complete the supplemental education for
23 Pediatric Dentistry within six (6) months of adoption of this Stipulation by the
24 Board, Respondent agrees his license to practice dentistry in the State of Nevada
25 shall be automatically suspended without any further action of the Board other
26



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1 than the issuance of an Order of Suspension by the Executive Director. Upon
2 Respondent submitting written proof of the completion of the supplemental
3 education, Respondent's license to practice dentistry in the State of Nevada will
4 be automatically reinstated, assuming all other provisions of the Stipulation
5 Agreement are in compliance.

6
7 In the event Respondent fails to complete the supplemental education set forth in
8 paragraphs 10(c)(1), or 10(c)(2), and/or 10(c)(3) within twelve (12) months of
9 adoption of this Stipulation by the Board, Respondent agrees his license to
10 practice dentistry in the State of Nevada shall be automatically suspended without
11 any further action of the Board other than the issuance of an Order of Suspension
12 by the Executive Director. Upon Respondent submitting written proof of the
13 completion of the supplemental education, Respondent's license to practice
14 dentistry in the State of Nevada will be automatically reinstated, assuming all
15 other provisions of the Stipulation Agreement are in compliance.

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

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

- 24
25 d. Respondent agrees to reimburse the "Board" for the cost of the investigation and
26 the monitoring of this Stipulation Agreement in the amount of Eight Thousand

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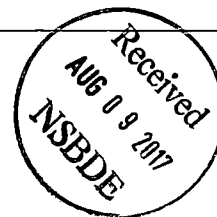
1 (\$8,000.) Dollars within thirty (30) days of the adoption of this Stipulation
2 Agreement.

3
4 e. Pursuant to NRS 631.350(1), Respondent agrees to reimburse Troy Gerber in the
5 amount of Two Thousand Nine Hundred and Seventy Nine (\$2,979.00) Dollars
6 within thirty (30) days of adoption of this Stipulation by the Board. Within thirty
7 (30) days of the adoption of this Stipulation by the Board, Respondent shall
8 deliver to the Board, a check made payable to Troy Gerber.

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

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

20
21 h. In the event Respondent defaults on the payment set forth in Paragraph 10(d) or,
22 10(e) or, 10(f) or, and/or 10(g), Respondent agrees his license to practice dentistry
23 in the State of Nevada shall automatically be suspended without any further action
24 of the Board other than issuance of an Order of Suspension by the Executive
25 Director. Respondent agrees to pay a liquidated damage amount of Twenty Five
26 Dollars (\$25.00) for each day Respondent is in default on the payment(s) of any



1 of the amounts set forth in either paragraphs 10(d) or, 10(e) or, 10(f) and/or 10(g).
2 Upon curing the default of the applicable defaulted paragraph, Respondent's
3 license to practice dentistry in the State of Nevada will automatically be reinstated
4 by the Executor Director of the Board, assuming there are no other violations of
5 any of the provisions contained in this Stipulation. Respondent shall also be
6 responsible for any costs or attorney's fees incurred in the event the Board has to
7 seek injunctive relief to prevent Respondent from practicing dentistry during the
8 period in which her license is suspended. Respondent agrees to waive any right to
9 seek injunctive relief from either the Nevada Federal District Court or the Nevada
10 State District Court to reinstate his license prior to curing any default on the
11 amounts due and owing.

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

15 k. Respondent waives any right to have the amount owed pursuant to Paragraphs
16 10(d) or, 10(e) or, 10(f), and/or 10(g) discharged in bankruptcy.

17
18 CONSENT

19
20 11. Respondent has read all of the provisions contained in this Stipulation Agreement and
21 agrees with them in their entirety.

22
23 12. Respondent is aware by entering into this Stipulation Agreement he is waiving certain
24 valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and
25 NAC 233B.



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1
2 13. Respondent expressly waives any right to challenge the Board for bias in deciding
3 whether or not to adopt this Stipulation Agreement in the event this matter was to proceed to a
4 full Board hearing.

5
6 14. Respondent and the Board agree any statements and/or documentation made or
7 considered by the Board during any properly noticed open meeting to determine whether to
8 adopt or reject this Stipulation Agreement are privileged settlement negotiations and therefore
9 such statements or documentation may not be used in any subsequent Board hearing or judicial
10 review, whether or not judicial review is sought in either the State or Federal District Court.


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

13
14 16. Respondent acknowledges he is consenting to this Stipulation Agreement voluntarily,
15 without coercion or duress and in the exercise of his own free will.

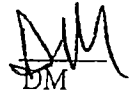
16
17 17. Respondent acknowledges no other promises in reference to the provisions contained in
18 this Stipulation Agreement have been made by any agent, employee, counsel or any person
19 affiliated with the Nevada State Board of Dental Examiners.

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

23
24 ...
25 ...
26

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1 19. Respondent agrees in the event the Board adopts this Stipulation Agreement he hereby
2 waives any and all rights to seek judicial review or otherwise to challenge or contest the validity
3 of the provisions contained in the Stipulation.

4
5 20. Respondent and the Board agree none of the parties shall be deemed the drafter of this
6 Stipulation Agreement. In the event this Stipulation Agreement is construed by a court of law or
7 equity, such court shall not construe this Stipulation Agreement or any provision hereof against
8 any party as the drafter of the Stipulation Agreement. The parties hereby acknowledge all parties
9 have contributed substantially and materially to the preparation of this Stipulation Agreement.

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

14
15 22. Respondent acknowledges in consideration of execution of this adopted Stipulation
16 Agreement, Respondent hereby releases, remises, and forever discharges the State of Nevada, the
17 Board, and each of their members, agents, and employees in their individual and representative
18 capacities, from any and all manner of actions, causes of action, suits, debts, judgments,
19 executions, claims, and demands whatsoever, known and unknown, in law or equity, that
20 Respondent ever had, now has, may have, or claim to have against any or all of the persons or
21 entities named in this section, arising out the complaint of Mr. Troy Gerber, Ms. Sharon Gerber,
22 and Mr. Joseph Rytel (for minor Ryan Rytel).

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

26
27 Page 12 of 14

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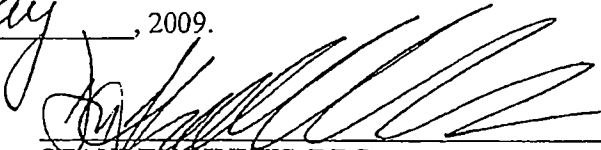
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2 24. This Stipulation Agreement will be considered by the Board in an open meeting. It is
3 understood and stipulated the Board is free to accept or reject the Stipulation Agreement and, if
4 the Stipulation Agreement is rejected by the Board, further disciplinary action may be
5 implemented. This Stipulation Agreement will only become effective when the Board has
6 approved the same in an open meeting. Should the Board adopt this Stipulation Agreement, such
7 adoption shall be considered a final disposition of a contested case and will become a public
8 record.

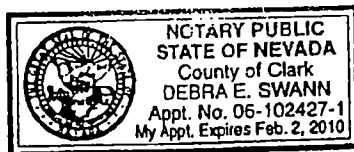
9 DATED this 20 day of May, 2009.

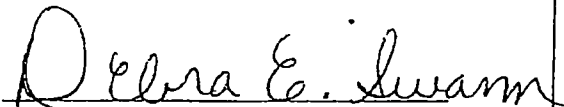
10
11 
12 STANLEY PINKUS, DDS
Respondent

13 STATE OF NEVADA)
14) ss.
15 COUNTY OF CLARK)

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

21 WITNESS my hand and official seal.



26
27 
28 NOTARY PUBLIC

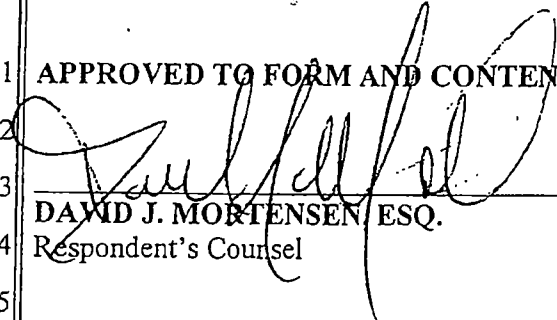
29 Page 13 of 14

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1 APPROVED TO FORM AND CONTENT

2 
3 DAVID J. MORTENSEN, ESQ.

4 Respondent's Counsel

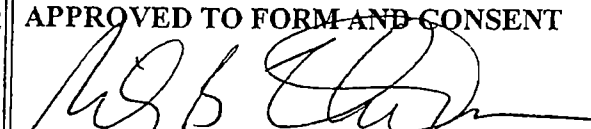
5
6 APPROVED TO FORM AND CONTENT

7 
8
9 JOHN HUNT, ESQ.

10 Fox Rothschild, LLP

11 Board Counsel

12 APPROVED TO FORM AND CONSENT

13 
14 RICK THRIOT, DDS

15 Disciplinary Screening Office

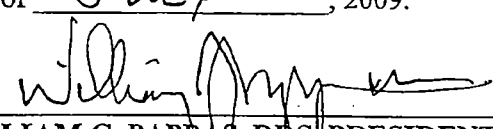
16
17 This foregoing Stipulation Agreement was:

18 Approved ☒ _____

Disapproved _____

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

20 DATED this 16th day of JULY, 2009.

21 
22 WILLIAM G. PAPRAS, DDS, PRESIDENT
23 NEVADA STATE BOARD OF DENTAL EXAMINERS

24
25 ☐

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27 Page 14 of 14

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Exhibit B



1
2
3
4 **STATE OF NEVADA**
5 **BEFORE THE BOARD OF DENTAL EXAMINERS**

6
7 NEVADA STATE BOARD OF DENTAL
8 EXAMINERS,

Case No. 11-2065

9 Complainant,

10 vs.

11 STANLEY PINKUS, D.D.S.,

12 Respondent.

13
14
15 **STIPULATION II AGREEMENT**

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

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

- 23 a. Respondent's practice was monitored for a period of one (1) year;
24 b. Respondent **could not** provide **pediatric dentistry** to patients under the age of
25 eighteen (18) until Respondent has completed the twenty-one (21) hours
26 supplemental education;



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

- 3
- 4 1. Seven (7) hours shall be regarding proper billing and record
5 keeping.
- 6 2. Seven (7) hours shall be regarding radiographic interpretation and
7 diagnosing.
- 8 3. Twenty-one (21) hours shall be regarding the proper diagnosis and
9 treatment of Periodontal conditions prior performing any other
10 dental treatments, including but not limited to the placement of
11 crowns and bridges.
- 12 4. Twenty-one (21) additional hours shall be in the area of
13 appropriate diagnosis for Pediatric patients.

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

16 e. Respondent reimbursed patients; Troy Gerber (\$2,979.00); Sharon Gerber
17 (\$3,553.00); and Joseph Rytel (for minor Ryan Rytel, \$1,422.00).

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

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

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



1
2 4. Based upon the limited investigation conducted to date, Disciplinary Screening Officer,
3 Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set
4 forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and
5 see *Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
6 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other
7 subsequent civil action, finds there is substantial evidence Respondent's treatment of patient
8 Tiana Elliot regarding the fabrication of a PFM crown on Tooth #4 violated NAC 631.230(1)(c)
9 due to an unacceptable open margin and an open contact on the distal surface on Tooth #4.

10 5. Based upon the limited investigation conducted to date, Disciplinary Screening Officer,
11 Rick Thiriot, DDS, applying the administrative burden of proof of substantial evidence as set
12 forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and
13 see *Minton v. Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
14 233B.135(3)(e) & NRS 631.350(1), but not for any other purpose, including any other
15 subsequent civil action, finds there is substantial evidence that Respondent treatment of patient
16 Robert Simons regarding the fabrication of crowns on Teeth #18, 19 & 30 violated NAC
17 631.230(1)(c) due to unacceptable open margins of Teeth #18, 19, & 30.

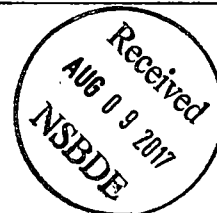
18 6. Applying the administrative burden of proof of substantial evidence as set forth in *State,*
19 *Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see *Minton v.*
20 *Board of Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
21 233B.135(3)(e) & NRS 631.350(1), Respondent admits, but not for any other purpose, including
22 any subsequent civil action; that the treatment rendered to patient Tiana Elliot regarding the
23 fabrication of a PFM crown on Tooth #4 violated NAC 631.230(1)(c) due to an unacceptable
24 open margin and unacceptable open contact on the distal surface on Tooth #4.
25
26



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

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

- 12
- 13 a. Pursuant to NRS 631.350(1)(d), Respondent's shall be placed on probation for a
14 period of twenty-four (24) months from the adoption of the Stipulation Agreement to
15 insure compliance by Respondent subsequent to the execution and adoption of this
16 Stipulation II Agreement by the Board. During the twenty-four (24) month
17 probationary period, Respondent shall allow either the Executive Director of the
18 Board and/or an agent appointed by the Executive Director of the Board to inspect
19 Respondent's records during normal business hours without notice to inspect and be
20 provided copies of the billing and patient records for patients requested by the agent
21 assigned by the Executive Director regarding those patients who have received either
22 crown or bridge treatments. During the probationary period the agent assigned by the
23 Executive Director duties shall include, but not be limited to having unrestricted access
24 to observe Respondent performing crown and bridge treatments during normal
25 business. During the probationary period the agent assigned by the Executive Director
26 duties shall also include, but will not be limited to contacting patients who have
27 received either crown or bridge treatments.



1
2 b. In the event Respondent no longer practices dentistry in the State of Nevada prior to
3 completion of the probationary period, the probationary period shall be tolled. In the
4 event the probationary period is tolled because Respondent does not practice in the
5 State of Nevada and the terms and conditions of this Stipulation II are not satisfied
6 within thirty-six (36) months of adoption of this Stipulation II by the Board,
7 Respondent agrees his license to practice dentistry in Nevada shall will be deemed
8 voluntarily surrendered with disciplinary action. Thereafter the Board's Executive
9 Director without any further action or hearing by the Board shall issue an Order of
10 Voluntary Surrender with disciplinary action and report same to the National
11 Practitioners Data Bank.

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

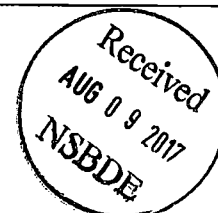
- 16 a). Name of patient
17 b). Date treatment commenced
18 c). Explanation of treatment
19 d). Pre and Post cementation, bitewings, and/or periapical x-rays
20

21 The daily log shall be made available during normal business hours without
22 notice. Failure to maintain and/or provide the daily log upon request by an agent
23 of the Board shall be an admission of unprofessional conduct. Upon receipt of
24 substantial evidence that Respondent has either failed to maintain or has refused
25 to provide the daily log upon requested by an agent the agent assigned by the
26 Executive Director; or Respondent has refuse to allow the agent assigned by the



1 Executive Director to observe Respondent rendering treatments to patients who
2 receive either crown or bridge treatments; or Respondent has refuse to provide
3 copies of patient records requested by the agent assigned by the Executive
4 Director, Respondent agrees his license to practice dentistry in the State of
5 Nevada shall be automatically suspended without any further action of the Board
6 other than the issuance of an Order of Suspension by the Executive Director.
7 Thereafter, Respondent may request in writing a hearing before the Board to
8 reinstate Respondents' license. However, prior to the full Board hearing,
9 Respondent waives any right seek judicial review, including injunctive relief from
10 either the Nevada Federal District Court or the Nevada State District Court to
11 reinstate his privilege to practice dentistry in the State of Nevada pending a final
12 Board hearing. Respondent shall also be responsible for any costs or attorney's
13 fees incurred in the event the Board has to seek injunctive relief to prevent
14 Respondent from practicing dentistry during the period Respondent's license is
15 automatically suspended.

- 16
- 17 d. Pursuant to NRS 631.350(1)(f), Respondent, upon adoption of this Stipulation II,
18 **shall not provide either crown or bridge treatments** to patients until Respondent
19 has completed the twenty-one (21) hours supplemental education set forth in
20 paragraph of this Stipulation. Upon completion of the supplemental education set
21 forth in paragraph 9(e), Respondent may request in writing to the Executive Director
22 of the Board permission to resume providing crown and bridge treatments. Upon
23 receiving written permission from the Executive Director, Respondent may
24 commence rendering crown and bridge treatments to patients pursuant to all the terms
25 and conditions set forth in this Stipulation II. Respondent shall allow either the
26 Executive Director of the Board and/or the agent appointed by the Executive Director
27 of the Board to monitor Respondent's dental practice without notice during normal



1 business hours to insure Respondent does not perform crown or bridge treatment(s)
2 until Respondent has completed the supplemental education as set forth in paragraph
3 9(e). In the event the Executive Director receives substantial evidence Respondent
4 has performed either crown or bridge treatments prior to completing the supplemental
5 education required pursuant to paragraph 9(e), Respondent agrees his license to
6 practice dentistry in the state of Nevada shall automatically be suspended without any
7 further action of the Board other than the issuance of an Order by the Executive
8 Director. Respondent agrees to waive any right to seek injunctive relief from any
9 Federal or State of Nevada District Court to prevent the automatic suspension of
10 Respondent's license to practice dentistry in the State of Nevada due to Respondent
11 rendering crown and bridge treatments prior to completing the supplemental
12 education required pursuant to paragraph 9(e). Thereafter, Respondent may request a
13 full Board hearing to reinstate his license to practice dentistry in the State of Nevada.
14 Respondent shall also be responsible for any costs or attorney's fees incurred in the
15 event the Board has to seek injunctive relief to prevent Respondent from practicing
16 dentistry during the period Respondent's license is automatically suspended.

- 17 e. Pursuant to NRS 631.350(k), in addition to completing the required continuing
18 education, Respondent shall obtain an additional twenty-one (21) hours of
19 supplemental education related to crown and bridge treatments. Pursuant to paragraph
20 9(d) until such time Respondent completes the twenty-one (21) hours of supplemental
21 education related to crown and bridge treatments, Respondent is prohibited from
22 performing crown and bridge treatments. The supplemental education must be
23 submitted in writing to the Executive Director of the Board for approval prior to
24 attendance. Upon the receipt of the written request to attend the supplemental
25 education the Executive Director of the Board shall notify Respondent in writing
26 whether the requested supplemental education is approved for attendance.
Respondent agrees seventy (70%) percent of the supplemental education shall be



1 completed through attendance at live lecture and/or hand on clinical demonstration,
2 which include in-office education/training in record keeping and billing practices.
3 The remaining thirty (30%) percent of the supplemental education may be completed
4 through online/home study courses. The cost associated with this supplemental
5 education shall be paid by Respondent. In the event Respondent fails to complete the
6 supplemental education set forth in paragraph 9(e), within nine (6) months of
7 adoption of this Stipulation II by the Board, Respondent agrees his license to practice
8 dentistry in the State of Nevada may be automatically suspended without any further
9 action of the Board other than the issuance of an Order of Suspension by the
10 Executive Director. Upon Respondent submitting written proof of the completion of
11 the supplemental education, Respondent's license to practice dentistry in the State of
12 Nevada will be automatically reinstated, assuming all other provisions of the
13 Stipulation Agreement II are in compliance. Respondent agrees to waive any right to
14 seek injunctive relief from any Federal or State of Nevada District Court to prevent
15 the automatic suspension of Respondent's license to practice dentistry in the State of
16 Nevada due to Respondent's failure to comply with Paragraph 9(e). Respondent shall
17 also be responsible for any costs or attorney's fees incurred in the event the Board has
18 to seek injunctive relief to prevent Respondent from practicing dentistry during the
19 period Respondent's license is automatically suspended.

- 19 f. Respondent agrees to reimburse the "Board" for the cost of the investigation and the
20 monitoring of this Stipulation Agreement in the amount of Four Thousand (\$4,000.)
21 Dollars within thirty (30) days of the adoption of this Stipulation Agreement.
22
23 g. Pursuant to NRS 631.350(1), Respondent agrees to reimburse Tiana Elliott in the
24 amount of Two thousand forty seven (\$2,047.) Dollars within thirty (30) days of
25 adoption of this Stipulation by the Board. Within thirty (30) days of the adoption of
26 this Stipulation by the Board, Respondent shall deliver to the Board, a check made



1 payable to Tiana Elliott.

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

8
9 i. Pursuant to NRS 631.350(1), Respondent shall pay a fine in the amount of Five
10 Hundred (\$500.00) Dollars. Respondent within thirty (30) days of adoption of the
11 Stipulation II by the Board shall deliver to the Board, a check made payable to the
12 Board.

13 j. In the event Respondent defaults on the payment set forth in Paragraph 9(f) or, 9(g)
14 or, 9(h) and/or 9(i), Respondent agrees his license to practice dentistry in the State of
15 Nevada may be automatically be suspended without any further action of the Board
16 other than issuance of an Order of Suspension by the Executive Director. Subsequent
17 to the issuance of the Order of Suspension, Respondent agrees to pay a liquidated
18 damage amount of Twenty Five Dollars (\$25.00) for each day Respondent is in
19 default on the payment(s) of any of the amounts set forth in Paragraph 9(f) or, 9(g) or,
20 9(h) and/or 9(i). Upon curing the default of the applicable defaulted paragraph,
21 Respondent's license to practice dentistry in the State of Nevada will automatically be
22 reinstated by the Executor Director of the Board, assuming there are no other
23 violations of any of the provisions contained in this Stipulation. Respondent shall
24 also be responsible for any costs or attorney's fees incurred in the event the Board has
25 to seek injunctive relief to prevent Respondent from practicing dentistry during the
26 period in which her license is suspended. Respondent agrees to waive any right to
27 seek injunctive relief from either the Nevada Federal District Court or the Nevada



State District Court to reinstate his license prior to curing any default on the amounts due and owing.

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

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

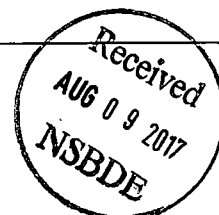
CONSENT

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

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

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

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



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

2
3 14. Respondent acknowledges he has read the Stipulation II Agreement. Respondent
4 acknowledges he has been advised he has the right to have this matter reviewed by
5 independent counsel and he has had ample opportunity to seek independent counsel.
6 Respondent has been specifically informed he should seek independent counsel and
7 advice of independent counsel would be in Respondent's best interest. Having been
8 advised of his right to independent counsel, as well as had the opportunity to seek
9 independent counsel, Respondent hereby acknowledges, by his own free will, he is
10 consenting to the Stipulation II Agreement without independent counsel. _____

11
12 15. Respondent acknowledges he is consenting to this Stipulation II Agreement voluntarily,
13 without coercion or duress and in the exercise of his own free will.

14
15 16. Respondent acknowledges no other promises in reference to the provisions contained in
16 this Stipulation II Agreement have been made by any agent, employee, counsel or any person
17 affiliated with the Nevada State Board of Dental Examiners.

18
19 17. Respondent acknowledges the provisions in this Stipulation II Agreement contain the
20 entire agreement between Respondent and the Board and the provisions of this Stipulation can
21 only be modified, in writing, with Board approval.

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



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

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

11
12 21. Respondent acknowledges in consideration of execution of this adopted Stipulation II
13 Agreement, Respondent hereby releases, remises, and forever discharges the State of Nevada, the
14 Board, and each of their members, agents, and employees in their individual and representative
15 capacities, from any and all manner of actions, causes of action, suits, debts, judgments,
16 executions, claims, and demands whatsoever, known and unknown, in law or equity, that
17 Respondent ever had, now has, may have, or claim to have against any or all of the persons or
18 entities named in this section, arising out the complaint of Tiana Elliot, and Robert Simons.

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

22
23 23. This Stipulation II Agreement will be considered by the Board in an open meeting. It is
24 understood and stipulated the Board is free to accept or reject the Stipulation II Agreement and,
25 if the Stipulation II Agreement is rejected by the Board, further disciplinary action may be



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

5 ///

6 ///

7 ///

8 ///

9 DATED this ____ day of _____, 2011.

10
11
12 _____
13 **STANLEY PINKUS, DDS**

14 Respondent

15
16
17
18
19 STATE OF NEVADA)
20) ss.

21 COUNTY OF CLARK)
22

23 On this ____ day of _____, 2011, before me the undersigned Notary Public
24 in and for said County and State, personally appeared the Stanley Pinkus, DDS, who is known to
25 me (or satisfactorily proven) to be the person described in and who executed the foregoing

26
27 Page 13 of 15

28 SP

DM



1 instrument, and who acknowledged to me that she did so freely and voluntarily and for the uses
2 and purposes therein mentioned.

3 WITNESS my hand and official seal.
4
5

6 _____
7 NOTARY PUBLIC

8 **APPROVED TO FORM AND CONTENT**
9

10 _____
11 **JOHN HUNT, ESQ.**
12 Fox Rothschild, LLP
13 Board Counsel

14 **APPROVED TO FORM AND CONSENT**
15

16 _____
17 **RICK THIRIOT, DDS**
18 Disciplinary Screening Office

19 This foregoing Stipulation Agreement was:

20 Approved _____ Disapproved _____

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

22 DATED this ____ day of _____, 2011.
23

24 _____
25 **WILLIAM G. PAPPAS, DDS, PRESIDENT**

26 _____
27 Page 14 of 15

28 SP



NEVADA STATE BOARD OF DENTAL EXAMINERS

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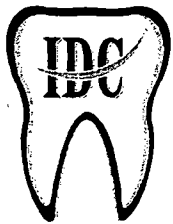
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Exhibit C





IDEAL DENTAL CARE

800 Northern Blvd., Suite 6
Great Neck, NY 11021
(516) 48-SMILE
(516) 487-6453
idealdentalcare@aol.com

September 26, 2011

To Whom It May Concern,

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

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

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

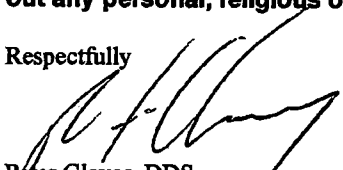
I can not agree with the findings of open margins based solely on the radiographic findings. In fact, some of the films show a large difference suggesting second restorations were in place.

- Patient: Tiana Elliot Crown #4
 - Dr. Pinkus presented to me a periapical x-ray and a photo image with the crown seated showing no open margins at the time of delivery on 07-27-2009. Contrary to Dr. Thiriott's statement of open margins.
 - **KEY POINT:** A periapical x-ray taken by another dentist 6 months later and submitted to the board appears as if a different crown than that of Dr. Pinkus is present. Please note the overhangs not visible on Dr. Pinkus' x-ray.
- Patient: Robert Simmons Crowns #18, 19 and 30.
 - Dr. Pinkus presented to me a periapical x-ray and a photo image with crown #30 seated showing no open margins at the time of delivery on 01-20-2010.
 - Dr. Pinkus presented to me a periapical and a photo image with 2 splinted crowns #18 and #19 seated showing no open margins at the time of delivery on 02-10-2010.
 - **KEY POINT:** I am also informed by Dr. Pinkus that patient Robert Simmons had all of his crowns remade by another dentist prior to his complaint, making it impossible for Dr. Rick Thiriott to examine him accurately.

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

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

Respectfully


Peter Glavas, DDS
Prosthodontist, Great Neck, NY
GPR Director, SIUH, Staten Island, NY



DEC 29 2011
N.S.B.D.E.

Exhibit D



STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 11-02222

Complainant,

vs.

STANLEY PINKUS, D.D.S.

Respondent.

**FINDINGS OF FACT,
CONCLUSIONS OF LAW,
& DECISION**

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

**I.
INTRODUCTION/GENERAL MATTERS**

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

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

Rick Thiriot, DDS, appeared as Disciplinary Screening Officer.

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



1 The Board offered the following exhibits which were admitted:

| Ex. | Document | Bate number |
|-----|--|---------------------------|
| 1 | Stipulation Agreement | PINKUSFORMAL000001-000014 |
| 2 | Notice of Complaint & Request For Records – Tiana Elliott | PINKUSFORMAL000015-000044 |
| 3 | Notice of Complaint & Request For Records – Robert Simons | PINKUSFORMAL000045-000084 |
| 4 | Notice of Informal Hearing | PINKUSFORMAL000085-000089 |
| 5 | Certified Mail/Return Receipt | PINKUSFORMAL000090 |
| 6 | 7/26/11 Correspondence From Stanley Pinkus Informing The Board He Will Not Be Attending Informal Hearing | PINKUSFORMAL000091 |
| 7 | Order of Suspension | PINKUSFORMAL000092 |
| 8 | Findings and Recommendations | PINKUSFORMAL000093-000112 |
| 9 | Formal Complaint to Stanley Pinkus | PINKUSFORMAL000113-000123 |
| 10 | 12/25/11 Response to Formal Complaint From Stanley Pinkus to NSBDE | PINKUSFORMAL000124-000140 |
| 11 | Notice of Filing of Complaint, Date(S) Set For Formal Hearing & Related Matters | PINKUSFORMAL000141-000144 |
| 12 | Pictures and X-Rays of Tiana Elliott | PINKUSFORMAL000145-000153 |
| 13 | Pictures of Robert Simons | PINKUSFORMAL000154-000157 |
| 14 | Reporter's Transcript of Proceedings Regarding Hearing for Stanley Pinkus, DDS dated August 24, 2011 | N/A |

18 II.
19 FINDINGS OF FACT

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

24 1. The Board is empowered to enforce the provisions of Chapter 631 of the Nevada Revised
25 Statutes ("NRS"). NRS 631.190.



1 2. The Board, pursuant to NRS 631.190(6), keeps a register of all dentists and dental
2 hygienists licensed in the State of Nevada; said register contains the names, addresses, license
3 numbers, and renewal certificate numbers of said dentists and dental hygienists.
4

5
6 3. Respondent is licensed by the Board as a dentist to practice dentistry in the State of
7 Nevada.
8

9
10 4. Respondent is licensed by the Board and, therefore, has submitted himself to the
11 disciplinary jurisdiction of the Board.
12

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

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

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

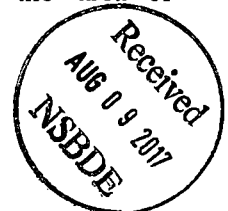
26 c. Respondent was required to obtain a total of Fifty-six (56) hours of additional
27 supplemental education in the following areas:

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

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

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

4. Twenty-one (21) additional hours shall be in the area of



1 appropriate diagnosis for Pediatric patients.

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

3 e. Respondent reimbursed patients; Troy Gerber (\$2,979.00); Sharon Gerber
4 (\$3,553.00); and Joseph Rytel (for minor Ryan Rytel, \$1,422.00).

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

7
8 6. On November 23 2009, the Board notified Respondent of a verified complaint received
9 from Tiana Elliot. On December 4, 2009, the Board received an answer to the complaint from
10 Respondent.
11

12
13 7. On August 9, 2010, the Board notified Respondent of a verified complaint received from
14 Robert Simons. On September 1, 2010, the Board received an answer to the complaint from
15 Respondent.
16

17
18 8. On July 7, 2011, Executive Director Kathleen Kelly issued an Order of Suspension to
19 Respondent for failure to renew his license to practice dentistry in the State of Nevada pursuant
20 to NRS 631.330.
21

22
23 9. On July 21, 2011, a Notice of Informal Hearing was forwarded to Dr. Pinkus at his last
24 known address known to the Board by certified mail, return receipt requested, by regular mail,
25 and personal service was attempted. See NRS 631.363(2). The Notice of Informal Hearing, in
26 pertinent part, stated as follows:
27
28



1 Pursuant to NRS 631.363(1) be advised the Board has appointed Rick
2 Thiriot, DSO (hereinafter "Disciplinary Screening Officers or investigators"), to
3 conduct an investigation and an informal hearing regarding the verified
4 complaints of Robert Simons and Tiana Elliott and the Order of Suspension dated
5 July 7, 2011.

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

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

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

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

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

Be advised as counsel for the Nevada State Board of Dental Examiners, I
will be present and will be assisting Disciplinary Screening Officer, Rick Thiriot,
DDS during the informal hearing. My participation in the informal hearing shall
include, but will not be limited to, making an opening/introductory statement
outlining and explaining the informal hearing process and how the informal
hearing will be conducted. I may also be asking questions of you and/or your
attorney at the informal hearing, in addition to questions directly posed of you



1 and/or your attorney by the Disciplinary Screening Officer. At your discretion or
2 with advice of counsel you may choose whether or not to answer any questions
3 asked by either myself or the Disciplinary Screening Officer. As Board counsel
4 my function at the informal hearing is but a part of the administrative
5 investigatory process. The decision whether to dismiss or recommend the Board
6 take further action rests solely with the Disciplinary Screening Officer, Rick
7 Thiriot, DDS.

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

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

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

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

28 Id., at pgs. 1-3.

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

11. On August 24, 2011, at 10:00 a.m. the Informal Hearing was held in Las Vegas, Nevada,
as set forth in the Notice of Informal Hearing. Present were Rick Thiriot, DDS, DSO



1 ("Disciplinary Screening Officer"), Debra Shaffer, Deputy Director, and John A. Hunt, Esq.

2 Respondent did not appear in person or by legal counsel.

3
4
5 12. Eight (8) exhibits were marked and discussed at the Informal Hearing. After discussion,
6 the Informal Hearing was adjourned with the DSO indicating findings and recommendations
7 would be issued.

8
9 13. NRS 631.075 provides as follows:

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

15 14. NRS 631.095 provides, in pertinent part:

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:

18 1. Lack of knowledge or training;

19 ***

20 4. Any other sole or contributing cause.

21 15. NRS 631.3475 provides, in pertinent part:

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

23 1. Malpractice;

24 2. Professional incompetence;

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

27 16. NAC 631.155 provides, in pertinent part:



1 Licensee to notify Board of certain events. (NRS 631.190) Each licensee shall,
2 within 30 days after the occurrence of the event, notify the Board in writing by
3 certified mail of:

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

7 17. This action relates to the Board, a regulatory body, undertaking action as part of its
8 investigative, administrative, and disciplinary proceedings against Respondent as to the
9 enforcement of provisions of chapter 631 of the Nevada Revised Statutes and/or chapter 631 of
10 the Nevada Administrative Code which the Board has the authority to enforce and, therefore,
11 NRS 622.400(1) is satisfied.
12

13
14 **III.**
CONCLUSIONS OF LAW

15 Having made the aforementioned findings, the Board decides there is proof satisfactory
16 (i.e., clear and convincing evidence; see N.R.S. § 631.350; see also Gilman v. Nevada St. Board.
17 of Veterinary Med. Examiners, 120 Nev. ___, 89 P.3d 1000, 1007-08 (2004)) to make the
18 following conclusions of law:
19

20 1. By virtue of the foregoing findings, Respondent's treatment of patient Tiana Elliot
21 regarding the fabrication of a PFM crown on Tooth #4, Respondent violated NRS 631.3475(1)
22 due to an unacceptable open margin and an open contact on the distal surface on Tooth #4.
23

24
25 2. By virtue of the foregoing findings, Respondent's treatment of patient Robert Simons
26 regarding the fabrication of crowns on Teeth #18, 19 & 30, Respondent violated NRS
27 631.3475(1) due to unacceptable open margins of Teeth #18, 19, & 30.
28



1
2 3. By virtue of the foregoing findings, Respondent's delivery of crowns with unacceptable
3 open margin crowns was previously identified in the Stipulation adopted by the Board on or
4 about July 16, 2009. See Exhibit #1. As a result of continuing to deliver crowns with open
5 margins below the standard of care, Respondent's conduct is in violation of NRS 631.3475(2).

6
7 4. By virtue of the foregoing findings, as a result of NRS 622.400(1) being satisfied, the
8 Board may, pursuant to NRS 622.400(1)(a) or (b), recover from Respondent its attorney's fees
9 and costs.

10 **IV.**
11 **ORDER**

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

14
15 1. **IT IS FURTHER ORDERED**, pursuant to NRS 631.350(1)(b), Dr. Pinkus' license to
16 practice dentistry in the State of Nevada be and is hereby **Revoked**.

17
18 2. **IT IS FURTHER ORDERED** that Dr. Pinkus reimburse the Board all costs, including
19 investigative and attorney's fees, incurred by Board in connection with the above-captioned
20 matter. See NRS 622.400. The Board's staff is directed to tally the costs and fees and to advise
21 Dr. Pinkus of the total amount due for such costs and fees.

22
23 3. **IT IS FURTHER ORDERED**, pursuant to NRS 631.350(1)(c), that Dr. Pinkus pay a
24 fine to the Board of FIVE HUNDRED and XX/100 DOLLARS (\$500.00).

25
26 4. **IT IS FURTHER ORDERED**, pursuant to NRS 631.350(1), that Dr. Pinkus reimburse
27 Patient, Robert Simons, in the amount of TWO THOUSAND FORTY-ONE and XX/100

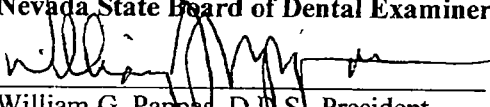


1 DOLLARS (\$2,041.00), within thirty (30) days of service of this *Findings of Fact, Conclusions*
2 *of Law, & Decision.*

3
4 5. **IT IS FURTHER ORDERED**, pursuant to NRS 631.350(1), that Dr. Pinkus reimburse
5 Patient, Tiana Elliott, , in the amount of TWO THOUSAND FORTY-SEVEN and XX/100
6 DOLLARS (\$2,047.00), within thirty (30) days of service of this *Findings of Fact, Conclusions*
7 *of Law, & Decision.*

8
9 Dated this 3rd day of February, 2012.

10 Nevada State Board of Dental Examiners

11 
12 William G. Pappas, D.D.S., President

13 S:\John J\Releigh Hunt\014127 Dental Board\02222 Pinkus, Stanley, DDS (Formal Hearing) RH1966\FINDINGS OF FACT, CONCLUSIONS OF LAW AND DECISION - RE FORMAL BOARD COMPLAINT - PINKUS -
02222 - RH1 1966.docx



BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No.: 11-02222

Complainant,

vs.

STANLEY PINKUS, DDS,

Respondent.

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

TO: STANLEY PINKUS, DDS, Respondent:

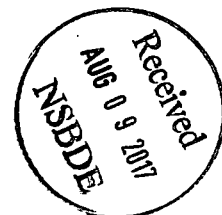
NOTICE IS HEREBY given that the *Findings of Fact, Conclusions of Law & Decision* were entered in the above-entitled matter on February 3, 2012, a copy of which is attached hereto.

Respectfully submitted this 21 day of March, 2012.

RALEIGH & HUNT, P.C.

By

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



CERTIFICATE OF SERVICE REGARDING REGULAR MAILING

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

| | | |
|--|--|--|
| Stanley Pinkus, DDS 120 Kensington Street Brooklyn, New York 11235 | Stanley Pinkus, DDS 501 Regents Gate Drive Henderson, Nevada 89012 | Stanley Pinkus, DDS 749 Ocean Parkway Brooklyn, New York 11230 |
| Stanley Pinkus, DDS 409 E. 14 th Street, Suite G New York, New York 10009 | | |

**CERTIFICATE OF SERVICE REGARDING MAILING CERTIFIED, RETURN
RECEIPT REQUESTED**

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

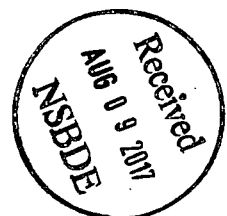
| | | |
|--|--|--|
| Stanley Pinkus, DDS 120 Kensington Street Brooklyn, New York 11235 | Stanley Pinkus, DDS 501 Regents Gate Drive Henderson, Nevada 89012 | Stanley Pinkus, DDS 749 Ocean Parkway Brooklyn, New York 11230 |
| Stanley Pinkus, DDS 409 E. 14 th Street, Suite G New York, New York 10009 | | |

CERTIFICATE OF SERVICE VIA EMAIL

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

stanleypinkus@gmail.com

By *Leticia Q. Quinn*
Employee of Raleigh & Hunt, P.C.



New Business;
Licensure by Endorsement



Nevada State Board of Dental Examiners

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

Las Vegas, NV 89118

(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046



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

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

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

Licensure by Credential (NRS 631.255): \$1200

(Please select specialty below)

Indicate Specialty:

Board Eligible ☐

Diplomate ☐

Orthodontia ☐

Prosthodontia ☐

O & M Pathology ☐

Endodontia ☐

Pediatric Dentistry ☐

O & M Radiology ☐

Periodontia ☐

Public Health Dentist ☐

O & M Surgery ☐

Limited Licensure (NRS 631.271): \$125

Resident: ☐

Instructor: ☐

Restricted Geographical (NRS 631.274): \$600

Underserved County(ies): ☐

FQHC or Non-Profit: ☐

Indicate Residency Program:

Indicate Instructor Facility:

Indicate County(ies):

Indicate FQHC Facility or Non Profit

Military by Reciprocity/Credential: \$600.00 ☐

License by Endorsement: \$1200 ☒

NOTE: An application is considered complete when the application, all required documents, background information, and fees are on file with the Board office. APPLICATION FEES MUST BE PAID IN ADVANCE AND MAY NOT BE REFUNDED PURSUANT TO NEVADA REVISED STATUTE (NRS) 631.345.

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

Last:

DUNHAM

First:

ROBERT

Middle:

NEIL

Suffix:

Soc. Security #:

Age:

Male ☒

Female ☐

Birthdate:

Birthplace (City, County, State, & Country):

Have you ever been known by any other name?

Yes ☐

No ☒

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

If a married woman, state maiden name:

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

Are you a U.S. born citizen?

Yes

No ☐

If no, are you naturalized?

Yes

No ☐

If yes, naturalization #

Naturalization Date:

Place:

If no, were you born abroad of US citizens?

Yes

No ☐

If no, are you a legal resident?

Yes

No ☐

Is your application for naturalization pending?

Date of

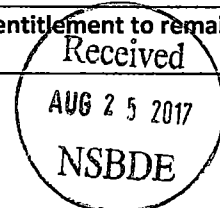
Application:

Place:

Yes

No ☐

You must submit appropriate proof of Citizenship or legal documentation for lawful entitlement to remain in the U.S. and work in the U.S.



(A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY

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

(B) PREVIOUS STREET ADDRESS

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

| | | | |
|---------------|--------------------------|--------|-----------|
| 1. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: 11/1978 to 7/2016 | | |
| 2. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 3. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 5. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 6. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 7. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 8. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 9. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |
| 10. Address : | City: | State: | Zip Code: |
| | | | |
| County: | Dates: to | | |

Received

AUG 4 5 2017

NSBDE

(C) MILITARY SERVICE

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

Yes ☐ No ☒

Date of Service:

From to

Military Occupation Specialty/Specialties:

Branch of Service:

Army/Army Reserve ☐Marine Corps/Marine Corps Reserve ☐Navy/Navy Reserve ☐Air Force/ Air force Reserve ☐Coast Guard/ Coast Guard Reserve ☐National Guard ☐

Date of Service:

From to

Military Occupation Specialty/Specialties:

Branch of Service:

Army/Army Reserve ☐Marine Corps/Marine Corps Reserve ☐Navy/Navy Reserve ☐Air Force/ Air force Reserve ☐Coast Guard/ Coast Guard Reserve ☐National Guard ☐**(D) EDUCATION & CERTIFICATIONS**

Doctoral:

University/
College:

UNIVERSITY of OREGON / OHSU

City: PORTLAND

State: OREGON

Years Attended: (month/year)

9/1972 to 6/1976

Graduation Date: JUNE 1976

Degree Earned: DDS ☐DMD ☒

Post Doctoral:

University/
College:

City:

State:

Years Attended: (month/year)

to

Graduation Date:

Specialty (MS):

(E) LASER USE AND CERTIFICATION

I utilize laser radiation in the performance of my practice of dentistry.

Yes ☐ No ☒

I certify that each laser I use in my practice of dentistry has been cleared by the United States Food and Drug Administration for use in dentistry.

Yes ☐ No ☐

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

(F) CONTINUED CLINICAL COMPETENCY

Have you been out of active practice for two or more years just prior to completing this application?

Yes ☐ No ☒

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

(G) HISTORY OF IMPAIRMENT

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

Yes ☐ No ☐

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

Yes ☐ No ☐

AUG 25 2017

NSBDE

(H) DENTAL PRACTICE & EMPLOYMENT HISTORY

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

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

| | | | |
|------------------------------------|-------|----------------|-----------|
| Current Practice Address (If any): | City: | State: | Zip Code: |
| Telephone: | Fax: | Email address: | |

(I) PREVIOUS EMPLOYMENT

| | | | |
|---------------------------------------|---------------------|----------------------|------------|
| 1. Practice Address: | City: | State: | Zip Code: |
| 1730 CHAMBERS | EUGENE | OREGON | 97402 |
| From: | To: | (Include month/year) | Telephone: |
| Name of Employers, Associates, Etc... | Reason for leaving: | | |
| | | | |
| 2. Practice Address: | City: | State: | Zip Code: |
| 2477 OAKMONT Way | EUGENE | OREGON | 97401 |
| From: | To: | (Include month/year) | Telephone: |
| Name of Employers, Associates, Etc... | Reason for leaving: | | |
| | | | |
| 3. Practice Address: | City: | State: | Zip Code: |
| From: | To: | (Include month/year) | Telephone: |
| Name of Employers, Associates, Etc... | Reason for leaving: | | |
| | | | |
| 4. Practice Address: | City: | State: | Zip Code: |
| From: | To: | (Include month/year) | Telephone: |
| Name of Employers, Associates, Etc... | Reason for leaving: | | |
| | | | |
| 5. Practice Address: | City: | State: | Zip Code: |
| From: | To: | (Include month/year) | Telephone: |
| Name of Employers, Associates, Etc... | Reason for leaving: | | |
| | | | |

Received
AUG 25 2017
NSBDE

(J) EXAMINATION AND LICENSURE HISTORY

NATIONAL BOARD EXAMINATION

Part I Date Taken: 07/1974 PASS ☒ FAIL ☐

Part II Date Taken: 12/1975 PASS ☒ FAIL ☐

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

CLINICAL EXAMS:

ADEX ☐ Date(s) of Clinical Examination: _____ to _____ PASS ☐ FAIL ☐

WREB ☐ Date(s) of Clinical Examination: JUNE 1976 to JUNE 1976 PASS ☒ FAIL ☐
OREGON STATE BOARD

OTHER EXAMS:

Regional/State, Territory, DC:

Date(s) of Clinical Examination: _____ to _____ PASS ☐ FAIL ☐

Regional/State, Territory, DC:

Date(s) of Clinical Examination: _____ to _____ PASS ☐ FAIL ☐

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

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

State, Territory, DC: OREGON Date of Application: 6/1976

Result of Application (Granted, Denied, Pending): GRANTED

State, Territory, DC: _____ Date of Application: _____

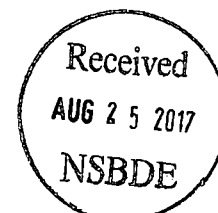
Result of Application (Granted, Denied, Pending): _____

State, Territory, DC: _____ Date of Application: _____

Result of Application (Granted, Denied, Pending): _____

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

If you answered 'yes' to questions J1, J2, J3 and/or J4, provide a full explanation of each answer on a separate sheet and attach to this application.



(K) MALPRACTICE

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

Yes ☒ No ☐

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

6/29/2011 OREGON BOARD of DENTISTRY Closed: 6/12/2013 2,225⁰⁰ Loss Adjustment
(See attached page)2/20/2013 - Closed 6/6/2013 No further legal action
(see attached)

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

Yes ☒ No ☐

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

Carrier: DENTISTS BENEFITS INSURANCE Co. Policy Number:

Address: 10505 S.E. 17th AVE.

City: MILWAUKIE

State: OREGON

Zip Code: 97222

From: 8/20/1986 To: 3/22/2016 (Include month/year)

Telephone: 800-452-0504

Carrier: Policy Number:

Address:

City:

State:

Zip Code:

From: To: (Include month/year)

Telephone:

Carrier: Policy Number:

Address:

City:

State:

Zip Code:

From: To: (Include month/year)

Telephone:

Carrier: Policy Number:

Address:

City:

State:

Zip Code:

From: To: (Include month/year)

Telephone:

Carrier: Policy Number:

Address:

City:

State:

Zip Code:

From: To: (Include month/year)

Telephone:

Carrier: Policy Number:

Address:

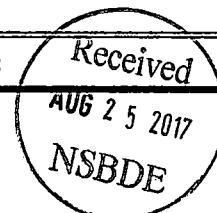
City:

State:

Zip Code:

From: To: (Include month/year)

Telephone:



(L) MORAL CHARACTER

- 1 Have you ever been reprimanded, censored, restricted or otherwise disciplined? Yes ☐ No ☒
- 2 Have any claims or complaints of malpractice, formal or informal, ever been made or filed against you, or have any proceedings been instituted against you? Yes ☒ No ☐
- 3 Have you ever been arrested, convicted, charged with, entered a plea of nolo contendere or pleaded guilty to the violation of any law [misdemeanor(s) or felony(ies)]? Yes ☐ No ☒

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

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

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

- 5 Do you hold a DEA license? Yes ☒ No ☐ If yes list DEA Number # [REDACTED]
- 6 Have you ever surrendered your DEA number or had it revoked or restricted? Yes ☐ No ☒

(M) STATEMENT OF CHILD SUPPORT

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

- 1 I am NOT subject to a court order for the support of one or more children. ☒
- 2 I AM subject to a court order for the support of one or more children and: (continue to 2a or 2b below) ☐
- 2a I am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children. ☐
- 2b I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children. ☐



(N) AFFIDAVIT AND PLEDGE

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

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

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

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

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

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

APPLICANT

Robert N. Dunham
Applicant Signature

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

8/21/17
Date of Signature (must correspond with notary date)

[REDACTED]
Applicant's Date of Birth (month/day/year)

[REDACTED]
Social Security Number

NOTARY

State of Nevada County of Clark

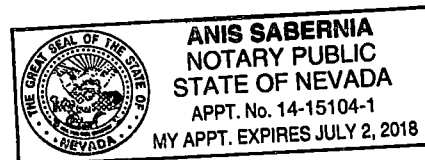
The statement on this document are subscribed and sworn before me this

21 day of Aug, 20 17

[Signature]

Notary Public

07-02-2018
My Commission Expires





Nevada State Board of Dental Examiners

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

Las Vegas, NV 89118

(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

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

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

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

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

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

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

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

APPLICANT

Robert N. Dunham

Applicant Signature

DUNHAM, ROBERT N.

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

8/21/2017

Date of Signature (must correspond with notary date)

Ap [Redacted] (r)

Social Security Number [Redacted]

NOTARY

State of Nevada County of Clark

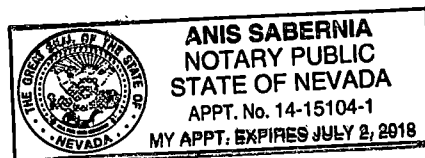
The statement on this document are subscribed and sworn before me this

21 day of Aug, 20 17

[Signature]
Notary Public

07-02-2018

My Commission Expires

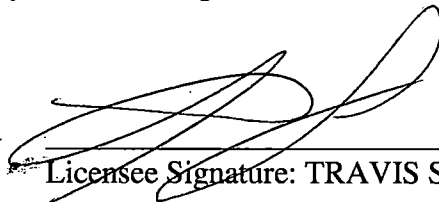


Request to Voluntary Surrender License

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

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

1. I am a dentist licensed to practice in jurisdictions outside the State of Nevada. I currently hold a license to practice dentistry in the State of Nevada which is on inactive status, license No. S2-130.
2. Pursuant to NAC 631.160, I wish to voluntarily surrender my license to practice dentistry in the State of Nevada.
3. By executing this sworn, written statement herein, I am voluntarily surrendering my license to practice dentistry in the State of Nevada. My Nevada certificate of registration is attached hereto.
4. I am voluntarily surrendering my license to practice dentistry in the State of Nevada for personal reasons. Specifically, I no longer wish to practice dentistry in the State of Nevada now or in the future. I wish to confine my practice of dentistry to jurisdictions outside the State of Nevada. While I may in the future seek to practice in an additional state or states, I do not intend at this time to ever practice in the State of Nevada again.
5. I am not surrendering my license to practice in Nevada while under investigation by the Nevada State Board of Dental Examiners. I am not surrendering my license to practice in Nevada in return for avoiding any investigation by the Nevada State Board of Dental Examiners.
6. I hereby request that the Nevada State Board or Dental Examiners accept this voluntary surrender of my license to practice in the State of Nevada.
7. By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.




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

10/20/17

Date

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



NOTARY PUBLIC, in and for said
County and State

