

NEVADA STATE BOARD  
of  
DENTAL EXAMINERS



BOARD MEETING

JANUARY 19, 2018

9:00 A.M.

**PUBLIC BOOK**

PLEASE DO NOT REMOVE BOOK FROM OFFICE

# **Public Comment - Workshop**



AMERICAN ACADEMY OF  
DERMATOLOGY | ASSOCIATION



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY



October 3, 2017

Byron M. Blasco, DMD, President  
Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd., Ste. A-1  
Las Vegas, NV 89118  
Submitted electronically: [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov)

**Re: NAC 631.033 Use of laser radiation, administration of botulinum toxins and dermal fillers in practice:  
Documentation required with application for renewal of license**

Dear Dr. Blasco,

On behalf of the undersigned physician organizations, we appreciate the opportunity to provide comments in response to the **Nevada State Board of Dental Examiners proposed regulation change to NAC 631.033**. This rule change adds the administration of botulinum toxins and dermal fillers to an existing rule allowing dentists to use laser radiation. We believe these procedures are outside the scope of practice of dentists and are a risk to patient safety. The addition of these procedures also necessitates different training and education requirements, which will likely result in inconsistent standards for the same procedures performed by other practitioners. For these reasons, we urge you **not** to adopt the proposed changes.

Procedures by any means, methods, devices or instruments that can alter or cause biologic change or damage the skin and subcutaneous tissue constitute the practice of medicine and surgery. This includes the use of foreign or natural substances by injection or insertion.<sup>1,2</sup> Our organizations believe that procedures using a Food and Drug Administration (FDA)-regulated device, such as those that can alter or cause biologic change or damage, should only be performed by a physician or appropriately trained non-physician personnel under the direct, onsite supervision of an appropriately trained physician.<sup>3</sup> This rule jeopardizes patient safety and disregards what is considered adequate and appropriate medical education and training. Quality patient care includes evaluating a patient's needs and condition(s), selecting an appropriate course of treatment and providing adequate follow-up care.

According to the American Dental Association, three or more years of undergraduate education plus four years of dental school is required to graduate and become a general dentist.<sup>4</sup> The focus of their education is oral health rather than skin and facial tissue. Dentists are not required to demonstrate competency in procedures involving skin and soft tissue augmentation with products that can alter or damage living tissue. It is of utmost importance that the health care provider performing procedures with botulinum toxins or dermal fillers have specific, long-term training (such as a medical residency in plastic, ocular or dermatologic surgery). The education for dentists does not include this type of intense training; additionally, any short-term training program offered by manufacturers of these products does not adequately protect patient safety.

An analysis by the FDA's General and Plastic Surgery Devices Panel of six years of adverse event reports associated with the use of injectable dermal fillers concluded the following:

- There are a number of adverse events that are serious and unexpected, such as facial, lip and eye palsy, disfigurement, retinal vascular occlusion, blindness, as well as rare but life-threatening events such as severe allergic reactions and anaphylactic shock.
- Some of the common adverse events that are expected to occur shortly after injection and resolve quickly can have a delayed onset and/or remain for a long period of time and turn into more serious problems.
- A number of the adverse events reported to the FDA and the device manufacturers imply that, in these cases, the administration of injectables were performed by untrained personnel or in settings other than health clinics or doctors' offices.<sup>5</sup>

A survey conducted by the Physicians Coalition for Injectable Safety found that 84 percent of physician respondents had seen at least one patient with complications from cosmetic injectables and 38 percent had seen complications arising from cosmetic injections administered by an unqualified or untrained provider.<sup>6</sup> Injectable fillers that are approved for injection in the dermis or mid-to-deep dermis require extensive knowledge of facial anatomy to ensure proper placement of the injections. Understanding which injectable product is appropriate for each anatomic site and its particular limitations is fundamental to avoiding adverse effects. Furthermore, in discussing these devices, the FDA's Consumer Health Information materials suggest that patients should discuss fillers with a doctor who can refer the patient to a specialist in the field of dermatology or aesthetic plastic surgery.<sup>7</sup>

In order to protect the citizens of Nevada from adverse events and ensure quality patient care, **we urge you to oppose the proposed changes, which include botulinum toxins and dermal fillers.** Dentists do not have the comprehensive education and training that is required to identify and respond to potential complications resulting from the administration of these devices. We appreciate the opportunity to provide comments on this issue; for further information, please contact Kristin Hellquist, ASDSA Director of Advocacy and Practice Affairs, at [REDACTED] or [REDACTED].

Sincerely,

American Academy of Dermatology Association  
 American Academy of Facial Plastic and Reconstructive Surgery  
 American Academy of Otolaryngology – Head and Neck Surgery  
 American Society for Aesthetic Plastic Surgery  
 American Society for Dermatologic Surgery Society Association

<sup>1</sup> ASDSA Position Statement on the Practice of Medicine. <http://asdsa.asds.net/uploadedFiles/ASDSA/Polymakers/ASDSA-Definition%20of%20the%20Practice%20of%20Medicine.pdf>

<sup>2</sup> AADA Position Statement on Medical Spa Standards of Practice. <https://www.aad.org/Forms/Policies/Uploads/PS/PS-Medical%20Spa%20Standards%20of%20Practice.pdf>

<sup>3</sup> ASDSA Position Statement on Delegation. [http://asdsa.asds.net/uploadedFiles/ASDSA/Polymakers/ASDSA-%20Delegation%20Position%20Statement\(4\).pdf](http://asdsa.asds.net/uploadedFiles/ASDSA/Polymakers/ASDSA-%20Delegation%20Position%20Statement(4).pdf)

<sup>4</sup> General Dentistry. Retrieved from <http://www.ada.org/en/education-careers/careers-in-dentistry/general-dentistry>.

<sup>5</sup> FDA General and Plastic Surgery Devices Panel. Dermal Filler Devices. November 11, 2008. Retrieved from <https://www.fda.gov/ohrms/dockets/ac/08/briefing/2008-4391b1-01%20-%20FDA%20Executive%20Summary%20Dermal%20Fillers.pdf>

<sup>6</sup> New Data Finds Greater Measures Needed For Consumer Safety And Education On Injectable Therapies. August 15 2007. Retrieved from [https://www.aafprs.org/media/press\\_release/150807.htm](https://www.aafprs.org/media/press_release/150807.htm)

<sup>7</sup> Filling in Wrinkles Safely. Retrieved from <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049349.htm>

**Angelica L. Bejar**

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**From:** Emily Ninnemann <[REDACTED]>  
**Sent:** Monday, October 09, 2017 6:25 AM  
**To:** Board of Dental Examiners  
**Subject:** Comments on NAC 631.033  
**Attachments:** Joint Comments - Scope of Practice - NV NAC 631.033.pdf

Good morning,

Attached please find a letter regarding the proposed changes to NAC 631.033 (Use of laser radiation, administration of botulinum toxins and dermal fillers in practice: Documentation required with application for renewal of license). Please feel free to contact me with any questions.

Best,  
Emily

**Emily Ninnemann**  
*Manager of Advocacy and Practice Affairs*  
American Society for Dermatologic Surgery Association (ASDSA)  
5550 Meadowbrook Drive, Suite 120  
Rolling Meadows, IL 60008



[asdsa.asds.net](http://asdsa.asds.net)



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



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

**PUBLIC MEETING**

Friday, November 3, 2017  
 9:04 a.m.

**Board Meeting DRAFT Minutes**

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

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

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

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

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

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

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

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

**Public Attendees:** Brian Reeder NDA; Mark Christensen, WREB; L. Kristopher Rath, Counsel for Travis Sorensen; Brenda Thomas, Future Smiles; Maria T. Merrin, Future Smiles; Candace Herling, Esquire – Counsel for Dr. Pinkus; Stan Pinkus; Terri Chandler, Future Smiles; Lisa Jones, Campbell Jones Cohen, CPA's; Kay See, Campbell Jones Cohen, CPA's; Robert Dunham; Dan Royal.

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

Dr. Blasco opened the floor for public comment. No public comments were made.

<p><b>Note:</b> No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)</p>
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60 Dr. Blasco requested for a motion to go out of order to agenda item (3)(d)(1) and (3)(d)(2).  
61

62 **MOTION:** Dr. Pinther moved that the Board go out of order to agenda item (3d), seconded by Dr. Pisani. The  
63 board unanimously approved the motion.  
64

65 **\*3. Executive Director's Report** (For Possible Action)  
66

67 **\*d. Contracts:** NRS 631.190 (For Possible Action)  
68

69 (1) Clark Hill- Legal Consulting Services  
70

71 (2) Add \$24,000.00 to FY18 budget for legal consulting fees  
72

73 Dr. Blasco directed attention to the Board Executive Director, Debra Shaffer-Kugel. Mrs. Shaffer-Kugel stated  
74 that these agenda be removed and withdrawn from the agenda.  
75

76 **The Board unanimously agreed to withdraw items (3)(d)(1) and (3)(d)(2) from the agenda.**  
77

78 Dr. Blasco requested for a motion to go out of order to agenda item (6)(h).  
79

80 **MOTION:** Dr. Pinther moved that the Board go out of order to agenda item (6h), seconded by Ms. Gabriel.  
81 The board unanimously approved the motion.  
82  
83  
84

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

87 **\*h. Approval of Voluntary Surrender of License – NAC 631.160** (For Possible Action)  
88

89 (1) Travis Sorensen, DDS  
90

91 Dr. Blasco directed the Board's attention to Mrs. Melanie Bernstein Chapman. Mrs. Bernstein Chapman stated  
92 that Dr. Sorensen had no pending actions or matters with the Board, and noted that once approved the  
93 voluntary surrender was absolute and irrevocable. A motion was called for.  
94

95 **MOTION:** Ms. Guillen moved that the Board accept the voluntary surrender, seconded by Dr. Sanders. Without  
96 discussion, the motion was unanimously approved by the members of the Board.  
97

98 Dr. Blasco requested for a motion to go out of order to agenda item (6)(a)(1).  
99

100 **MOTION:** There was a motion and a second that the Board go out of order to agenda item (6a)(1). The  
101 board unanimously approved the motion.  
102

103 **\*6. New Business** (For Possible Action)  
104

105 **\*a. Presentation by the Western Regional Examining Board (WREB)** (For Possible Action)  
106

107 (1) Mark Christensen, DDS  
108

109 Dr. Blasco directed the attention to Mark Christensen. Mr. Christensen addressed the Board and went over  
110 the WREB exam and some of the changes being made with the assistance of a PowerPoint presentation. He  
111 discussed examiners and how WREB was working to design a new system for some aspects of the exam. He  
112 noted that they have rigorous examiner training. Various parts of the exam discussed in length. It was noted  
113 that WREB was now recognized in a majority of the states. Dr. Blasco stated to the Board that examiners  
114 have profiles created and all examiners are placed into well-rounded teams according to their examiner  
115 grading style. Furthermore, he discussed the exam criteria and the role he has played in being a WREB  
116 representative. There was discussion amongst the Board members regarding the exams and their experiences.  
117 Dr. Sanders stated that he and Dr. Shahrestani were joining the pool of WREB examiners. There was further  
118 discussion regarding examiners and their role. Dr. Pinther noted that there is a big push from the ADA to do  
119 a non-patient based exam; however, and inquired if WREB was at all concerned with the direction of the ADA.

120 In a detailed response, Mr. Christensen stated that WREB was not concerned. There was no further  
121 discussion. The board thanked Mr. Christensen for his presentation and time.  
122

123 **MOTION:** Dr. Pisani moved that that Board return to agenda order, seconded by Dr. Johnson. The  
124 board unanimously agreed to the motion.  
125  
126  
127

128 **\*3. Executive Director's Report** (For Possible Action)  
129

130 **\*a. Minutes - NRS 631.190** (For Possible Action)  
131

132 (1) September 29, 2017 – Board Meeting and Workshop  
133

134 Dr. Blasco asked if the members of the Board had an opportunity to review the minutes listed on the agenda  
135 for approval. With an affirmative response, he asked if there were any changes or corrections to be noted.  
136 No changes were offered. A motion was called for:  
137

138 **MOTION:** Dr. Pisani moved that the Board approve the minutes as presented with the noted correction,  
139 seconded by Ms. Guillen. Without discussion, the motion was unanimously approved by the  
140 members of the Board; Dr. Sanders abstained.  
141

142 **b. Financials - NRS 631.180/NRS 631.190** (For Possible Action)  
143

144 (1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for period  
145 July 1, 2017 to August 31, 2017 (Informational Purposes only)  
146

147 Dr. Blasco directed attention to Ms. Stacie Hummel, the board accountant, to go over with the Board the  
148 balance sheet and statement of revenues, expenses, and balances. She inquired if there were any questions  
149 on the financial statements. Mrs. Hummel addressed the board and noted that there were a few items that  
150 she wanted to discuss with the Board. She went over the differences in some of the revenue and budgeted  
151 items. She explained briefly how the budget is done. She discussed areas with some significance, and some  
152 of the changes made regarding housing of board documents which will save the board money.  
153

154 **\*(2) Approve budget increase in the amount of \$5300.00 for Board Members salaries**  
155 **following the approved salary increase at the 09/29/2017 Board Meeting**  
156 **(For Possible Action):**  
157

158 (a) Board Meetings & Formal Hearings - \$150.00 per day

159 (b) Telephone Conference Calls & Committee Meetings- \$80.00 per day  
160

161 Dr. Blasco directed attention to the Board Executive Director, Debra Shaffer-Kugel. She explained that this  
162 increase was not originally included in the FY18 budget, and therefore, they need to approve to add this  
163 amount to be added to the budget.  
164

165 **MOTION:** Dr. Pisani moved that the Board approve to increase the Board budget as noted above (a) and (b),  
166 seconded by Ms. Guillen. Without discussion, the motion was unanimously approved by the  
167 members of the Board.  
168

169 **\*(3) Approve Proposed Annual Audit for FY 2017** (For Possible Action)  
170

171 Dr. Blasco directed attention to the Board Executive Director, Debra Shaffer-Kugel. Ms. Lisa Jones and Ms.  
172 Kay See of Campbell and Jones stepped forward to go over the annual audit they conducted for the Board.  
173 Ms. Jones went over the audit, and discussed some of the increases. She noted that there were no areas of  
174 concerns and that it is a pleasure to work with Mrs. Shaffer-Kugel and Mrs. Hummel. Dr. Sanders inquired if  
175 they could explain some of the terms used, such as "deferred outflow." She stated that there were a few  
176 new items outlined that were not required a couple of years ago but were now required to be included on  
177 the reports for financial statements. With no further discussion, a motion was called for.  
178

179 **MOTION:** Dr. Sanders moved that the Board approve the proposed annual audit for FY 2017, seconded by Dr.  
180 Johnson. Without discussion, the motion was unanimously approved by the members of the Board.

181 **\*c. Authorized Investigative Complaints - NRS 631.360** (For Possible Action)  
182

183 (1) Dr. X - NRS 631.255(1)(b)(1) (For Possible Action)  
184

185 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel addressed the Board and read into  
186 the record the Statutes of the alleged violations of Dr. X.  
187

188 **MOTION:** Dr. Pinther moved that the board authorize the investigation on Dr. X, and was seconded by Dr.  
189 Pisani. The motion was unanimously approved by the Board.  
190

191 (2) Dr. Y - NAC 631.178 (For Possible Action)  
192

193 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel addressed the Board and read into  
194 the record the Statutes of the alleged violations of Dr. Y.  
195

196 **MOTION:** Dr. Sanders moved that the board authorize the investigation on Dr. Y, and was seconded by Dr.  
197 Shahrestani. The motion was unanimously approved by the Board.  
198

199 (3) Dr. Z - NRS 631.395(7); NRS 631.3485(2); NAC 631.045(4) (For Possible Action)  
200

201 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel addressed the Board and read into  
202 the record the Statutes of the alleged violations of Dr. Z.  
203

204 **MOTION:** Dr. Pisani moved that the board authorize the investigation on Dr. Z, and was seconded by Ms.  
205 Gabriel. The motion was unanimously approved by the Board.  
206  
207

208 **\*4. Old Business:**  
209

210 **a. License by Endorsement Dental Hygiene - NRS 622** (For Possible Action)  
211

212 (1) Anna Chioffe, RDH  
213

214 Dr. Blasco directed attention to the Board Executive Director, Debra Shaffer-Kugel. Ms. Chioffe was available  
215 via teleconference. She answered Dr. Blasco's inquiry regarding the criteria from the exam she completed in  
216 2007 in the state of Florida – it was noted that the Florida State Dental Board sent detailed scores of all  
217 portions of the exams Ms. Chioffe successfully completed. Dr. Blasco stated to the members of the board  
218 that Ms. Chioffe demonstrated proficiency in dental hygiene, and called for a motion.  
219

220 **MOTION:** Ms. Guillen moved that the Board approve the application for licensure by endorsement for Anna  
221 Chioffe, RDH, seconded by Dr. Sanders. Without discussion, the motion was unanimously approved  
222 by the members of the Board.  
223

224 **\*5. General Counsel's Report** (For Possible Action)  
225

226 **\*a. Legal Actions/Lawsuit(s) Update**  
227

228 (1) District Court Case(s) Update  
229

230 (a) Approval/Rejection of Settlement Agreement - Marco Casco (For Possible Action)  
231

232 Dr. Blasco directed the attention to the Board general counsel, Melanie Bernstein Chapman. Mrs. Bernstein  
233 Chapman addressed the Board and noted that Mr. Casco had appealed the judgment that was issued by the  
234 Courts. She indicated that they reached a settlement agreement that was discussed in length and agreed  
235 upon, which is what was now brought before them and that the settlement agreement was contingent upon  
236 Board approval. Dr. Pisani requested a synopsis of this case. Mrs. Bernstein Chapman obliged and stated  
237 that Mr. Casco was found to have been violating an injunction for practicing without a license, twice now, and  
238 therefore the court found him in contempt for violating the original injunction from 2004. Ms. Long noted  
239 that the court has determined that it is deemed to be the illegal practice of dentistry for practicing without a  
240 license, even though Mr. Casco believed he would be could because he practiced on a reservation.  
241 Furthermore, that if there is a future event that Mr. Casco is found to be practicing dentistry illegally, yet  
242 again, all that was tabled in the negotiations would go into effect.

243 **MOTION:** Dr. Pisani moved that the Board approve the settlement agreement with Marco Casco, seconded by  
244 Ms. Guillen. Without discussion, the motion was unanimously approved by the members of the Board.  
245

246 **\*b. Stipulation Agreements:**  
247

248 (1) Michael Wilson, DDS (For Possible Action)  
249

250 Dr. Blasco directed the attention to the Board general counsel, Melanie Bernstein Chapman. Mrs. Bernstein  
251 Chapman went over the provisions of the proposed stipulation agreement.  
252

253 **MOTION:** Ms. Guillen moved that the stipulation agreement between the Nevada State Board of Dental  
254 Examiners and Michael Wilson, DDS be adopted. Motion seconded by Dr. Sanders. Motion was  
255 unanimously by the Board present at this meeting.  
256

257 **\*6. New Business** (For Possible Action)  
258

259 **\*b. Request for Advisory Opinion as to whether “buccal fat pad removal” for cosmetic purposes**  
260 **is permissible pursuant to NRS 631.215** (For Possible Action)  
261

262 (1) Harvey Chin, DDS  
263

264 Dr. Blasco directed the attention to Dr. Johnson and noted that they received a petition for an advisory  
265 opinion from Dr. Harvey Chin regarding the removal of buccal pad fat and whether or not it is permissible.  
266 Dr. Johnson stated that he recommended only approving it for sinus purposes and not for esthetic purposes.  
267 He noted further that it was not a common procedure, but recommended that Dr. Chin provide the board with  
268 proof of adequate training. Mrs. Shaffer-Kugel inquired if the statute NRS 6321.215(a)(c) already permitted the  
269 procedure, which she read into the record. She stated that the board could indicate that it may already be  
270 addressed in statute under NRS 631.215(a)(c) . Dr. Blasco called for a motion:  
271

272 **MOTION:** Dr. Pisani moved that the Board not issue an advisory opinion since NRS 631.215 addressed the  
273 concern, and noted that pursuant to the Statute it clarified that it would not be permissible for  
274 cosmetic purposes, seconded by Dr. Johnson. The motion was unanimously approved by the  
275 Board.  
276

277 **\*c. Request to reinstate revoked license upon satisfying all terms and conditions of the**  
278 **Board’s order dated February 3, 2012** (For Possible Action)  
279

280 (1) Stan Pinkus, DDS  
281

282 Dr. Blasco directed the attention to the Board general counsel, Melanie Bernstein Chapman. Dr. Pinkus and  
283 his counsel, Candice Herling, were present and stepped forward. Mrs. Bernstein Chapman addressed the  
284 Board and went over the request submitted by counsel for Dr. Pinkus and what lead to the revocation of his  
285 license, as well as his decision to not be present at his hearing. She noted that he has paid all fees owed  
286 to patients. Dr. Pisani inquired as to what drove Dr. Pinkus to now come before the Board. Dr. Pinkus stated  
287 that he had left Nevada to practice in New York due to financial difficulty and that the New York Dental  
288 Board inquired on the reason why his license was currently revoked in Nevada. He stated that he was now  
289 in a position to rectify the matter and has now paid all fees and monies owed. Mrs. Shaffer-Kugel explained  
290 that Dr. Pinkus could reinstate his license to an inactive status since he was not seeking an active license.  
291 Dr. Sanders inquired further of Dr. Pinkus for the reason he now wanted to reinstate his license. Dr. Pinkus  
292 stated that by clearing the issue with his license in Nevada he would be able to regain provider status with  
293 insurances, as well as remove the negative affect of having the revocation reported to the National  
294 Practitioners Data Bank. Mrs. Shaffer-Kugel explained what would happen if they reinstated his license.  
295

296 **MOTION:** Dr. Pisani moved that the board reinstate Dr. Pinkus’ license to inactive status as he has now  
297 completed the provisions that lead to the revocation of his license. Motion was seconded by Dr.  
298 Sanders and was unanimously approved by the members of the Board present at this meeting.  
299  
300  
301

302 \*d. Approval/Rejection to grant re-evaluations for the administration of temporary conscious  
303 sedation permit based upon evaluation failure and pursuant to 631.2235 (For Possible Action)  
304

305 (1) Dr. Y

306 (2) Dr. Z

307  
308 \*e. Approval to reinstate the temporary conscious sedation permit only to conduct the re-  
309 evaluation (For Possible Action)  
310

311 (1) Dr. Y

312 (2) Dr. Z  
313

314 Dr. Blasco directed the attention to Debra Shaffer-Kugel to discuss (6)(d) and (6)(e) as one. Mrs. Shaffer-  
315 Kugel addressed the Board and noted the reasons for the failures recommended by the evaluators. She  
316 briefly went over the areas of concerns that the evaluators had. A motion was called for.  
317

318 **MOTION:** Dr. Pisani moved that the Board affirm the decision of the evaluators and granted permission to the  
319 Executive Director to grant a re-evaluation should one be requested; as well approve to reinstate the  
320 temporary conscious sedation permit for the day of the re-evaluation. Motion seconded by Ms.  
321 Guillen and was unanimously approved by the members of the Board present at the meeting.  
322  
323

324 \*f. Consideration of Application for Licensure by Endorsement - NRS 622/SB69 (For Possible Action)  
325

326 (1) Robert Dunham, DMD (Other Examination)  
327

328 Dr. Blasco directed the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that the applicant  
329 applied under the recently passed SB69. She noted that historically a completed application is sent for  
330 review and approval to the Secretary/Treasurer, however, that any applicant that has taken a state exam will  
331 have to have their application come before the Board for official approval. She noted that Dr. Dunham took  
332 the Oregon state exam in 1978 but they no longer have the criteria of the exam from that year. She further  
333 noted that many states, Nevada included, do not maintain exam criteria after a certain period of time. She  
334 inquired of Dr. Dunham if he recalled what the clinical exam entailed. Dr. Pinther inquired also, if Dr. Dunham  
335 currently practiced in Oregon. Dr. Dunham stated that he retired upon the selling of the most recent practice  
336 he worked at in November 2015. He added that he did not want to practice full-time, and wanted to  
337 volunteer and be able to fill-in from time to time, but that in order to do so he needed to have an active  
338 license. Mrs. Shaffer-Kugel stated that the Board had to consider the intent of statute SB69, which was to  
339 ensure that an applicant was competent – and noted that Dr. Dunham had been licensed and practicing for  
340 over 40 years.  
341

342 **MOTION:** Dr. Sanders moved that the Board approve the application for licensure by endorsement for Dr.  
343 Robert Dunham, seconded by Dr. Shahrestani. Without discussion, the Board unanimously approved  
344 the motion.  
345

346 \*g. Approval of Public Health Endorsement – NRS 631.287 (For Possible Action)  
347

348 (1) Brianna Clancy, RDH – Future Smiles Program

349 (2) Kristin L Drinnon, RDH – Future Smiles Program

350 (3) Maria T Merrin, RDH – Future Smiles Program

351 (4) Brenda Thomas, RDH – Future Smiles Program

352 (5) Christy L Thomas, RDH – Future Smiles Program  
353

354 Dr. Blasco directed the attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that Dr. Champagne reviewed  
355 the applications for public health endorsements, noted that the applications met the criteria; and  
356 recommended approval.  
357

358 **MOTION:** Ms. Guillen moved that the Board approve the public health endorsement applications (1)–(5), and  
359 was seconded by Ms. Gabriel. The motion was unanimously approved by the Board.

360 \*i. **Approval for Anesthesia-Permanent Permit – NAC 631.2233** (For Possible Action)  
361

362 **(1) General Anesthesia** (For Possible Action)  
363

- 364 (a) Steven V Dryden, DDS  
365

366 Dr. Blasco directed the Board's attention to Dr. Brendan Johnson. Dr. Johnson stated that he reviewed the  
367 application for Dr. Steven Dryden, that the application was in order, and that he recommended approval. A  
368 motion was called for.  
369

370 **MOTION:** Dr. Pinther moved that the Board approve Dr. Dryden for a general anesthesia permit; seconded by  
371 Dr. Sanders. Without discussion, the motion was unanimously approved by the members of the  
372 Board; Dr. Johnson abstained.  
373  
374  
375

376 \*j. **Approval for Anesthesia-Temporary Permit – NAC 631.2254** (For Possible Action)  
377

378 **(1) Conscious Sedation** (For Possible Action)  
379

- 380 (a) Deep K Dhillon, DDS  
381 (b) Chandler D Hyer, DMD  
382

383 Dr. Blasco directed the Board's attention to Dr. Brendan Johnson. Dr. Johnson stated that he reviewed the  
384 application for Dr. Dhillon and Dr. Hyer, that the applications were in order, and recommended approval. A  
385 motion was called for.  
386

387 **MOTION:** Dr. Shahrestani moved that the Board approve Dr. Dhillon and Dr. Hyer for a temporary general  
388 anesthesia permit; seconded by Dr. Sanders. Without discussion, the motion was unanimously  
389 approved by the members of the Board; Dr. Johnson abstained from the motion.  
390  
391  
392

393 \*k. **Approval for a 90-Day Extension of Anesthesia Permit – NAC 631.2254(2)** (For Possible Action)  
394

395 **(1) Conscious Sedation** (For Possible Action)  
396

- 397 (a) Lindsay M Row, DMD  
398 (b) Nasim Zarkesh, DDS  
399 (c) Treagan N White, DDS  
400 (d) Spencer C Wirig, DMD  
401

402 Dr. Blasco directed the Board's attention to Dr. Brendan Johnson. Dr. Johnson requested that a 90-day  
403 extension be approved to grant additional time to scheduled evaluations. A motion was called for.  
404

405 **MOTION:** Dr. Pisani moved that the Board approve a 90-day extension; seconded by Dr. Pinther. Without  
406 discussion, the motion was unanimously approved by the members of the Board; Dr. Johnson  
407 abstained from the motion.  
408

409 **(2) General Anesthesia** (For Possible Action)  
410

- 411 (a) Daniel C Martin, DDS  
412

413 Dr. Blasco directed the Board's attention to Dr. Brendan Johnson. Dr. Johnson requested that a 90-day  
414 extension be approved to grant additional time to scheduled evaluations. A motion was called for.  
415

416 **MOTION:** Dr. Sanders moved that the Board a 90-day extension; seconded by Ms. Guillen. Without discussion,  
417 the motion was unanimously approved by the members of the Board; Dr. Johnson abstained from  
418 the motion.  
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**\*7. Resource Group Reports** (For Possible Action)

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

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

Dr. Pinther stated that there was no report.

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

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

Dr. Pisani stated that there was no report.

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

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

(Dr. Blasco; Ms. Gabriel)

Dr. Blasco stated that there was no report.

Ms. Gabriel stated that there was no report.

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

(Timothy Pinther, DDS)

Dr. Pinther stated that there was no report.

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

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

Dr. Blasco stated that there was no report.

**\*e. Committee of Dental Hygiene** (For Possible Action)

(Chair: Ms. Guillen; Ms. Gabriel; Dr. Shahrestani)

Ms. Guillen stated that there was no report.

**\*f. Specialty** (For Possible Action)

(Chair: Dr. Pisani; Dr Johnson; Dr. Pinther)

Dr. Pisani stated that there was no report.

**\*g. Anesthesia** (For Possible Action)

(Chair: Dr. Johnson; Dr. Pinther; Dr. Champagne; Dr. Sanders)

Dr. Johnson stated that there was no report.

**\*h. Infection Control** (For Possible Action)

(Chair: Ms. Gabriel; Dr. Blasco; Dr. Champagne; Dr. Pisani)

Ms. Gabriel stated that there was no report.

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

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

Dr. Pinther stated that there was no report.

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

Ms. Chandler with Future Smiles and thanked the Board for approving for the PHE applications and for their work.

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

**9. Announcements:**

Mrs. Shaffer-Kugel announced that the audit would be forwarded to LCB. She added that there was an audit issued to approximately 30 occupational boards, the Dental board being one of the, for Calendar years 2014 -2017, and that the information requested was sent.

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

Dr. Blasco called for a motion to adjourn.

**MOTION:** Ms. Guillen moved that the November 3, 2017 meeting of the Nevada State Board of Dental Examiners be adjourned. Motion was seconded by Dr. Sanders at 11:25 a.m., and without discussion, unanimously approved by the Board.

**Meeting adjourned at 11:25 a.m.**

Respectfully Submitted by

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

**Draft Minutes**  
**12/18/2017**



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



Telephone Conferencing site for this meeting was at the Nevada State Board of Dental Examiners Office  
Conference Room: 6010 S Rainbow Blvd, Suite A1, Las Vegas, Nevada 89118

Telephone Conference

PUBLIC MEETING

Monday, December 18, 2017  
 6:02 p.m.

Board Meeting **DRAFT** Minutes

Please Note: The Nevada State Board of Dental Examiners may hold board meetings via telephone conference call. The public is welcomed to attend the telephone conference meeting at the Board office located at 6010 S. Rainbow Blvd, Suite A1; Las Vegas, Nevada 89118.

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

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

---

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

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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") -----PRESENT
Dr. Jason Champagne ("Dr. Champagne") --PRESENT	Ms. Betty Pate ("Ms. Pate") -----PRESENT
Dr. Gregory Pisani ("Dr. Pisani") -----PRESENT	Ms. Yvonne Bethea ("Ms. Bethea") -----EXCUSED
Dr. Brendan Johnson ("Dr. Johnson") -----PRESENT	Ms. Nikki Harris ("Ms. Harris") -----EXCUSED
Dr. Ali Shahrestani ("Dr. Shahrestani") -----PRESENT	

Others Present: Melanie Bernstein Chapman, Board General Counsel; Debra Shaffer-Kugel, Executive Director.

Public Attendees: No public attendees were present.

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

There was no public comment.

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)
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Dr. Blasco welcomed Ms. Pate, Ms. Bethea, and Mrs. Harris to the Board as they were recently appointed to the Board. Dr. Blasco congratulated Dr. Pisani and Dr. Champagne on their reappointments to the Board.

64 \*3. New Business: (For Possible Action)

65  
66 General Counsel's Report (For Possible Action)

67  
68 \*a. Consideration of Stipulation Agreements (NRS 622) (For Possible Action)

69  
70 (1) Stephen Hahn, DDS

71  
72 Dr. Blasco directed the Board's attention to Mrs. Bernstein Chapman. Mrs. Bernstein Chapman went over the  
73 provisions of the proposed stipulation agreement.

74  
75 MOTION: Dr. Champagne moved that the stipulation agreement between the Nevada State Board of Dental  
76 Examiners and Dr. Stephen Hahn be adopted. Motion seconded by Dr. Pisani. Motion was  
77 unanimously approved by the Board members present at this meeting.

78  
79 (2) Mark J. Escoto, DDS

80  
81 Dr. Blasco directed the Board's attention to Mrs. Bernstein Chapman. Mrs. Bernstein Chapman went over the  
82 provisions of the proposed stipulation agreement.

83  
84 MOTION: Dr. Pisani moved that the stipulation agreement between the Nevada State Board of Dental  
85 Examiners and Dr. Stephen Hahn be adopted. Motion seconded by Dr. Shahrestani.  
86 Discussion: Dr. Blasco noted that on pages 14 and 15 of the stipulation agreement, it states that  
87 the drug testing for the first six months would be conducted on the 5<sup>th</sup> day of each month, and  
88 the following six months the testing will be conducted randomly. It was Dr. Blasco's  
89 recommendation that the first six months be done randomly and the following six months be  
90 done scheduled. There was further discussion regarding the suggested changes from Dr. Blasco.  
91 Mrs. Shaffer-Kugel noted to the Board that Dr. Escoto would need to concur to the proposed  
92 changes. It was suggested by members of the Board that all testing be done randomly, which  
93 the Board expressed their agreement to the suggested change. Mrs. Bernstein Chapman stated  
94 that the Board could approve the proposed stipulation agreement pending the changes that  
95 would state that all 12 months of testing will be conducted randomly. Dr. Pisani amended his  
96 motion to adopt the stipulation agreement pending the approval of the proposed changes for all  
97 testing to be conducted randomly. Dr. Pinther amended his second to the motion to agree to  
98 the amended motion. Roll call vote:

99  
100 Dr. Timothy Pinther-----yes Dr. Ali Shahrestani-----yes  
101 Dr. Byron Blasco-----yes Ms. M Sharon Gabriel ----yes  
102 Dr. Jason Champagne----yes Ms. Betty Pate -----yes  
103 Dr. Brendan Johnson-----yes Ms. Yvonne Bethea -----excused  
104 Dr. Gregory Pisani -----yes Mrs. Nikki Harris -----excused  
105 Dr. R. Michael Sanders---yes

106  
107 Motion passed; stipulation adopted pending approval of amended changes.

108  
109  
110 \*b. Voluntary Surrender of License-NAC 631.160 (For Possible Action)

111  
112 Dental:

113  
114 (1) Benjamin Burris, DDS, MS

115  
116 Dr. Blasco directed the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that Dr. Burris had no  
117 matters with the Board, and noted for the record that once a voluntary surrender is approved, it is absolute and  
118 irrevocable.

119  
120 MOTION: Dr. Sanders moved that the Board approve the voluntary surrender of license from Dr. Benjamin  
121 Burris, was seconded by Ms. Gabriel. The motion was unanimously approved by the Board.

122  
123

124 \*c. Grant Sophia Long, Deputy Attorney General the authority to assign an agent/investigator to  
125 investigate pending complaint(s) against the following licensees-NRS 631.190 (For Possible Action)  
126

- 127 (1) Dr. Y
- 128 (2) Dr. Z

129  
130 Mrs. Bernstein Chapman stated that to avoid any potential conflicts with the DSO panel regarding Drs. Y and Z;  
131 she recommended that the Board grant the deputy attorney general authorization to investigate the pending  
132 complaints.  
133

134 MOTION: Dr. Pinther moved that the board approve to grant that the Deputy Attorney General investigate  
135 the matters regarding Drs. Y and Z, was seconded by Dr. Sanders. The motion was unanimously  
136 approved by the Board.  
137

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

141 There was no public comment.  
142  
143

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

146  
147 5. Announcements: There were no announcements made, other than to wish everyone a Merry Christmas and  
148 Happy Holidays.  
149

150  
151 \*6. Adjournment (For Possible Action)  
152

153 Dr. Blasco called for a motion to adjourn.  
154

155 MOTION: Dr. Pisani moved that the December 18, 2017 meeting of the Nevada State Board of Dental Examiners be  
156 adjourned. Motion was seconded by Dr. Sanders at 6:20 p.m., and without discussion, unanimously  
157 approved by the Board.  
158  
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161

Meeting adjourned at 6:20 p.m.

Respectfully Submitted by

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Debra Shaffer-Kugel, Executive Director

# Financials

**Nevada State Board of Dental Examiners**

**Balance Sheet**

As of November 30, 2017

Nov 30, 17

**ASSETS**

<b>Current Assets</b>	
<b>Checking/Savings</b>	
10000 · Wells Fargo-Operating	487,689
10015 · Wells Fargo - Saving	1,031,077
10010 · Wells Fargo-Reserves	<u>1,053,805</u>
<b>Total Checking/Savings</b>	<b>2,572,571</b>
<b>Accounts Receivable</b>	85,407
<b>Other Current Assets</b>	
11050 · Reimbursements Receivable	199
11200 · Prepaid Expenses	23,109
11210 · Prepaid Insurance	6,400
18000 · Deferred Outflows-Pension	<u>239,676</u>
<b>Total Other Current Assets</b>	<b>269,384</b>
<b>Total Current Assets</b>	<b>2,927,362</b>
<b>TOTAL ASSETS</b>	<b><u>2,927,362</u></b>

**LIABILITIES & FUND BALANCE**

<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
20000 · Accounts Payable	<u>26,919</u>
<b>Total Accounts Payable</b>	26,919
<b>Other Current Liabilities</b>	
22125 · DDS Deferred Revenue	987,395
22136 · RDH Deferred Revenue	131,097
20500 · Fines Payable-State of Nevada	1,150
23400 · Payroll Taxes - WH & MC	510
23750 · Accrued Vacation/Sick Leave	63,785
23820 · Employee HSA/Ins Payable	-6
23821 · Employee Deferred Comp Payable	<u>125</u>
<b>Total Other Current Liabilities</b>	<b>1,184,056</b>
<b>Total Current Liabilities</b>	<b>1,210,975</b>
<b>Long Term Liabilities</b>	
20601 · Pension Liability	647,372
21001 · Deferred Inflows-Pension	<u>48,282</u>
<b>Total Long Term Liabilities</b>	<b>695,654</b>
<b>Total Liabilities</b>	<b>1,906,629</b>
<b>Fund Balance</b>	<b>1,020,732</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b><u>2,927,361</u></b>

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

Ordinary Income/Expense	Jul - Nov 17	Budget	\$ Over Budget
<b>Income</b>			
<b>40000 · Dentist Licenses &amp; Fees</b>			
40100 · DDS Active License Fee	224,005	244,375	(20,370)
40102 · DDS Inactive License Fee	13,307	13,375	(68)
40135 · DDS Activate/Inactive/Suspend	17,925	5,313	12,612
40136 · DDS Activate Revoked License	1,400	1,000	400
40140 · Specialty License App	3,275	1,750	1,525
40145 · Limited License App	1,250	750	500
40115 · Limited License Renewal Fee	4,550	5,044	(494)
40116 · LL-S Renewal Fee	1,034	1,000	34
40150 · Restricted License App	0	400	(400)
40180 · Anesthesia Site Permit App	2,750	8,331	(5,581)
40182 · CS/GA/Site Permit Renewals	15,825	16,125	(300)
40183 · GA/CS/DS or Site Permit Relnp	8,850	5,500	3,350
40175 · Conscious Sedation Permit Appl	7,500	7,250	250
40170 · General Anesthesia Permit Appl	6,750	6,000	750
40186 · Pediatric Anesthesia Permit	0	1,000	(1,000)
40184 · Infection Control Inspection	7,750	9,375	(1,625)
40212 · DDS ADEX License Application	5,400	13,200	(7,800)
40205 · DDS Credential Appl Fee-Spclty	6,000	13,200	(7,200)
40211 · DDS WREB License Application	37,200	34,800	2,400
40214 · DDS License by Endorsement	7,200	4,800	2,400
43650 · Reimbursed Investigation Costs	12,814	27,000	(14,186)
<b>Total 40000 · Dentist Licenses &amp; Fees</b>	<b>384,785</b>	<b>419,588</b>	<b>(34,803)</b>
<b>50000 · Dental Hygiene Licenses &amp; Fees</b>			
40213 · RDH Endorsement License App	300	1,800	(1,500)
40105 · RDH Active License Fee	89,249	84,500	4,749
40106 · RDH Inactive License Fee	3,354	3,350	4
40130 · RDH Activate/Inactive/Suspend	1,100	3,300	(2,200)
40110 · RDH LA/N2O Permit Fee	2,975	3,000	(25)
40224 · RDH ADEX License Application	0	4,200	(4,200)
40222 · RDH WREB License Application	14,100	19,200	(5,100)
40226 · RDH License by Endorsement	2,400		
<b>Total 50000 · Dental Hygiene Licenses &amp; Fees</b>	<b>113,478</b>	<b>119,350</b>	<b>(5,872)</b>
<b>50750 · Other Licenses &amp; Fees</b>			
40220 · License Verification Fee	3,700	2,725	975
40227 · CEU Provider Fee	750	3,875	(3,125)
40225 · Duplicate License Fee	375	725	(350)
40555 · Fines	0	225	(225)
40185 · Lists/Labels Printed	3,476	2,650	826
40600 · Miscellaneous Income	126	400	(274)
<b>Total 50750 · Other Licenses &amp; Fees</b>	<b>8,427</b>	<b>10,600</b>	<b>(2,173)</b>
<b>Total Income</b>	<b>506,690</b>	<b>549,538</b>	<b>(42,848)</b>

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

Expense	Jul - Nov 17	Budget	\$ Over Budget
60500 · Bank Charges	5,561	7,775	(2,214)
68000 · Conferences & Seminars	7,852	5,500	2,352
63000 · Dues & Subscriptions	2,303	2,800	(497)
65100 · Furniture & Equipment	16,310	18,500	(2,190)
65500 · Finance Charges	0	30	(30)
66500 · Insurance	4,986	6,500	(1,514)
66520 · Internet/Web/Domain	2,984	2,761	223
73500 · Information Technology	540	1,650	(1,110)
66600 · Office Supplies	4,664	4,125	539
66650 · Office Expense	8,506	10,582	(2,076)
67000 · Printing	1,033	4,850	(3,817)
67500 · Postage & Delivery	5,786	5,625	161
68500 · Rent/Lease Expense			
68500-1 · Equipment Lease	758	625	133
68500-2 · Office	29,360	29,706	(346)
68500-4 · Storage Warehouse	667	478	189
Total 68500 · Rent/Lease Expense	30,785	30,809	(24)
75000 · Telephone	743	450	293
75100 · Travel (Staff)	60	850	(790)
73550 · Per Diem (Staff)	0	400	(400)
73600 · Professional Fee			
73600-1 · Accounting/Bookkeeping	13,313	15,000	(1,687)
73600-4 · Legislative Services	15,000	15,000	0
73600-2 · Legal-General	8,912	4,000	4,912
Total 73600 · Professional Fee	37,225	34,000	3,225
73700 · Verification Services	6,923	6,250	673
72000 · Employee Wages & Benefits			
72100 · Executive Director	51,950	54,941	(2,991)
72300 · Credentialing & Licensing Coord	24,171	24,973	(802)
72132 · Site Inspection Coordinator	17,198	16,763	435
72200 · Technology/Finance Liaison	21,442	21,583	(141)
72130 · Public Info & CE Coordinator	12,950	14,250	(1,300)
72160 · Legal Counsel	40,453	48,585	(8,132)
72165 · Legal Assistant	18,063	22,643	(4,580)
72010 · Payroll Service Fees	806	703	103
72005 · Payroll Tax Expense	3,106	3,661	(555)
72600 · Retirement Fund Expense (PERS)	50,358	54,460	(4,102)
65525 · Health Insurance	26,239	34,435	(8,196)
Total 72000 · Employee Wages & Benefits	266,736	296,997	(30,261)
72400 · Board of Directors Expense			
72400-1 · Director Stipends	2,990	4,780	(1,790)
72400-2 · Committee Mtgs-Stipends	0	375	(375)
72400-3 · Director Travel Expenses	0	1,500	(1,500)

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

	<u>Jul - Nov 17</u>	<u>Budget</u>	<u>\$ Over Budget</u>
72400-9 · Refreshments - Board Meetings	321	629	(308)
<b>Total 72400 · Board of Directors Expense</b>	<b>3,311</b>	<b>7,284</b>	<b>(3,973)</b>
60001 · Anesthesia Eval Committee			
60001-1 · Evaluator's Fee	4,900	5,000	(100)
60001-4 · Travel/Misc. Expense	990	1,456	(466)
<b>Total 60001 · Anesthesia Eval Committee</b>	<b>5,890</b>	<b>6,456</b>	<b>(566)</b>
73650 · Investigations/Complaints			
72550 · DSO Coordinator	1,300	1,600	(300)
73650-1 · DSO Consulting Fee	12,871	12,900	(29)
73650-2 · DSO Travel Expense	856	625	231
73651-1 · DSO Review Panel Fee	0	6,000	(6,000)
73651-2 · DSO Review Panel Travel Expense	0	1,250	(1,250)
73650-3 · Legal Fees-Investigations	1,609	0	1,609
73650-5 · BOD Hearing Stipend	0	200	(200)
73650-4 · Staff Travel	0	250	(250)
73650-7 · Miscellaneous Investigation Exp	3,834	6,625	(2,791)
<b>Total 73650 · Investigations/Complaints</b>	<b>20,470</b>	<b>29,450</b>	<b>(8,980)</b>
60002 · Infection Control Inspection			
60002-1 · Initial Inspection Expense	3,030	4,588	(1,558)
60002-2 · Reinspection Expense	442	425	17
60002-3 · Random Inspection Expense	438	213	225
60002-4 · Travel/Misc. Expense	417	1,050	(633)
<b>Total 60002 · Infection Control Inspection</b>	<b>4,327</b>	<b>6,276</b>	<b>(1,949)</b>
<b>Total Expense</b>	<b>436,995</b>	<b>489,920</b>	<b>(52,925)</b>
<b>Net Ordinary Income</b>	<b>69,695</b>	<b>59,618</b>	<b>10,077</b>
<b>Other Income/Expense</b>			
Other Income			
40800 · Interest Income	248	350	(102)
<b>Total Other Income</b>	<b>248</b>	<b>350</b>	<b>(102)</b>
Other Expense			
75501 · Bad Debt Expense	(50)	0	(50)
<b>Total Other Expense</b>	<b>(50)</b>	<b>0</b>	<b>(50)</b>
<b>Net Other Income</b>	<b>298</b>	<b>350</b>	<b>(52)</b>
<b>Net Income Over Expenses</b>	<b>69,993</b>	<b>59,968</b>	<b>10,025</b>

# Correspondence



AMERICAN BOARD OF DENTAL EXAMINERS, INC.

Stanwood Kanna, D.D.S., President  
William Pappas, D.D.S., Vice-President  
Jeffery Hartsog, D.M.D., Secretary  
Conrad McVea, III, D.D.S., Treasurer  
Bruce Barrette, D.D.S., Past President

December 15, 2017

Byron Michael Blasco, D.M.D., President  
Nevada State Board of Dental Examiners  
Suite A-1, 6010 S. Rainbow Blvd.  
Las Vegas, NV 89118



Dear President Blasco:

The ADEX 2017 Annual Meeting is history and we are already planning for the ADEX 2018 Meeting on August 10, 11, 2018 at the Doubletree Rosemont O'Hare.

Bylaw changes were passed by the 2017 ADEX House of Representatives (ADEXHR) and those changes have a possible impact on who Member State Boards can select to be their official Member State Representative.

Changes to the election of the Board of Directors will allow for a greater opportunity for Member Boards to serve on the ADEX Board of Directors.

Another notable Bylaws change allows a Member Board to select any current or past Member of the Board to serve as their official Member Board's Representative to the ADEXHR. So, the Member Board Representative could be a dentist, dental Hygienists or a consumer member.

The previous Bylaws only allowed for the Member Board's Representative to the ADEX Dental Examination Committee to serve as the Member Board's Representative to the ADEXHR and that person could only be a dentist.

Current Bylaws still require that Member Representatives to the ADEX Dental Examination Committee must be a dentist.

If a Member Board appoints a dentist to serve as the Member Board's Representative to the ADEXHR and the ADEX Dental Examination Committee, ADEX would fund that person.

But, if for example some Member Board choses to send a Consumer Member of their Board to be the official Member Representative to the ADEXHR and then a Dental Member to serve on the Dental Examination Committee, ADEX will only fund one of those individuals.

Byron Michael Blasco, D.M.D., President  
December 15, 2017  
Page 2

ADEX House of Representative Members serve a three-year term.

Your current ADEX House of Representative Member is Timothy Pinther, D.D.S., and their term expired at the ADEXHR 2017

ADEX Dental Examination Committee Members serve a three-year term.

Your current ADEX Dental Examination Member is Timothy Pinther, D.D.S., and their term will expire at the ADEXHR 2017.

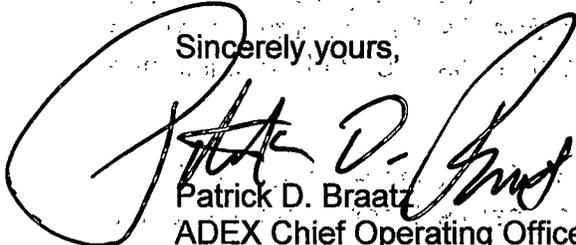
However, a Member Board may change its appointed representatives at any time by notifying ADEX in writing.

Please advise ADEX no later than March 1, 2018 who your ADEXHR and your Dental Examination Committee Member will be.

Please send via e-mail to [office@adexexams.org](mailto:office@adexexams.org).

If you have any questions, please feel free to contact me at the e-mail address above or call me at 503-724-1104

Sincerely yours,

  
Patrick D. Braatz  
ADEX Chief Operating Officer



cc: Executive Director/Administrator  
Current ADEXHR & Dental Exam Committee Member

December 20, 2017

Ms. Debra Shaffer-Kugel  
Executive Director  
Nevada Board of Dental Examiners  
6010 S. Rainbow Blvd., Ste. A-1  
Las Vegas, NV 89118

Dear Ms. Kugel:

This is the second official notice regarding implementation of the Integrated National Board Dental Examination (INBDE). The Joint Commission on National Dental Examinations ("Joint Commission") is pleased to provide details concerning how and when implementation will occur, including the relevance to each state board of dentistry.

The Joint Commission has been working with subject matter experts since 2010 on the development of this innovative new examination program. INBDE content is focused on clinical relevance, and as such integrates knowledge and skills involving the biomedical, behavioral and clinical dental sciences. The purpose of the INBDE mirrors that of the National Board Dental Examination (NBDE) Parts I and II: to assist dental boards in determining the qualifications of individuals who seek licensure to practice dentistry. **The Joint Commission anticipates the INBDE will be available for administration on August 1, 2020, with full replacement of the National Board Dental Examination (NBDE) scheduled to occur by August 1, 2022.**

Details concerning the INBDE implementation plan are enclosed. Dates appearing in the plan represent a best-case scenario and are subject to change. The Joint Commission's website contains additional background information concerning the INBDE, as well as information concerning communications and presentations on this topic to dental boards and communities of interest since 2010.

To best prepare for the upcoming changes to the National Board Dental Examination program, the Joint Commission recommends your dental board undertake the following activities to learn about the INBDE and prepare to use it in licensure decision making:

- Prepare to accept candidates who have successfully completed the National Boards. This could occur under either of the following sequences: 1) INBDE or 2) NBDE Parts I and II.
- Prepare to receive INBDE results on the first day of its availability. Consider whether any modifications to practice acts, rules, policies, or procedures will be required.
- Review INBDE validity evidence and the results of field testing as these studies occur.
- Communicate information concerning the acceptability of the INBDE to future licensure candidates.

In addition to provision of the enclosed implementation plan, the Joint Commission regularly provides up-to-date information regarding the INBDE, its development, and the validity evidence that is available to date. We invite you to:

- Review and monitor INBDE information on the Joint Commission's website ([www.ada.org/JCNDE/INBDE](http://www.ada.org/JCNDE/INBDE)).
- Attend the annual National Dental Examiners' Advisory Forum (NDEAF).

Thank you for your consideration and attention to this important matter. If you have any questions, please contact the Joint Commission ([nbexams@ada.org](mailto:nbexams@ada.org)) and we will be happy to assist.

Sincerely,



Dr. Lisa Heinrich-Null  
Chair, Joint Commission on National Dental Examinations

Enclosure





Commission on Dental Accreditation

**VIA ELECTRONIC MAIL: DASHAFFER@NSBDE.NV.GOV**

January 8, 2018

Ms. Debra Shaffer-Kugel  
Nevada Board of Dental Examiners  
6010 S. Rainbow Blvd., Suite A-1  
Las Vegas, NV 89118

Dear Ms. Shaffer-Kugel:

**RE: *State Board Participation on Accreditation Site Visit***

This letter is to notify you that the institution listed below has indicated a willingness to have a representative of your state board participate in the Commission on Dental Accreditation's 2018 on-site evaluations of the following dental education program.

**Advanced Education in Orthodontics & Dental Orthopedics Site Visit:**

Roseman University of Health Sciences, College of Dental Medicine  
Henderson, NV  
September 11, 2018

**Appointment Process and Reimbursement:** In accordance with the attached policy statement for state board participation on site visit teams, the state board of dentistry is requested to submit the names of ***two*** representatives who are ***current members*** of the board for each site visit listed. The Commission will then ask the institution to select ***one*** individual to participate on the visit. You will be notified when the institution has selected a representative. Prior to the visit, the representative will receive an informational packet from the Commission and the self-study document from the institution. **The state board is responsible for reimbursing its representative for expenses incurred during a site visit.**

**Confirmation of State Board Participation Form (to be returned):** Each program that has elected to invite the board of dentistry is identified on the attached Confirmation of State Board Participation Form(s). The board of dentistry is requested to complete this form, as described above.

**Please note:** The Confirmation of State Board Participation Form(s) must be returned by the due date indicated on each form, regardless of whether the response from the State Board is yes or no.

**Conflicts of Interest:** When selecting its representatives, the state board should consider possible conflicts of interest. These conflicts may arise when the representative has a family member employed by or affiliated with the institution; or has served as a current or

former faculty member, consultant, or in some other official capacity at the institution. Please refer to the enclosed policy statements for additional information on conflicts of interest.

**Time Commitment:** It is important that the selected representative be fully informed regarding the time commitment required. In addition to time spent reviewing program documentation in advance of the visit, the representative should ideally be available the evening before the visit to meet with the Commission's site visit team. Only one state board representative may attend each site visit to ensure that continuity is maintained; the representative is expected to be present for the entire visit.

**Confidentiality and Distribution of Site Visit Reports:** Please note that, as described in the enclosed documents, state board representatives attending CODA site visits must consider the program's self-study, site visit report, and all related accreditation materials confidential. Release of the self-study, report, or other accreditation materials to the public, including the state board, is the prerogative of the institution sponsoring the program. **State Board representatives who attend a site visit will be requested to sign a confidentiality agreement. If the confidentiality agreement is not signed, the individual will not be allowed to attend the site visit.**

If the Commission can provide further information regarding its site visit evaluation process, please contact Ms. Bernadette Molina at 1-800-621-8099 extension 2668 or [molinab@ada.org](mailto:molinab@ada.org). Thank you in advance for your efforts to facilitate the board's participation in the accreditation process.

Sincerely,



Dr. Sherin Tooks  
Director  
Commission on Dental Accreditation

ST/gm

cc: Dr. Catherine Horan, Manager, Predoctoral Dental Education, Commission on Dental Accreditation (CODA)  
Ms. Jennifer Snow, Manager, Advanced Specialty Education, CODA  
Ms. Peggy Soeldner, Manager, Postdoctoral General Dentistry Education, CODA  
Ms. Michelle Smith, Manager, Allied Program Reviews, CODA  
Ms. Catherine Baumann, Manager, Advanced Specialty Education, CODA  
File

Enclosures: CODA Confirmation of State Board Participation Form(s)  
Policy on State Board Participation and Role During a Site Visit  
Policy on Conflict of Interest  
Policy on Public Disclosure and Confidentiality

**Petition for Licensure  
- Leslie Kotler, DDS**

1 Raymond R. Gates, SBN 5320  
2 LAURIA TOKUNAGA GATES & LINN, LLP  
3 1755 Creekside Oaks Drive, Suite 240  
4 Sacramento, CA 95833  
5 Tel: (916) 492-2000  
6 Fax: (916) 492-2500

7 Southern Nevada Office:

8 601 South Seventh Street  
9 Las Vegas, NV 89101  
10 Tel: (702) 387-8633  
11 Fax: (702) 387-8635

12 Attorneys for Respondent  
13 LESLIE M. KOTLER, DMD

14 STATE OF NEVADA  
15 BEFORE THE BOARD OF DENTAL EXAMINERS

16 NEVADA STATE BOARD OF DENTAL ) CASE NO. 74127-03120  
17 EXAMINERS. )  
18 )  
19 Complainant. ) PETITION FOR REVIEW OF  
20 ) APPLICATION FOR LICENSE  
21 vs. )  
22 )  
23 LESLIE M. KOTLER, DMD, )  
24 )  
25 Respondent. )  
26 )  
27 )  
28 )

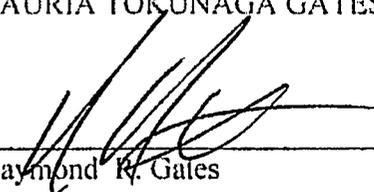
29 Pursuant to NRS 61.240 as well as the Disciplinary Stipulation Agreement in Case No.  
30 74127-03120, Respondent Leslie M. Kotler, DMD, hereby petitions the Board for review of license  
31 application. In compliance with the prior Disciplinary Stipulation Agreement, Respondent attaches a  
32 Certificate of Release of Lien and Judgment in a Criminal Case.

33 Respondent respectfully requests this matter be placed on the agenda of the next Board

1 hearing for January 19, 2018.

2 Dated: January 5, 2018

LAURIA TOKUNAGA GATES & LINN, LLP

3  
4 By: 

5 Raymond K. Gates  
6 SBN 5320

7 Reply to: 1755 Creekside Oaks Drive, Suite 240  
8 Sacramento, CA 95833  
9 (916) 492-2000  
10 Attorneys for Respondent  
11 LESLIE M. KOTLER, DMD

12 Nevada Office:  
13 601 South Seventh Street  
14 Las Vegas, NV 89101  
15  
16  
17  
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1 CERTIFICATE OF SERVICE

2 Pursuant to N.R.C.P. 5(b), I certify that I am an employee of Lauria Tokunaga Gates & Linn,  
3 and that on this 5th day of January, 2018, I served a true and correct copy of the foregoing:

4 **PETITION FOR REVIEW OF APPLICATION FOR LICENSE**

5 X By placing same to be deposited for mailing in the United States Mail, in a sealed  
6 envelope upon which first class postage was prepared in Sacramento, California; and/or

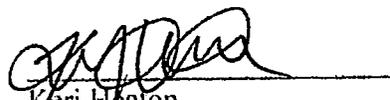
7 X Courtesy copy via email; and/or

8  To be sent via facsimile; and/or

9  To be personally served.

10 As follows:

11 Debra Shaffer-Kugel  
12 Executive Director  
13 Nevada State Board of Dental Examiners  
14 6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118

15  
16   
17 Keri Heaton  
18 An employee of Lauria Tokunaga  
19 Gates & Linn, LLP  
20  
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28



U.S. Department of Justice

United States Attorney's Office  
District of Nevada  
Civil Division - Financial Litigation Unit

Daniel G. Bogden  
United States Attorney

501 Las Vegas Boulevard South  
Suite 1100  
Las Vegas, Nevada 89101  
October 5, 2016

Phone: (702) 388-6336  
Fax: (702) 388-6787

Bernard J. Gartland, Esq.  
78900 Avenue 47  
Suite 112  
La Quinta, CA 92253

Re: United States v. LESLIE M. KOTLER  
2:14-CR-206-APG-CWH

Dear Mr. Gartland:

Enclosed is a Certificate of Release of Lien for Leslie M. Kotler. It is your responsibility to record the Certificate of Release of Lien with the Clark County Recorder's Office at, PO Box 551510, Las Vegas, NV 89155-1510. Please contact the recorder's office regarding fees.

If you have any questions contact me at (702)388-6336.

Sincerely,

DANIEL G. BOGDEN  
United States Attorney

  
KIM BUSH  
Debt Collection Agent  
Financial Litigation Unit

Enclosures

RECEIVED  
OCT 11 2016

DEPARTMENT OF JUSTICE

CERTIFICATE OF RELEASE OF LIEN

IMPOSED UNDER  
THE SENTENCING REFORM ACT OF 1984  
UNITED STATES ATTORNEY'S OFFICE  
FOR THE DISTRICT OF NEVADA

Return to:

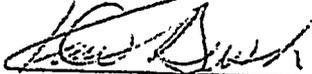
I hereby certify that as to the following named debtor the requirements of section 3613(a)(1) of title 18 of the United States Code have been satisfied with respect to the judgment enumerated below, together with all statutory additions; and that the lien for this judgment and statutory additions has thereby been released. The proper officer in the office where the Notice of Lien or Judgment was filed on July 12, 2016, Instrument 20160712-0001975, is hereby authorized to make notation on the books to show the release of said lien, insofar as the lien relates to the following imposition.

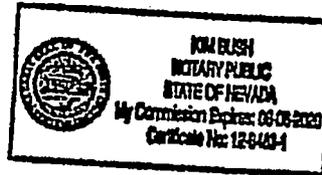
Name of Defendant                    LESLIE M. KOTLER  
Court Number                         2:14-CR-206-APG-CWH  
Residence                             Clark County, Nevada  
Amount of Fine/Restitution        \$712,380.00  
Court Imposing Judgment            United States District Court,  
   District of Nevada  
Place of filing:                         Clark County Recorder  
   PO Box 551510  
   Las Vegas, NV 89115-1510

  
MARK E. WOOLF,  
Assistant United States Attorney

STATE OF NEVADA                    )  
County of Clark                        )

On the 5<sup>th</sup> day of October, 2016, MARK E. WOOLF, personally appeared before me a Notary Public who acknowledged that he executed the within instrument.

  
Notary Public





U.S. Department of Justice

United States Attorney's Office  
District of Nevada  
Civil Division - Financial Litigation Unit

Daniel G. Bogden  
United States Attorney

501 Las Vegas Boulevard South  
Suite 1100  
Las Vegas, Nevada 89101  
October 5, 2016

Phone: (702) 388-6336  
Fax: (702) 388-6787

Bernard J. Gartland, Esq.  
78900 Avenue 47  
Suite 112  
La Quinta, CA 92253

Re: United States v. LESLIE M. KOTLER  
2:14-CR-206-APG-CWH

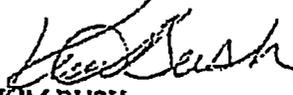
Dear Mr. Gartland:

Enclosed is a Certificate of Release of Lien for Leslie M. Kotler. It is your responsibility to record the Certificate of Release of Lien with the Apache County Recorder's Office at, PO Box 425, St. Johns, AZ 85936. Please contact the recorder's office regarding fees.

If you have any questions contact me at (702)388-6336.

Sincerely,

DANIEL G. BOGDEN  
United States Attorney

  
KIM BUSH  
Debt Collection Agent  
Financial Litigation Unit

Enclosures

OCT 11 2016

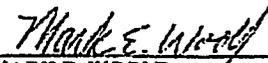
DEPARTMENT OF JUSTICE  
CERTIFICATE OF RELEASE OF LIEN

IMPOSED UNDER  
THE SENTENCING REFORM ACT OF 1984  
UNITED STATES ATTORNEY'S OFFICE  
FOR THE DISTRICT OF NEVADA

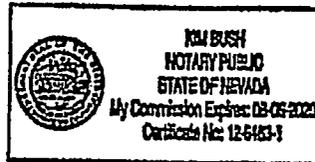
Return to:

I hereby certify that as to the following named debtor the requirements of section 3613(a)(1) of title 18 of the United States Code have been satisfied with respect to the judgment enumerated below, together with all statutory additions; and that the lien for this judgment and statutory additions has thereby been released. The proper officer in the office where the Notice of Lien or Judgment was filed on July 13, 2016, Instrument 2016-333440, is hereby authorized to make notation on the books to show the release of said lien, insofar as the lien relates to the following imposition.

Name of Defendant                    LESLIE M. KOTLER  
Court Number                        2:14-CR-206-APG-CWH  
Residence                            Apache County, Arizona  
Amount of Fine/Restitution        \$712,380.00  
Court Imposing Judgment          United States District Court,  
   District of Nevada  
Place of filing:                        Apache County Recorder  
   PO Box 425  
   St. Johns, AZ 85936

  
\_\_\_\_\_  
MARK E. WOOLF,  
Assistant United States Attorney

STATE OF NEVADA            )  
  )  
County of Clark             )



On the 5<sup>th</sup> day of October, 2016, MARK E. WOOLF, personally appeared before me a Notary Public who acknowledged that he executed the within instrument.

  
\_\_\_\_\_  
Notary Public

UNITED STATES DISTRICT COURT

District of Nevada

UNITED STATES OF AMERICA  
v.  
LESLIE M. KOTLER

JUDGMENT IN A CRIMINAL CASE

Case Number: 2:14-cr-00206-APG-CWH

USM Number: 49204-048

Bernard Gartland and James Hartsell

Defendant's Attorney

THE DEFENDANT:

pleaded guilty to count(s) 1 of the Information

pleaded nolo contendere to count(s) \_\_\_\_\_  
which was accepted by the court.

was found guilty on count(s) \_\_\_\_\_  
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
26 U.S.C. § 7201	Tax Evasion	6/1/2012	1

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

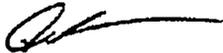
The defendant has been found not guilty on count(s) \_\_\_\_\_

Count(s) \_\_\_\_\_  is  are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

June 30, 2016

Date of Imposition of Judgment



Signature of Judge

ANDREW P. GORDON, UNITED STATES DISTRICT JUDGE

Name and Title of Judge

July 5, 2016

Date

DEFENDANT: LESLIE M. KOTLER  
CASE NUMBER: 2:14-cr-00206-APG-CWH

**IMPRISONMENT**

The defendant is hereby committed to the custody of the Federal Bureau of Prisons to be imprisoned for a total term of:

**13 months**

The court makes the following recommendations to the Bureau of Prisons:

Due to the proximity of family, the Court recommends the defendant be permitted to serve his term of incarceration at Taft, California.

The defendant is remanded to the custody of the United States Marshal.

The defendant shall surrender to the United States Marshal for this district:

at \_\_\_\_\_  a.m.  p.m. on \_\_\_\_\_

as notified by the United States Marshal.

The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

by 12:00 p.m. (noon) on Friday, October 28, 2016.

as notified by the United States Marshal.

as notified by the Probation or Pretrial Services Office.

**RETURN**

I have executed this judgment as follows:

Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_

a \_\_\_\_\_, with a certified copy of this judgment.

UNITED STATES MARSHAL

By \_\_\_\_\_

DEPUTY UNITED STATES MARSHAL

DEFENDANT: LESLIE M. KOTLER  
CASE NUMBER: 2:14-cr-00206-APG-CWH

### SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of:  
3 years

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court, not to exceed 104 tests annually. Revocation is mandatory for refusal to comply.

- The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. *(Check, if applicable.)*
- The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. *(Check, if applicable.)*
- The defendant shall cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*
- The defendant shall comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which he or she resides, works, is a student, or was convicted of a qualifying offense. *(Check, if applicable.)*
- The defendant shall participate in an approved program for domestic violence. *(Check, if applicable.)*

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

### STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer in a manner and frequency directed by the court or probation officer;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: LESLIE M. KOTLER  
CASE NUMBER: 2:14-cr-00206-APG-CWH

**SPECIAL CONDITIONS OF SUPERVISION**

1. Debt Obligations - You shall be prohibited from incurring new credit charges, opening additional lines of credit, or negotiating or consummating any financial contracts without the approval of the probation officer.
2. Internal Revenue Service Compliance - You shall cooperate and arrange with the Internal Revenue Service to pay all past and present taxes, interest, and penalties owed. You shall file timely, accurate, and lawful income tax returns and show proof of same to the probation officer.
3. Access to Financial Information - You shall provide the probation officer access to any requested financial information, including personal income tax returns, authorization for release of credit information, and any other business financial information in which you have a control or interest.
4. Pay outstanding monetary restitution imposed by the court.
5. Warrantless Search - You shall submit your person, property, residence, place of business and vehicle under your control to a search, conducted by the United States probation officer or any authorized person under the immediate and personal supervision of the probation officer, at a reasonable time and in a reasonable manner, based upon reasonable suspicion of contraband or evidence of a violation of a condition of supervision; failure to submit to a search may be grounds for revocation; the defendant shall inform any other residents that the premises may be subject to a search pursuant to this condition.
6. Possession of Weapons - You shall not possess, have under your control, or have access to any firearm, explosive device, or other dangerous weapons, as defined by federal, state, or local law.
7. Report to Probation Officer After Release from Custody - You shall report, in person, to the probation office in the district to which you are released within 72 hours of discharge from custody.

**ACKNOWLEDGEMENT**

Upon finding of a violation of probation or supervised release, I understand that the court may (1) revoke supervision, (2) extend the term of supervision, and/or (3) modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions and have been provided a copy of them.

(Signed) \_\_\_\_\_  
Defendant Date

\_\_\_\_\_  
U.S. Probation/Designated Witness Date

DEFENDANT: LESLIE M. KOTLER  
 CASE NUMBER: 2:14-cr-00206-APG-CWH

**CRIMINAL MONETARY PENALTIES**

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

**TOTALS**      Assessment                                      Fine                                      Restitution  
 \$ 100.00    \$ WAIVED                                      \$ 712,280.00

- The determination of restitution is deferred until \_\_\_\_\_. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.
- The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss*</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
IRS		\$712,280.00	

**TOTALS**                      \$ 0.00                      \$ 712,280.00

- Restitution amount ordered pursuant to plea agreement \$ \_\_\_\_\_
- The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).
- The court determined that the defendant does not have the ability to pay interest and it is ordered that:
  - the interest requirement is waived for the     fine     restitution.
  - the interest requirement for the     fine     restitution is modified as follows:

\* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: LESLIE M. KOTLER  
CASE NUMBER: 2:14-cr-00206-APG-CWH

### SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A  Lump sum payment of \$ 712,380.00 due immediately, balance due
  - not later than \_\_\_\_\_, or
  - in accordance  C,  D,  E, or  F below; or
- B  Payment to begin immediately (may be combined with  C,  D, or  F below); or
- C  Payment in equal \_\_\_\_\_ (e.g., weekly, monthly, quarterly) installments of \$ \_\_\_\_\_ over a period of \_\_\_\_\_ (e.g., months or years), to commence \_\_\_\_\_ (e.g., 30 or 60 days) after the date of this judgment; or
- D  Payment in equal \_\_\_\_\_ (e.g., weekly, monthly, quarterly) installments of \$ \_\_\_\_\_ over a period of \_\_\_\_\_ (e.g., months or years), to commence \_\_\_\_\_ (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E  Payment during the term of supervised release will commence within \_\_\_\_\_ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F  Special instructions regarding the payment of criminal monetary penalties:  
It is recommended that any unpaid balance shall be paid at a rate of not less than \$25.00 per quarter during incarceration, and then 10% of any gross income earned, subject to adjustment by the Court based upon ability to pay

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

Joint and Several

Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s):
- The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.



# 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 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"/>
<i>Indicate Residency Program:</i>	<i>Indicate Instructor Facility:</i>	<i>Indicate County(ies)</i>	<i>Indicate FQHC Facility or Non Profit</i>
Military by Reciprocity/Credential: \$600.00 <input type="checkbox"/>		License by Endorsement: \$1200 <input checked="" 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.

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: Kotler	First: Leslie	Middle: MARC	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 <input type="checkbox"/>	No <input type="checkbox"/>	[REDACTED]
If no, are you naturalized?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	[REDACTED]
If yes, naturalization #	Naturalization Date:	Place:	[REDACTED]
If no, were you born abroad of US citizens?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	[REDACTED]
If no, are you a legal resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	[REDACTED]
Is your application for naturalization pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	[REDACTED]
Date of Application:	Place:	[REDACTED]	
*You must submit appropriate proof of Citizenship or legal documentation for lawful entitlement to remain in the U.S. and work in the U.S*			

CC 1200



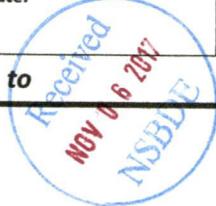
**(A) HOME ADDRESS & PREVIOUS ADDRESS HISTORY**

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

**(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:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	
2. Address :	City:	State:	Zip Code:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	
3. Address :	City:	State:	Zip Code:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	
4. Address :	City:	State:	Zip Code:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	
5. Address :	City:	State:	Zip Code:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	
6. Address :	City:	State:	Zip Code:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	
7. Address :	City:	State:	Zip Code:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	
8. Address :	City:	State:	Zip Code:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	
9. Address :	City:	State:	Zip Code:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	
10. Address :	City:	State:	Zip Code:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
County:	Dates:	to	
[REDACTED]	[REDACTED]	[REDACTED]	



**(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: <i>Tufts University School of Dental Medicine</i>	University/ College:
City: <i>Boston</i>	City:
State: <i>MA</i>	State:
Years Attended: (month/year) <i>8/85 to 7/89</i>	Years Attended: (month/year) _____ to _____
Graduation Date: <i>7/89</i>	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): <i>NA</i>	City:	State:	Zip Code:
Telephone:	Fax:	Email address:	

**(I) PREVIOUS EMPLOYMENT**

1. Practice Address:	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
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Name of Employers, Associates, Etc...	Reason for leaving:
---------------------------------------	---------------------

2. Practice Address:	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
-------	-----	----------------------	------------

Name of Employers, Associates, Etc...	Reason for leaving:
---------------------------------------	---------------------

3. Practice Address:	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
-------	-----	----------------------	------------

Name of Employers, Associates, Etc...	Reason for leaving:
---------------------------------------	---------------------

4. Practice Address:	City:	State:	Zip Code:
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From:	To:	(Include month/year)	Telephone:
-------	-----	----------------------	------------

Name of Employers, Associates, Etc...	Reason for leaving:
---------------------------------------	---------------------

5. Practice Address:	City:	State:	Zip Code:
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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: 7/13/1987 PASS  FAIL

Part II Date Taken: 12/06/1988 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: North East Regional board Exam  
Date(s) of Clinical Examination: August 1989 to August 1989 PASS  FAIL

Regional/ State, Territory, DC: California Dental board exam  
Date(s) of Clinical Examination: Sept 1989 to Sept 1989 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: NEVADA Date of Application: 06/2003

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

State, Territory, DC: California Date of Application: 08/1989

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

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 | No |
| 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 | No |
| 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 | No |
| 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 | No |

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.

7-29-2014 Ronald Holzman CASE [REDACTED] Still Active

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: Nevada Insurance Agency CO / CNA Policy Number: [REDACTED]  
Address: 3724 Lake side dr. suite 100 City: Reno State: NV Zip Code: 89509

From: 08/2003 To: 10/2016 (Include month/year) Telephone: [REDACTED]

Carrier: ACE American Insurance CO. Policy Number: [REDACTED]  
Address: 436 Walnut St. City: Philadelphia State: PA Zip Code: 19106

From: 1/2002 To: 8/2003 (Include month/year) Telephone: [REDACTED]

Carrier: Frontier Pacific Insurance Policy Number: [REDACTED]  
Address: 101 West Broadway suite #700 City: San Diego State: CA Zip Code: 92101

From: 07/1996 To: 12/2001 (Include month/year) Telephone: [REDACTED]

Carrier: Policy Number:  
Address: City: State: Zip Code:

From: To: (Include month/year) Telephone:

Carrier: Policy Number:  
Address: City: State: Zip Code:

From: To: (Include month/year) Telephone:

Carrier: Policy Number:  
Address: City: State: Zip Code:

From: To: (Include month/year) Telephone:



**(L) MORAL CHARACTER**

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

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

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

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

- 5 Do you hold a DEA license? Yes  No  If yes list DEA Number #
- 6 Have you ever surrendered your DEA number or had it revoked or restricted? Yes  No

**(M) STATEMENT OF CHILD SUPPORT**

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

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



**(N) AFFIDAVIT AND PLEDGE**

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**

Leslie M Kotler  
Applicant Signature

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

Date of Signature (must correspond with notary date)

11-2-17  
Applicants Date of Birth (month/day/year)

[Redacted]  
Social Security Number

[Redacted]

**NOTARY**

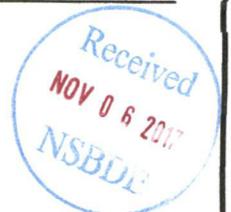
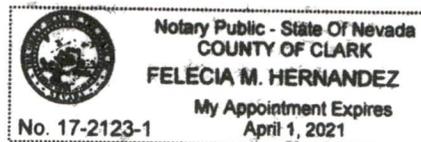
State of Nevada County of Clark

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

2 day of November, 20 17

Felecia M. Hernandez  
Notary Public

April 1, 2021  
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, Leslie Kotler, 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

Leslie Kotler

Applicant Signature

Kotler, Leslie, MARC

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

11-2-17

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

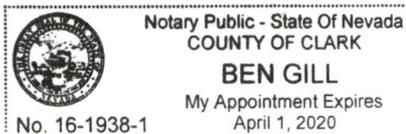
2<sup>nd</sup> day of November, 20 17

Ben Gill

Notary Public

April 1, 2020

My Commission Expires



Regarding the yes answers to questions j1 j2 and j3 on page 5  
and the yes answer to questions 1 and 3 on page 7

My yes answers were all related to my tax conviction. I believe the board has all of the documents and stipulation relating to this matter. Please let me know if I need to provide any other information.



**Previous Stipulation Agreement  
- NSBDE v. Leslie Kotler, DDS  
January 20, 2017**

STATE OF NEVADA  
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL  
EXAMINERS.

Case No. 74127-03120

Complainant.

vs.

**DISCIPLINARY STIPULATION  
AGREEMENT**

LESLIE M. KOTLER, DMD.

Respondent.

**IT IS HEREBY STIPULATED AND AGREED** by and between LESLIE M. KOTLER, DMD ("Respondent" or "Dr. Kotler"), by and through his attorney, MARIA NUTILE, ESQ. of the law firm NUTILE LAW, the NEVADA STATE BOARD OF DENTAL EXAMINERS (the "Board"), by and through J. STEPHEN SILL, DMD, Disciplinary Screening Officer ("DSO"), and the Board's legal counsel, JOHN A. HUNT, ESQ., of the law firm MORRIS, POLICH & PURDY, LLP as follows via this *Disciplinary Stipulation Agreement* ("Stipulation Agreement" or "Stipulation"):

I. Via a *Notice of Investigative Complaint & Request for Records* dated July 23, 2016 ("Investigative Complaint"), the Board notified Respondent that at a properly noticed meeting on July 15, 2016, pursuant to Agenda item 4(d)(1), an investigative complaint had been authorized regarding whether Respondent possibly violated NRS 631.3-475(8). On August 9, 2016, Respondent was advised his attorney's request for an extension to file an answer to the Investigative Complaint was granted to and including August 29, 2016. On September 2, 2016, Respondent was advised the Board was in receipt of Respondent's attorney's written response dated August 26, 2016 (w/attachments) in response to the Investigative Complaint.

  
Respondent's initials

  
Respondent's attorney's initials



1 standard of proof regarding the factual matters noted therein and demonstrating Respondent  
2 violated the statutory provisions noted above in Paragraphs 3.  
3

4 5. Based upon the limited investigation conducted to date, the findings of the Disciplinary  
5 Screening Officer, and the admissions by Respondent contained in Paragraph 4 above, the  
6 parties have agreed to resolve the pending investigations pursuant to the following disciplinary  
7 terms and conditions:  
8

9 A. Pursuant to NRS 631.350(1)(b) Respondent agrees his license to practice dentistry  
10 in the State of Nevada shall voluntarily surrendered pursuant to the following terms:

11 1. Pursuant to NAC 631.160, Respondent absolutely and irrevocably  
12 voluntarily agrees to surrender his license to practice dentistry in the State of  
13 Nevada. Further, upon the Respondent executing this Stipulation, Respondent  
14 shall deliver to the Board the certificate of registration previously issued to him.  
15 In the event the Board does not adopt this Stipulation, the certificate of  
16 registration shall be returned to Respondent.

17 2 Respondent agrees he shall submit to the Board any and all documentation  
18 regarding the terms of his incarceration, supervised release, and order for  
19 restitution in the matter of United States of America v. Leslie M. Kotler, United  
20 States District Court, District of Nevada, Case No. 2:14-cr-00206-AGP-CWH;  
21 USM Number: 49204-048. Respondent shall also inform and provide a copy of  
22 this Stipulation to his Federal probation officer following his release from  
23 incarceration. Respondent shall also execute any documents necessary to  
24 authorized his Federal probation officer to forward copies of any reports  
25 generated regarding Respondent's compliance or non-compliance during his term  
26 of Federal supervised release following his incarceration.

27 3. Respondent, following his incarceration relative to the matter of United  
28 States of America v. Leslie M. Kotler, United States District Court, District of  
Nevada, Case No. 2:14-cr-00206-AGP-CWH; USM Number: 49204-048,  
Respondent may petition the Board to determine whether Respondent is eligible  
to submit a license application by examination pursuant to NRS 631.240.

B. Pursuant to NRS 631.350(1)(c), Respondent agrees upon adoption of this  
Stipulation by the Board, this Stipulation shall be deemed a public reprimand.

C. Pursuant to NRS 622.400, Respondent, following negotiation with the Board,

1 shall reimburse the Board for the cost and fees of the investigation as of Oct 7, 2016, *AW*  
2 in the amount of \$2,517.50 Dollars &   /100 cents (\$2,517.50) This amount  
3 does not include any cost that may be incurred due to the supervision this Agreement  
4 during its probationary period. See below. Payment shall be due within thirty (30) days of  
5 adoption of this Agreement by the Board. Payment shall be made payable to the Nevada  
6 State Board of Dental Examiners and mailed directly to the Board at 6010 S. Rainbow  
7 Blvd., Suite A1, Las Vegas, Nevada 89118.

6 CONSENT

7 6. Respondent has read all of the provisions contained in this Stipulation Agreement and  
8 agrees with them in their entirety. Respondent recognizes and agrees this Stipulation Agreement  
9 is the result of voluntary settlement negotiations which involved give and take, and the final  
10 agreement (i.e. this Stipulation Agreement) is a voluntary compromise.

11  
12  
13 7. Respondent acknowledges and admits he has carefully read and understands the issues  
14 and allegations in the Investigative Complaint referenced and addressed herein. Respondent also  
15 acknowledges and admits he has carefully read and understands the effects of this Stipulation  
16 Agreement.

17  
18  
19 8. Respondent is fully aware of her legal rights in this matter, including the right to an  
20 informal hearing and a formal hearing relative to the issues and allegations in the Investigative  
21 Complaint referenced and addressed herein. Respondent is also fully aware he has a right to  
22 retain counsel for this matter, the right to confront and cross-examine the witnesses against him,  
23 the right to present evidence and to testify on his own behalf, the right to the issuance of  
24 subpoenas to compel the attendance of witnesses and the production of documents, the right to  
25 reconsideration and court review of an adverse decision, and all other rights accorded by the  
26 Nevada Administrative Procedure Act and other applicable laws. Respondent voluntarily,  
27

*AK*  
Respondent's initials

*[Signature]*  
Respondent's attorney's initials

1 knowingly, and intelligently waives and gives up each and every right set forth above, and as  
2 more fully set forth herein and below.

3  
4 9. Respondent is aware by entering into this Stipulation Agreement he is waiving certain  
5 valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and  
6 NAC 233B.

7  
8 10. Respondent expressly waives any right to challenge the Board for bias in deciding  
9 whether or not to adopt this Stipulation Agreement in the event this matter was to proceed to a  
10 full Board hearing.

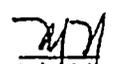
11 11. Respondent and the Board agree any statements and/or documentation made or  
12 considered by the Board during any properly noticed open meeting (to which Respondent hereby  
13 specifically waives any and all notice requirements for same, whether required by NRS 241.033  
14 or any other statute or regulation) to determine whether to adopt or reject this Stipulation  
15 Agreement are privileged settlement negotiations and therefore such statements or  
16 documentation may not be used in any subsequent Board hearing or judicial review, whether or  
17 not judicial review is sought in either the State or Federal District Court.

18 12. Respondent acknowledges he has read this Stipulation Agreement. Respondent  
19 acknowledges he has been advised he has the right to have this matter reviewed by independent  
20 counsel and he has had ample opportunity to seek independent counsel. Respondent has been  
21 specifically informed he should seek independent counsel and advice of independent counsel  
22 would be in Respondent's best interest. Having been advised of his right to independent counsel,  
23 as well as having the opportunity to seek independent counsel, Respondent hereby acknowledges  
24 he has retained MARIA NUTILE, ESQ. of the law firm NUTILE LAW as his attorney and has  
25 discussed this matter and Stipulation with him.

26  
27 13. Respondent acknowledges he is consenting to this Stipulation Agreement voluntarily.

28 

Respondent's initials



Respondent's attorney's initials

1 without coercion or duress and in the exercise of her own free will.

2  
3 14. Respondent acknowledges no other promises in reference to the provisions contained in  
4 this Stipulation Agreement have been made by any agent, employee, counsel or any person  
5 affiliated with the Nevada State Board of Dental Examiners.

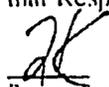
6  
7 15. Respondent acknowledges the provisions in this Stipulation Agreement contain the entire  
8 agreement between Respondent and the Board and the provisions of this Stipulation Agreement  
9 can only be modified, in writing, with Board approval.

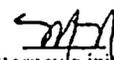
10 16. Respondent agrees in the event the Board adopts this Stipulation Agreement, he hereby  
11 waives any and all rights to seek judicial review or otherwise to challenge or contest the validity  
12 of the provisions contained herein.

13  
14 17. Respondent and the Board agree none of the parties shall be deemed the drafter of this  
15 Stipulation Agreement. In the event this Stipulation Agreement is construed by a court of law or  
16 equity, such court shall not construe it or any provision hereof against any party as the drafter.  
17 The parties hereby acknowledge all parties have contributed substantially and materially to the  
18 preparation of this Stipulation Agreement.

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

23  
24 19. Respondent acknowledges in consideration of execution and adoption of this Stipulation  
25 Agreement, Respondent hereby releases, remises, and forever discharges the State of Nevada, the  
26 Board, and each of their members, agents, employees and legal counsel in their individual and  
27 representative capacities, from any and all manner of actions, causes of action, suits, debts,  
28 judgments, executions, claims, and demands whatsoever, known and unknown, in law or equity,  
that Respondent ever had, now has, may have, or claim to have against any or all of the persons

  
Respondent's initials

  
Respondent's attorney's initials

1 or entities named in this section, arising out the complaint(s) and/or complaint(s) of the above-  
2 referenced Patient(s), as well as the negotiation and completion of this Stipulation Agreement.

3  
4 20. Respondent acknowledges in the event the Board adopts this Stipulation Agreement, it  
5 may be considered in any future Board proceeding(s) or judicial review, whether such judicial  
6 review is performed by either the State or Federal District Court(s).

7  
8 21. This Stipulation Agreement will be considered by the Board in an open meeting (to  
9 which Respondent hereby specifically waives any and all notice requirements for same, whether  
10 required by NRS 241.033 or any other statute or regulation). It is understood and stipulated the  
11 Board is free to accept or reject this Stipulation Agreement and if it is rejected by the Board, the  
12 Board may take other and/or further action as allowed by statute, regulation, and/or appropriate  
13 authority. This Stipulation Agreement will only become effective when the Board has approved  
14 the same in an open meeting. Should the Board adopt this Stipulation Agreement, such adoption  
15 shall be considered a final disposition of a contested case and will become a public record and is  
reportable to the National Practitioner Data Bank.

16 DATED this 7<sup>th</sup> day of October, 2016.

17  
18 By: Leslie M. Kotler, DMD  
19 Leslie M. Kotler, DMD  
20 Respondent  
21  
22  
23  
24  
25  
26  
27  
28

LC  
Respondent's initials

MEH  
Respondent's attorney's initials

1 APPROVED AS TO FORM AND CONTENT

2 By [Signature] this 11 day of OCTOBER 2016.  
3 J. Stephen Hill, DMD  
4 Disciplinary Screening Officer

5 APPROVED AS TO FORM AND CONTENT

6 By [Signature] this 7<sup>th</sup> day of October 2016.  
7 Maria Nutile, Esq.  
8 Nutile Law  
9 Respondent's attorney

10 APPROVED AS TO FORM AND CONTENT

11 By [Signature] this 10 day of October 2016.  
12 John A. Hunt, Esq.  
13 Morris Polich & Purdy, LLP  
14 Board Counsel

15 BOARD ACTION

16 This *Disciplinary Stipulation Agreement* in the matter captioned as Nevada State Board  
17 of Dental Examiners vs. Leslie M. Kotler, DMD, case no. 74127-03120 was (check appropriate  
18 action):

19 Approved X Disapproved \_\_\_\_\_

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

21 DATED this 20 day of Jan, 2016.

22 [Signature]  
23 Timothy T. Pinther, DDS President  
24 NEVADA STATE BOARD OF DENTAL EXAMINERS

25 H:\WDD\DCS\3336-400654.V221218.DOCX

26 [Signature]  
27 Respondent's initials

[Signature]  
Respondent's attorney's initials

**Evaluator Recommendations:**  
**- Dr. Y**



# 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

## CONSCIOUS SEDATION INSPECTION AND EVALUATION

ON-SITE/ADMINISTRATOR     SITE ONLY

Name of Practitioner: [REDACTED]	Proposed Dates: 12/15/17
Location to be Inspected: [REDACTED]	Telephone Number: [REDACTED]
Date of Evaluation: 12/15/17	Time of Evaluation: 8:30 AM

### Evaluators

1. [REDACTED]
2. [REDACTED]
3.

### INSTRUCTIONS FOR COMPLETING CONSCIOUS SEDATION ON-SITE INSPECTION AND EVALUATION FORM:

1. Prior to evaluation, review criteria and guidelines for Conscious Sedation (CS) On-Site/Administrator and Site Only Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a CS On-Site/Administrator or Site Only Inspection and Evaluation form independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. Answer each question. (For Site Only Inspections and Evaluations, complete sections A, B, and D)
4. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
5. Sign the evaluation report and return to the Board office within ten (10) days after evaluation has been completed.



## A. OFFICE FACILITIES AND EQUIPMENT

	YES	NO
<b>1. Operating Theater</b>		
a. Is operating theater large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does the operating theater permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral and pharyngeal Cavities?	✓	
b. Is there a backup suction device available which can operate at the time of General power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the Time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating theater)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	



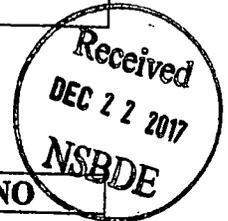
7. Ancillary Equipment in Good Operating Condition?	YES	NO
a. Are there oral airways?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	

**B. RECORDS – Are the following records maintained?**

1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show blood pressure reading?	✓	
4. Sedation records show pulse reading?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting any complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for sedation?	✓	

**C. DRUGS**

	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	EPINEPHRINE	JUNE 18	✓	
2. Corticosteroid drug available?	DEXMETHASONE	9/18	✓	
3. Bronchodilator drug available?	ALBUTEROL	5/19	✓	
4. Appropriate drug antagonists available?	NALOXONE	7/19	✓	
	FLUMAZENIL	10/19	✓	



	DRUG NAME	EXPIRES	YES	NO
5. Antihistaminic drug available?	DIPHENHYDRAMINE	12/18	✓	
6. Anticholinergic drug available?	ATROPINE	12/18	✓	
7. Coronary artery vasodilator drug available?	NITROSTAT	6/19	✓	
8. Anticonvulsant drug available?	DIAZEPAM	2/19	✓	
9. Oxygen available?			✓	

**D. DEMONSTRATION OF CONSCIOUS SEDATION**

1. Who administered conscious sedation? Dentist's Name: [REDACTED]		
2. Was sedation case demonstrated within the definition of conscious sedation?	✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter?	✓	
If not, what type of monitoring was utilized? [REDACTED]		
4. Was the patient monitored while recovering from sedation?	✓	
Monitored by whom: _____		
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from conscious sedation?	✓	
6. Were personnel competent?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life threatening situation to the patient?	✓	
9. What was the length of the case demonstrated?	1.5 hours	✓



**E. SIMULATED EMERGENCIES** – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:

	YES	NO
1. Airway obstruction laryngospasm?	✓	
2. Bronchospasm? - BEGAN COMING DOWN ALLERGIC RXNS PATH FINALLY GOT BACK ON TRACK.	✓?	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	
9. Allergic reaction?	✓	
10. Convulsions?	✓	
11. Hypoglycemia?	✓	
12. Asthma?	✓	
13. Respiratory depression?		✓
14. Allergy to or overdose from local anesthesia?	✓	
15. Hyperventilation syndrome?		✓
16. Syncope?	✓	

# 2 32



Evaluator Overall Recommendation

Pass

Fail

Comments: REQUEST TAKE MEDICAL EMERGENCIES

REVIEW COURSE OR SIMULATION COURSE

ON MED EMERGENCIES (NON 8 HOURS)

RETEST ON SIMULATED EMERGENCIES

PART OF PERMIT

[Redacted Signature]

Signature Evaluator

Date 12/15/0





# 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

## CONSCIOUS SEDATION INSPECTION AND EVALUATION

ON-SITE/ADMINISTRATOR       SITE ONLY

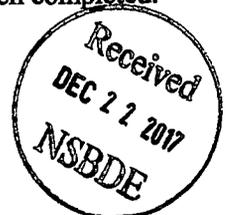
Name of Practitioner: [REDACTED]	Proposed Dates:
Location to be Inspected: [REDACTED]	Telephone Number: [REDACTED]
Date of Evaluation: 12-15-2017	Time of Evaluation: 8:30am

### Evaluators

1. [REDACTED]
2. [REDACTED]
3.

### INSTRUCTIONS FOR COMPLETING CONSCIOUS SEDATION ON-SITE INSPECTION AND EVALUATION FORM:

1. Prior to evaluation, review criteria and guidelines for Conscious Sedation (CS) On-Site/Administrator and Site Only Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a CS On-Site/Administrator or Site Only Inspection and Evaluation form independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. Answer each question. (For Site Only Inspections and Evaluations, complete sections A, B, and D)
4. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
5. Sign the evaluation report and return to the Board office within ten (10) days after evaluation has been completed.



**A. OFFICE FACILITIES AND EQUIPMENT**

	YES	NO
<b>1. Operating Theater</b>		
a. Is operating theater large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does the operating theater permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral and pharyngeal Cavities?	✓	
b. Is there a backup suction device available which can operate at the time of General power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the Time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating theater)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	



7. Ancillary Equipment in Good Operating Condition?	YES	NO
a. Are there oral airways?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	

**B. RECORDS – Are the following records maintained?**

1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show blood pressure reading?	✓	
4. Sedation records show pulse reading?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting any complications of the procedure, if any?		✓
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for sedation?	✓	

**C. DRUGS**

	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	EPINEPHRINE	6-2018	✓	
2. Corticosteroid drug available?		9-2018	✓	
3. Bronchodilator drug available?		5-2019	✓	
4. Appropriate drug antagonists available?	NALOXON FLUMAZENIL	7-2019 10-2019	✓	



	DRUG NAME	EXPIRES	YES	NO
5. Antihistaminic drug available?	DIPHENHYDRAMINE	12-2018	✓	
6. Anticholinergic drug available?	ATROPINE	12-2018	✓	
7. Coronary artery vasodilator drug available?	NITROSTAT	6-2019	✓	
8. Anticonvulsant drug available?	DIAZEPAM	7-2018	✓	
9. Oxygen available?	O <sub>2</sub>		✓	

**D. DEMONSTRATION OF CONSCIOUS SEDATION**

1. Who administered conscious sedation? Dentist's Name: [REDACTED]		
2. Was sedation case demonstrated within the definition of conscious sedation?	✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter?  If not, what type of monitoring was utilized?	✓	
4. Was the patient monitored while recovering from sedation?  Monitored by whom: [REDACTED]	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from conscious sedation?	✓	
6. Were personnel competent?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? 9:02-10:32 am 1.5 H		



**E. SIMULATED EMERGENCIES** – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:

	YES	NO
1. Airway obstruction laryngospasm?	✓	
2. Bronchospasm?	✓	✓
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	✓
9. Allergic reaction?	✓	
10. Convulsions?	✓	
11. Hypoglycemia?	✓	
12. Asthma?	✓	
13. Respiratory depression?	✓	✓
14. Allergy to or overdose from local anesthesia?	✓	
15. Hyperventilation syndrome?	✓	✓
16. Syncope?	✓	



Evaluator Overall Recommendation

Pass

Fail

Comments: ~~RECOMMEND~~ REQUEST [REDACTED] TAKE ANNUAL EMPLOYMENT  
SIMULATIONS COURSE AND RISK IN SCENARIOS (MIN 8 HRS)

[REDACTED]

12-15-2017

Date



# **Reactivation of Licensure:**

# 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 DENTAL LICENSE

I, ALBERT M. CASTELLAN, hereby apply to reactivate my Nevada dental license number 3071. I am providing the following information and fees due the Board pursuant to NAC 631.170(5) in order to reactivate my license from Disabled status to Active status:

- Payment of license fees due in the amount of \$850.00 (\$550 pro-rated active license fees for the biennial renewal period of 2017/2019 and \$300 reactivation application fee);
- Provide a list of your employment, if any, from July 1, 2007 through the present date. If no employment during that time, please provide confirmation in writing;
- Proof of current CPR certification (copy front/back of card). Online certification is not acceptable;
- Submit proof of completion of a total of 20 hours of continuing education credits completed during the 12 months preceding application (10 hours of which may be online/home study; 15 hours of which must be in clinical subjects; and 2 hours of which must specifically pertain to infection control);
- Provide a statement signed by your licensed physician indicating you are able, mentally and physically, to practice dentistry;
- Certify that during the period of July 1, 2017 through 1/10/18 (enter current date), I had            (indicate number of) filing(s) or service or claim(s) or complaint(s) of malpractice or disciplinary action(s) in any jurisdiction outside the State of Nevada (include any Peer Review activity). **FULL DISCLOSURE OF EACH SUCH CASE MUST BE ENCLOSED;**
- Pursuant to federal mandated requirements, I further certify that:
  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 (MUST complete 2a or 2b)
    - 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.

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

State of Nevada  
County of Clark

SIGNATURE OF LICENSEE Albert M. Castellan DATE 1/10/18

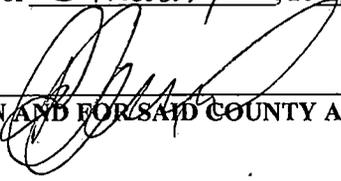
SUBSCRIBED TO AND SWORN BEFORE ME, this 10 day of January, 2018.

SEAL



KATIA ROMANELLI  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 09-22-19  
Certificate No: 15-3395-1

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE




Received  
JAN 10 2018  
NSBDE