

NEVADA STATE BOARD of DENTAL EXAMINERS



BOARD MEETING

JULY 13, 2018

9:00 A.M.

PUBLIC BOOK

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: 9600 Gateway Drive; Reno, NV 89521

PUBLIC MEETING

Friday, May 11, 2018
9:04 a.m.

DRAFT MINUTES

Board Meeting Agenda

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 9600 Gateway; Reno, NV 89521 (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 public 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. R. Michael Sanders ("Dr. Sanders") --	PRESENT
Dr. Byron Blasco ("Dr. Blasco") -----	PRESENT	Ms. M Sharon Gabriel ("Ms. Gabriel") -----	EXCUSED
Dr. Jason Champagne ("Dr. Champagne") -	PRESENT	Ms. Betty Pate ("Ms. Pate") -----	PRESENT
Dr. Gregory Pisani ("Dr. Pisani") -----	PRESENT	Ms. Yvonne Bethea ("Ms. Bethea") -----	PRESENT
Dr. Brendan Johnson ("Dr. Johnson") -----	PRESENT	Ms. Nikki Harris ("Ms. Harris") -----	PRESENT
Dr. Ali Shahrestani ("Dr. Shahrestani") -----	EXCUSED		

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

Public Attendees: Mike Mosley, Advanced Dental CE; Barry Frank, Advanced Dental CE; Gerald Tan; Mary Bobbett, RDH; Michael McDonald; Rick Thiriot, UNLV; Present but did not sign-in - Danny Bouer, Cameraman for LVDA.

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

Board President Blasco opened the floor for public comment.

Dr. Sean Su stated that he was representing himself and wanted to give comment regarding the Continuing Medical Education course regarding Botox that was on the agenda for discussion and consideration, and voiced his opposition of the approval of Advanced Dental CE's petition for review on their course. He stated his reason for opposition was that there was a pending legal matter regarding their course and that the course being presented was 100% his intellectual property, and that Advanced Dental CE was trying to use the course that he created and designed. He noted that he had also submitted a request for approval of the same course.

Dr. Barry Frank commented on behalf of Advanced Dental CE, and stated that while Dr. Su's opposition to Advanced Dental CE's course approval request was apparent, he assured the Board that the course noted that the course they were seeking approval of in no way utilizes the course material that Dr. Su claims to be his.

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

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

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

- (1) 03/19/2018 – Board Meeting - Telephone Conference
- (2) 03/23/2018 – Board Meeting, Workshop and Hearing
- (3) 04/03/2018 – Board Meeting - Telephone Conference

Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that every Board member present should have had the opportunity to review the proposed draft minutes and inquired if there were any amendments to be made. No changes were offered or noted. Dr. Blasco called for a motion.

MOTION: Dr. Pinther moved that the Board adopt the draft minutes of March 19, 2018; March 23, 2018; and April 3, 2018. Motion was seconded by Dr. Johnson. With no further discussion, the motion was unanimously approved.

***b. Financials - NRS 631.180/NRS 631.190** (For Possible Action)

- (1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for period July 1, 2017 to March 31, 2018 (Informational Purposes only)

Dr. Blasco drew the Board's attention to Ms. Hummel to go over the review of the financial statements. Mrs. Hummel stepped forward to review the financials with the Board. Mrs. Hummel reviewed some new areas as they related to the CE course the board was hosting and the new licensing system. She added that they were going to be going into their budgeting period for FY2019. There was brief discussion regarding the decrease in licensure applications which was most likely due to difficult housing market and the increase to cost of living, which deters new applicants from being able to make the transition to Nevada.

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

- (1) Dr. V – NRS 631.349 and NAC 631.230(1)(a)

Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel went over the alleged violations of Dr. V and recommended that the Board authorize an investigation against Dr. V.

MOTION: Dr. Pisani moved that the Board authorize the investigation against Dr. V. Motion was seconded by Dr. Pinther. With no further discussion, the motion was unanimously approved.

117 (2) Dr. W – NRS 631.3475(5), NRS 631.3485(2) and NAC 631.230(1)(b)
118

119 Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel went over the alleged
120 violations of Dr. W and recommended that the Board authorize an investigation against Dr. W.
121

122 **MOTION:** Dr. Sanders moved that the Board authorize the investigation against Dr. W. Motion was
123 seconded by Dr. Johnson. With no further discussion, the motion was unanimously approved.
124

125 (3) Dr. X – NRS 631.3475(5), NRS 631.3485(2) and NAC 631.230(1)(b)
126

127 Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel went over the alleged
128 violations of Dr. X and recommended that the Board authorize an investigation against Dr. X.
129

130 **MOTION:** Dr. Pisani moved that the Board authorize the investigation against Dr. X. Motion was
131 seconded by Dr. Johnson. With no further discussion, the motion was unanimously approved.
132

133 (4) Dr. Y – NRS 631.3475(5), NRS 631.3485(2) and NAC 631.230(1)(b)
134

135 Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel went over the alleged
136 violations of Dr. Y and recommended that the Board authorize an investigation against Dr. Y.
137

138 **MOTION:** Dr. Sanders moved that the Board authorize the investigation against Dr. Y. Motion was
139 seconded by Dr. Johnson. With no further discussion, the motion was unanimously approved.
140

141 (5) Dr. Z – NRS 631.3475(5), NRS 631.3485(2) and NAC 631.230(1)(b)
142

143 Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel went over the alleged
144 violations of Dr. Z and recommended that the Board authorize an investigation against Dr. Z.
145

146 **MOTION:** Dr. Pinther moved that the Board authorize the investigation against Dr. Z. Motion was
147 seconded by Dr. Johnson. With no further discussion, the motion was unanimously approved.
148

149 ***d. Contracts - NRS 631.190** (For Possible Action)
150

151 **(1) Approval for the Legislative Representative** (For Possible Action)
152

153 Mrs. Shaffer-Kugel noted that the contract being offered would begin July 1, 2018 and would be valid
154 for two years – June 30, 2020.
155

156 (a) William Horne
157

158 Dr. Blasco noted that Mr. William Horne's contract was expiring on June 30th, and though expressed
159 interest in working with the Board again, was not present at the meeting.
160

161 (b) Michael McDonald
162

163 (c) Richard Perkins
164

165 Dr. Blasco noted that Mr. Perkins was not present.
166

167 Dr. Blasco drew the Board's attention to Mr. Michael McDonald. Mr. McDonald was present and stepped
168 forward to address the Board. Mr. McDonald thanked the board for their time and for their
169 consideration, and briefly discussed his experience as a legislative representative, and the services he
170 would be able to offer and afford the Board and their needs. Additionally, he assured the Board that
171 he reviewed all areas that he works in and there were no conflicts that would hinder his ability to best
172 serve the Board. Dr. Pisani expressed his desire for the task to search for a Legislative representative
173 be a task assigned to the Legislative and Dental Practice Act Committee.
174

MOTION: Dr. Pisani moved that the Legislative and Dental Practice Act committee be tasked

with searching and selecting legislative representative candidates to propose to the Board. Mrs. Shaffer-Kugel stated that there was a time constraint as bills begin to drop in August, and that without a lobbyist, the Board would not be able to introduce bills to the legislature. Dr. Pisani inquired of Mrs. Bernstein Chapman on the amount of bills that the Board will be proposing. Mrs. Chapman answered affirmatively and noted that there would be a number of changes being proposed in several bills. With no further discussion and no second to the motion, the motion failed.

Dr. Blasco thanked Mr. McDonald for his time and for appearing before the Board.

SECOND MOTION: Dr. Johnson moved that the Board approve Michael McDonald as the Board's legislative representative. Motion was seconded by Dr. Sanders. Discussion: Ms. Pate inquired if the Board would discuss the consideration of Mr. Richard Perkins. Dr. Johnson noted that Mr. Perkins was not present at the meeting and that in reviewing his current list of entities he represented there were potential conflicts and, furthermore, that Mr. Perkins listed conflicts he would have if he was elected to be the Board's legislative representative. Roll Call Vote – in favor of approving Mr. McDonald as the Board's legislative representative:

Dr. Pinther -----	yes	Dr. Sanders -----	yes
Dr. Blasco -----	yes	Ms. Gabriel -----	excused
Dr. Champagne ---	yes	Ms. Pate -----	yes
Dr. Pisani -----	abstain	Mrs. Bethea -----	yes
Dr. Johnson -----	yes	Mrs. Harris -----	yes
Dr. Shahrestani ---	excused		

Motion passed.

(2) Grant authority to the Board's Secretary/Treasurer to execute and approve contract for legislative services (For Possible Action)

Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that since the next board was not until July 13th, the Board could either hold a teleconference to approve the contract, or grant the Secretary-Treasurer the authority to approve and execute the contract.

MOTION: Dr. Sanders moved that the Board authorize the Board's Secretary-Treasurer, Dr. Champagne, to execute and approve a contract for legislative services. Motion was seconded by Dr. Johnson. Discussion: Mrs. Shaffer-Kugel noted that the scope of the contract was the same as was approved 2 years prior with Bill Horne. With no further discussion, the motion was unanimously approved.

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

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

(1) District Court Case(s) Update

Dr. Blasco drew the Board's attention to Mrs. Chapman. Mrs. Chapman indicated to the Board that there was no report.

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

(1) Joshua Ignatowicz, DMD

Dr. Blasco directed the attention to the Board general counsel, Melanie Bernstein Chapman. Mrs. Bernstein Chapman went over the provisions of the proposed stipulation agreement.

33 **MOTION:** Dr. Pinther moved that the stipulation agreement between the Nevada State Board of
34 Dental Examiners and Joshua Ignatowicz, DDS be adopted. Motion seconded by Dr.
35 Sanders. Dr. Pisani and Ms. Pate abstained. Motion was unanimously approved by the
36 Board present at this meeting.
37
38
39

40 ***5. New Business** (For Possible Action)
41

42 ***a. Approval/Rejection of the Continuing Education Provider Application for botulinum toxins**
43 **and dermal fillers - NAC 631.173** (For Possible Action)
44

45 (1) Advanced Dental CE
46

47 Dr. Blasco directed the attention to the Board's Executive Director, Debra Shaffer-Kugel. Mrs. Shaffer-Kugel
48 stated that SB101 granted dentists the authority to administer botulinum toxins to patients of records. She
49 went into the CE requirements that dentist would have to complete to be able to administer in their offices
50 on their patients of record. Mr. Mosley and Dr. Barry Frank of Advanced Dental CE were present. Mrs.
51 Shaffer-Kugel noted that most of the instructors for Advanced Dental Ce were Nevada Licensed dentists who
52 would be demonstrating on their own patients of records, on mannequins, or on fruit. Dr. Blasco voiced his
53 concern that while it was the intent for course to be hands-on, it was never the intent for the training to be
54 administered on mannequins or fruit. Mrs. Shaffer-Kugel referenced NRS 631.2715 to Mr. Mosley and Dr.
55 Frank, wherein a post-graduate course must be at a facility approved and registered with the board, and that
56 the instructors and supervisors of students that are not licensed could be granted a limited license for live
57 supervision so that can take the course legally. Mrs. Shaffer-Kugel went over the registration of a permanent
58 facility form and the requirement of a memorandum of understanding if they were to provide the course at
59 the UNLV School of Dental Medicine. She noted that the Board would need them to either provide a letter
60 or memorandum of understanding to work out of the Dental school. There was further discussion regarding
61 the course. Dr. Sanders noted that the curriculum does present the usage of a typodont and fruit to practice
62 administering, and stated that the Board would prefer live patient-on-patient training. Dr. Sanders asked that
63 Advanced Dental CE modify it to state live patient hands-on training. Mrs. Shaffer-Kugel stated that the Board
64 could table this agenda item. Dr. Blasco agreed to table the agenda item due to the concern regarding the
65 intellectual property legality issues presented and does not feel comfortable approving a course
66

67 **MOTION:** Dr. Pisani moved that the continuing education course by Advanced Dental CE be tabled
68 until the legal issues regarding the course are clarified, until they modify the curriculum to
69 live patient hands-on training, only; and until they provide the memorandums of
70 understanding with LVI and the UNLV School of Dental Medicine. Motion seconded by Dr.
71 Sanders. Motion was unanimously by the Board present at this meeting.
72

73 ***b. Approval for HERB representative for the Western Regional Examining Board - NRS 631.190**
74 **(For Possible Action)**
75

76 (1) Yvonne Bethea, RDH
77

78 Dr. Blasco directed the attention to the Board's Executive Director, Debra Shaffer-Kugel. Mrs. Shaffer-Kugel
79 stated that Ms. Bethea has offered to be the representative for the Board.
80

81 **MOTION:** Dr. Sanders moved that the Board approve the appointment of Mrs. Bethea as the HERB
82 representative. Motion seconded by Dr. Johnson. Motion was unanimously by the Board
83 present at this meeting.
84

85 ***c. Appointment of Disciplinary Screening Officers (Investigators) - NRS 631.190** (For Possible Action)
86

- 87 (1) Joyce Anacker, DDS
88 (2) John C DiGrazia, DDS
89 (3) James Mah, DDS (Orthodontics)
90 (4) Joshua Saxe, DDS (Pediatric Dentistry)
91

Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that she was requesting that Dr. Joyce Anacker, Dr. John DiGrazia, Dr. James Mah, and Dr. Joshua Saxe be appointed as DSO's (investigators) for the Board.

MOTION: Dr. Pinther moved that the board approve the appointments of Dr. Anacker, Dr. DiGrazia, Dr. Mah, and Dr. Saxe as DSO's. Motion was seconded by Dr. Sanders. With no further discussion, the motion was unanimously approved.

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

- (1) Junhyung Park, DDS, MS

Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that Dr. Park had no pending matters with the Board and recommended approval of the voluntary surrender. She noted that once approved, the voluntary surrender is absolute and irrevocable.

MOTION: Dr. Pinther moved that the board approve the voluntary surrender of Dr. Junhyung Park. Motion was seconded by Ms. Pate. With no further discussion, the motion was unanimously approved.

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

- (1) Craig A. Alanguilan, RDH – Community Health Alliance Program
(2) Joana D. Singh, RDH – Volunteers in Medicine of Southern Nevada Program

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 he recommended approval.

MOTION: Dr. Pisani moved that the Board approve the public health endorsement applications for Craig Alanguilan and Joana Singh. Motion seconded by Dr. Pinther. With no further discussion, the motion was unanimously approved; Dr. Champagne abstained.

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

(1) Conscious Sedation (For Possible Action)

- (a) Aida F. Cappiello, DDS
(b) Brian D. Jones, DMD

Dr. Blasco drew the Board's attention to Dr. Johnson. Dr. Johnson stated that all was in order and recommended the approval of a permanent conscious sedation permit for Dr. Cappiello and Dr. Jones.

MOTION: Dr. Sanders moved that the board approve the permanent conscious sedation permit for Dr. Cappiello and Dr. Jones. Motion was seconded by Dr. Pisani; Dr. Johnson abstained from the motion. With no further discussion, the motion was unanimously approved.

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

(1) Conscious Sedation (For Possible Action)

- (a) Kimberly Yang, DMD
(b) Andrew J. Vaughn, DMD

Dr. Blasco drew the Board's attention to Dr. Johnson. Dr. Johnson stated that all was in order and recommended the approval of a permanent conscious sedation permit for Dr. Yang and Dr. Vaughn.

MOTION: Dr. Sanders moved that the board approve the permanent conscious sedation permit for Dr. Yang and Dr. Vaughn. Motion was seconded by Ms. Pate; Dr. Johnson abstained from the motion. With no further discussion, the motion was unanimously approved.

(2) General Anesthesia (For Possible Action)

(a) Howard J. Garel, DDS

Dr. Blasco drew the Board's attention to Dr. Johnson. Dr. Johnson stated that all was in order and recommended the approval of a permanent general anesthesia permit for Dr. Garel.

MOTION: Dr. Champagne moved that the board approve the permanent general anesthesia permit for Dr. Garel. Motion was seconded by Dr. Pisani; Dr. Johnson abstained from the motion. With no further discussion, the motion was unanimously approved.

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

(1) Conscious Sedation (For Possible Action)

(a) Treagan N. White, DDS

Dr. Blasco directed the Board's attention to Dr. Brendan Johnson. Dr. Johnson requested that a 90-day extension be approved to grant additional time to schedule an evaluation. A motion was called for.

MOTION: Dr. Sanders moved that the Board approve a 90-day extension for the anesthesia permit for Dr. White. Motion was seconded by Ms. Pate; Dr. Johnson abstained from the motion. With no further discussion, the motion was unanimously approved.

***6. Resource Group Reports** (For Possible Action)

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

(Chair: Dr. Pinther; Dr. Champagne; Dr. Blasco; Dr. Sanders; Ms. Harris)

Dr. Pinther stated that there was no report, but commented that open communication between him and the board was smooth and that in the future would like to task the committee with search and selecting a new legislative representative. Mrs. Shaffer-Kugel stated that they could schedule a legislative committee meeting to review the items for discussion and have Mr. McDonald present a report to the board. The committee members were agreeable to such a meeting.

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

(Chair: Dr. Pisani; Dr. Blasco; Dr. Shahrestani; Dr. Sanders; Ms. Harris)

Dr. Pisani stated that there was no report.

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

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

(Dr. Blasco; Ms. BETHEA)

Dr. Blasco stated that there was no report.

***(2) ADEX Representatives** (For Possible Action)

(Timothy Pinther, DDS)

Dr. Pinther stated that there was no report, but that he would be attending the meeting in August.

***d. Continuing Education** (For Possible Action)

(Chair: Dr. Blasco; Dr. Shahrestani, Dr. Pisani; Ms. Gabriel)

Dr. Blasco stated that there was no report.

- 210
211 ***e. Committee of Dental Hygiene** (For Possible Action)
212 (Chair: Ms. Gabriel; Ms. Pate; Mrs. Bethea; Dr. Shahrestani)
213

214 Ms. Pate stated that there was no report.
215

- 216 ***f. Specialty** (For Possible Action)
217 (Chair: Dr. Pisani; Dr. Johnson; Dr. Pinther)
218

219 Dr. Pisani stated that there was no report.
220

- 221 ***g. Anesthesia** (For Possible Action)
222 (Chair: Dr. Johnson; Dr. Pinther; Dr. Champagne; Dr. Sanders)
223

224 Dr. Johnson stated that there was no report.
225

- 226 ***h. Infection Control** (For Possible Action)
227 (Chair: Ms. Gabriel; Dr. Blasco; Dr. Champagne; Dr. Pisani; Mrs. Bethea)
228

229 Dr. Blasco stated that there was no report.
230

- 231 ***i. Budget and Finance Committee** (For Possible Action)
232 (Chair: Dr. Champagne; Dr. Pinther; Dr. Blasco; Ms. Pate)
233

234 Dr. Champagne stated that there was no report.
235
236

237 **7. Public Comment:** (Public Comment is limited to three (3) minutes for each individual)
238

239 No public comment was made.
240

<p>241 Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been 242 specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)</p>
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243 **8. Announcements:**

244 Mrs. Shaffer-Kugel announced that the Budget and finance committee would be hosting a meeting in
245 July to discuss FY19. She further announced that the second license renewal notices would be going out
246 to Dental Hygienists and Limited License holders. She added that the draft newsletter would be send for
247 review prior to sending them to licensees. Lastly, she announced the she would be going before LCB
248 regarding the regulations for Anesthesia and the administration of Botulinum toxins and dermal fillers.
249 She added that the regulations are enacted once they have been sent to the Board of Examiners for
250 approval.
251

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

253 **MOTION:** Dr. Sanders moved that the May 11, 2018 meeting of the Nevada State Board of
254 Dental Examiners be adjourned. Motion seconded by Dr. Pinther, and without discussion,
255 unanimously approved by the Board. Meeting adjourned at 10:09 a.m.
256
257
258
259

260
261 *Minutes approved at the July 13, 2018 Board Meeting*
262 *Respectfully Submitted by:*
263
264
265
266
267

268
269 _____
Debra Shaffer-Kugel, Executive Director

Financials

Nevada State Board of Dental Examiners

Balance Sheet

As of May 31, 2018

May 31, 18

ASSETS

Current Assets

Checking/Savings

10000 · Wells Fargo-Operating	308,196
10015 · Wells Fargo - Saving	1,031,231
10010 · Wells Fargo-Reserves	<u>1,053,962</u>

Total Checking/Savings 2,393,389

Accounts Receivable

11001 · Allowance for Bad Debts	-26,358
11000 · Accounts Receivable	<u>99,072</u>

Total Accounts Receivable 72,714

Other Current Assets

11050 · Reimbursements Receivable	302
11200 · Prepaid Expenses	11,753
11210 · Prepaid Insurance	3,779
18000 · Deferred Outflows-Pension	<u>239,676</u>

Total Other Current Assets 255,510

Total Current Assets 2,721,613

TOTAL ASSETS

2,721,613

LIABILITIES & FUND BALANCE

Liabilities

Current Liabilities

Accounts Payable

20000 · Accounts Payable	<u>7,995</u>
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Total Accounts Payable 7,995

Other Current Liabilities

23824 · Deferred Revenue-CE Classes	11,050
22125 · DDS Deferred Revenue	696,399
22136 · RDH Deferred Revenue	105,149
20500 · Fines Payable-State of Nevada	1,250
23750 · Accrued Vacation/Sick Leave	77,204
23820 · Employee HSA/Ins Payable	6
23821 · Employee Deferred Comp Payable	<u>440</u>

Total Other Current Liabilities 891,498

Total Current Liabilities 899,493

Long Term Liabilities

20601 · Pension Liability	647,372
21001 · Deferred Inflows-Pension	<u>48,282</u>

Total Long Term Liabilities 695,654

Total Liabilities 1,595,147

Fund Balance 1,126,467

TOTAL LIABILITIES & FUND BALANCE

2,721,614

Added to Public Book 7/9/2018

Nevada State Board of Dental Examiners
Statement of Revenues, Expenses and Fund Balance
July 2017 through May 2018

	<u>Jul '17 - May 18</u>	<u>Budget</u>	<u>\$ Over Budget</u>
Ordinary Income/Expense			
Income			
40000 · Dentist Licenses & Fees			
40100 · DDS Active License Fee	503,417	537,625	(34,208)
40102 · DDS Inactive License Fee	29,776	29,425	351
40135 · DDS Activate/Inactive/Suspend	24,325	11,688	12,637
40136 · DDS Activate Revoked License	1,400	1,000	400
40140 · Specialty License App	3,525	3,250	275
40145 · Limited License App	2,650	1,375	1,275
40115 · Limited License Renewal Fee	12,056	11,092	964
40116 · LL-S Renewal Fee	1,900	2,200	(300)
40150 · Restricted License App	0	900	(900)
40180 · Anesthesia Site Permit App	5,750	18,333	(12,583)
40182 · CS/GA/Site Permit Renewals	36,216	35,475	741
40183 · GA/CS/DS or Site Permit Relnp	17,350	16,250	1,100
40175 · Conscious Sedation Permit Appl	12,000	9,500	2,500
40170 · General Anesthesia Permit Appl	10,250	8,550	1,700
40186 · Pediatric Anesthesia Permit	0	3,000	(3,000)
40184 · Infection Control Inspection	18,250	20,625	(2,375)
40212 · DDS ADEX License Application	22,200	35,400	(13,200)
40205 · DDS Credential Appl Fee-Spclty	16,800	24,600	(7,800)
40211 · DDS WREB License Application	83,400	91,600	(8,200)
40214 · DDS License by Endorsement	21,600	26,400	(4,800)
43650 · Reimbursed Investigation Costs	20,103	81,000	(60,897)
Total 40000 · Dentist Licenses & Fees	842,968	969,288	(126,320)
50000 · Dental Hygiene Licenses & Fees			
40105 · RDH Active License Fee	199,302	186,500	12,802
40106 · RDH Inactive License Fee	7,499	7,400	99
40130 · RDH Activate/Inactive/Suspend	3,050	4,800	(1,750)
40110 · RDH LA/N2O Permit Fee	4,800	4,375	425
40224 · RDH ADEX License Application	3,900	6,600	(2,700)
40222 · RDH WREB License Application	29,100	36,400	(7,300)
40226 · RDH License by Endorsement	8,700	6,000	2,700
Total 50000 · Dental Hygiene Licenses & Fees	256,351	252,075	4,276
50750 · Other Licenses & Fees			
40229 · CE Course Income	27,950	0	27,950
40227 · CEU Provider Fee	8,750	8,525	225
40225 · Duplicate License Fee	800	1,725	(925)
40555 · Fines	0	475	(475)
40220 · License Verification Fee	7,000	6,050	950
40185 · Lists/Labels Printed	6,754	5,950	804
40600 · Miscellaneous Income	284	880	(596)
Total 50750 · Other Licenses & Fees	51,538	23,605	27,933
Total Income	1,150,857	1,244,968	(94,111)

Nevada State Board of Dental Examiners
Statement of Revenues, Expenses and Fund Balance
July 2017 through May 2018

	<u>Jul '17 - May 18</u>	<u>Budget</u>	<u>\$ Over Budget</u>
Expense			
60500 • Bank Charges			
60500-1 • Bank Service Fees	5	275	(270)
60500-2 • Merchant Fees	12,172	16,950	(4,778)
Total 60500 • Bank Charges	12,177	17,225	(5,048)
68000 • Conferences & Seminars	20,095	11,900	8,195
68001 • CE Class Expenses	10,444	0	10,444
63000 • Dues & Subscriptions	5,605	6,400	(795)
65100 • Furniture & Equipment	19,022	20,860	(1,838)
65500 • Finance Charges	0	90	(90)
66500 • Insurance			
66500-1 • Liability	6,791	10,075	(3,284)
66500-2 • Workers Compensation	3,511	4,325	(814)
Total 66500 • Insurance	10,302	14,400	(4,098)
66520 • Internet/Web/Domain			
66520-1 • Licensing Software	0	10,500	(10,500)
66520-2 • E-mail, Website Services	3,875	3,438	437
66520-3 • Internet Services	2,808	2,840	(32)
66520-4 • Jurisprudence Exam Website	198	198	0
Total 66520 • Internet/Web/Domain	6,881	16,976	(10,095)
73500 • Information Technology			
73500-1 • Computer Repair/Upgrade	660	2,200	(1,540)
Total 73500 • Information Technology	660	2,200	(1,540)
66600 • Office Supplies	9,252	9,075	177
66650 • Office Expense			
68710 • Miscellaneous Expenses	4,256	4,538	(282)
68700 • Repairs & Maintenance			
68700-1 • Janitorial	5,500	5,500	0
68700-2 • Copier Maintenance	1,957	4,217	(2,260)
68700-3 • Copier Maintenance (7435P)	968	1,719	(751)
Total 68700 • Repairs & Maintenance	8,425	11,436	(3,011)
68725 • Security	916	1,310	(394)
68715 • Shredding Services	616	1,513	(897)
68720 • Utilities	3,843	4,150	(307)
Total 66650 • Office Expense	18,056	22,947	(4,891)
67000 • Printing	7,639	8,900	(1,261)
67500 • Postage & Delivery	10,590	12,375	(1,785)
68500 • Rent/Lease Expense			
68500-1 • Equipment Lease	1,517	1,375	142
68500-2 • Office	64,750	65,358	(608)
68500-4 • Storage Warehouse	1,849	1,054	795
Total 68500 • Rent/Lease Expense	68,116	67,787	329
75000 • Telephone	1,794	990	804
75100 • Travel (Staff)	1,701	2,200	(499)

Nevada State Board of Dental Examiners
Statement of Revenues, Expenses and Fund Balance
July 2017 through May 2018

	Jul '17 - May 18	Budget	\$ Over Budget
73550 · Per Diem (Staff)	23	750	(727)
73600 · Professional Fee			
73600-1 · Accounting/Bookkeeping	16,073	24,000	(7,927)
73600-4 · Legislative Services	30,000	33,000	(3,000)
73600-2 · Legal-General	11,396	8,800	2,596
Total 73600 · Professional Fee	57,469	65,800	(8,331)
73700 · Verification Services	13,271	13,750	(479)
72000 · Employee Wages & Benefits			
72100 · Executive Director	118,235	120,876	(2,641)
72300 · Credentialing & Licensing Coord	53,530	55,059	(1,529)
72132 · Site Inspection Coordinator	37,725	36,938	787
72200 · Technology/Finance Liaison	48,162	47,479	683
72130 · Public Info & CE Coordinator	30,077	31,320	(1,243)
72140 · Administrative Assistant (P/T)	0	13,875	(13,875)
72160 · Legal Counsel	103,698	106,887	(3,189)
72165 · Legal Assistant	43,154	49,814	(6,660)
72010 · Payroll Service Fees	2,052	1,600	452
72005 · Payroll Tax Expense	7,825	8,053	(228)
72600 · Retirement Fund Expense (PERS)	115,135	119,810	(4,675)
65525 · Health Insurance	63,234	75,757	(12,523)
Total 72000 · Employee Wages & Benefits	622,827	667,468	(44,641)
72400 · Board of Directors Expense			
72400-1 · Director Stipends	12,130	12,640	(510)
72400-2 · Committee Mtgs-Stipends	0	563	(563)
72400-3 · Director Travel Expenses	2,852	4,500	(1,648)
72400-9 · Refreshments - Board Meetings	1,089	1,250	(161)
Total 72400 · Board of Directors Expense	16,071	18,953	(2,882)
60001 · Anesthesia Eval Committee			
60001-1 · Evaluator's Fee	10,757	11,000	(243)
60001-4 · Travel/Misc. Expense	2,806	3,208	(402)
Total 60001 · Anesthesia Eval Committee	13,563	14,208	(645)
73650 · Investigations/Complaints			
72550 · DSO Coordinator	3,050	3,225	(175)
73650-1 · DSO Consulting Fee	24,096	28,380	(4,284)
73650-2 · DSO Travel/Postage Expense	1,635	1,375	260
73651-1 · DSO Review Panel Fee	1,525	13,200	(11,675)
73651-2 · DSO Review Panel Travel Expense	549	2,750	(2,201)
73650-3 · Legal Fees-Investigations	1,609	0	1,609
73650-5 · BOD Hearing Stipend	0	800	(800)
73650-4 · Staff Travel	0	450	(450)
73650-8 · DSO Calibration Expense	0	1,500	(1,500)
73650-7 · Miscellaneous Investigation Exp	7,095	14,575	(7,480)
Total 73650 · Investigations/Complaints	39,559	66,255	(26,696)

Nevada State Board of Dental Examiners
Statement of Revenues, Expenses and Fund Balance
July 2017 through May 2018

	<u>Jul '17 - May 18</u>	<u>Budget</u>	<u>\$ Over Budget</u>
60002 • Infection Control Inspection			
60002-1 • Initial Inspection Expense	7,823	10,084	(2,261)
60002-2 • Reinspection Expense	642	920	(278)
60002-3 • Random Inspection Expense	1,096	459	637
60002-4 • Travel/Misc. Expense	1,069	2,300	(1,231)
Total 60002 • Infection Control Inspection	10,630	13,763	(3,133)
Total Expense	975,747	1,075,272	(99,525)
Net Ordinary Income	175,110	169,696	5,414
Other Income/Expense			
Other Income			
40800 • Interest Income	560	740	(180)
Total Other Income	560	740	(180)
Other Expense			
75501 • Bad Debt Expense	(50)	0	(50)
Total Other Expense	(50)	0	(50)
Net Other Income	610	740	(130)
Net Income Over Expenses	175,720	170,436	5,284

Consideration of Application to Reactivate

- Jerome Cutler, DDS, DDS

Jerome C. Cutler, DDS

NV Dental license 3694

6-26-2018

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd. #1

Las Vegas, NV 89118



Nevada State Board of Dental Examiners:

I am writing to formally petition the Nevada State Board of Dental Examiners for evaluation of my reactivation application for licensure and request the Board to grant reactivation of my license to practice dentistry in Nevada.

The area for consideration is my disciplinary action taken against me with the Arizona State Board of Dental Examiners. I entered into a consent agreement with ASBDE to minimize time and resources utilized by both parties to resolve this matter. I take responsibility for my actions and have followed the orders of the ASBDE. I have completed the required CE and have restricted my practice from performing sinus lift surgeries through Dec. 6, 2018 as ordered.

In regards to my request for the NSBDE to approve my reactivation licensure application, I am willing and able to enter into a stipulation agreement or whatever the board deems fit to allow me to practice general dentistry.

Thank you for your time and consideration in this matter. I look forward to the chance to be a member of and serve the Las Vegas community.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerome C. Cutler".

Jerome C. Cutler, DDS



Nevada State Board of Dental Examiners

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

Las Vegas, NV 89118

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

APPLICATION TO REACTIVATE AN INACTIVE / RETIRED LICENSE

Name Jerome Cutler Current Phone [REDACTED]

Complete Mailing Address [REDACTED]

I, Jerome C. Cutler, wish to reactivate my inactive Dental Dental Hygiene (circle one) license number 3694, which was placed on inactive/retired status on July 2006. I certify (choose one below):

☒ I have maintained an active license and practice (active license and working) outside the state of Nevada during the period my Nevada license has been inactive;

Requirements for reactivation are:

1. Payment of the reactivation fee of **\$300.00** in addition to the pro-rated current active license fees. You will need to contact the Board office for confirmation of the correct fees to pay;
2. Provide a list of employment during the time the Nevada license was inactive;
3. Submit proof of current CPR certification (online certification is NOT acceptable);
4. Submit proof of completion of continuing education credits as follows (courses must be completed within the previous 12 months):
 - a. For Dentists reactivating, 20 credit hours are required (of those 20, a minimum of 10 MUST be live-instruction and a minimum of 2 must be in infection control);
 - b. For Hygienists reactivating, 15 credit hours are required (of those 15, a minimum of 7.5 MUST be live-instruction and a minimum of 2 must be in infection control);
5. A current self-query report from the National Practitioners Data Bank dated (no more than 90 days old; copies not accepted);
6. Provide certification letter (no more than 90 days old) from each state in which you currently hold a license (regardless of the status) to practice dentistry or dental hygiene, that the license is in good standing and that no proceedings which may affect that standing are pending;

☐ I have not maintained an active license and practice (no active license and not working) for one or more years outside the state of Nevada during the period my Nevada license has been inactive or retired;

Requirements for reactivation are:

1. For licenses on inactive/retired status for less than 2 years:
 - a. Complete items (1) through (5) above.
2. For licenses on inactive/retired status for 2 years or more:
 - a. Complete items (1) through (5) above;
 - b. Pass such additional examinations for licensure as the Board may prescribe.

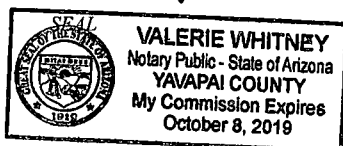


I attest that I am in compliance with the reporting requirements regarding service of claims or complaints of malpractice, felony or misdemeanor convictions, the suspension, revocation or probation of my license by another licensing jurisdiction or child support order (if applicable) pursuant to NAC 631.155 and NRS 631.225. If not previously reported, **FULL DISCLOSURE OF EACH SUCH CASE MUST BE ENCLOSED WITH THIS REACTIVATION APPLICATION.**

I authorize and empower the Nevada State Board of Dental Examiners or its agent to contact any person, firm, service, agency, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my application to reactivate my inactive/retired license based upon this affidavit. I acknowledge I have a continuing responsibility to update all information contained in this application until such time as the Board takes action on this application. Failure of an applicant to update the information prior to final action of the Board is grounds for subsequent disciplinary action.

SIGNATURE OF LICENSEE Jerome C. Cutler DATE 5/11/10

SUBSCRIBED TO AND SWORN BEFORE ME, this May day of 2010



Valerie Whitney
NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

PA #600-
716174

**Petition for Review of
Application for Licensure**

- Jong Jin Kim, DDS

June 15, 2018

Via E-mail mbchapman@nsbde.nv.gov
and U.S. Mail

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

RE: Petition for Board Review of Licensure Application of Jong Jin Kim, D.D.S.
(AMENDED¹)

Dear Ms. Chapman:

As you recall, I represent the interests of Dr. Jong Jin Kim. This letter will constitute Dr. Kim's formal Petition to the Nevada State Board of Dental Examiners (hereinafter "the Board") for review of his licensure application. Via this Petition, Dr. Kim respectfully requests that the Board grant his application to practice dentistry in Nevada. The Board received said application on July 21, 2017.

On May 25, 2018, the Board sent Dr. Kim a letter indicating the Board's Secretary-Treasurer had reviewed Dr. Kim's July 21, 2017 Nevada licensure application. This letter then notified Dr. Kim that the Secretary-Treasurer had rejected the application due to Dr. Kim's voluntary surrender of his prior Nevada license under discipline in 2013. A copy of this letter, and Dr. Kim's returned application attached thereto, is attached to this Petition as Exhibit 1.

Lastly, the May 25, 2018, letter indicated Dr. Kim could petition the Board to review his application at its next meeting on July 13, 2018. This Petition is being timely submitted prior to July 5, 2018, per the Board's request.



¹ This petition is amended from the one submitted on June 14, 2018. In the interim, the undersigned has confirmed with Dr. Kim that his wife did not die from cancer. Rather, she ultimately recovered, but must be monitored on an ongoing bases to ensure the cancer does not reoccur. That is the only fact changed in this amendment.

Melanie Bernstein Chapman, Esq.
June 15, 2018
Page 2

1. Introduction.

As set forth in this Petition, there were exigent and unusual circumstances involved in Dr. Kim's discipline by the Board and the subsequent voluntary surrender. Dr. Kim experienced personal tragedy due to his wife's battle with cancer, followed by the death of his parents. Dr. Kim acknowledges mistakes were made, but wants the Board to fully understand the context of the events at issue. On review of the facts, the Board will find that Dr. Kim is competent to resume his practice in Nevada. Dr. Kim is willing to provide the Board with any further assurances it may need, including agreeing to continuing the monitoring period left under his prior stipulation.

2. Settlement Agreement with the Board in 2011.

Dr. Kim graduated from New York University School of Dentistry in 1996. Subsequently, he became licensed in the State of Nevada and opened a dental practice in Nevada. Dr. Kim ended up practicing part-time at his Nevada practice, A-1 Dental, in Las Vegas. During the time that Dr. Kim was not practicing at the office, he entered into an independent contract with one local dentist to work at that practice.

Unfortunately, in late 2010, Dr. Kim found out that his wife was suffering from ovarian cancer. At the time, Dr. Kim's wife and family were living in Korea, while Dr. Kim practiced part-time in Las Vegas, Nevada. Given his wife's serious medical condition, Dr. Kim had to travel back to Korea and spend all of his time in Korea. At that time, he discussed the situation with his office manager and indicated that, due to the fact that he would need to remain in Korea with his family, the office would need to obtain an additional independent contractor dentist to work at the practice.

Dr. Kim's office manager informed him that she had interviewed several dentists and had found a Dr. Chang from Boston. Dr. Chang advised Dr. Kim's office manager that he had a specialty Board in Prosthodontics and had already applied for licensure in Nevada as a specialist in Prosthodontics. He advised the office manager that he had received a Nevada license and she believed him. Dr. Kim's office manager trusted Dr. Chang and did not immediately verify his licensure status in Nevada. As Dr. Kim was in Korea under very stressful circumstances, he relied on his office manager to check Dr. Chang's credentials. Dr. Kim understands he should have confirmed licensure status himself, even while he was involved in a stressful personal situation.

Dr. Chang then came to the clinic to consult with patients while Dr. Kim was in Korea taking care of his wife. Very shortly thereafter, Dr. Kim's office manager found out that Dr. Chang did not have any type of licensure in Nevada at the time. As soon as she became aware of this, the office manager cancelled all of the patients who had appointments with Dr. Chang and transferred the patients' appointments to another dentist.



Melanie Bernstein Chapman, Esq.

June 15, 2018

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The Nevada Board investigated the matter and found out that Dr. Kim's practice had a dentist practicing there who did not have a Nevada license. During the course of the Nevada Board's investigation of Dr. Chang, Dr. Chang admitted that on one occasion he had practiced dentistry in Nevada without being licensed in the state.

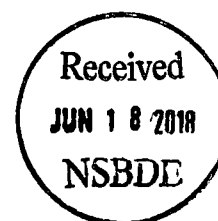
The Nevada Board, in turn, investigated Dr. Kim and found that Dr. Kim had not complied with a regulation in the Nevada Administration Code, NAC 631.230(1)(r). This regulation states that it is unprofessional conduct for a dentist who owns a dental practice not to verify the license of dentist before contracting with that dentist as an independent contractor. Additionally, the Board found that Dr. Kim failed to comply with NRS 631.346(1) (stating that a dentist may not employ, directly or indirectly, any unlicensed dentist), NRS 631.3465(2) (finding that it is unprofessional conduct for a dentist to associate with any person engaged in the illegal practice of dentistry), and NRS 631.395(11) (aiding and abetting in the unlicensed practice of dentistry).

During the course of the investigation, Dr. Kim did explain to the Board that this issue arose because he was not present in the State and had to attend to his extremely ill spouse in Korea. As soon as the problem was discovered, the dentist at issue was no longer permitted to practice at A-1 Dental. However, the Board still felt that it needed to take disciplinary action against Kim, despite that fact that his omission was in no way intentional and was remedied quickly, once he learned of the issue.

As a result, Dr. Kim agreed to enter into a Stipulation Agreement with the Nevada Board, under Case No. 11-02083. Dr. Kim did admit and acknowledge in that Stipulation Agreement to violations of the aforementioned statutes and regulations. See Stipulation in Case No. 11-02083, attached hereto as Exhibit 2.

The Stipulation, which the Board approved on October 21, 2011, included the following key sanctions and requirements:

1. Dr. Kim was placed on probation for 12 months and Dr. Kim's practice was to be monitored for a period of 12 months starting on the date of adoption of the stipulation (October 1, 2011). The 12 month monitoring period would be tolled during any time in which Dr. Kim was not actively practicing in the State of Nevada. However, the 12 month monitoring period had to be completed within 2 years. Thus, if Dr. Kim was not in the State of Nevada actively practicing for 12 months out of that 2 year period, there would be a further penalty. That further penalty was consent to an order of voluntary surrender of his license with discipline.
2. Dr. Kim was required to reimburse the Board \$2,000.00 for the cost of its investigation.



Melanie Bernstein Chapman, Esq.

June 15, 2018

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3. Dr. Kim was required to pay the Board \$1,000.00 as a fine.
4. Dr. Kim was required to provide the Board with a list of all patients and insurance companies who gave compensation to his practice for the treatments rendered by Dr. Chang while Dr. Chang practiced dentistry at A-1 Dental.
5. Dr. Kim was required to reimburse all patients who treated with Dr. Chang (a total of 10 patients).
6. Dr. Kim was required to re-take the Nevada Jurisprudence Exam.

3. Events after the Stipulation Agreement.

Within the time deadlines required for each action within the Board's stipulation agreement, Dr. Kim paid the \$2,000.00 cost reimbursement, paid the \$1,000.00 fine, provided the list of all patients and insurance companies for the treatment Dr. Chang rendered, reimbursed all patients and their insurance companies, and retook the Nevada Jurisprudence Exam.

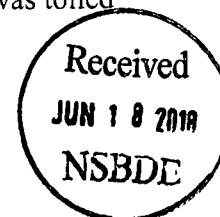
Thus, all terms of the stipulation were fulfilled timely, with the exception of the 12 month monitoring period².

Due to Mrs. Kim's cancer and the care she required at home, by November 21, 2011, Dr. Kim was unable to return to Nevada for active practice, even on a part time basis. Dr. Kim also had to assist in caring for his elderly and ill parents. His mother had been suffering from leukemia and his father from lung cancer since 2009. Due to the severe illnesses of three close family members, Dr. Kim had no choice but to be with his family in Korea and could not return to Nevada within the two years required in the Stipulation Agreement. Therefore, on October 21, 2013, the Board immediately issued an order of voluntary surrender of Dr. Kim's Nevada license under discipline.

It must be emphasized that Dr. Kim was not represented by counsel at the time he executed the Stipulation with the Nevada Board. He did express concern to the Board's attorney at the time about being able to fulfill the monitoring period requirement. However, the Board was not willing to negotiate that point with Dr. Kim and he simply had to live with the consequences.

Dr. Kim initially wanted to apply for a new Nevada license in 2014. However, at that time, the Nevada statutes mandated that a dentist applying for licensure had to have passed the WREB within the five years prior to his application. Dr. Kim had taken the WREB in 2006. Fortunately, the statute was changed in 2015, and after that, there was no time limit for completion of the WREB. He also still had to care for his elderly parents, who passed away in 2014, and assist his wife in her

² Pursuant to Paragraph 19(b) of the Stipulation, only the monitoring period was tolled during the time Dr. Kim did not practice in Nevada, not the probation period.



Melanie Bernstein Chapman, Esq.

June 15, 2018

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battle with cancer. Fortunately, his wife has since recovered, though still requires ongoing monitoring for potential re-occurrence or spread to other organs.

This is why his licensure application was not submitted until July 2017. However, during the intervening time, Dr. Kim has practiced as a dentist in Korea and has therefore maintained his clinical skills.

4. Conclusion and Request.

As you can see from Exhibit 1, Dr. Kim has disclosed all of the foregoing in his licensure application. He has also disclosed the fact that the New York Dental Board took reciprocal action on the Nevada disciplinary actions. See Exhibit 1. As also disclosed, Dr. Kim faced litigation over the closure of his Nevada practice during 2013-2014.

However, Dr. Kim has never been sued for dental malpractice or had any other Board issues he has not disclosed. All of his issues arose due to the tragic illness of his wife, along with caring for extremely ill parents who later died.

Dr. Kim regrets that he did not check the licensure status of Dr. Chang in 2010. He does not use his wife's illness and the death of his parents as an excuse, but rather a reason and mitigating factor with respect to the discipline imposed. Dr. Kim has been more than adequately punished for this misstep which occurred almost 8 years ago. He has undergone a lengthy struggle to get back to the point of potentially achieving Nevada licensure once again.

That being said, Dr. Kim is aware that the Board may have concerns that the monitoring period in the prior stipulation was not completed. The undersigned wrote to prior Board counsel, John Hunt, to address this issue, in March last year. See March 29, 2017 letter to John Hunt, attached hereto as Exhibit 3.

Dr. Kim remains willing to agree to his proposal from that letter. As indicated in the letter, this proposal was as follows: Dr. Kim will agree that, if he is granted a Nevada license, he would then notify the Board in writing within 10 days of the start of his practice in Nevada. As he had served one month of the aforementioned monitoring in 2011 before leaving Nevada, he would then agree to serve the remaining eleven months commencing on the date of that aforementioned notification and the Board would be able to monitor his practice during those 11 months, as described in the original Stipulation. Assuming there are no issues during that time, the Board would notify Dr. Kim at the end of that eleven months that he has completed the terms of the probation and he would have a full, unrestricted license.

This proposal will allow Dr. Kim to undertake the expense of moving to Nevada and starting his practice with the knowledge that he has a Nevada license, even if it is a probationary license. This will also alleviate the Board's concern that the probationary/monitoring period was not completed. Dr. Kim will complete it, once he starts practicing in Nevada.



Melanie Bernstein Chapman, Esq.
June 15, 2018
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As you and I have discussed recently, should the Board agree to this proposal, I am happy to work with you to formulate an agreeable stipulation which can be submitted for a Board vote at the next meeting. As we discussed, we can work out the required details. Dr. Kim will likely need to start his practice on a part time basis, so we will need to agree how many days a month will be deemed active practice in Nevada.

Based on the foregoing, Dr. Kim respectfully requests the Board grant him a license to practice dentistry in Nevada. Dr. Kim is agreeable to accept a probationary license as detailed above, should the Board desire.

Lastly, we request this Petition be placed on the agenda for the July 13, 2018 Board meeting for the Board's consideration and vote. Given that Dr. Kim is in Korea, we further request a telephonic appearance be allowed for Dr. Kim on that date.

Dr. Kim and I would like to thank you and the Board for taking the time to review this Petition and I look forward to hearing from you shortly.

Sincere regards,

HUTCHISON & STEFFEN, LLC



L. Kristopher Rath

For the Firm

cc: Jong Kim, D.D.S. (via email)





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)

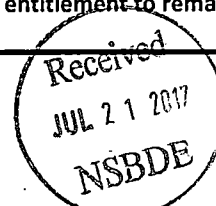
Licensure by ADEX Exam (NRS 631.240): \$1200 <input type="checkbox"/>		Licensure by WREB Exam (NRS 631.240): \$1200 <input checked="" type="checkbox"/>	
Licensure by Credential (NRS 631.255): \$1200 (Please select specialty below)		Indicate Specialty: Board Eligible <input type="checkbox"/> Diplomate <input type="checkbox"/>	
Orthodontia <input type="checkbox"/>	Prosthodontia <input type="checkbox"/>	O & M Pathology <input type="checkbox"/>	
Endodontia <input type="checkbox"/>	Pediatric Dentistry <input type="checkbox"/>	O & M Radiology <input type="checkbox"/>	
Periodontia <input type="checkbox"/>	Public Health Dentist <input type="checkbox"/>	O & M Surgery <input type="checkbox"/>	
Limited Licensure (NRS 631.271): \$125		Restricted Geographical (NRS 631.274): \$600	
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
Active Military, Retired Military or Spouse of Military by Reciprocity: \$600.00 <input type="checkbox"/>			

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

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

Last: Kim	First: Jong	Middle: J	Suffix:
Soc. Security #: [REDACTED]	Age: [REDACTED]	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Birthdate: [REDACTED]
Birthplace (City, County, State, & Country): [REDACTED]			
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:			
If a name change was made by court order, attach a CERTIFIED COPY of the court order.			
Are you a U.S. born citizen?		Yes	No
If no, are you naturalized?		Yes	No
If yes, naturalization #	Naturalization Date:	Place:	
If no, were you born abroad of US citizens?		Yes	No
If no, are you a legal resident?		Yes	No
Is your application for naturalization pending?		Yes	No
Date of Application:		Place:	
You must submit appropriate proof of Citizenship or legal documentation for lawful entitlement to remain in the U.S. and work in the U.S.			

Ad 1200
J 1019



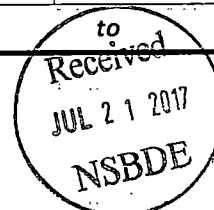
(A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY

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

(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:	to 10/2012	
2. Address:	City:	State:	Zip Code:
County:	Dates:	to Present	
3. Address:	City:	State:	Zip Code:
County:	Dates:	to 10/2003	
4. Address:	City:	State:	Zip Code:
County:	Dates:	to 07/1996	
5. Address:	City:	State:	Zip Code:
County:	Dates:	to 04/1990	
6. Address:	City:	State:	Zip Code:
	N/A		
County:	Dates:	to	
7. Address:	City:	State:	Zip Code:
	N/A		
County:	Dates:	to	
8. Address:	City:	State:	Zip Code:
	N/A		
County:	Dates:	to	
9. Address:	City:	State:	Zip Code:
	N/A		
County:	Dates:	to	
10. Address:	City:	State:	Zip Code:
	N/A		
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

☐

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:New York University
College of Dentistry

City:

New York

State:

NY

Years Attended: (month/year)

08/1992 to 06/1996

Graduation Date:

6/21/1996

Degree Earned: DDS ☒DMD ☐

Post Doctoral:

University/
College:Columbia University
College of Dental Medicine

City:

New York

State:

NY

Years Attended: (month/year)

09/1996 to 05/1999

Graduation Date:

5/22/1999

Specialty (MS):

Prosthodontics

(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 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 ☐

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(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): E-2 Dental Clinic 610-2, Young Bldg. #2fl. Gangnam-gu	City: Seoul	State: Korea	Zip Code:
Telephone: 82-2-514-4154	Fax: 82-2-3445-4684	[Redacted]	

(I) PREVIOUS EMPLOYMENT

1. Practice Address: E-2 Dental Clinic 610-2, Young Bldg.	City: Seoul	State: Korea	Zip Code:
From: 02/2003 To: present (Include month/year)	Telephone: 82-2-514-4154		

Name of Employers, Associates, Etc... E-2 Dental Clinic (Associate)	Reason for leaving: [Redacted]
--	-----------------------------------

2. Practice Address: 9073W. Port Rd.	City: Las Vegas	State: NV	Zip Code: 89148
From: 09/2007 To: 11/2012 (Include month/year)	Telephone: [Redacted]		

Name of Employers, Associates, Etc... A-1 Dental Clinic	Reason for leaving: [Redacted]
--	-----------------------------------

3. Practice Address: 108. Pyung-dong, Jangro-gu	City: Seoul	State: Korea	Zip Code:
From: 09/2000 To: 08/2003 (Include month/year)	Telephone: 82-2-2001-2875		

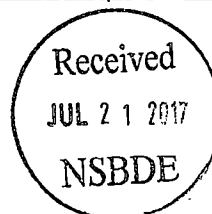
Name of Employers, Associates, Etc... Sam-sung Medical Center. Department of Dentistry, Advanced Prosthodontics,	Reason for leaving: [Redacted]
---	-----------------------------------

4. Practice Address: 345. Palisade Ave	City: Fort Lee	State: NJ	Zip Code:
From: 04/1998 To: 05/2000 (Include month/year)	Telephone: [Redacted]		

Name of Employers, Associates, Etc... H & K New Image Dental Clinic	Reason for leaving: [Redacted]
--	-----------------------------------

5. Practice Address: 630W. 168th St	City: New York	State: NY	Zip Code:
From: 09/1997 To: 06/1999 (Include month/year)	Telephone: [Redacted]		

Name of Employers, Associates, Etc... Columbia University, College of Dental Medicine Clinical Instructor	Reason for leaving: [Redacted]
---	-----------------------------------



(J) EXAMINATION AND LICENSURE HISTORY

NATIONAL BOARD EXAMINATION

Part I Date Taken: 1993

PASS ☒

FAIL ☐

Part II Date Taken: 1997

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: 9/7/2006 to

PASS ☒

FAIL ☐

OTHER EXAMS:

Regional/State, Territory, DC: NERB (North East Regional Board)

Date(s) of Clinical Examination: 6/1997 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: New York

Date of Application: 09/1997

Result of Application (Granted, Denied, Pending):

State, Territory, DC: New Jersey

Date of Application: 04/1998

Result of Application (Granted, Denied, Pending):

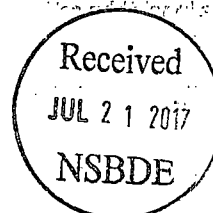
State, Territory, DC: Nevada

Date of Application: 03/2007

Result of Application (Granted, Denied, Pending): voluntarily surrendered in 2013.

- | | | | |
|---|---|---|--|
| 1 | Have any proceedings been initiated against you to revoke or suspend your dental license? | Yes <input checked="" type="checkbox"/> | No <input 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 checked="" type="checkbox"/> | No <input 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.

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: <i>Profitability Insurance</i>		Policy Number:	
Address: <i>[REDACTED]</i>	City: <i>Las Vegas</i>	State: <i>NV</i>	Zip Code: <i>89148</i>
From: <i>09/2010</i>	To: <i>10/2012</i>	(Include month/year) Telephone:	
Carrier:		Policy Number:	
Address: <i>I only practiced in Korea which does not require malpractice insurance</i>		State:	Zip Code:
From: <i>03/2003</i>	To: <i>08/2010</i>	(Include month/year) Telephone:	
Carrier:		Policy Number:	
Address: <i>Practice in Korea which does not require malpractice insurance</i>		State:	Zip Code:
From: <i>11/2012</i>	To: <i>Present</i>	(Include month/year) Telephone:	
Carrier:		Policy Number:	
Address: <i>N/A</i>		State:	Zip Code:
From:	To:	(Include month/year) Telephone:	
Carrier:		Policy Number:	
Address:		City: <i>N/A</i>	State:
From:	To:	(Include month/year) Telephone:	
Carrier:		Policy Number:	
Address:		City: <i>N/A</i>	State:
From:	To:	(Include month/year) Telephone:	
Carrier:		Policy Number:	
Address:		City: <i>N/A</i>	State:
From:	To:	(Include month/year) Telephone:	

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(L) MORAL CHARACTER

As a member of any profession or association connected with the practice of dentistry, 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	No
2	Have you ever been reprimanded, censored, restricted or otherwise disciplined?	Yes	No
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	No
4	Have your clinical privileges or procedures been restricted by any hospital, outpatient clinic or surgery center?	Yes	No
5 (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	No
(b)	Have you ever received a citation or been cited for any traffic violations?	Yes	No

If your answer is 'yes' to any of the foregoing questions (1-5), 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).

6	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	No
7	Have you ever been dropped, suspended, expelled or disciplined by any school or college for any cause whatsoever?	Yes	No

If your answer is 'yes' to questions 6 or 7, 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.

8	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"/>
9	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 checked="" type="checkbox"/>	No <input type="checkbox"/>

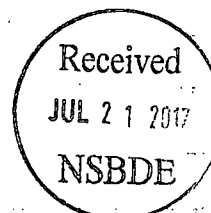
If your answer is 'yes' to questions 8 or 9, furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof.

10	Do you hold a DEA license?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes list DEA Number #
11	Have you ever surrendered your DEA number or had it revoked or restricted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

(M) STATEMENT OF CHILD SUPPORT

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

1	I am NOT subject to a court order for the support of one or more children.
2	I AM subject to a court order for the support of one or more children and: (continue to 2a or 2b below)
2a	I am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.
2b	I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children.



(N) AFFIDAVIT AND PLEDGE

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

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

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

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

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

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

APPLICANT

Applicant Signature

Kim, Jong J

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

4/5/2017

Date of Signature (must correspond with notary date)

Applicants Date of Birth (month/day/year)

Social Security Number

NOTARY

WITH THE US ARMED FORCES
AT SEOUL, KOREA

State of _____

County of _____

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

5th day of APRIL, 20 17

Melissa Hutchins

Notary Public

MELISSA HUTCHINS

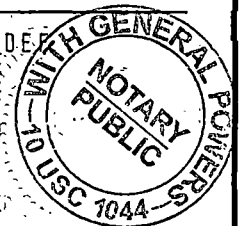
SSG. US ARMY

MYDEF

10 USC 1044A

My Commission Expires

COMMISSION: 1-NOV-17



Received

JUL 21 2017

NSBDE



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, Jon J. Kim, 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

Applicant Signature

Kim, Jon J

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

4/5/2017

Date of Signature (must correspond with notary date)

Applicants Date of Birth (month/day/year)

Social Security Number

NOTARY

WITH THE US ARMED FORCES
AT SEOUL, KOREA

State of

County of

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

5th day of APRIL, 20 17

Melissa Hutchins

MELISSA HUTCHINS

Notary Public

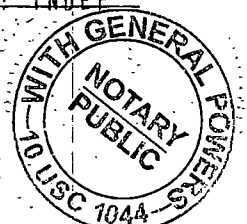
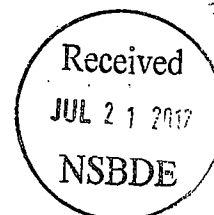
SSG, US ARMY

10 USC 1 044A

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COMMISSION: INDEX

My Commission Expires



Proposal for Outside Legal Representation for the Board



July 2, 2018

Nevada State Board of Dental Examiners
Attn: Debra Shaffer-Kugel, Executive Director
6010 S. Rainbow Blvd, Suite A-1
Las Vegas, NV 89118

Re: Nevada State Board of Dental Examiners, et. al. Adv. Abbey Dental
Eighth Judicial District Court Case No. A-18-776725-W

Dear Debra:

It is our practice to confirm engagements in writing and the following will confirm the arrangement under which our firm will be engaged. By execution of this correspondence you are acknowledging you have read each of the terms hereunder, have had an adequate opportunity to review the terms and understand these provisions. Please note that by execution of this correspondence you are entering into a legally binding contract.

1. **Nature of Representation: General Description of Services.** You have retained Lee A. Drizin, Chtd. (the "Firm") to represent you regarding the above-referenced litigation.

2. **Hourly Rates and Standard Fees.** The services of the Firm will be billed at an hourly basis as opposed to a flat fee. The Firm may, in its discretion, assign various attorneys, paralegals (legal assistants) and/or legal consultants to work on your matters. Their time will be computed (and generally billed) at their then-current hourly rates. These rates may vary, depending upon their status as a partner, senior associate, associate, attorney "of counsel," paralegal or legal consultant, and upon, among other things, seniority, specialization and other factors. Depending upon the duration of the Firm's representation of you, the regular rates may increase from time to time (for example, at our fiscal year end). Any such changes will simply be reflected in our regular billings to you, as and when the change occurs. Initially, the individuals assigned to your matter (and their regular hourly rates, in parenthesis) shall be as follows:

Lee A. Drizin	\$300.00 per hour (reduced from \$400.00 per hour)
Lester A. Berman	\$300.00 per hour (reduced from \$400.00 per hour)
Paralegals	\$175.00 per hour

The standard fees of the Firm include travel time to and from Court, depositions and other meetings deemed necessary for an effective representation. The Firm will also bill for any waiting time in addition to the time actually before the Judge and/or Jury. In addition, there are times that inter-office conferences are necessary in order to effectively supervise work on your matter. You will not be billed for more than one attorney's participation in any such conferences.

3. **Costs.** The Firm may incur various out-of-pocket expenses for which you agree to reimburse the Firm. These may include, among other things, court filing fees, costs of photocopying, word processing, computerized legal and factual research, long distance telephone calls, reproduction and binding costs, process servers, mileage and parking, travel, lodging, messenger, express mail and facsimile copying fees, government and court filing fees (and similar litigation expenses), printing costs, personnel overtime, deposition transcript costs, and the like. The amounts expended for such costs shall be reflected in your regular billings.

4. **Non-Legal Consultants.** The Firm may retain outside non-legal consultants such as accountants, investigators or other experts, in which case, although they may nominally be retained by (and may bill) the Firm, it is understood that you will be responsible for payment of their fees and expenses. We reserve the right to have the consultants bill you directly, and we reserve the right to require of you an advance reserve (replenishable from time to time) to be applied against such costs. We will obtain your approval in advance for the retention of such consultants, and you may instruct us in writing at any time to terminate their services. Unless we agree to the contrary, we will not retain separately for our own account, or guarantee payment for, any consulting services in connection with this representation.

5. **Time-Keeping and Regular Billings.** The predominant guideline in computing fees shall be the number of hours worked and the applicable hourly rates. Our time will be billed in six minute increments (1/10 of one hour). You will receive monthly billing statements. **It is the policy of the Firm, and you agree, that all bills will be paid in full within ten (10) days of receipt.** Any failure to pay in timely fashion all undisputed fees and costs theretofore incurred on your behalf shall constitute grounds for (and authorization of) suspension or cessation by the Firm of the rendering of services or incurring of costs in this matter, and/or if we are your counsel of record in litigation or similar proceedings, grounds for (and your authorization of) the filing of an immediate motion to withdraw as counsel, regardless of the procedural status of the matter. If for any reason a past-due balance should exist beyond thirty (30) days from the date of any given billing in which such fee or cost was first reflected, the Firm reserves the right to assess an additional charge as interest upon said past-due balance, at the maximum legal rate applicable in Nevada, but in no event to exceed one (1%) percent per month, computed from the 30th day following the date of the billing.

6. **Attorney's Lien.** In consideration of the Firm's agreements herein, as security for the payment of the attorney's fees and costs incurred by the Firm on your behalf in this representation, and without prejudice to any other rights, recourse or remedies to which the Firm may be entitled, you hereby grant to the Firm a lien upon any sum or sums recovered by you or on your behalf (or to which you are entitled to recovery) in any matter to which this Agreement pertains, and upon any sum or sums which may be on deposit in the Firm's client trust account pursuant to this Agreement. You authorize the Firm to resort to such lien in order to obtain partial or total satisfaction of any obligation or debt which you may have to the Firm. Should a dispute arise between you and us regarding attorney fees owed by you to us, you consent to allow the District Court in which your case is filed to determine the issue. You acknowledge that in accordance with Argentena Consol. Min. Co. v. Jolley Urga Wirth Woodbury & Standish, that you have the right to have any such dispute determined in another format such as with the Nevada State Bar. Although we are not asking you to waive this right, should the issue of attorney fees be in dispute, you also agree to allow the District Court determine the matter.

7. **Withdrawal or Termination.** The Firm shall have the right to withdraw from its representation of you, upon giving you reasonable written notice, to enable you to secure other counsel for the following reasons:

- (1) your failure to pay all costs and/or fees incurred in a timely manner,
- (2) your failure to maintain the minimum retainer balance required by the Firm at all times during the period of representation,
- (3) due to the Firm's dissolution of its corporation,
- (4) in the event evidence discloses that your claim or suit lacks merit,
- (5) upon your non-cooperation or material breach of this Agreement, or
- (6) for any other reason authorized by law or by the Rules of Professional Conduct of the State Bar of Nevada.

You shall have the right to discharge the Firm at any time, upon giving the Firm reasonable written notice. In the event of withdrawal or discharge, the Firm shall be authorized to make and retain a duplicate file, and you shall bear all costs of duplicating the file and transferring it to other counsel designated by you.

Should you fail to pay any outstanding attorney's fees or costs incurred in this action, then Client understands that the Firm may take whatever action is necessary to collect these sums including, but not limited to, the filing of the lien described in Paragraph 7 above and an application for and enforcement of a judgment for the amount of any outstanding sums (also known as a "collection action"). If such a collection action becomes necessary, Client agrees to pay to Attorney the same hourly rate as contained in Paragraph 2 above as and

for fees incurred in the collection action, even if such collection action is filed and pursued by Attorney in proper person. Client also agrees to pay all costs incurred by Attorney if such a collection action becomes necessary.

8. **Dormant Files.** Periodically (approximately every two (2) years), the Firm will review dormant files which have had no activity for a reasonable period of time. Thereafter, the contents of those files may be disposed of, subsequent to such a review, if specific instructions have not been previously provided to us regarding the disposition of same.

9. **General Provisions.** This Agreement is deemed to have been executed (and intended to be performed) in the State of Nevada, regardless of your (or our) residence, domicile or location at the time of its execution, and regardless of whether services may also be required to be rendered outside of Nevada. No promise, representation or warranty has been made by or for either of us, to the other, in respect to this Agreement or as an inducement to enter into it, except as appears herein. Each of us has had the opportunity to obtain advice of independent counsel in respect to this Agreement, and by our execution of this Agreement each of us indicates that we have obtained such advice to the extent we deem necessary. As to any dispute of any kind or nature which may arise out of or relate to this Agreement (or, without limitation, with respect to its contents, interpretation, application, performance, existence or validity), it is agreed that the laws of the State of Nevada shall govern and be applied; that jurisdiction shall exclusively be in the State of Nevada; and that the forum and venue of any dispute between us shall be proper only within the County of Clark, State of Nevada.

No variance, change, modification or augmentation of the terms of this Agreement shall be effective unless and until confirmed in a writing, executed by both you and the Firm, making specific reference to this Agreement.

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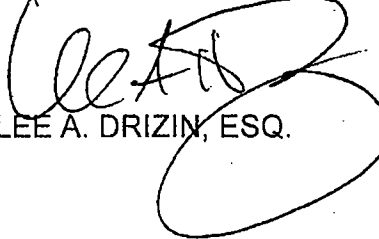
....

Fee Agreement
July 2, 2018
Page 5 of 5

Assuming this letter accurately reflects our mutual understanding concerning the terms of this engagement, please date, sign and return the enclosed copy of this letter, retaining a copy for your files. If you have any questions, please do not hesitate to call me. We thank you for allowing us the opportunity to represent you in this matter.

Very truly yours,

LEE A. DRIZIN, CHTD.

A handwritten signature in black ink, appearing to read "Lee A. Drizin", is written over the typed name. The signature is enclosed within a large, hand-drawn oval.

LEE A. DRIZIN, ESQ.

THE ABOVE IS AGREED TO AND ACKNOWLEDGED:

Nevada State Board of Dental Examiners

By: _____

Dated: _____

Title: _____

Old Business: Consideration of Application for CE Provider

- Advanced Dental CE



Nevada State Board of Dental Examiners

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

Las Vegas, NV 89118

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

RECEIVED

APR 2 2018

RECEIVED
REVISED

CONTINUING EDUCATION PROVIDER APPLICATION

Revised June
6, 2018.
Includes live
patient
participation

Instructor Name: Dr. Sid Solomon DDS; Dr Scott Redlinger; and Dr Barry Frank DMD

Business Address: 1000 N Green Valley Pkwy

City, State & Zip: Henderson, Nevada 89074

Business Telephone: 702-906-5802

Course Title and Objective : " Facial Aesthetics for Dentists; TMJ,Botox and Dermal Fillers" Training & Certification

This comprehensive 3-day/24-hour didactic and hands on training aesthetic dental seminar course provides participants with the knowledge of Botox and injectable dermal fillers applied in Dentistry for Facial Aesthetics and the treatment of orofacial pain, myofascial pain, bruxism and TMJ disorders (TMD) through the use of proper dental facial aesthetic procedures.

24 hours total -- 4 hours of didactic and 4 hours of hands on in each of these 3 subjects

1. Botox for TMD and myofascial pain 4/4

2. Botox for aesthetics 4/4

3. dermal fillers for aesthetics 4/4

The BOTOX and Dermal Filler Seminar class is formatted specifically for Dentists (DDS & DMD).

Number of Participants: 10-50

Hours of Actual Instruction: 24

Location/Facility Name and Address: Advanced Dental CE-Conference Center

2220 Village Walk Dr Henderson NV 89052

Date(s) of Course: May 18-20, 2018

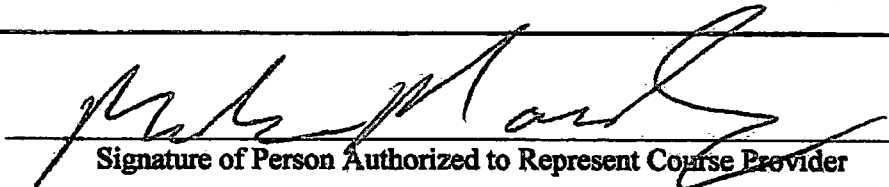
Individual Submitting Request: Advanced Dental CE: Michael Mosley, Owner

Business Address: 1000 N Green Valley Pkwy #440

City, State & Zip: Henderson, NV 89074

Business Telephone: 702-906-5802

Date of Request: April 2, 2018


Signature of Person Authorized to Represent Course Provider

PLEASE ATTACH NAMES AND BRIEF BIOGRAPHICAL SKETCHES OF INSTRUCTORS AND OUTLINE OF COURSE, INCLUDING METHOD OF PRESENTATION TO THIS FORM.

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

Approved by:

Number of Hours Approved:

Effective Date of Approval:

Disapproved [Explanation]:

Consideration of Application for Licensure by Endorsement

- Jay Morgenstern, DMDMD

June 27, 2018

Jay Morgenstern DMD

[REDACTED]

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

Dear Secretary-Treasurer:


I am writing to petition the Board of Dental Examiners to hear a review of my license application at the next scheduled Board meeting which I believe is on Friday July 13, 2018.

I will be presenting new information of recent clinical volunteer practice.

I look forward to hearing from you regarding what time I should arrive to present this material.

Thank you for your assistance with my license application.

Regards,


Jay Morgenstern DMD





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:

MORGENSTERN

First:

JAY

Middle:

HARRIS

Suffix:

Soc. Security #:

Age:

Male ☐

Birthdate:

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

Female ☐

Have you ever been known by any other name?

Yes ☐

No ☒

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

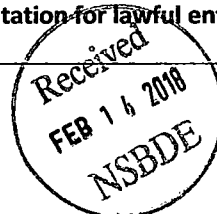
Application:

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.



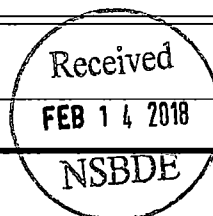
(A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY

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

(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 : [REDACTED]	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
County: [REDACTED]	Dates: [REDACTED] to [REDACTED]		
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

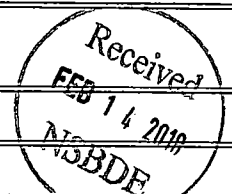
Have you ever served in the military? (if yes, you must answer the questions below)

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

Doctoral:	Post Doctoral:
University/ College: <u>TUFTS UNIVERSITY</u>	University/ College:
City: <u>BOSTON</u>	City:
State: <u>MA</u>	State:
Years Attended: (month/year) <u>JULY 1980</u> to <u>JUNE 1983</u>	Years Attended: (month/year) _____ to _____
Graduation Date: <u>JUNE 10, 1983</u>	Graduation Date:
Degree Earned: DDS <input type="checkbox"/> DMD <input checked="" type="checkbox"/>	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 ☐

(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):

NONE

City:

State:

Zip Code:

Telephone:

Fax:

Email address:

(I) PREVIOUS EMPLOYMENT

1. Practice Address:

1180 BEACON ST, 2B

City:

BROOKLINE

State:

MA

Zip Code:

02446

From: JULY 2008 To: MAY 2015 (Include month/year)

Telephone:

Name of Employers, Associates, Etc...

SMILE BOSTON

(OWNER: DR. STEVEN SPITZ)

Reason for leaving:

2. Practice Address:

1180 BEACON ST, 2B

City:

BROOKLINE

State:

MA

Zip Code:

02446

From: FEB 1999 To: JULY 2008 (Include month/year)

Telephone:

Name of Employers, Associates, Etc...

OWNER, PRIVATE PRACTICE (SOLO)

Reason for leaving:

3. Practice Address:

68 BAY STATE RD

City:

BOSTON

State:

MA

Zip Code:

02115

From: AUG 1987 To: FEB 1999 (Include month/year)

Telephone:

N/A

Name of Employers, Associates, Etc...

OWNER, PRIVATE PRACTICE (SOLO)

Reason for leaving:

4. Practice Address:

City:

State:

Zip Code:

From:

To:

(Include month/year)

Telephone:

Name of Employers, Associates, Etc...

Reason for leaving:

5. Practice Address:

City:

State:

Zip Code:

From:

To:

(Include month/year)

Telephone:

Name of Employers, Associates, Etc...

Reason for leaving:



(J) EXAMINATION AND LICENSURE HISTORY**NATIONAL BOARD EXAMINATION****Part I** Date Taken: DEC 1981 PASS ☒ FAIL ☐**Part II** Date Taken: JAN 1982 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: to PASS ☐ FAIL ☐**OTHER EXAMS:**

Regional/State, Territory, DC: Northeast Regional Board Exam (NERB)

Date(s) of Clinical Examination: to MAY, 1983 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: MASSACHUSETTS Date of Application: JUNE, 1983

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

State, Territory, DC: NEW HAMPSHIRE Date of Application: JULY 15, 1983

Result of Application (Granted, Denied, Pending): GRANTED (NOT RENEWED) Lapsed 1992 when I moved to MASS

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 ☐

yes, list all malpractice, negligence lawsuits and claims you have ever had against you. Include dates, names, settlements 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: EASTERN DENTISTS INS. CO.

Policy Number:

Address:

200 FRIBERG PKWY #2002

City:

WESTBOROUGH

State:

MA

Zip Code:

01581

From: AUG 2009 To: AUG 2015 (Include month/year)

Telephone:

Carrier: NATIONAL UNION FIRE INS. CO. OF PITTS. PA / THE REDWOODS GROUP

Policy Number:

Address:

210 UNIVERSITY DRIVE #0600
CORAL SPRINGS, FL 33071

City:

CORAL SPRINGS

State:

FL

Zip Code:

33071

From: 8/13/04 To: 8/13/09 (Include month/year)

Telephone:

Carrier: THE REDWOODS GRP / NSDP

Policy Number:

Address:

210 UNIV. DRIVE STE 900

City:

Coral Springs

State:

FL

Zip Code:

33071

From: 08/13/87 To: 8/13/04 (Include month/year)

Telephone:

Carrier: CNA Insurance Co.

Policy Number:

Address:

100 NEWPORT AVE EXT.

City:

N. QUINCY

State:

MA

Zip Code:

02269

From: 7/31/83 To: 8/13/1987 (Include month/year)

Telephone:

Carrier:

Policy Number:

Address:

City:

State:

Zip Code:

From: To: (Include month/year)

Telephone:

Carrier:

Policy Number:

Address:

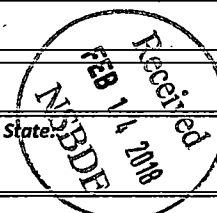
City:

State:

Zip Code:

From: To: (Include month/year)

Telephone:



(L) MORAL CHARACTER

- | | | | |
|---|--|-----|----|
| 1 | Have you ever been reprimanded, censored, restricted or otherwise disciplined? | Yes | No |
| 2 | Have any claims or complaints of malpractice, formal or informal, ever been made or filed against you, or have any proceedings been instituted against you? | Yes | No |
| 3 | Have you ever been arrested, convicted, charged with, entered a plea of nolo contendere or pleaded guilty to the violation of any law [misdemeanor(s) or felony(ies)]? | Yes | No |

If your answer is 'yes' to any of the foregoing questions (1-3), furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, case number, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof. You must provide certified copies of any arrest or conviction and/or any plea agreements entered into for any felony(ies) or misdemeanor(s).

- 4 Have you ever been denied participation in, or suspended from the Medicaid or Medicare benefit program? Yes ☐ No ☒

If your answer is 'yes' to questions 4, furnish a written statement of each occurrence giving the complete facts. For each incident, state the date, the nature of the charge the disposition of the matter, and the name and address of the authority in possession of the records thereof.

- 5 Do you hold a DEA license? Yes ☐ No ☒ If yes list DEA Number #

- 6 Have you ever surrendered your DEA number or had it revoked or restricted? DID NOT RENEW 1/16 Yes ☐ No ☒

(M) STATEMENT OF CHILD SUPPORT

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

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



(N) AFFIDAVIT AND PLEDGE

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

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

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

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

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

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

APPLICANT


Applicant Signature

MORGENSTERN, JAY HARRIS

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

2-13-2018

Date of Signature (must correspond with notary date)

Applicants Date of Birth (month/day/year)

Social Security Number

NOTARY

State of Nevada County of Clark

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

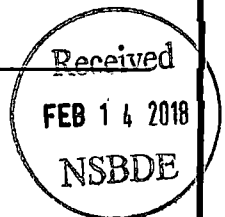
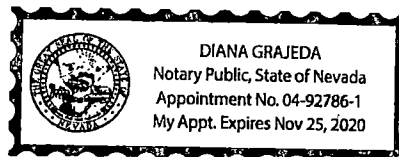
13 day of February, 20 18

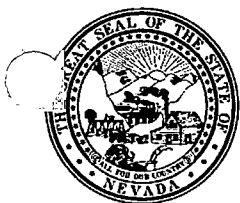


Notary Public

Nov. 25, 2020

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, JAY HARRIS MORGENSTERN, 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

[Signature]
Applicant Signature

MORGENSTERN, JAY HARRIS
Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)

2-13-2018
Date of Signature (must correspond with notary date)

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

[Redacted]
Social Security Number

NOTARY

State of Nevada County of Clark

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

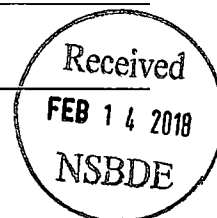
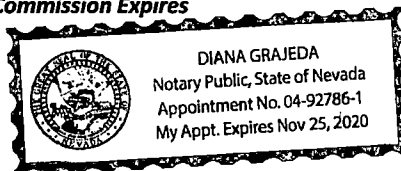
13th day of February, 20 18

[Signature]

Notary Public

NOV. 25, 2020

My Commission Expires



Voluntary Surrenders



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

COPY



VOLUNTARY SURRENDER OF LICENSE

STATE OF NEVADA

COUNTY OF USA

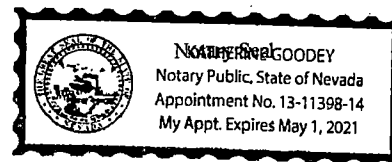
I, Nursadies D. Hinden, hereby surrender my Nevada Dental
/Dental Hygiene (circle one) license number 101491 on 21st day of
June, 2018.

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.

Nursadies D. Hinden
Licensee Signature

6/21/2018
Date

Katei Guley
Notary Signature



~~Licensee Current Mailing Address:~~ [REDACTED]

~~Home Phone:~~ [REDACTED]

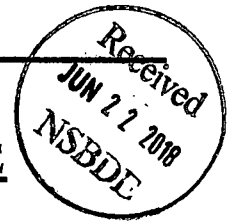
~~Cell Phone:~~ [REDACTED]



Nevada State Board of Dental Examiners

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VOLUNTARY SURRENDER OF LICENSE

STATE OF NV

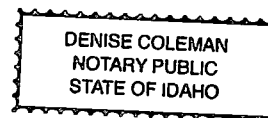
COUNTY OF Clark

I, Stephanie L Hodson, hereby surrender my Nevada
Dental Dental Hygiene (circle one) license number 101411 on 12 day of
June, 2018.

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.

Stephanie Hodson, RDH
Licensee Signature

6/12/18
Date



Notary Seal

Denise Coleman
Notary Signature

Licensee Current Mailing Address:



Home Phone

Cell Phone:



Nevada State Board of Dental Examiners

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VOLUNTARY SURRENDER OF LICENSE



STATE OF Nevada
COUNTY OF Clark

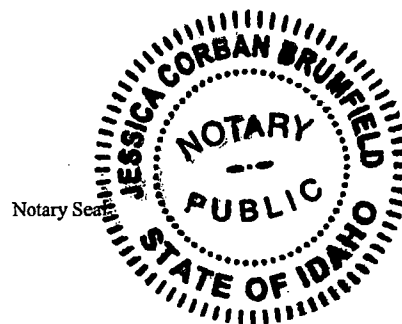
I, Barry Lasko, hereby surrender my Nevada
Dental Dental Hygiene (circle one) license number 2564 on 13 day of
June, 2018.

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.

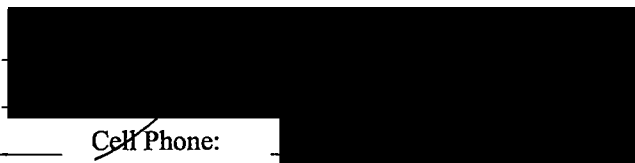
Blasko
Licensee Signature

6-13-18
Date

Jessica C. Brumfield
Notary Signature
EXP. 2/23/23



Licensee Current Mailing Address:



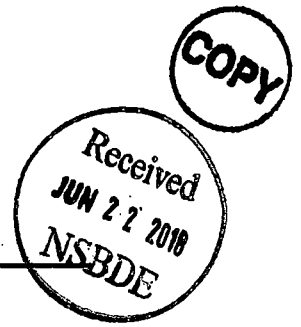
Home Phone _____

Cell Phone: _____



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VOLUNTARY SURRENDER OF LICENSE

STATE OF Nevada

COUNTY OF Kings

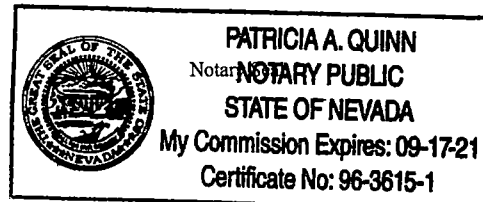
I, Linda Lee Slates, hereby surrender my Nevada
Dental / Dental Hygiene (circle one) license number 4375 on June day of
22, 2018.

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.

Linda Lee Slates
Licensee Signature

6/22/18
Date

Patricia A. Quinn
Notary Signature



Licensee Current Mailing Address:

[Redacted Address Block]

Home Phone _____

Cell Phone: _____



Nevada State Board of Dental Examiners

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VOLUNTARY SURRENDER OF LICENSE

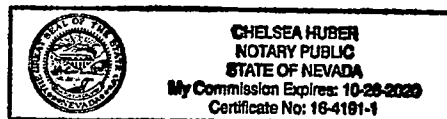
STATE OF Nevada

COUNTY OF Clark

I, Martha A. Stimpson, hereby surrender my Nevada
Dental /Dental Hygiene (circle one) license number 3108 on 2nd day of
July, 2018.

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.

Martha A. Stimpson
Licensee Signature



7/2/2018
Date

Chelsea Huber
Notary Signature

Notary Seal

On 7/2/18 Martha A. Stimpson came before me Chelsea Huber a notary public and presented proper identification.

Licensee Current Mailing Address:

Home Phone

Cell Phone: