NEVADA STATE BOARD of DENTAL EXAMINERS



LEGISLATIVE & DENTAL PRACTICE COMMITTEE MEETING

SEPTEMBER 20, 2019

2:30 p.m.

PUBLIC BOOK

PROPOSED REGULATION CHANGES TO AMEND, ADD, OR REPEAL

GENERAL PROVISIONS

NAC 631.0005 Definitions. (NRS 631.190) As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 631.001 to 631.008, inclusive, have the meanings ascribed to them in those sections.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000; A by R169-01, 4-5-2002)

NAC 631.001 "Board" defined. (NRS 631.190) "Board" means the Board of Dental Examiners of Nevada.

(Added to NAC by Bd. of Dental Exam'rs by R003-99, eff. 4-3-2000; A by R005-99, 9-7-2000)

NAC 631.002 "Certificate of site approval" defined. (NRS 631.190) "Certificate of site approval" means a certificate issued by the Board pursuant to NAC 631.2236. (Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000)

(Added to NAC by Bu. of Dental Exam is by K005-99, eff. 9-7-2000)

NAC 631.005 "Deep sedation" defined. (NRS 631.190) "Deep sedation" has the meaning ascribed to it in NRS 631.027.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000)

NAC 631.0055 "Executive Director" defined. (NRS 631.190) "Executive Director" means the Executive Director of the Board.

(Added to NAC by Bd. of Dental Exam'rs by R169-01, eff. 4-5-2002)

NAC 631.006 "General anesthesia" defined. (NRS 631.190) "General anesthesia" has the meaning ascribed to it in NRS 631.055.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000)

NAC 631.007 "General anesthesia permit" defined. (NRS 631.190) "General anesthesia permit" means a permit that:

1. Is issued by the Board pursuant to NAC 631.2213; and

2. Authorizes the holder to administer general anesthesia, deep sedation and moderate sedation to a patient.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000)

NAC 631.0073 "Moderate sedation" defined. (NRS 631.190) "Moderate sedation" has the meaning ascribed to it in NRS 631.079.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000) — (Substituted in revision for NAC 631.003)

NAC 631.0076 "Moderate sedation permit" defined. (NRS 631.190) "Moderate sedation permit" means a permit that:

1. Is issued by the Board pursuant to NAC 631.2213; and

2. Authorizes the holder to administer moderate sedation to a patient.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000) — (Substituted in revision for NAC 631.004)

NAC 631.008 "Secretary-Treasurer" defined. (<u>NRS 631.190</u>) "Secretary-Treasurer" means the Secretary-Treasurer of the Board.

(Added to NAC by Bd. of Dental Exam'rs by R169-01, eff. 4-5-2002)

NAC 631. "Dental Practice Act" defined. "Dental Practice Act" refers to the provisions of NRS Chapter 631 and NAC Chapter 631.(NRS. 631.190)

NAC 631. "Certain methods of technical procedures" defined. As used in NRS 631.215(2)(d), "certain methods of technical procedures" refers to procedures that do not involve potential infection control, biohazard or sterilization concerns.

NAC 631. "Hearing" defined. (NRS 631.190)

1. As used in NRS 631.360, NRS 631.363(4) and (5), NRS 631.364(4), NRS 631.365 "hearing" means a formal hearing before the Board or a hearing officer or panel following the filing of a formal complaint or charging document.

2. As used in NRS 631.363(1), (2) and (3), "hearing" means an informal hearing as further defined in this chapter.

NAC 631. <u>"Hearing officer or panel" defined. "Hearing officer or panel" means a</u> person or group of persons to whom the Board delegates its disciplinary authority pursuant to NRS 631.350(3) and NRS 631.355, for the purpose of presiding over a formal hearing undertaken following the initiation of a contested case by the filing of a formal complaint against a licensee. An investigator assigned pursuant to NRS 631.363 and members of the Review Panel appointed pursuant to NRS 631.3636 are not included in the definition of "hearing officer or panel" and may not serve as a hearing officer or member of a hearing panel for any matter in which they served as an investigator or member of the Review Panel. (NRS 631.190, NRS. 631.350, NRS 631.355)

NAC 631. "*Informal hearing*" (NRS 631.190, NRS. 631.363)

1. "Informal hearing" defined. "Informal hearing" means a proceeding during an investigation as defined herein, in which the licensee under investigation may be asked questions under oath regarding any pending investigation, the allegations made against the licensee and the investigator's and/or Review Panel's preliminary findings and recommendations regarding same.

2. No disciplinary action or administrative penalty may be imposed by the investigator at the time of the informal hearing, and no legal rights, duties or privileges of the licensee are determined during the informal hearing.

3. Attendance at an informal hearing is voluntary.

4. *A licensee may be represented by counsel at an informal hearing, but counsel is not permitted to offer testimony or present argument during the informal hearing.*

5. A licensee may refuse to answer any questions during an informal hearing at his or her discretion and/or upon the advice of counsel.

6. Written questions shall not be submitted to the licensee or his or her counsel in lieu of an informal hearing.

7. Whether or not represented by counsel, if the licensee chooses not to appear at the informal hearing, and/or chooses not to answer questions concerning a pending investigation during the informal hearing, the informal hearing will be limited only to the following:

- a. introduction of exhibits;
- b. confirmation that the matter has proceeded through a preliminary investigation and review by the Board's Review Panel;
- c. introduction of evidence to establish proper notice to the licensee of the informal hearing; and
- d. explanation or statement of the next steps in the investigative and/or disciplinary process established by the Board.

8. Notice of an informal hearing pursuant to NRS 631.363 may be accompanied by a subpoena duces tecum requiring the licensee to produce the original dental record of a patient, if applicable, whose treatment is at issue. If the licensee under investigation is not the custodian of records of the original chart, a subpoena duces tecum for a certified copy of the record may be issued to the custodian of records. A subpoena issued pursuant to this section may be signed by the Executive Director, Investigator or a member of the Review Panel. Compliance with a subpoena issued pursuant to this section is not excused by the licensee's waiver of the right to appear at the informal hearing.

9. The informal hearing is to be recorded and transcribed pursuant to NAC 631.255.

10. Nothing in this section prevents the licensee from requesting and/or agreeing to a consent or settlement agreement pursuant to <u>NRS 622.330</u> and <u>NAC 631.</u>, prior to or at the time of an informal hearing.

NAC 631. "Investigator" or "Disciplinary Screening Officer" defined. "Investigator" or "Disciplinary Screening Officer" means a person assigned to conduct an investigation initiated pursuant to <u>NRS 631.360(1)</u> and/or <u>NRS 631.364</u>. For purposes of investigations pursuant to NRS 631.364, the Executive Director may conduct an initial investigation as required by and as set forth in NRS 631.364. (NRS 631.190, NRS. 631.363, NRS 631.364)

NAC 631.____ "Formal hearing" defined. "Formal hearing" means a proceeding initiated pursuant to NRS 631.360(2), following the filing of charges via a formal complaint, in which the legal rights, duties and privileges of a licensee may be determined, and/or in which an administrative penalty or discipline may be imposed, by the Board or by a Hearing Officer or Panel to whom the Board delegates this authority pursuant to <u>NRS 631.350(3).</u> (NRS 631.190, NRS. 631.360, NRS 233B.032)

NAC 631. "Complaint" defined. As used in NRS 631.368(2), "complaint" means a formal complaint as defined below. (NRS 631.190, NRS 622A.300)

NRS 631. "Verified complaint" defined. "Verified complaint" means the allegations presented to the Board, together with a notarized verification form supplied by the Board, by a patient or other member of the public concerning a licensee which sets forth facts or claims which, if proven, would constitute grounds for initiating disciplinary action. Reference to a "verified complaint" refers to the complainant's verification as required by NRS 631.360, but does not indicate that the Board or its agents have verified the information or allegations

contained in the verified complaint at the time an investigation is initiated. (NRS 631.190, NRS. 631.360)

NAC 631.____ "Authorized investigation" defined. "Authorized investigation" means an investigation initiated upon motion by the Board pursuant to <u>NRS 631.360(1)</u>. (NRS 631.190, NRS. 631.360)

NAC 631. "Authorized complaint" defined. "Authorized complaint" means the notice to the licensee of the allegations giving rise to an "authorized investigation." (NRS 631.190, NRS. 631.360)

NAC 631. "Formal complaint" defined. "Formal complaint" means a charging document containing formal charges against a licensee which initiates the prosecution of a contested case following the completion of an investigation and authorization for formal charges by the Review Panel. (NRS 631.190, NRS. 631.360)

NAC 631.____ "Disciplinary action" defined. "Disciplinary action" means an administrative penalty imposed by the Board pursuant to <u>NRS</u> 631.350 or <u>NRS</u> 631.363(5), by a "hearing officer or panel" appointed pursuant to <u>NRS</u> 631.350(3) or by a disciplinary stipulation or consent agreement agreed upon by the licensee and approved by the Board. The report and/or findings and recommendations of an investigator, expert or Review Panel appointed by the Board do not constitute "disciplinary action" as defined herein. (NRS 631.190, NRS. 631.350)

NAC 631. "Non-disciplinary action" defined. "Non-disciplinary action means action by the Board that may include, but is not limited to, additional continuing education requirements, jurisprudence exam requirements, monitoring of one or more types of procedures or practice, and/or patient reimbursement. Reimbursement to the Board of costs and fees may also be required. Non-disciplinary actions are not considered discipline by the Board and are only available, if at all, as the result of a stipulated agreement following the Review Panel's review of the preliminary investigation and prior to the filing of a formal complaint with the Board. (NRS 631.190, NRS. 631.350, NRS. 631.360)

NAC 631. "Dental records" defined. "Dental records" include, but are not limited to: consultation reports; records of treatment; office notes; treatment plans; dentists' notes; clinical notes; hygienists' notes; periodontal charts; informed consents; medication agreements; prescription information; intake forms; histories; diagnoses; prognoses; documentation of telephonic discussions and/or messages; correspondence; consultation reports; referrals; lab requests; lab reports; drawings or sketches (computer generated, handdrawn or other); risk assessments; hospital records; test results and reports; information pertaining to drug and/or alcohol treatment; photographs, x-ray films and reports; MRI scans and reports; CT scans and reports; any and all diagnostic imaging films, tests and their associated reports taken by you or contained in your files; any and all bills, invoices, ledgers and/or statements reflecting all charges and payment history including benefit payments and/or patient payments, patient co-payments or deductibles, adjustments, write-offs or discounts; any liens filed including amount of lien; any charges turned over to collection/collection agency, including amount and name of collection agency; any and all other recorded data or information whether maintained in written, electronic or other form which is received or produced by a provider of health care, or any person employed by a provider of health care, and contains information relating to the medical history, examination, diagnosis or treatment of the patient. (NRS 631.190, NRS 629.021, NRS 629.061(10))

NAC 631. Stipulations; Consent and Settlement Agreements; Findings and Recommendations of the Informal Hearing. (*NRS* 631.190; *NRS* 622.330)

1. The Board may enter into a stipulation, consent or settlement agreement as a condition of licensure or to resolve Board investigations or disciplinary proceedings regarding alleged violation of any provision of Title 54 by a licensee which this Board has the authority to enforce, any regulations adopted pursuant thereto and/or any order of the Board.

2. Consent or Settlement Agreements regarding alleged violation(s) of any provision(s) of the Dental Practice Act may be negotiated on behalf of the Board by the Board's General Counsel in consultation with the investigator assigned to the matter and at least one member of the Review Panel that has reviewed the matter and participated in the Review Panel's preliminary findings and recommendations.

3. No consent or settlement agreement may become effective until presented to, and approved by, the Board at a properly noticed Board meeting.

4. If the Board approves the stipulation, consent or settlement agreement, the agreement becomes a public record.

5. No consent or settlement agreement may be presented to or approved by the Board unless the licensee has verified, under oath, his or her understanding of and consent to the statements and terms contained in the agreement, including but not limited to, any stipulated waivers contained in the agreement. Unless otherwise provided in this section, all verifications under oath pursuant to this section must be recorded and transcribed in permanent form by a shorthand reporter licensed to do business in this State, the cost of the shorthand reporter to be borne by the licensee pursuant to NRS 622.400.

6. At the discretion of the General Counsel, a licensee's verification under oath pursuant to subsection 5 of this section may, in lieu of a recorded and transcribed statement, be obtained via sworn and notarized affidavit, but only in the following, limited, circumstances:

- a. The licensee is represented by counsel;
- b. The Stipulation or Consent Agreement was prepared at the written request of the licensee or licensee's counsel;
- c. The written request for settlement was made, and the terms of the stipulation were agreed upon, prior to service of notice of informal hearing; and,
- d. The licensee acknowledges in writing that he or she is waiving the right to an informal hearing.

7. The Board may consider Corrective Action Non-Disciplinary Stipulations or Disciplinary Stipulations, but is not bound by either.

8. At the time of a formal hearing, if any, the Board is not bound by the terms, conditions, recommendations or possible non-disciplinary resolution underlying a stipulation offered to, or discussed with, a licensee prior to initiation of the formal complaint.

9. Following an informal hearing as described in Sec. _____ and service of the investigator's findings of the informal hearing pursuant to NRS 631.363(3) as adopted by the Review Panel, as applicable, or service of the Review Panel's findings and recommendations following review of an informal hearing, as applicable, the licensee may agree to the findings

and recommendations of the informal hearing pursuant to NRS 631.363(5) and/or paragraph 10 below, but a stipulation or consent agreement will no longer be available to the licensee.

10. Following service of the investigator's findings of the informal hearing pursuant to NRS 631.363(3) as adopted by the Review Panel, as applicable, or service of the Review Panel's findings and recommendations following review of an informal hearing, as applicable, the Board's General Counsel, in consultation with the investigator and/or at least one member of the Review Panel that has participated in the Review Panel process described herein, may, but is not required to, agree to present amended findings and recommendations to the Board for consideration. The Board may consider, but is not bound by or required to approve, the findings or recommendations or any amendments to the findings and recommendations as described herein.

BOARD OF DENTAL EXAMINERS OF NEVADA

NAC 631.010 President of Board: Duties; designation of acting President. (NRS 631.160, 631.190, AB70, Sec. 2.5 (2019))

1. The President of the Board shall preside at all meetings and hearings of the Board.

2. If the President will be absent or is unable to preside at any meeting or hearing, he or she may designate any other member of the Board to act in his or her place. If the President does not make such a designation, or if the member whom he or she designates is absent, the members who attend the meeting or hearing shall, by majority vote, select from among themselves the person to preside.

3. If the President is notified that the Secretary-Treasurer will not be able to attend a meeting or hearing, the President shall designate another member of the Board to perform the duties of the Secretary-Treasurer at the meeting or hearing.

4. The President of the Board, in consultation with the General Counsel and Executive Director, may authorize the filing of proceedings in District Court concerning the illegal practice of dentistry or the illegal practice of dental hygiene, enforcement of a subpoena, or any other matter in which the Board authorizes the President to act on behalf of the Board.

5. The President of the Board shall perform such other duties as the Board may direct.

[Bd. of Dental Exam'rs, § I, eff. 7-21-82]

NAC 631.020 Secretary-Treasurer: Duties; bond. (NRS 631.160, 631.190)

1. The Secretary-Treasurer shall attend all meetings and hearings of the Board and ensure that minutes of the proceedings are taken.

2. The Secretary-Treasurer shall:

(a) Examine all applications for licensure and require that the approved forms are properly executed;

(b) Ensure that the provisions of this chapter which relate to licensure are observed by applicants and licensees; and

(c) Perform such other duties as the Board may direct.

3. The Secretary-Treasurer must have a bond executed in the amount of \$1,000 to indemnify the Board for any loss of its money which is caused by his or her actions. The premium for the bond must be paid from the money of the Board.

[Bd. of Dental Exam'rs, § II, eff. 7-21-82] — (NAC A 12-15-87; R169-01, 4-5-2002)

NAC 631.023 Executive Director: Duties; bond. (NRS 631.160, 631.190)

1. The Executive Director shall attend all meetings and hearings of the Board and take minutes of the proceedings.

2. The Executive Director shall keep in his or her office:

(a) The minutes of matters considered by the Board;

(b) The records of the Board's finances;

(c) The applications submitted to the Board; and

(d) The records of cases in which the Board has denied an application, suspended or revoked a license or certificate, or taken any other disciplinary action.

3. The Executive Director shall:

(a) Account for all money received by the Board;

(b) Examine all applications for licensure and require that the approved forms are properly executed;

(c) Ensure that the provisions of this chapter which relate to licensure are observed by applicants and licensees;

(d) Act as custodian of the Board's official seal;

(e) Affix the seal to any document to be executed on behalf of the Board or to be certified as emanating from the Board; and

(f) Monitor and ensure compliance with the terms and conditions of Board Orders, Stipulations or Consent Agreements entered into between the Board and licensees and assign the appropriate investigator, Review Panel member or Board member to accomplish monitoring of a licensee's clinical practice or adherence to the standard of care set forth in any stipulation, agreement or Board Order;

(g) Issue subpoenas on behalf of the Investigator, Board or Review Panel during investigations of verified or authorized complaints pursuant to NRS 631.360 and this chapter and, following the filing of a formal complaint, on behalf of any requesting party pursuant to NAC 631.355;

(h) Process and notice all verified and authorized complaints and oversee investigations into same; and

(f) (i) Perform such other duties as the Board may direct.

4. The Executive Director must have a bond executed in the amount of \$250,000 to indemnify the Board for any loss of its money which is caused by his or her actions. The premium for the bond must be paid from the money of the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 12-15-87; A 9-6-96; R169-01, 4-5-2002)

NAC 631. Investigator: Duties (NRS 631.363, 631.190, 622A.330)

1. Any investigator employed, appointed or contracted by the Board is authorized by the Board to conduct investigations of any verified or authorized complaint.

2. The investigator's investigation may include, but is not limited to,

- a. Review of the verified or authorized complaint;
- b. Review of the licensee's response;
- c. Review of patient records, if applicable;

d. Request that the Executive Director obtain any additional records deemed necessary for the investigation, if applicable and request that the Executive Director subpoena said records, if necessary;

e. Discussion or consultation with, or request for additional information from, the licensee who is the subject of the investigation;

f. Discussion with and/or evaluation of the patient at issue, if applicable;

g. Consultation with experts, as necessary;

h. Request for, and review of, any additional documentation or materials pertinent to the investigation;

i. Request infection control inspection of any facility owned or operated by a licensee under investigation, if necessary for the purposes of a pending investigation, and review of results of said inspection;

j. Prepare and submit a preliminary report to the Review Panel, including but not limited to the investigator's findings and recommendations for corrective action, discipline, and/or mental or physical evaluation of the licensee;

k. Review and consent to the terms of stipulated or consent agreements to be submitted to the Board for consideration regarding the matters investigated;

i. Nothing in subsection (k) permits the Investigator to offer or agree to the terms of any stipulated or consent agreement in any investigation that has not proceeded to the Review Panel and/or that is inconsistent with the Findings and Recommendations of the Review Panel.

ii. The investigator's consent to the terms of a stipulated or consent agreement are not binding on the Board, and no consent or stipulation agreement may become effective until reviewed and approved by the Board.

l. Request and attend Informal Hearings; and,

m. Other duties as the Board may direct.

3. Pursuant to NRS 622A.330(3), interrogatories or written questions are not permitted in lieu of any discussion with the licensee deemed necessary or appropriate by the investigator or Review Panel, either prior to or at the time of an informal hearing or appearance before the Review Panel.

4. In the event that a matter investigated by an Investigator proceeds to a Formal Hearing, the Investigator shall not participate in the decision rendered by the Board, but may provide testimony regarding his or her investigation and findings concerning the matter at issue in the Formal Hearing.

5. The investigative file is confidential and not discoverable unless used in a formal hearing as evidence in support of the charges against the licensee. The investigative file includes all notes, communications, records, affidavits or reports acquired or created as part of the investigation of the case, whether or not acquired through a subpoena related to the investigation of the licensee. Use of any portion of the investigative file during the Formal Hearing renders only that portion of the file public and does not subject the unused portions of the investigative file to discovery or disclosure.

631.____Authority of Board or Review Panel to issue letter of inquiry, letter of warning, or letter of concern.

1. If the Board or the Review Panel has reason to believe that a person licensed by the Board has violated or is violating any provision of NRS Chapter 631 and/or this chapter, the Board or any Review Panel appointed by the Board may issue to the person a letter of inquiry, letter of warning, or a letter of concern at any time before the Board has initiated any disciplinary proceedings against the person. 2. The issuance of a letter described in subsection 1:

(a) Does not preclude the Board from initiating any disciplinary proceedings against the person or taking any disciplinary action against the person based on any conduct alleged or described in the letter or any other conduct; and

(b) Does not constitute action by or a final decision of the Board.

NAC 631. _____. Review Panel Authority, Scope and Duties. (NRS 631.190, 631.363, 631.3635, 631.364)

1. Before the Board may take any action or make any disposition relating to a complaint investigated pursuant to NRS 631.360(1), the Review Panel appointed pursuant to NRS 631.3635(1) shall review the preliminary investigation conducted by the investigator to determine if sufficient evidence exists to warrant continued investigation, suggested resolution via non-disciplinary or disciplinary stipulation or consent agreement, issuance of a letter of concern or letter of warning, filing of formal charges against the licensee, dismissal or remand without action.

2. The Review Panel may review a matter on more than one occasion if the Review Panel's initial recommendations for further investigation results in findings and recommendations following an informal hearing and/or recommendation for formal charges or if the Review Panel requests additional information before presenting its initial report. Following additional investigation recommended by the Review Panel, the Review Panel may, on subsequent review, determine whether sufficient evidence exists to warrant the filing of formal charges or whether dismissal or remand without action is appropriate.

3. The Review Panel's findings, following review of an investigation or continued investigation, that dismissal or remand without action is appropriate, is sufficient to dismiss or remand a matter without further Board approval. A dismissal or remand of a matter without action pursuant to this paragraph does not operate as a limitation on or a detriment to any subsequent investigation or other action by the Board.

4. If the Review Panel dismisses or remands a matter without action, it may do so with or without issuing a confidential letter of concern or letter of warning to the licensee. A confidential letter of concern or letter of warning is not considered action by the Board and is not a public record. However, a confidential letter of concern or letter of warning may be considered in any subsequent investigation. A letter of concern or warning and/or the fact of a letter of concern or warning having been issued may be become a public record if it is a factor in any action taken as a result of any subsequent investigation.

5. The Review Panel shall issue a report of its findings and recommendations following the review(s) undertaken pursuant to subsection(s) 1 and/or 2.

6. The Review Panel report issued pursuant to subsection 5 is confidential and not a public record unless and until formal charges are filed against the licensee. Following the filing of formal charges, the Board shall review and consider the Review Panel's report(s) as required by NRS 631.3635(4) prior to taking any action against the licensee.

7. General Counsel for the Board may, at his or her discretion, disclose the Review Panel's report(s) to the licensee and/or his or her counsel for settlement purposes only. Disclosure of the report pursuant to this section does not waive the confidentiality of the report as to anyone other than the licensee and/or his or her counsel and does not cause the report to become a public record.

8. Members of the Review Panel shall be appointed by the Board for one (1) year terms. A member of the Review Panel may, but is not required to, serve as a member of the Review Panel for no more than two (2) consecutive years. A Review Panel member that has served for two (2) consecutive years may serve as a regular member of the Review Panel again after at least one (1) year has elapsed since the end of his or her second year appointment.

- a. Notwithstanding the requirements of this section, if a matter already reviewed by a Review Panel member is returned to the Review Panel for subsequent review pursuant to subsection 2, the matter shall be reviewed by the same Review Panel members that initially reviewed the matter, even if one or more of those members of the panel no longer regularly sit on the Review Panel.
- b. To the extent that the previous members of the Review Panel are not available or otherwise qualified to be on the Review Panel pursuant to subsection (a), a current Review Panel member or alternate shall be utilized.

9. Alternate Review Panel members shall be appointed by the Board for one (1) year terms, without limit, to serve on the Review Panel in the event of a conflict by one or more sitting Review Panel members. Nothing in subsection 8 shall prevent an immediate past member of the Review Panel from serving as an alternate during any year when he or she is not eligible to serve as a regular member of the Review Panel.

10. One member of the Review Panel that reviewed the matter shall be required to consent on behalf of the Review Panel to the terms of any stipulated or consent agreement that is to be presented to the Board for review and consideration. The Review Panel member's consent to the terms of a stipulated or consent agreement pursuant to this section is not binding on the Board, and no consent or stipulation agreement may become effective until reviewed and approved by the Board.

11. Formal charges may be filed against a licensee following investigation and review by the Review Panel if the Review Panel determines that there is reasonable basis for the formal complaint. A formal complaint pursuant to this section shall be filed by the Review Panel by and through the Board's General Counsel. One member of the Review Panel that reviewed the matter shall verify the formal complaint or charging document.

12. If, following an informal hearing undertaken pursuant to this chapter, the investigator prepares findings of facts and conclusions pursuant to NRS 631.363(3), the Review Panel shall:

- a. Adopt the investigator's findings and recommendations for review and consideration by the Board pursuant to NRS 631.3635(4); or,
- b. Prepare alternate findings and recommendations for review and consideration by the Board pursuant to NRS 631.3635(4); or,
- c. Dismiss or remand the matter without action, with or without issuing a letter of concern, if there is not reasonable basis on which to bring formal charges should the licensee not consent to the findings and recommendations pursuant to subsection (a) or (b).

13. Pursuant to NRS 631.3635(2)(c), the Review Panel may issue orders to aid its review of any matter, including but not limited to, compelling a dentist or hygienist to appear before the Review Panel and/or subpoenaing or requesting that the Executive Director subpoena on the Review Panel's behalf any records or documents deemed necessary for the investigation and review of the matter before it.

14. A member of the Review Panel may be assigned to monitor the clinical practice of a licensee pursuant to a stipulated or consent agreement or Board order.

LICENSING

NAC 631.028 Applications for licensure; payment of fees. (NRS 631.190, 631.220, 631.345)

1. An application for licensure must be filed with the Executive Director on a form furnished by the Board. The application must be sworn to before a notary public or other officer authorized to administer oaths and accompanied by the fee required pursuant to NAC 631.029.

2. All such fees must be paid with an instrument which is immediately negotiable.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 12-15-87; 4-3-89; 9-6-96; R169-01, 4-5-2002; R026-05, 12-29-2005)

NAC 631.029 Schedule of fees. (NRS 631.190, 631.240, 631.345) The Board will charge and collect the following fees:

Application fee for an initial license to practice dentistry if the applicant has	
successfully passed a clinical examination administered by the Western	
Regional Examining Board or a clinical examination approved by the	
Board and the American Board of Dental Examiners and administered by a	
regional examination organization other than the Board	\$1,200
Application fee for an initial license to practice dental hygiene	600

Application fee for an initial license to practice dental therapy	800
Application fee for a specialty license by credential	1,200
Application fee for a temporary restricted geographical license to practice	
dentistry	600
Application fee for a temporary restricted geographical license to practice	
dental hygiene	150
Application fee for a specialist's license to practice dentistry	125
Application fee for a limited license or restricted license to practice dentistry	
or dental hygiene	125
Application and examination fee for a permit to administer general anesthesia,	
moderate sedation or deep sedation	750
Application and examination fee for a site permit to administer general	
anesthesia, moderate sedation or deep sedation	500
Fee for any reinspection required by the Board to maintain a permit to	
administer general anesthesia, moderate sedation or deep sedation	500
Fee for the inspection of a facility required by the Board to ensure compliance	
with infection control guidelines	250
Fee for second or subsequent re-inspection of a facility required by the	
Board to ensure compliance with infection control guidelines	150
Biennial renewal fee for a permit to administer general anesthesia, moderate	
sedation or deep sedation	200
Fee for the inspection of a facility required by the Board to renew a permit to	
administer general anesthesia, moderate sedation or deep sedation	350
Biennial license renewal fee for a general license or specialist's license to	(00
practice dentistry	600
Biennial license renewal fee for a restricted geographical license to practice	(00
dentistry	600
Biennial license renewal fee for a restricted geographical license to practice	200
dental hygiene	300
Biennial license renewal fee for a general license to practice dental hygiene	300
Annual license renewal fee for a limited license to practice dentistry or dental	200
Annual license renewal fee for a restricted license to practice dentistry	200
Biennial license renewal fee for an inactive dentist	200
Biennial license renewal fee for an inactive dental hygienist	200
Reinstatement fee for a suspended license to practice dentistry or dental	50
hygiene	300
Reinstatement fee for a revoked license to practice dentistry or dental	500
hygiene	500
Reinstatement fee to return an inactive or retired dentist or dental hygienist or	500
a dentist or dental hygienist with a disability to active status	300
Fee for the certification of a license.	25
Fee for the certification of a license to administer nitrous oxide or local	20
anesthesia	
	25
Fee for a duplicate wall certificate	25
•	

Fee for a duplicate pocket card receipt	25
Application fee for converting a temporary license to a permanent license	125
Fee for an application packet for an examination	25
Fee for an application packet for licensure by credentials	25

(Added to NAC by Bd. of Dental Exam'rs by R026-05, eff. 12-29-2005; A by R159-08, 4-23-2009; R066-11, 2-15-2012; R020-14, 6-23-2014; R119-15, 6-28-2016)

NAC 631.030 Provision of certain information and documentation by applicant for licensure; examination for certain licenses. (NRS 631.190, 631.220, 631.255, 631.272, 631.274, 631.290, SB 366 (2019))

1. An applicant for licensure must provide the following information and documentation in his or her application:

(a) The date and place of his or her birth;

(b) Certification of graduation from an accredited dental school or college or from an accredited school or college of *dental therapy* dental hygiene, whichever is applicable;

(c) Whether he or she has applied for similar licensure in another state or a territory of the United States or the District of Columbia and, if so, the name of the state or territory of the United States or the District of Columbia, the date and the result of his or her application;

(d) If he or she has practiced dentistry, *dental therapy* or dental hygiene in another state or a territory of the United States or the District of Columbia, certification from the licensing authority of each state or territory of the United States or the District of Columbia in which he or she has practiced or is practicing that he or she is in good standing and that there are not any disciplinary proceedings affecting his or her standing pending against him or her in the other state or territory of the United States or the District of Columbia;

(e) Whether he or she has terminated or attempted to terminate a license from another state or territory of the United States or the District of Columbia and, if so, the reasons for doing so;

(f) If he or she is not a natural born citizen of the United States, a copy of his or her certificate of naturalization or other document attesting that he or she is legally eligible to reside and work in the United States;

(g) All scores obtained on the examination in which he or she was granted a certificate by the Joint Commission on National Dental Examinations and the date it was issued;

(h) Whether he or she has ever been convicted of a crime involving moral turpitude or has entered a plea of nolo contendere to a charge of such a crime and, if so, the date and place of the conviction or plea and the sentence, if any, which was imposed;

(i) Whether he or she has had any misdemeanor or felony convictions and, if so, any documents relevant to any misdemeanor or felony convictions;

(j) Whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia/or misconduct relating to his or her occupation or profession;

(k) Whether he or she has a history of substance abuse and, if so, any documents relevant to the substance abuse;

(1) Whether he or she has been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia, or any regional testing agency recognized by the Board and, if so, any documents relevant to the refusal;

(m) Whether he or she has been denied licensure by this State, any other state or territory of the United States or the District of Columbia and, if so, any documents relevant to the denial;

(n) Whether he or she has had his or her license to practice dentistry, *dental therapy* or dental hygiene suspended, revoked, *been subject to mandatory supervision*, or placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry, *dental therapy* or dental hygiene, including, without limitation, receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the suspension, revocation, *supervision*, probation or other discipline;

(o) A copy of current certification in administering cardiopulmonary resuscitation;

(p) Whether he or she is currently involved in any disciplinary action concerning his or her license to practice dentistry, *dental therapy* or dental hygiene in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the reprimand or disciplinary action;

(q) Two sets of certified fingerprint cards and an authorization form allowing the Board to submit the fingerprint forms to law enforcement agencies for verification of background information

(r) Whether he or she has any claims against him or her or has committed any actions that would constitute unprofessional conduct pursuant to NRS 631.3475, as amended by section 6 of Senate Bill No. 101, chapter 238, Statutes of Nevada 2017, at page 1256, and section 25 of Assembly bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4414, or NAC 631.230;

- (s) An application form that he or she has completed and signed which:
 - (1) Is furnished by the Board; and
 - (2) Includes, without limitation, a properly executed request to release information;
- (t) If applicable, the statement and proof required by subsection 3;
- (u) Evidence that he or she is eligible to apply for a license to practice:
 - (1) Dentistry pursuant to NRS 631.230; or
 - (2) Dental hygiene pursuant to NRS 631.290;
 - (3) Dental therapy pursuant to Senate Bill No. 366 (2019), Section 60.2;
- (v) The statement required by NRS 425.520; and

(w) Any other information requested by the Board

2. An applicant for licensure with examination must deliver to the Board, at least 45 days before the examination:

(a) The information and documentation listed in subsection 1;

(b) (x) If applicable, the certified statement and proof required by subsection 53.

(c) (y) A completed and signed application form issued by the Board, including a properly executed request to release information;

(d) (z) A copy of current certification in administering cardiopulmonary resuscitation; and

(e) (aa) A copy of his or her malpractice insurance policy showing the effective dates, which must cover his or her examination dates, and the limits of liability.

3. An applicant for licensure pursuant to <u>NRS 631.272</u> must deliver to the Board, at least 45 days before the meeting of the Board to consider the applicant for licensure, the documents listed in subsection 2 and proof that the applicant has actively practiced dentistry for the 5 years immediately preceding the date of submission of the application. If the applicant fails to deliver to the Board, at least 45 days before the meeting of the Board to consider the applicant for licensure, any of the documents required pursuant to this subsection, the Executive Director or

the Secretary-Treasurer shall reject the application and inform the applicant that he or she is not eligible for consideration for licensure pursuant to <u>NRS 631.272</u> until the next scheduled meeting of the Board.

4. (bb) Each applicant for licensure must, at least 45 days before the meeting of the Board to consider the applicant for licensure, *pPass* an examination on the contents and interpretation of this chapter and <u>chapter 631</u> of NRS. The examination will be given on the first Monday of each month. If the first Monday of the month is a legal holiday, the examination will be given on the first Tuesday of the month.

5. 3. An applicant for licensure who wishes to use laser radiation in his or her practice of dentistry, *dental therapy* or dental hygiene must provide to the Board:

(a) A statement certifying that each laser that will be used by the licensee in the practice of dentistry, *dental therapy* or dental hygiene has been cleared by the Food and Drug Administration for use in dentistry; and

(b) Proof that he or she has successfully completed a course in laser proficiency that:

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

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

[Bd. of Dental Exam'rs, § III, eff. 7-21-82] — (NAC A 10-21-83; 12-15-87; 4-3-89; 9-6-96; R169-01, 4-5-2002; R139-05, 12-29-2005; R159-08, 4-23-2009)

NAC 631.____ Petition to Determine Criminal History (NAC 631.190; AB 319, Sec. 1 (2019))

1. Any person with a criminal history may petition the Board for a review of that criminal history to determine if that history will disqualify the person from obtaining a license from the Board. Such a petition may be filed at any time, including, without limitation, before obtaining the education necessary to qualify for a license and/or before paying any fee required for applying or obtaining a license pursuant to NRS Chapter 631.

2. A petition pursuant to this section must be submitted on a form obtained from the Board and must include sufficient information to allow the Board to determine the nature of the previous criminal history, the jurisdiction(s) in which the conviction(s) occurred, the date of the conviction(s), the status of the petitioner's criminal record.

3. The Board may request a copy of the petitioner's criminal record, including but not limited to a report from the Federal Bureau of Investigation and/or the Central Repository for Nevada Records of Criminal History.

4. The Board may charge a fee of up to \$50 for the administrative costs associated with the submission of a petition pursuant to this section.

NAC 631.033 Use of laser radiation in practice: Documentation required with application for renewal of license. (NRS 631.190, 631.330) Each licensee who uses or wishes to use laser radiation in his or her practice of dentistry, *dental therapy* or dental hygiene must include with the application for renewal of his or her license:

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

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

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

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

(Added to NAC by Bd. of Dental Exam'rs by R139-05, eff. 12-29-2005)

NAC 631.035 Use of laser radiation in practice: Adoption by reference of *Curriculum Guidelines and Standards for Dental Laser Education*. (NRS 631.190)

1. The Board hereby adopts by reference the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by the Academy of Laser Dentistry. The *Curriculum Guidelines and Standards for Dental Laser Education* is available, free of charge, from the Academy of Laser Dentistry:

(a) By mail, at P.O. Box 8667, Coral Springs, Florida 33075;

(b) By telephone, at (954) 346-3776; or

(c) At the Internet address

http://www.laserdentistry.org/prof/edu_curriculumguidelines.cfm.

2. The Board will periodically review the *Curriculum Guidelines and Standards for Dental Laser Education* and determine within 30 days after the review whether any change made to those guidelines and standards is appropriate for application in this State. If the Board does not disapprove a change to an adopted guideline or standard within 30 days after the review, the change is deemed to be approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs by R139-05, eff. 12-29-2005)

NAC 631.045 Renewal of license: Certified statement required. (NRS 631.190) A licensed dentist who owns an office or facility where dental treatments are to be performed in this State must, on the application for renewal of his or her license, execute a certified statement that includes:

1. The location of each office or facility owned by the licensed dentist where dental treatments are to be performed;

2. The name and address of each employee, other than a licensed dentist, *dental therapist* or dental hygienist, who assists at the office or facility in procedures for infection control and the date the employee began to assist in procedures for infection control at the office or facility;

3. A statement that each employee identified in subsection 2:

(a) Has received adequate instruction concerning procedures for infection control; and

(b) Is qualified to:

(1) Operate sterilization equipment and other equipment in compliance with the guidelines adopted by reference in NAC 631.178; and

(2) Perform all other applicable activities in compliance with the guidelines adopted by reference in NAC 631.178; and

4. If the licensed dentist is registered to dispense controlled substances with the State Board of Pharmacy pursuant to <u>chapter 453</u> of NRS, an attestation that the licensed dentist has conducted annually a minimum of one self-query regarding the issuance of controlled substances through the Prescription Monitoring Program of the State Board of Pharmacy.

(Added to NAC by Bd. of Dental Exam'rs by R201-09, eff. 8-13-2010; A by R020-14, 6-23-2014)

NAC 631.050 Rejection of application; reconsideration and review. (NRS 631.160, 631.190, 631.230, 631.260, 631.290)

1. If the Executive Director or Secretary-Treasurer finds that:

(a) An application is:

(1) Deficient;

(2) Not in the proper form; or

(3) Delivered to the Board less than the 45 days required before the examination pursuant to subsection 2 of <u>NAC 631.030</u> or less than the 45 days required before the meeting of the Board to consider the applicant for licensure pursuant to subsection 3 of <u>NAC 631.030</u>; or

(b) The applicant has:

(1) Provided incorrect information;

(2) Not attained the scores required by chapter 631 of NRS; or

(3) Not submitted the required fee,

 \rightarrow the Executive Director or Secretary-Treasurer shall reject the application and return it to the applicant with the reasons for its rejection.

2. If the Executive Director or Secretary-Treasurer finds that an applicant has:

(a) A felony conviction;

(b) A misdemeanor conviction;

(c) Been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;

(d) A history of substance abuse;

(e) Been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia;

(f) Been denied licensure by this State, any other state or territory of the United States or the District of Columbia;

(g) Had his or her license to practice dentistry, *dental therapy* or dental hygiene suspended, revoked, *subject to mandatory supervision*, or placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry or dental hygiene, including, without limitation, receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia;

(h) Not actively practiced dentistry, *dental therapy* or dental hygiene, as applicable, for 2 years or more before the date of the application to the Board;

(i) Is currently involved in any disciplinary action concerning his or her license to practice dentistry, *dental therapy* or dental hygiene in this State, another state or territory of the United States or the District of Columbia,

 \rightarrow the Executive Director or Secretary-Treasurer may reject the application. If rejected, the application must be returned to the applicant with the reasons for its rejection.

3. If an application is rejected pursuant to subsection 2, the applicant may furnish additional relevant information to the Executive Director or Secretary-Treasurer, and request that the application be reconsidered. If an application is rejected following reconsideration by the Executive Director or Secretary-Treasurer, the applicant may petition the Board for a review of the application at the next regularly scheduled meeting of the Board.

[Bd. of Dental Exam'rs, § V, eff. 7-21-82] — (NAC A 4-3-89; 9-6-96; R003-99, 4-3-2000; R169-01, 4-5-2002; R158-08, 12-17-2008; R159-08, 4-23-2009)

NAC 631.070 Reconsideration of application following request for postponement of action. (NRS 631.190, 631.220)

1. If an applicant requests that the Board postpone its action on his or her application for licensure, he or she may later request the Board to reconsider the application. The request for reconsideration must be made on a form furnished by the Board.

2. If an applicant requests the Board to reconsider the application within 1 year after filing the original application for licensure, the Board will not require the applicant to submit another application for licensure unless the information contained in the original application has changed. The applicant must update the information in the original application by furnishing the Board with a supplement when subsequent changes have taken place.

[Bd. of Dental Exam'rs, § XI, eff. 7-21-82] - (NAC A 4-3-89; R169-01, 4-5-2002)

NAC 631.090 Examination for license to practice dentistry. (NRS 631.190, 631.240) Except as otherwise provided in NRS 622.090, in fulfillment of the statutory requirements of paragraph (b) of subsection 1 of NRS 631.240, an applicant taking the clinical examination approved by the Board and the American Board of Dental Examiners or the clinical examination administered by the Western Regional Examining Board must:

1. Pass the Dental Simulated Clinical Examination or a comparable examination administered by the Western Regional Examining Board, as applicable;

2. Demonstrate proficiency in endodontics as the organization administering the clinical examination requires;

3. Demonstrate proficiency in fixed prosthodontics as the organization administering the clinical examination requires;

4. Demonstrate proficiency in restorative dentistry as the organization administering the clinical examination requires;

5. Demonstrate proficiency in periodontics as the organization administering the clinical examination requires; and

6. Perform such other procedures as the Board requires.

[Bd. of Dental Exam'rs, § XII, eff. 7-21-82] — (NAC A 12-15-87; R169-01, 4-5-2002; R159-08, 4-23-2009)

NAC 631.140 Reexaminations; completion of failed clinical demonstration. (NRS 631.190, 631.220, 631.240, 631.280, 631.300)

1. Except as otherwise provided in <u>NRS 622.090</u>, an applicant who does not pass all sections of the clinical examination approved by the Board and the American Board of Dental Examiners or the clinical examination administered by the Western Regional Examining Board may apply for a reexamination. The application must be made on a form furnished by the Board.

2. An applicant who does not pass the examination may not take another examination without completing such additional professional training as is required by the Board.

3. An applicant who does not pass the examination solely because he or she fails one of the demonstrations required pursuant to <u>NAC 631.090</u> may, at the next scheduled examination, complete the remaining demonstration. If the applicant does not successfully complete the remaining demonstration at the next scheduled examination or within the timeline approved by the American Board of Dental Examiners or by the Western Regional Examining Board for a person who takes the examination as part of an integrated curriculum, he or she must retake the entire examination.

4. For the purposes of <u>NRS 631.280</u>, an applicant who attempts to complete successfully a demonstration pursuant to subsection 3 shall not be deemed to have failed the examination twice if he or she fails to complete that demonstration successfully.

[Bd. of Dental Exam'rs, § X, eff. 7-21-82] — (NAC A 4-3-89; 9-6-96; R169-01, 4-5-2002; R159-08, 4-23-2009)

NAC 631.145 Dental hygienists: Renewal of special endorsement of license to practice public health dental hygiene. (NRS 631.190, 631.287)

1. A special endorsement of a license that allows a dental hygienist to practice public health dental hygiene issued by the Board may be renewed biennially in accordance with <u>NRS 631.287</u>.

2. A dental hygienist may apply to renew the special endorsement upon the renewal of his or her license by submitting a report summarizing the services performed by the dental hygienist under the authority of the special endorsement during the immediately preceding biennium.

(Added to NAC by Bd. of Dental Exam'rs by R231-03, eff. 5-25-2004; A by R020-14, 6-23-2014)

NAC 631.150 Filing of addresses of licensee; notice of change; display of license. (NRS 631.190, 631.350)

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

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

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

[Bd. of Dental Exam'rs, § XVI, eff. 7-21-82] — (NAC A 9-6-96; R066-11, 2-15-2012; R119-15, 6-28-2016)

NAC 631.155 Licensee to notify Board of certain events. (NRS 631.190) Each licensee shall, within 30 (15) days after the occurrence of the event, notify the Board in writing by certified mail of:

1. The death of a patient during the performance of any dental procedure;

2. Any unusual incident occurring in his or her dental practice which results in permanent physical or mental injury to a patient or requires the hospitalization of a patient;

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

4. The conviction of any felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State or the conviction of any violation of <u>chapter 631</u> of NRS; or

5. The filing and service upon him or her of any claim or complaint of malpractice; or

6. Being held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85)

NAC 631.160 Voluntary surrender of license. (NRS 631.190)

1. If a licensee desires voluntarily to surrender his or her license, he or she may submit to the Board a sworn written surrender of the license accompanied by delivery to the Board of the certificate of registration previously issued to him or her. The Board may accept or reject the surrender of the license. If the Board accepts the surrender of the license, the surrender is absolute and irrevocable. The Board will notify any agency or person of the surrender as it deems appropriate. 2. The voluntary surrender of a license does not preclude the Board from hearing a complaint for disciplinary action filed against the licensee.

3. If, following a voluntary surrender of license pursuant to this section, the former licensee wishes to again practice in Nevada, he or she must re-apply for a license pursuant to this chapter and NRS 631, and must meet all criteria required for licensure as of the date of his or her reapplication.

4. If a licensee voluntary surrenders his or her license with discipline or during a pending investigation, the Board may require the dentist or hygienist to complete any terms of discipline or corrective action not completed as a result of the surrender, and/or may require additional terms as a condition of licensure as deemed necessary and appropriate by the Board.

[Bd. of Dental Exam'rs, § XX, eff. 7-21-82]

NAC 631.170 Placement of license on inactive, retired or disabled status; reinstatement. (NRS 631.190, 631.335)

1. A licensee may request the Board to place his or her license in an inactive or retired status. Such a request must be made in writing and before the license expires.

2. The Secretary-Treasurer may reinstate an inactive license upon the written request of an inactive licensee who has maintained an active license and practice outside this State during the time his or her Nevada license was inactive. To reinstate the license, such an inactive licensee must:

(a) Pay the appropriate renewal fees;

(b) Provide a list of his or her employment during the time the license was inactive;

(c) Report all claims of unprofessional conduct or professional incompetence against him or her or any violation of the law which he or she may have committed, including administrative disciplinary charges brought by any other jurisdiction;

(d) Report whether he or she has *been served with any claim or lawsuit for malpractice, or has* been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;

(e) Report any appearance he or she may have made before a peer review committee;

(f) Submit proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status;

(g) Provide certification from each jurisdiction in which he or she currently practices that his or her license is in good standing and that no proceedings which may affect that standing are pending;

(h) Satisfy the Secretary-Treasurer that he or she is of good moral character; and

(i) Provide any other information which the Secretary-Treasurer may require,

 \rightarrow before the license may be reinstated. In determining whether the licensee is of good moral character, the Secretary-Treasurer may consider whether the license to practice dentistry in another state has been suspended or revoked or whether the licensee is currently involved in any disciplinary action concerning the license in that state.

3. If a person whose license has been on inactive status for less than 2 years has not maintained an active license or practice outside this State, or if a person's license has been on retired status for less than 2 years, he or she must submit to the Board:

(a) Payment of the appropriate renewal fees;

(b) A written petition for reinstatement that has been signed and notarized;

(c) Proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status; and

(d) A list of his or her employment, if any, during the time the license was on inactive or retired status,

→ before the license may be reinstated.

4. If a person whose license has been on inactive status for 2 years or more has not maintained an active license or practice outside this State, or if a person's license has been on retired status for 2 years or more, he or she must:

(a) Satisfy the requirements set forth in paragraphs (a) to (d), inclusive, of subsection 3; and

(b) Pass such additional examinations for licensure as the Board may prescribe,

→ before the license may be reinstated.

5. If the license of a person has been placed on disabled status, the person must:

(a) Satisfy the requirements of paragraphs (a), (b) and (c) of subsection 3;

(b) Submit to the Board a list of his or her employment, if any, during the time the license was on disabled status;

(c) Pass such additional examinations for licensure as the Board may prescribe; and

(d) Submit to the Board a statement signed by a licensed physician setting forth that the person is able, mentally and physically, to practice dentistry,

 \rightarrow before the license may be reinstated.

6. For purposes of the requirement for an examination as the Board may prescribe following two years of inactivity, "inactive" as used in subsections 3 and 4 of this section may refer to voluntary placement of a license on inactive status or to inactivity due to voluntary surrender of a licenses, and/or suspension or revocation of a license or other order by the Board of this State, another state or territory of the United States or the District of Columbia.

[Bd. of Dental Exam'rs, § XV, eff. 7-21-82] — (NAC A 4-3-89; 11-28-90; 9-6-96; R004-99, 4-3-2000)

NAC 631.173 Continuing education: Required hours; types of courses and activities; approval of provider or instructor. (NRS 631.190, 631.342, SB366 (2019))

1. Each dentist licensed to practice in this State must annually complete at least 20 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in <u>NRS 631.330</u> for the type of license held by the dentist. Hours of instruction may not be transferred or carried over from one licensing period to another.

2. Each dental hygienist licensed to practice in this State must annually complete at least 15 hours of instruction in approved courses of continuing education or biennially complete at least 30 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in <u>NRS 631.330</u> for the type of license held by the dental hygienist. Hours of instruction may not be transferred or carried over from one licensing period to another.

3. Each dental therapist licensed to practice in this State must annually complete at least 18 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in <u>NRS 631.330</u> for the type of license held by the dental therapist. Hours of instruction may not be transferred or carried over from one licensing period to another.

4. In addition to the hours of instruction prescribed in subsections 1 and 2, each dentist, *dental therapist* and dental hygienist must maintain current certification in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life. Any course taken pursuant to this subsection must be taught by a certified instructor.

4. 5. Any provider of or instructor for a course in continuing education relating to the practice of dentistry, *dental therapy* or dental hygiene which meets the requirements of this section must be approved by the Board, unless the course is for training in cardiopulmonary resuscitation or is approved by:

(a) The American Dental Association or the societies which are a part of it;

(b) The American Dental Hygienists' Association or the societies which are a part of it;

(c) The Academy of General Dentistry;

(d) Any nationally recognized association of dental or medical specialists;

(e) Any university, college or community college, whether located in or out of Nevada; or

(f) Any hospital accredited by The Joint Commission.

5.-6. To be approved as a provider of a course in continuing education, the instructor of the course must complete a form provided by the Board and submit it to the Board for review by a committee appointed by the Board not later than 45 days before the beginning date of the course. Upon receipt of the form, the committee shall, within 10 days after receiving the form, approve or disapprove the application and inform the applicant of its decision.

6. 7. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection 56 and furnishes the Board with a complete list of all members of the group, a synopsis of the subject to be studied, the time, place and duration of the meetings of the group, and the method by which attendance is recorded and authenticated.

7. 8. Credit may be allowed for attendance at a meeting or a convention of a dental and dental hygiene society.

8. *9.* Credit may be allowed for courses completed via home study, on-line study, self-study or journal study which are taught through correspondence, webinar, compact disc or digital video disc.

9. 10. Credit may be allowed for dental and dental hygiene services provided on a voluntary basis to nonprofit agencies and organizations approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 9-6-96; R231-03, 5-25-2004; R063-05, 12-29-2005; R159-08, 4-23-2009; R020-14, 6-23-2014)

NAC 631.175 Continuing education: Approved subjects; minimum requirements for clinical subjects; maximum credit for certain types of courses and activities. (NRS 631.190, 631.342, SB 366 (2019))

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

- (a) Clinical subjects, including, without limitation:
 - (1) Dental and medical health;
 - (2) Preventive services;
 - (3) Dental diagnosis and treatment planning; and
 - (4) Dental clinical procedures, including corrective and restorative oral health procedures and basic dental sciences, dental research and new concepts in dentistry; and
- (b) Nonclinical subjects, including, without limitation:
 - (1) Dental practice organization and management;

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

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

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

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

5. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist who is registered to dispense controlled substances pursuant to NRS 453.231 must complete at least 2 hours of training relating specifically to the misuse and abuse of controlled substances, the prescribing of opioids or addiction during each period of licensure.

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

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

(a) For approved study by a group, 3 hours.

(b) For attendance at a meeting or convention of a dental, *dental therapy* or dental hygiene society, 1 hour for each meeting, but not more than 3 hours, exclusive of hours of continuing education offered in conjunction with the meeting.

(c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the number of hours of continuing education required by subsection 1 or 2 of <u>NAC 631.173</u>, as applicable.

(d) For all other courses conducted by an approved instructor, the number of hours completed by the dentist or dental hygienist.

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

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 4-3-89; 9-6-96; R231-03, 5-25-2004; R063-05, 12-29-2005; R149-06, 9-18-2006; R159-08, 4-23-2009; R201-09, 8-13-2010; R020-14, 6-23-2014)

NAC 631.177 Continuing education: Renewal or reinstatement of license; records; unprofessional conduct; audits. (NRS 631.190, 631.330, 631.335, 631.342, SB 366 (2019))

1. When requesting a renewal or reinstatement of his or her license, each:

(a) Dentist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I,, hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 20 approved hours of instruction in continuing education during the period July 1,, through and including June 30, I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this (day) of (month) of (year)

Signature of Dentist

(b) Dental hygienist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I,, hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 15 approved hours of instruction in continuing education during the period July 1,, through and including June 30, I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this (day) of (month) of (year)

Signature of Dental Hygienist

(c) Dental therapist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I,, hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 18 approved hours of instruction in continuing education during the period July 1,, through and including June 30, I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this (day) of (month) of (year)

.....

Signature of Dental Therapist

(d) Dentist, *dental therapist* or dental hygienist shall submit proof of his or her current certification in administering cardiopulmonary resuscitation or other medically acceptable means of maintaining basic bodily functions which support life.

2. Legible copies of all receipts, records of attendance, certificates and other evidence of attendance by a dentist, *dental therapist* or dental hygienist at an approved course in continuing education must be retained by the dentist, *dental therapist* or dental hygienist and made available to the Board for inspection or copying for 3 years after attendance at the course is submitted to meet the continuing education requirements of the Board. Proof of attendance and completion of the required credit hours of instruction must be complete enough to enable the Board to verify the attendance and completion of the course by the dentist, *dental therapist* or dental hygienist and must include at least the following information:

(a) The name and location of the course;

- (b) The date of attendance;
- (c) The name, address and telephone number of its instructor;
- (d) A synopsis of its contents; and

(e) For courses designed for home study, the number assigned to the provider by the Board at the time the course was approved and the name, address and telephone number of the producer or author of the course.

3. The third or subsequent failure of a dentist, *dental therapist* and *or* dental hygienist to obtain or file proof of completion of the credit hours of instruction required by this section and NAC 631.173 and 631.175 is unprofessional conduct.

4. The Board will conduct random audits of dentists or dental hygienists to ensure compliance with the requirements of this section and <u>NAC 631.173</u> and <u>631.175</u>.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 4-3-89; 9-6-96; R231-03, 5-25-2004; R159-08, 4-23-2009)

NAC 631.178 Adoption by reference of certain guidelines; compliance with guidelines required. (NRS 631.190)

1. Each person who is licensed pursuant to the provisions of <u>chapter 631</u> of NRS shall comply with:

(a) The provisions of the *Guidelines for Infection Control in Dental Health-Care Settings-*2003 adopted by the Centers for Disease Control and Prevention which is hereby adopted by reference. The publication is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm; and

(b) As applicable to the practice of dentistry, the provisions of the *Guideline for Disinfection* and Sterilization in Healthcare Facilities, 2008, adopted by the Centers for Disease Control and Prevention which is hereby adopted by reference. The publication is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf.

2. The Board will periodically review the guidelines adopted by reference in this section and determine within 30 days after the review whether any change made to the guidelines is appropriate for application in this State. If the Board does not disapprove a change to the guidelines within 30 days after the review, the change is deemed to be approved by the Board. (Added to NAC by Bd. of Dental Exam'rs, eff. 9-6-96; A by R025-05, 11-17-2005; R201-09, 8-13-2010)

NAC 631.1785 Inspection of office or facility. (NRS 631.190, 631.363)

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

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

(a) The Executive Director shall assign *one or more* agent(s) of the Board to conduct the inspection; and

(b) The agent(s) shall conduct the inspection *utilizing the infection control inspection/survey form provided by the Board*.

3. Not later than 3θ days after agent(s) of the Board have completed the initial inspection of an office or facility pursuant to subsection 2, the agent(s) shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the office or facility:

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

(b) Is not equipped in compliance with the guidelines adopted by reference in <u>NAC 631.178</u> and/or has infection control inspection deficiencies as noted on the infection control inspection survey utilized by the Board, the Executive Director or other agent of the Board shall, without any further action by the Board, issue a written notice which identifies eritical the deficiencies to the licensed dentist who owns the office or facility. Receipt of a copy of the completed infection control inspection survey form is sufficient to satisfy the requirement for written notice of deficiencies.

(c) If the notice pursuant to Subsection (b) notes that there is a finding of one or more critical or "Level 1" deficiencies:

(i) No patients may be treated in the office or facility until those deficiencies are corrected, as critical deficiencies indicate a potential danger to the public health, safety or welfare, and requires immediate action.

(ii) The owner and any employed or independent contracting dentists may voluntarily agree to suspend patient care and treatment at the office or facility pending confirmation of correction of the critical deficiencies. Once correction has been confirmed and acknowledged by the Board or its agent, pursuant to subsection (iv) of this section, patient care may resume at that office or facility.

(iii) If the owner and any employed or independent contracting dentists do not agree to voluntarily suspend patient care and treatment at the office or facility pending confirmation of correction of the critical deficiencies, pursuant to subsection 3 of NRS 233B.127, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed or independently contracted at the office or facility pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. The owner and any employed or independent contracting dentists will not be permitted to resume patient care and treatment pending further proceedings mandated pursuant to this section and NRS 233B.127(3), which must be instituted and determined within 30 days after the date of the order unless the agency and the licensee mutually agree in writing to a longer period. Acknowledgement of the correction of critical deficiencies pursuant to subsection (iv) of this section will not reverse, revoke, void or otherwise rescind any summary suspension issued pursuant to this paragraph.

(iv) Not later than 72 hours after notification to the Board by the owner and/or any employed or independently contracting dentists of the correction of critical deficiencies, a re-inspection of the office or facility will be conducted to verify that the licensed dentist9s) and the personnel supervised by the dentist(s) have corrected the critical deficiencies. The fees for a first re-inspection are included in the fees charged for the initial inspection. Any subsequent re-inspection(s) will incur additional fees as stated in NAC 631.028.

If critical deficiencies remain following two (2) re-inspections after the initial (v)inspection, even if there has been a voluntary cessation of patient care and treatment at the deficient location, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and/or the licenses of any or all of the other licensees employed or independently contracted at the office or facility pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. The owner and any employed or independent contracting dentists will not be permitted to resume patient care and treatment pending further proceedings mandated pursuant to this section and NRS 233B.127(3), which must be instituted and determined within 45 days after the date of the order unless the agency and the licensee mutually agree in writing to a longer period.

(d) If the notice pursuant to Subsection (b) notes that there is a finding of one or more remedial or "Level 2" deficiencies

(i) Not later than 7 business days after issuing a written notice of deficiencies, the Executive Director shall assign an agent(s) of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures. The agent(s) assigned pursuant to this paragraph shall issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in <u>NAC 631.178</u> and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board.

(ii) If the re-inspection pursuant to subsection (i) indicates that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in <u>NAC 631.178</u> and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.

If the re-inspection pursuant to subsection (i) indicates that the licensed dentist (iii) and the personnel supervised by the dentist are not in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility. In the event deficiencies are noted pursuant to this section, the President of the Board may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed or independently contracted at the office or facility that any or all of those licensees or personnel must immediately cease and desist from some or all dental treatments at the office or facility until a hearing is held before the Board. An order to cease and desist issued by the President of the Board must contain findings of the circumstances which warrant the issuance of the order. The President of the Board shall not participate in any further proceedings relating to the order. The hearing before the Board must be convened not later than 30 days after the President issues the order to cease and desist.

If Level 2 deficiencies remain following two (2) re-inspections after the initial (vi) inspection, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and/or the licenses of any or all of the other licensees employed or independently contracted at the office or facility pending proceedings for revocation or other action or may request that the Board authorize an investigation as a result of the repeated inspection deficiencies. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. The owner and any employed or independent contracting dentists will not be permitted to resume patient care and treatment pending further proceedings mandated pursuant to this section and NRS 233B.127(3), which must be instituted and determined within 45 days after the date of the order unless the agency and the licensee mutually agree in writing to a longer period.

(e) If the notice pursuant to Subsection (b) notes that there is a finding of one or more "Level 3" deficiencies

(i) Not later than 30 business days after issuing a written notice of deficiencies, the Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures, and the agents assigned pursuant to this paragraph shall issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in <u>NAC 631.178</u> and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board.

(ii) If the re-inspection pursuant to subsection (i) indicates that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in <u>NAC 631.178</u> and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board, the Executive Director shall, without any further action by the Board, issue a written notice of the agent's findings to the licensed dentist who owns the office or facility.

(iii) If the re-inspection pursuant to subsection (i) indicates that the licensed dentist and the personnel supervised by the dentist are not in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board, the Executive Director shall, without any further action by the Board, issue a written notice of the agent's findings to the licensed dentist who owns the office or facility. In the event deficiencies are noted pursuant to this section, the President of the Board may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed or independently contracted at the office or facility that any or all of those licensees or personnel must immediately cease and desist from some or all dental treatments at the office or facility until a hearing is held before the Board. An order to cease and desist issued by the President of the Board must contain findings of the circumstances which warrant the issuance of the order. The President of the Board shall not participate in any further proceedings relating to the order. The hearing before the Board must be convened not later than 30 days after the President issues the order to cease and desist.

If Level 3 deficiencies remain following two (2) re-inspections after the initial (iv) inspection, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and/or the licenses of any or all of the other licensees employed or independently contracted at the office or facility pending proceedings for revocation or other action or may request that the Board authorize an investigation as a result of the repeated inspection deficiencies. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. The owner and any employed or independent contracting dentists will not be permitted to resume patient care and treatment pending further proceedings mandated pursuant to this section and NRS 233B.127(3), which must be instituted and determined within 45 days after the date of the order unless the agency and the licensee mutually agree in writing to a longer period.

(v) The fees for a first re-inspection are included in the fees charged for the initial inspection. Any subsequent re-inspection(s) will incur additional fees as stated in NAC 631.028.

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

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

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

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

(2) Are not in compliance with the guidelines adopted by reference in <u>NAC 631.178</u>, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

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

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

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

(b) The agents shall conduct the inspection.

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

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

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

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

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

(b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel

supervised by the dentist are in compliance with the guidelines adopted by reference in \underline{NAC} <u>631.178</u>. If the report indicates that the licensed dentist and the personnel supervised by the dentist:

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

(2) Are not in compliance with the guidelines adopted by reference in <u>NAC 631.178</u>, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

9. Pursuant to Nothing in subsection 3 of this section shall prevent the President of the Board, pursuant to of NRS 233B.127, if an initial inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, from issueing an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action if any inspection pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

10. Nothing in this section shall prohibit the Board from investigating a verified complaint or authorizing an investigation pursuant to this chapter concerning allegations of infection control violations by a licensee or office or facility owned by a licensee or from initiating disciplinary or other action against the licensee for infection control violations.

(Added to NAC by Bd. of Dental Exam'rs by R201-09, eff. 8-13-2010; A by R020-14, 6-23-2014; R119-15, 6-28-2016)

NAC 631.179 Random inspection of office or facility; subsequent action by Executive Director. (NRS 631.190, 631.363)

1. The Executive Director may assign agents of the Board to conduct a random inspection of an office or facility in this State where dental treatments are to be performed to ensure that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in <u>NAC 631.178</u> and/or the infection control inspection guidelines pursuant to the Infection Control Inspection/Survey Form utilized by the Board. Random inspections conducted pursuant to this subsection may be conducted during normal business hours without notice to the licensed dentist who owns the office or facility to be inspected.

2. The inspection and re-inspection procedures and regulations applicable to initial inspections pursuant to NAC 631.1785, are incorporated herein by reference and shall apply equally to random inspections pursuant to this section.

3. Nothing in this section shall prohibit the Board from investigating a verified complaint or authorizing an investigation pursuant to this chapter concerning allegations of infection control violations by a licensee or office or facility owned by a licensee or from initiating disciplinary or other action against the licensee for infection control violations.

Not later than 30 days after agents of the Board have completed a random inspection of an office or facility in this State where dental treatments are to be performed to ensure compliance with the guidelines adopted by reference in <u>NAC 631.178</u>, the agents shall issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in <u>NAC 631.178</u>. If the report indicates that the licensed dentist and the personnel supervised by the dentist:

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

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

<u>3.</u> Not later than 72 hours after a licensed dentist receives a written notice of deficiencies issued pursuant to paragraph (b) of subsection 2:

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

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

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

(2) Are not in compliance with the guidelines adopted by reference in <u>NAC 631.178</u>, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

4. Pursuant Nothing in this section shall prevent the President of the Board, pursuant to to subsection 3 of <u>NRS 233B.127</u>, if a random inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, *from* issueing an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action if any inspection pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency

action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

(Added to NAC by Bd. of Dental Exam'rs by R201-09, eff. 8-13-2010)

NAC 631.____ Inspection of office or facility during investigation; subsequent action by Executive Director. (*NRS* 631.190, 631.360, 631.363)

1. During the investigation of a verified or authorized complaint pursuant to NRS 631.360 and/or 631.363, at the request of the investigator or Review Panel, the Executive Director may assign an agent(s) of the Board to conduct an inspection of an office or facility in this State where dental treatments are performed or are to be performed to ensure that the licensed dentist(s) and the personnel supervised by the dentist(s) are in compliance with the guidelines adopted by reference in <u>NAC 631.178</u> and/or the infection control inspection guidelines pursuant to the Infection Control Inspection/Survey Form utilized by the Board. Inspections conducted pursuant to this subsection may be conducted during normal business hours with notice to the licensed dentist who owns the office or facility to be inspected.

2. The inspection and re-inspection procedures and regulations applicable to initial inspections pursuant to NAC 631.1785, are incorporated herein by reference and shall apply equally to inspections pursuant to this section.

3. Pursuant to subsection 3 of <u>NRS 233B.127</u>, if an inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

NAC 631. Inspection of Records

1. During the investigation of a verified or authorized complaint pursuant to NRS 631.360 and/or NRS 631.363, if the licensee under investigation fails to provide a copy of records requested pertaining to the investigation, or at the request of the investigator or Review Panel, the Executive Director, the investigator, and/or an agent(s) of the Board assigned by the Executive Director, may appear at the office at which the records are located to inspect and copy the requested records pursuant to NRS 629.061. Inspection of records pursuant to this section shall take place during normal business hours and the licensee and/or custodian of records shall be given notice in accordance with NRS 629.061.

NAC 631.1795 Provisions governing inspections do not preclude Board from initiating disciplinary proceedings. (NRS 631.190) Nothing in NAC 631.1785, and 631.179 and/or NAC 631. ______ prevents the Board from initiating disciplinary proceedings or additional disciplinary proceedings against a licensed dentist who owns an office or facility in this State where dental treatments are to be performed or against other licensees or personnel of the office or facility for failure to comply with the guidelines adopted by reference in NAC 631.178,

and/or the infection control inspection guidelines pursuant to the Infection Control Inspection/Survey Form

(Added to NAC by Bd. of Dental Exam'rs by R201-09, eff. 8-13-2010)

NAC 631.190 Specialties. (NRS 631.190, 631.250, 631.255) The only specialties for which the Board will issue licenses are:

- 1. Oral and maxillofacial pathology;
- 2. Oral and maxillofacial surgery;
- 3. Orthodontia;
- 4. Periodontia;
- 5. Prosthodontia;
- 6. Pediatric dentistry;
- 7. Endodontia;
- 8. Public health; and
- 9. Oral and maxillofacial radiology-; and,

10. Dental Anesthesiology.

[Bd. of Dental Exam'rs, § XXI, eff. 7-21-82] — (NAC A 10-7-85; R158-08, 12-17-2008)

NAC 631.200 Delegation of duty to supervise dental hygienists and dental assistants. (NRS 631.190, 631.313) The supervisory duties prescribed in NRS 631.313 may be delegated by one licensed dentist to another.

[Bd. of Dental Exam'rs, § XXIV, eff. 7-21-82] — (NAC A 12-15-87)

NAC 631.210 Dental hygienists: Authorization to perform certain services; referral of patient to authorizing dentist for certain purposes. (NRS 631.190, 631.310, 631.313, 631.317)

1. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to perform the following acts before a patient is examined by the dentist:

(a) Expose radiographs.

(b) Conduct an assessment of the oral health of the patient through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of the patient.

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

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

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

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

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

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

(c) Provide dental hygiene care that includes:

(1) Assessment of the oral health of patients through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients.

(2) Implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1).

(3) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (2) in order to identify the subsequent treatment, continued care and referral needs of the patient.

(d) Take the following types of impressions:

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

(2) Those used for the fabrication of temporary crowns or bridges; and

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

(e) Perform subgingival curettage.

(f) Remove sutures.

(g) Place and remove a periodontal pack.

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

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

(j) Recement and repair temporary crowns and bridges.

(k) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.

(1) Place a temporary restoration with nonpermanent material as a palliative treatment, to include, placement of silver diamine fluoride and glass ionomer.

(m) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:

(1) Antimicrobial agents;

(2) Fluoride preparations;

- (3) Topical antibiotics;
- (4) Topical anesthetics; and
- (5) Topical desensitizing agents.

(n) Apply pit and fissure sealant to the dentition for the prevention of decay.

 \rightarrow Before performing any of the services set forth in this subsection, the dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services are to be performed and the patient must have been examined by that dentist not more than 18 months before the services are to be performed. After performing any of the services set forth in this subsection, the dental hygienist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental hygienist is not authorized to perform.

(o) Use a laser to treat active aphthous ulcers and herpes labialis.

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

(a) Place and secure orthodontic ligatures.

(b) Fabricate and place temporary crowns and bridges.

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

(d) Perform nonsurgical cytologic testing.

(e) Apply and activate agents for bleaching teeth with a light source.

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

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

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

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

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

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

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

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

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

4. If a dentist who is licensed in this State has in his or her employ and under his or her supervision a dental hygienist who has:

(a) Successfully completed a course of continuing education in the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, which has been approved by the Board; or

(b) Graduated from an accredited program of dental hygiene which includes the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, in its curriculum,

 \rightarrow the dentist may authorize the dental hygienist to administer local anesthetics or nitrous oxideoxygen analgesia, or both, as appropriate, if the dental hygienist has received from the Board a certificate or permit certifying the hygienist for this level of administration. The dental hygienist must obtain the authorization from the licensed dentist of the patient on whom the services are to be performed.

5. A dental hygienist in a health care facility may administer local intraoral chemotherapeutic agents and, if he or she has complied with paragraph (a) or (b) of subsection 4, may administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if he or she first:

(a) Obtains written authorization from the licensed dentist of the patient to whom the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are to be administered; and

(b) Submits to the Secretary-Treasurer a written confirmation from the director of the health care facility that the facility has licensed medical personnel and necessary emergency supplies and equipment that will be available when the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are administered.

6. The Board may authorize a dental hygienist to perform the services set forth in subsection 1 and paragraphs (a) to (n), inclusive, of subsection 2 without supervision by a dentist and without authorization from the licensed dentist of the patient on whom the services are to be

performed, at a health facility, a school or a place in this State approved by the Board after the Board:

(a) Issues a special endorsement of the dental hygienist's license.

(b) Approves the treatment protocol submitted by the dental hygienist which includes an explanation of the methods that the dental hygienist will use to:

(1) Treat patients; and

(2) Refer patients to a dentist for:

(I) Follow-up care;

(II) Diagnostic services; and

(III) Any service that the dental hygienist is not authorized to perform.

7. The Board may revoke the authorization described in subsection 6 if the:

(a) Dental hygienist fails to renew his or her license or it is cancelled, suspended or revoked;

(b) Board receives a complaint filed against the dental hygienist;

(c) Dental hygienist commits an act which constitutes a cause for disciplinary action; or

(d) Dental hygienist violates any provision of this chapter or <u>chapter 631</u> of NRS.

 \rightarrow Nothing in this subsection prohibits a dental hygienist from reapplying for authorization to perform the services described in subsection 6 if the Board revokes the authorization pursuant to this subsection.

8. As used in this section:

- (a) "Health care facility" has the meaning ascribed to it in <u>NRS 162A.740</u>.
- (b) "Health facility" has the meaning ascribed to it in subsection 6 of <u>NRS 449.260</u>.

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

11. To the extent that a dental hygienist with a special health endorsement pursuant subsection 6 of this section includes placement of silver diamine and glass ionomer in his or her treatment protocol pursuant to subsection 6(b), the dental hygienist must obtain _____ hours of education from the Nevada Division of Public and Behavioral Health, Oral Health Program prior to use of this treatment protocol regarding the proper placement of silver diamine and glass ionomer and must follow the Nevada Policy for the Application of Silver Diamine Fluoride by Licensed Public Health Endorsed Dental Hygienists, including the use of the informed consent contained therein, prepared by the Nevada Division of Public and Behavioral Health, Oral Health Program.

[Bd. of Dental Exam'rs, § XXIII, eff. 7-21-82] — (NAC A 7-30-84; 4-3-89; 3-11-96; R154-97, 1-14-98; R217-99, 4-3-2000; R231-03, 5-25-2004; R139-05, 12-29-2005; R066-11, 2-15-2012; R119-15, 6-28-2016)

NAC 631.220 Dental assistants: Authorization to perform certain services; supervision by dental hygienist for certain purposes. (NRS 631.190, 631.313, 631.317)

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

(a) Expose radiographs; and

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

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

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

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

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

(d) Place and secure an orthodontic ligature.

(e) Remove sutures.

(f) Place and remove a periodontal pack.

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

(h) Administer a topical anesthetic in any form except aerosol.

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

(j) Take the following types of impressions:

(1) Those used for the preparation of counter or opposing models;

(2) Those used for the fabrication of temporary crowns or bridges; and

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

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

(1) Retract gingival tissue if the retraction cord contains no medicaments that have potential systemic side effects.

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

(n) Administer a topical fluoride.

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

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

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

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

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

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

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

(e) Administer a topical fluoride.

4. A dental hygienist, who is authorized by the Board to perform the services described in subsection 6 of <u>NAC 631.210</u>, may authorize a dental assistant under his or her supervision to

assist the hygienist in the performance of the services described in paragraphs (a) to (e), inclusive, of subsection 3.

[Bd. of Dental Exam'rs, § XXII, eff. 7-21-82] — (NAC A 10-21-83; 10-7-85; 4-3-89; 3-11-96; R051-04, 8-25-2004; R119-15, 6-28-2016)

CONTINUING EDUCATION: REGISTERED FACILITIES

NAC 631.2203 "Registered facility" defined. (NRS 631.190, 631.2715) As used in NAC 631.2203 to 631.2206, inclusive, "registered facility" means a permanent facility registered with the Board for the sole purpose of providing postgraduate continuing education in dentistry, *dental hygiene, dental therapy or dental assisting*.

(Added to NAC by Bd. of Dental Exam'rs by R200-09, eff. 8-13-2010; A by R020-14, 6-23-2014)

NAC 631.2204 Registration required before providing continuing education. (NRS 631.190, 631.2715) Pursuant to the provisions of NRS 631.2715, an institute or organization must, on the form prescribed by NAC 631.2205, register with the Board a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry *dental hygiene, dental therapy or dental assisting* before providing that postgraduate continuing education *that utilizes live patients*.

(Added to NAC by Bd. of Dental Exam'rs by R200-09, eff. 8-13-2010)

NAC 631.2205 Contents of form for registration to provide continuing education. (NRS 631.190, 631.2715)

1. A form for registration of a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry *dental hygiene, dental therapy or dental assisting utilizing live patients* will be prescribed and furnished by the Board.

2. The form will include, without limitation:

(a) The name of each individual or entity who owns or operates the institute or organization that is registering the facility;

(b) The type of facility;

(c) The location of the facility; and

(d) A notarized statement, executed by an owner or other person authorized on behalf of the institute or organization, that:

(1) The facility is a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry;

(2) All courses of continuing education involving live patients will be supervised by dentists licensed in this State;

(3) Any person who is actively licensed as a dentist in another jurisdiction and who is treating a patient during a course of continuing education at the facility:

(I) Has previously treated the patient in the jurisdiction in which the person performing the treatment is licensed;

(II) Is treating the patient only during a course of continuing education at the facility; and

(III) Is treating the patient under the supervision of a person licensed under <u>NRS</u> 631.2715; and

(4) The institute or organization is in full compliance with:

(I) All applicable regulations of the State Board of Health;

(II) All applicable guidelines issued by the Centers for Disease Control and Prevention;

(III) All applicable provisions of this chapter and <u>chapter 631</u> of NRS, as they relate to the administration of moderate sedation, deep sedation and general anesthesia; and

(IV) All applicable provisions of this chapter and <u>chapter 631</u> of NRS, as they relate to the operation of radiographic equipment.

(Added to NAC by Bd. of Dental Exam'rs by R200-09, eff. 8-13-2010)

NAC 631.2206 Maintenance of records at registered facility. (NRS 631.190, 631.2715)

1. An institute or organization which provides courses of continuing education involving live patients and which is not accredited as defined in <u>NRS 631.015</u> must:

(a) Maintain at its registered facility the following documentation:

(1) Copies of credentials and applications for employment for each person that is licensed under <u>NRS 631.2715</u> and employed by the institute or organization to supervise courses of continuing education involving live patients at the registered facility;

(2) Documentation showing that a person who treated a patient during a course of continuing education at the registered facility was actively licensed as a dentist in another jurisdiction at the time of the treatment; and

(3) Consent forms prepared by each live patient treated during a course of continuing education at the registered facility;

(b) Maintain at its registered facility copies of health care records of live patients, which may be reviewed by the Board:

(1) Upon consent by the live patient to whom the records pertain; or

(2) As provided under NRS 629.061; and

(c) Display at its registered facility the limited licenses issued to persons to supervise courses of continuing education involving live patients at the registered facility.

2. The documents maintained pursuant to paragraph (a) of subsection 1 must be made available to the Board during normal business hours.

(Added to NAC by Bd. of Dental Exam'rs by R200-09, eff. 8-13-2010)

ADMINISTRATION OF GENERAL ANESTHESIA, MODERATE SEDATION OR DEEP SEDATION

NAC 631.2211 Scope. (NRS 631.190, 631.265)

1. NAC 631.2213 to 631.2256, inclusive, do not apply to the administration of:

(a) Local anesthesia;

(b) Nitrous oxide-oxygen analgesia, if the delivery system for the nitrous oxide-oxygen contains a mechanism which guarantees that an oxygen concentration of at least 25 percent will be administered to the patient at all times during the administration of the nitrous oxide; and

(c) Oral medication that is administered to a patient to relieve anxiety in the patient, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to the state produced pursuant to the administration of general anesthesia, deep sedation or moderate sedation.

2. Any oral medication administered as described in paragraph (c) of subsection 1 must not be combined with the administration of any other method of sedation, including, without limitation, nitrous oxide-oxygen analgesia. A single dosage of a single sedative agent administered must be appropriate for anxiolysis. The dosage of enteral drugs must not be more than the maximum recommended dosage that can be prescribed for unmonitored home use.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2212 Board to determine degree of sedation. (NRS 631.190, 631.265) In a proceeding of the Board at which the Board must determine the degree of sedation or level of consciousness of a patient, the Board will base its findings on:

1. The type and dosage of medication that was administered or is proposed for administration to the patient; and

2. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000)

NAC 631.2213 Permit required; qualifications of applicants. (NRS 631.190, 631.265)

1. Except as otherwise set forth in <u>NAC 631.2211</u> to <u>631.2256</u>, inclusive, no dentist may:

(a) Use general anesthesia or deep sedation for dental patients, except in a facility for which a permit is held as required by NRS 449.442, unless he or she first

(1) Obtains a general anesthesia permit; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit to administer general anesthesia to his or her patients, and obtains a certificate of site approval for each location at which general anesthesia, deep sedation or moderate sedation is administered to his or her patients;

(b) Use moderate sedation for dental patients who are 13 years of age or older, except in a facility for which a permit is held as required by NRS 449.442, unless he or she first obtains

(1) Obtains a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2 to administer moderate sedation to his or her patients who are 13 years of age or older, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 13 years of age or older; or

(c) Use moderate sedation/or dental patients who are 12 years of age or younger, except in a facility for which a permit is held as required by NRS 449.442, unless he or she first:

(1) Obtains a moderate sedation permit pursuant to paragraph (b) of subsection 2; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (b) of subsection 2 to administer moderate sedation to his or her patients who are 12 years of age or younger, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 12 years of age or younger.

2. To obtain a general anesthesia permit or moderate sedation permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to <u>NRS 631.345</u> and produce evidence showing that he or she is a dentist who is licensed in this State, and:

(a) For a moderate sedation permit, to administer moderate sedation to a patient 13 years of age or older, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation,

and the successful management of the administration of moderate sedation to not less than 20 patients; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training described in subparagraph (1) and

(I) Valid certification in Advanced Cardiac Life Support by the American Heart Association; or

(II) The completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

(b) For a moderate sedation permit to administer moderate sedation to a patient 12 years of age or younger, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation to patients 12 years of age or younger, and the successful administration as the operator of moderate sedation to not less than 25 patients who are 12 years of age or younger; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training described in subparagraph (1) and:

(I) Valid certification in Pediatric Advanced Life Support by the American Heart Association; or

(II) The completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

(c) For a general anesthesia permit, the applicant must show evidence of the completion of an Advanced Cardiac Life Support course given by the American Heart Association or a course providing similar instruction that is approved by the Board, and:

(1) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in a training program as described in the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, published by the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, and available, free of charge, at the Internet address http://www.ada.org/~Imedia/ADA/Education%20and%20Careers/Files/ADA Sedation Teaching Guidelines.pd[?la=en; or

(2) The completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology which has been approved by the Commission on Dental Accreditation of the American Dental Association.

3. A holder of a general anesthesia permit may administer general anesthesia, deep sedation or moderate sedation to a patient of any age.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009)

NAC 631.2217 Review of holder of permit; renewal of permit. (NRS 631.190, 631.265)

1. The holder of a general anesthesia permit or moderate sedation permit is subject to review by the Board at any time.

2. Each general anesthesia permit and moderate sedation permit must be renewed annually or biennially, as applicable, based on the renewal period set forth in <u>NRS 631.330</u> for the type of license held by the holder of the permit.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R158-08, 12-17-2008)

NAC 631.2219 Inspection and evaluation; reevaluation. (NRS 631.190, 631.265)

1. The Board will require an inspection and evaluation of the facility, equipment, personnel, records of patients and the procedures used by every dentist who seeks or holds a general anesthesia permit or moderate sedation permit, and of the dentist himself or herself, before issuing such an original permit to the dentist, and at least once in every 5-year period thereafter.

2. The Board will renew general anesthesia permits and moderate sedation permits annually or biennially, as applicable, based on the renewal period set forth in <u>NRS 631.330</u> for the type of license held by the holder of the permit, unless the holder is informed in writing, 60 days before the date for renewal, that a reevaluation of his or her credentials is required. In determining whether reevaluation is necessary, the Board will consider, among other factors, complaints by patients and reports of adverse occurrences. A reevaluation will, if appropriate, include an inspection of the facility, equipment, personnel, records of patients and the procedures used by the holder, and an examination of his or her qualifications.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 7-30-84; R005-99, 9-7-2000; R158-08, 12-17-2008)

NAC 631.2221 Inspectors and evaluators; participation of members of Board. (NRS 631.190, 631.265)

1. When an inspection or evaluation is required to issue or renew a general anesthesia permit or moderate sedation permit, the Board may designate two or more persons, each of whom holds a general anesthesia permit or moderate sedation permit and has practiced general anesthesia, deep sedation or moderate sedation, as applicable, for a minimum of 3 years preceding his or her appointment, exclusive of his or her training in the administration of anesthesia or sedation. At least one of the inspectors or evaluators must have had experience in the evaluation of dentists using general anesthesia, deep sedation or moderate sedation, as applicable. At least one member of the inspection or evaluation team must have had substantial experience in the administration of the type of anesthesia or sedation contemplated for use by the dentist being evaluated and must hold the type of permit for which the dentist is applying.

2. Any member of the Board who is a dentist may observe or consult in any inspection or evaluation. A member of the Board who is not a dentist may be present at an observation but may not participate in any grading or evaluation resulting from the inspection or evaluation.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 7-30-84; R005-99, 9-7-2000)

NAC 631.2223 Inspections and evaluations: General requirements. (NRS 631.190, 631.265) An inspection or evaluation ordered by the Board must be conducted in all offices where general anesthesia, deep sedation or moderate sedation is to be administered and, except as otherwise required in NAC 631.2236, must consist of:

1. An evaluation of the office's facilities and equipment, records and emergency medications; and

2. A demonstration of:

(a) The administration to a patient who is receiving dental treatment of the type of anesthesia or sedation for which the dentist is applying for a permit;

(b) Simulated emergencies in the surgical area of the dental office with participation by the members of the staff who are trained to handle emergencies;

(c) A dental procedure utilizing the type of anesthesia or sedation for which the dentist is applying for a permit;

(d) Any anesthesia or sedation technique that is routinely employed during the administration of anesthesia or sedation;

(e) The appropriate monitoring of a patient during anesthesia or sedation; and

(f) The observation of a patient during recovery and the time allowed for recovery.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2225 Inspections and evaluations: Simulated emergencies. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit or moderate sedation permit must meet the following minimum standards with regard to simulated emergencies. The dentist and his or her staff must demonstrate a knowledge of and a method of treatment for the following types of emergencies:

1. Airway obstruction laryngospasm;

- 2. Bronchospasm;
- 3. Emesis and aspiration of foreign material under anesthesia;
- 4. Angina pectoris;
- 5. Myocardial infarction;
- 6. Hypotension;
- 7. Hypertension;
- 8. Cardiac arrest;
- 9. Allergic reaction;
- 10. Convulsions;
- 11. Hypoglycemia;
- 12. Asthma;
- 13. Respiratory depression;
- 14. Ooverdose from local anesthesia;
- 15. Hyperventilation syndrome; and
- 16. Syncope.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2227 Inspections and evaluations: Physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

(d) A tonsillar or pharyngeal suction tip adaptable to all office suction outlets;

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion; and

(i) A pulse oximeter; and,

(j) A capnography monitor.

 \rightarrow Except as otherwise provided in subsection 8, a dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation permit is not required to have the ancillary equipment described in paragraphs (a), (b), (e), (g) and (j).

8. In addition to the requirements of subsection 7, if general anesthesia, deep sedation or moderate sedation is administered at the dentist's office to a patient 12 years of age or younger, the following equipment must be available at the dentist's office:

(a) A pediatric size ambu bag and masks;

(b) Pediatric blood pressure cuffs;

(c) A laryngoscope complete with an adequate selection of blades for use on pediatric patients;

(d) Appropriately sized endotracheal tubes and appropriate connectors;

(e) An electrocardioscope and defibrillator;

(f) Pediatric pads for use with an electrocardioscope and defibrillator; and

(g) Small oral and nasal airways.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2229 Inspections and evaluations: Records of patients. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must meet the following minimum standards with regard to the records of patients:

1. Adequate medical history, records of physical evaluation and American Society of Anesthesiologists acuity classification.

- 2. Records of the administration of anesthesia must include:
- (a) The patient's vital signs;
- (b) The names of the drugs and the amounts and times administered;
- (c) The length of the procedure; and
- (d) Any complications of anesthesia.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2231 Inspections and evaluations: Emergency drugs. (NRS 631.190, 631.265)

1. Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

- (a) Vasopressor;
- (b) Corticosteroid;
- (c) Bronchodilator;
- (d) Muscle relaxant;
- (e) Intravenous medication for the treatment of cardiopulmonary arrest;
- (f) Appropriate drug antagonist;
- (g) Antihistaminic;
- (h) Anticholinergic;
- (i) Antiarrhythmic;
- (j) Coronary artery vasodilator;
- (k) Anti-hypertensive; and
- (1) Anti-convulsive.

2. In addition to the requirements of subsection 1, if general anesthesia, deep sedation or moderate sedation is administered at a dentist's office to a patient 12 years of age or younger, the dentist's office must maintain the following emergency drugs:

- (a) Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector;
- (b) Adenosine;
- (c) Aminodarone;
- (d) Magnesium sulfate; and
- (e) Procainamide.

3. Except as otherwise provided in subsection 2, a dentist's office that is inspected or evaluated for the issuance or renewal of a moderate sedation permit is not required to maintain the emergency drugs described in paragraphs (d), (e), (i) and fl-hl (k) of subsection 1.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2233 Inspections and evaluations: Recommendations of inspectors or evaluators; decision of Board. (NRS 631.190, 631.265)

1. The persons performing an inspection or evaluation of a dentist's office for the issuance or renewal of a general anesthesia permit or moderate sedation permit shall grade the office as passing or failing. Within 10 days after completing the inspection or evaluation, each inspector or evaluator shall report his or her recommendation for passing or failing to the Board, setting forth the details supporting his or her conclusion. The Board is not bound by these recommendations. 2. The Board will make the final determination whether the office has passed or failed the inspection or evaluation and will notify the dentist whose office is the subject of the inspection or evaluation, in writing, of its findings within 30 days after the Board receives a recommendation from each inspector or evaluator who inspected or evaluated the office.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2235 Inspections and evaluations: Failure to pass; requests for reevaluations. (NRS 631.190, 631.265)

1. The persons performing an inspection or evaluation of a dentist and his or her office for the issuance or renewal of a general anesthesia permit or moderate sedation permit shall grade the dentist as passing or failing to meet the requirements set forth in NAC 631.2219 to 631.2231, inclusive. Within 72 hours after completing the inspection or evaluation, each evaluator shall report his or her recommendation for passing or failing to the Executive Director, setting forth the details supporting his or her conclusion.

2. If the dentist meets the requirements set forth in NAC 631.2219 to 631.2231, inclusive, he Board will "issue the general anesthesia permit or moderate sedation permit, as applicable.

3. If the dentist does not meet the requirements set forth in NAC 631.2219 to 631.2231, inclusive, the Executive Director shall issue a written notice to the dentist that identifies the reasons he or she failed the inspection or evaluation.

4. A dentist who has received a notice of failure from the Board pursuant to subsection 3:

(a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation until the dentist has obtained the general anesthesia permit or moderate sedation permit, as applicable; and

(b) May, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.

5. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by NAC 631.2219 to 631.2231, inclusive, for an original evaluation.

6. No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.

7. Pursuant to subsection 3 of NRS 233B.127, if an inspection or evaluation of a dentist or his or her office indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the dentist pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2236 Certificate of site approval: General requirements. (NRS 631.190, 631.265)

1. A dentist who is licensed in this State may employ:

(a) a dentist who is licensed in this State and who holds a general anesthesia permit or moderate sedation permit,

 \rightarrow to administer general anesthesia, deep sedation or moderate sedation, as appropriate, to his or her patients at his or her office if he or she holds a certificate of site approval issued pursuant to this section.

2. A dentist who is licensed in this State and who desires to receive or renew a certificate of site approval must submit to the Board:

(a) An application for a certificate or for the renewal of a certificate, in a form approved by the Board;

(b) The fee for the inspection of a facility which is established by the Board pursuant to \underline{NRS} 631.345; and

(c) Written documentation which demonstrates that the dentist who is to be employed to administer the general anesthesia, deep sedation or moderate sedation holds an appropriate license or permit issued by the Board to administer such anesthesia or sedation.

3. Upon receipt of an application pursuant to this section, the Board will appoint one of its members or a representative of the Board to inspect the office of the applicant to determine whether the office complies with the requirements set forth in <u>NAC 631.2227</u>, <u>631.2229</u> and <u>631.2231</u>. The person conducting the inspection shall report his or her determination to the Board.

4. If the person conducting the inspection determines that the office of the applicant complies with the requirements of NAC 631.2227, 631.2229 and 631.2231 and the applicant has otherwise met the requirements of this section, the Executive Director shall issue a certificate of site approval to the applicant.

5. A holder of a certificate of site approval shall maintain the information described in paragraph (c) of subsection 2 at his or her office at all times.

6. If the office of the applicant does not meet the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall issue a written notice to the licensed dentist who owns the dental practice conducted at the office that identifies the reasons the office failed the inspection.

7. A dentist who has received a notice of failure from the Executive Director pursuant to subsection 6:

(a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation at his or her office until the Board has issued a certificate of site approval for the office; and

(b) May, within 15 days after receiving the notice, request the Board in writing/or a reevaluation.

8. If the reevaluation is granted by the Board, it will he conducted by different persons in the manner set forth by NAC 631.2227, 631.2229 and 631.2231 for an original inspection.

9. Pursuant to subsection 3 of NRS 233B.127, if an evaluation or inspection of a dentist's office indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the dentist who owns the dental practice conducted at the office and the licenses of any or all of the other licensees employed at the office pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

10. Each certificate of site approval issued by the Board must be renewed annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the certificate.

11. The Board may reinspect the office of the holder of a certificate of site approval at any time.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000; A by R231-03, 5-25-2004; R158-08, 12-17-2008; R159-08, 4-23-2009)

NAC 631.2237 Procedures required before administration of anesthetic or sedation. (NRS 631.190, 631.265)

1. Written consent of the patient must be obtained before the administration of a general anesthetic, deep sedation or moderate sedation, unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient. If the patient is a minor, the consent must be obtained from his or her parent or legal guardian.

2. A medical history must be taken before the administration of a general anesthetic, deep sedation or moderate sedation. A patient should be asked to describe any current medical conditions or treatments, including, without limitation, medications, drug allergies, impending or past operations and pregnancy, and to give other information that may be helpful to the person administering the anesthetic or sedation. The dentist is not required to make a complete medical examination of the patient and draw medical diagnostic conclusions. If a dentist suspects a medical problem and calls in a physician for an examination and evaluation, he or she may then rely upon that conclusion and diagnosis. Questions asked of and answers received from the patient must be permanently recorded and signed by the patient before the administration of any general anesthetic, deep sedation or moderate sedation, and this record must be a permanent part of the patient's record of treatment.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2239 Properly equipped facility required; qualifications of auxiliary personnel. (NRS 631.190, 631.265)

1. A dentist using general anesthesia, deep sedation or moderate sedation shall maintain a properly equipped facility for the administration of the anesthesia or sedation which is staffed with supervised auxiliary personnel who are capable of reasonably handling procedures, problems and emergencies incident thereto.

2. A dentist using general anesthesia, deep sedation or moderate sedation shall ensure that his or her auxiliary personnel are certified in basic cardiopulmonary resuscitation by the American Heart Association or a course providing similar instruction approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.224 Employment of certified registered nurse anesthetist. (NRS 631.190, 631.265)

1. Any dentist who holds a general anesthesia permit pursuant to the provisions of <u>NAC</u> <u>631.2211</u> to <u>631.2256</u>, inclusive, may employ a certified registered nurse anesthetist to administer the general anesthesia, deep sedation or moderate sedation to a patient if the dentist is physically present and directly supervises the administration of the general anesthesia, deep sedation or moderate sedation to the patient. The holder of the permit must maintain at his or her office evidence in writing that the certified registered nurse anesthetist is licensed to practice in

the State of Nevada and maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center for which a permit is held as required by NRS 449.442.

2. Except as otherwise provided in <u>NAC 631.2236</u>, a dentist who does not hold a general anesthesia permit may not allow any person to administer general anesthesia, deep sedation or moderate sedation to his or her patients unless the treatment is rendered within a facility for which a permit is held as required by NRS 449.442.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-7-85; A by R005-99, 9-7-2000; R159-08, 4-23-2009)

NAC 631.2241 Report of injuries to patients. (NRS 631.190, 631.265) Each holder of a general anesthesia permit, moderate sedation permit or certificate of site approval shall submit to the Board a complete report regarding any mortality or unusual incident which occurs outside a facility or which a permit is held as required by NRS 449.442 and which results in permanent physical or mental injury to a patient or requires the hospitalization of a patient, as a direct result of the administration of general anesthesia, deep sedation or moderate sedation. The report must be submitted within 30 (15) days after the date of the incident. If a dentist fails to report any incident as required by this section, his or her permit may be revoked.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009)

NAC 631.2254 Temporary permits. (NRS 631.190, 631.265)

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to \underline{NAC} 631.2213.

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in NAC 631.2235.

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000)

NAC 631.2256 Continuing education required. (NRS 631.190, 631.265, 631.342) Every 2 years, the holder of a general anesthesia permit or moderate sedation permit must complete at least 3 hours in courses of study that specifically relate to anesthesia or sedation, as applicable, before the permit may be renewed. This training will be credited toward any continuing education required by NAC 631.173.

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000)

DISCIPLINARY ACTION

NAC 631.230 Unprofessional conduct. (NRS 631.190, 631.346, 631.347, NRS 631.349, 631.350)

1. In addition to those specified by statute and subsection 3 of <u>NAC 631.177</u>, the following acts constitute unprofessional conduct *and/or grounds for initiating disciplinary action pursuant to NRS 631.350*:

(a) The falsification of records of health care or medical records Engaging or permitting or instructing any person to engage in any conduct.

(1) Which is intended to deceive;

(2) In which a fee or payment from a patient, insurance company or patient creditor which the licensee or any other person on his or her behalf obtains or attempts to obtain by fraud or misrepresentation;

(3) Which is in violation of any provision of NRS 631 or of any regulation adopted by the Board; or

(4) Which is in violation of a regulation adopted by the State Board of Pharmacy.

(b) Writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.

(c) The consistent use of dental procedures, services or treatments which constitute a departure from prevailing standards of acceptable dental practice even though *if* the use does not constitute malpractice or gross malpractice.

(d) The acquisition, *issuance, use or possession* of any controlled substances from any pharmacy or other source by *or as a result of the licensee's* misrepresentation, fraud, deception or subterfuge.

(e) Making an unreasonable additional charge for laboratory tests, radiology services or other testing services which are ordered by the dentist and performed outside his or her own office.

(f) The failure to report to the Board as required in <u>NAC 631.155</u> or *NRS 631.2715(5) or* to sign any affidavit required by the Board.

(g) Employing any person in violation of <u>NAC 631.260</u> or failing to report to the Board as required by that section.

(h) The failure of a dentist who is administering or directly supervising the administration of general anesthesia, deep sedation or moderate sedation to be physically present while a patient is under general anesthesia, deep sedation or moderate sedation.

(i) Administering moderate sedation to more than one patient at a time, unless each patient is directly supervised by a person authorized by the Board to administer moderate sedation.

(j) Administering general anesthesia or deep sedation to more than one patient at a time.

(k) The failure to have any patient who is undergoing general anesthesia, deep sedation or moderate sedation monitored with a pulse oximeter or similar equipment required by the Board.

(1) Allowing a person who is not certified in basic cardiopulmonary resuscitation to care for any patient who is undergoing general anesthesia, deep sedation or moderate sedation.

(m) The failure to obtain *and maintain* a patient's written, informed consent before administering general anesthesia, deep sedation or moderate sedation to the patient or, if the patient is a minor, the failure to obtain his or her parent's or guardian's consent unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient.

(n) The failure to *obtain and* maintain a record of all written, informed consents given for the administration of general anesthesia, deep sedation, or moderate sedation, *prescriptions for*

controlled substances, and/or any other treatment or procedure for which informed consent is necessary and required pursuant to the standard of care or required by law.

(o) The failure to report to the Board, in writing, the death or emergency hospitalization of any patient to whom general anesthesia, deep sedation or moderate sedation was administered *or whose death or emergency hospitalization is known to the licensee and can be reasonably determined to have been caused by or related to any dental treatment or procedure obtained at the licensee's office.* The report must be made *as soon as practicable, but in no case more than* within 30 days after the event.

(p) Allowing a person to administer general anesthesia, deep sedation or moderate sedation to a patient if the person does not hold a permit to administer such anesthesia or sedation unless the anesthesia or sedation is administered in a facility for which a permit is held as required by NRS 449.442.

(q) The failure of a dentist who owns a dental practice to provide copies of the records of a patient to a dentist or dental hygienist who provided the services as an employee or independent contractor of the dentist when the records are the basis of a complaint before the Board. Nothing in this paragraph relieves the treating dentist or dental hygienist from the obligation to provide records of the patient to the Board.

(r) The failure of a dentist who owns a dental practice to verify the license of a dentist or dental hygienist before offering employment or contracting for services with the dentist or dental hygienist as an independent contractor.

(s) The failure of a dentist who owns a dental practice and participates in the diagnosis and treatment of any patient to ensure that the services rendered by a dentist, or dental hygienist or *dental assistant* who is an employee or independent contractor of that dentist meet the prevailing standards of acceptable dental practice. If a dentist, or dental hygienist or *dental assistant* who is an employee or independent contractor of the dentist is found by substantial evidence to have provided services below the prevailing standards of acceptable dental practice may be *subject to action by the Board, including but not limited to being* required to reimburse the patient to whom the services were provided pursuant to paragraph (1) of subsection 1 of NRS 631.350.

(t) The failure of a dentist who owns a dental practice to record the name of the dentist or dental hygienist who provided the services in the records of a patient each time the services are rendered.

(u) The failure of a dentist who is registered to dispense controlled substances with the State Board of Pharmacy [pursuant to chapter 453 of NRS] to conduct [annually a minimum of one] the required self-query(ies) and/or patient inquiry(ies) regarding the issuance of controlled substances through the Prescription Monitoring Program of the State Board of Pharmacy pursuant to chapter 453 of NRS and/or as required by section 60 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017.

(v) Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing of a controlled substance listed in schedule II, III or IV as set forth in section 22 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017 and/or violations of the provisions of sections 52 to 58, inclusive, of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017 and/or

violation(s) of any regulations adopted by the State Board of Pharmacy pursuant to Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017.

(1) If, following the investigation and disciplinary procedures conducted pursuant to the provisions of NRS Chapter 631 and NAC Chapter 631, it is determined, by a preponderance of the evidence, that a dentist has committed an act or acts constituting unprofessional conduct as set forth in NAC 631.230(1)(v), the Board shall impose disciplinary action including, but not limited to, required additional continuing education pursuant to NRS 631.350(1)(k).

(2) The Board or its agent, investigator or Review Panel may, in its discretion, take into consideration a dentist's good-faith attempts at compliance with the provisions of sections 52 to 58, inclusive of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017 in the determination of whether the dentist has committed an act or acts constituting unprofessional conduct as set forth in NAC 631.230(1)(v). However, failure to adhere to the requirements of sections 52 to 58, inclusive of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017 subsequent to notification of an investigation pursuant to NRS 631.360 and/or NRS 631.364 may be deemed to be evidence that there was not a goodfaith attempt at compliance.

(w) Administering or using, or allowing or instructing any person under the licensee's supervision, direction or control to administer or use, a single-use medical or dental device,

(1) For more than one procedure;

(2) For more than one patient; or

(3) In a manner inconsistent with the manufacturer's instructions or directions included on or with the single-use medical or dental device.

(x) Charging or billing for visits to the dentist's office which did not occur or for services which were not rendered, not necessary and/or not documented in the records of the patient.

(y) Billing an insurance company, or charging and accepting payment from a patient or a patient's creditor for service(s) or procedure(s) that are not completed and/or advising an insurance company, patient or patient's creditor that a service has been rendered if it has not, in fact, been rendered, and/or failing to reimburse a patient, insurance company or patient creditor within thirty (30) days following the patient's request for any prepaid service(s) or procedure(s) that was/were not ultimately completed or performed.

(z) The failure of a dentist who owns a dental practice to ensure that any billing or charges by a dentist or dental hygienist who is an employee or independent contractor of that dentist are proper and do not violate paragraphs (x) or (y) above. If a dentist or dental hygienist who is an employee or independent contractor of the dentist is found by substantial evidence to have improperly or fraudulently billed or charged a patient, insurance company or patient's creditor, the dentist who owns the dental practice may have discipline imposed pursuant to subsection 1 of NRS 631.350.

(aa) The failure of a dentist who owns, manages or supervises a dental practice to ensure that he or she and/or his or her agents, officers, employees or independent contractors do not initiate an application for a line of credit on behalf of a patient without the patient's express authorization to do so under the specific guidelines contained in this paragraph. Such authorization must be stated clearly, in writing, on a form that does not include consent or authorization for any other service, procedure, or administrative matter and request for such authorization must not be sought prior to the patient's receipt of a treatment plan and his or her express consent to seek credit for a specific service or procedure. The form must state, in lettering that is larger and bolder than the rest of the document as follows, "BY SIGNING THIS FORM, YOU ARE AUTHORIZING THIS OFFICE TO SUBMIT AN APPLICATION FOR CREDIT ON YOUR BEHALF IN THE AMOUNT OF ." The authorization must be signed by the patient, and include the date and time of the authorization. It must also be witnessed and signed by the dentist who owns the practice or an employee of the practice who has been designated for this purpose and whose identity has been registered with the Board for this purpose. A copy of the authorization and application must be maintained in the patient's chart.

(bb) Practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows, should know, or has reason to know that he or she is not competent to perform.

(cc) Habitual intoxication from alcohol or dependency on controlled substances.

(dd) Rendering professional services to a patient while under the influence of alcohol or any controlled substance, or while in any impaired mental or physical condition or knowingly practicing with a physical or mental impairment that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene, even if the licensee is not permanently impaired and/or habitually intoxicated or under the influence of alcohol or controlled substances.

(ee) Making or filing a report, application for licensure or application for renewal of licensure, or any statements in a report, application for licensure or application for renewal of licensure which the licensee or applicant knows or should know to be false, or failing to file a record or report with the Board as required by law or regulation.

(ff) Failure to maintain timely, legible, accurate and complete dental records relating to the diagnosis, care and treatment of a patient.

(gg) Failure to maintain a fee schedule that applies to, and accurately informs, all patients of a practice of the total costs and fees related to any service, treatment or procedure. Nothing in this paragraph prevents a licensee from determining the fees to be charged or billed for any service, treatment or procedure, provided all patients of the practice are subject to the same fee schedule before any discounts or promotions. Nothing in this paragraph prevents a dentist from contracting with insurance companies and agreeing to accept alternate fee arrangements for patients insured by said insurance companies.

(hh) Failure to produce a fee schedule upon request by the Board or its agent(s).

(ii) Failure to maintain billing records or patient ledgers that are consistent with, and accurately reflect, the treatment and procedures obtained by the patient and/or the use of ADA procedure codes or descriptions of services on billing records or patient ledgers which are inconsistent with, or do not accurately reflect, the treatment and procedures obtained by the patient.

(jj) Altering or falsifying dental records of a patient and/or altering or falsifying billing or other financial ledgers or records pertaining to a patient.

(kk) Failure to make the dental records of a patient available for inspection and copying by the Board as provided in NRS 629.061.

(11) Failure to provide a patient or patient's parent or legal guardian with copies of dental records pursuant to NRS 629.061.

(mm) Conditioning release of dental records to any person or entity entitled to the records pursuant to NRS 629.061 upon any prerequisite, criteria or requirement other than that allowed pursuant to NRS 629.061(5).

(nn) Failure to respond to a Notice of Verified and/or Authorized Complaint;

(00) Failure to comply with a Request for Records from the Board arising out of a verified or authorized complaint;

(pp) Failure to comply with a subpoena or other order of the Board;

(qq) Failure to adequately supervise a dental assistant pursuant to NRS 631 and NAC 631.

(rr) Initiating or engaging in any behavior with sexual connotations and/or sexual activity with a patient who is currently being treated by the dentist, dental therapist or dental hygienist, unless that patient was the spouse, domestic partner or significant other of the dentist, dental therapist or dental hygienist prior to beginning treatment. "Behavior with a sexual connotation" pursuant to this paragraph may include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.

(ss) Attempting directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage the patient from obtaining a second opinion.

(tt) Making an agreement with a patient or person, or any person or entity representing patients or persons, providing any form of consideration, or using any method of intimidation, coercion or deception that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Nevada State Board of Dental Examiners, to truthfully and fully answer any questions posed by an agent or representative of the Board, or to participate as a witness in a Board proceeding.

(uu) Taking any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes or knows to be a complainant or witness.

(vv) Taking any action which could reasonably be interpreted to constitute making a false claim, or engaging in harassment or retaliation toward any Board member, agent employee or licensee.

(ww) Impersonating, or instructing or permitting any person to impersonate, a member, agent or employee of the Board, or making any comment or statement that constitutes any method of intimidation, coercion or deception that is intended to make or would reasonably cause any person believe that the licensee or his or her employee or agent is a member, employee, agent or otherwise affiliated with the Board.

(xx) Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.

(yy) Aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of dentistry contrary to the provisions of this chapter or the regulations of the Board and/or delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.

(zz) Failing to disclose to a patient any financial or other conflict of interest.

(aaa) Engaging in conduct unbecoming a licensee or which is detrimental to the best interests of the public, including but not limited to conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.

(bbb) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(ccc) Conviction of.

- (1) Murder, voluntary manslaughter or mayhem;
- (2) Any felony involving the use of a firearm or other deadly weapon;
- (3) Assault with intent to kill or to commit sexual assault or mayhem;
- (4) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- (5) Abuse or neglect of a child or contributory delinquency;
- (6) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS; or
- (7) Any offense involving moral turpitude.

2. For purposes of <u>NRS 631.347</u>, a plan or practice requiring a patient to select a dentist from a specific group does not provide the patient with a reasonable opportunity to select a dentist of his or her own choice, and constitutes unprofessional conduct on the part of any dentist participating in such a plan or practice, unless it, or another plan concurrently available to the patient, allows the patient to:

(a) Have an annual opportunity, lasting for a minimum of 30 days, to select a dentist of his or her own choice for all dental work to be performed during the subsequent 12 months. Any new patient added to the plan or practice must immediately be given an initial opportunity, lasting at least 30 days, to select the coverage supplied by the plan or practice or a dentist of his or her own choice.

(b) Receive the allowance for a procedure performed by a dentist of his or her own choice in substantially the same amount as he or she would if he or she used the services of one of the group of dentists specified by the plan or practice.

[Bd. of Dental Exam'rs, § XXVII, eff. 7-21-82] — (NAC A 10-21-83; 7-30-84; 9-13-85; 9-16-85; 4-3-89; 11-28-90; R005-99, 9-7-2000; R023-06, 9-18-2006; R159-08, 4-23-2009; R020-14, 6-23-2014)

NAC 631.235 "Insurer" defined for purposes of <u>NRS 631.348</u>. (<u>NRS 631.190</u>, <u>631.348</u>) For the purposes of <u>NRS 631.348</u>, "insurer" includes any entity licensed or required to be licensed by the Commissioner of Insurance pursuant to title 57 of NRS, Medicare, Medicaid or any third party payor.

(Added to NAC by Bd. of Dental Exam'rs, eff. 7-30-84)

NAC 631.240 Complaints against licensees. (NRS 631.190, NRS 631.360)

- 1. Any aggrieved person may file a complaint with the Board against a licensee. The complaint must:
 - (a) Be written;
 - (b) Be based upon the complaint's personal knowledge;
 - (b) (c) Be signed and verified by the complainant on a verification form furnished by the Board; and
 - (c) (d) Contain [specific charges.] the complainant's allegations against the licensee.
 - (e) Upon receipt of a verified complaint, the Executive Director of the Board shall:
 - (1) Prepare and serve a Notice of Verified Complaint upon the licensee which contains the allegations against the licensee and/or attaches the patient's Verified Complaint;
 - (2) Sign the Notice of Verified Complaint on behalf of the Board;
 - (3) Request dental records regarding the patient(s) submitting the Verified Complaint that are or were maintained and/or drafted by the licensee who is the subject of the Verified Complaint;
 - (4) Request records regarding the patient patient(s) submitting the Verified Complaint from any prior or subsequent dental provider with whom the Verified Complaint indicates the patient treated.
- 2. The Board may authorize an investigation to be initiated pursuant to NRS 631.360 as follows:

(a) Upon information received by the Executive Director revealing possible violations of NRS 631 or NAC 631, the Executive Director shall, during a properly notice meeting pursuant to NRS Chapter 241, advise the Board of the source of the information, the allegations concerning potential violations, and the specific provision(s) of the Dental Practice Act which may have been violated.

(1) In presenting the required information to the Board pursuant to this section, the Executive Director shall maintain the confidentiality of any documents setting forth the potential violations as well as the anonymity of the subject of the information pursuant to NAC 631.250(3).

(b) As used in subsection (a), the "information received" must be in writing or based upon written documentation and includes, but is not limited to, information received from another board or agency in this State or another state or territory of the United States or the District of Columbia, law enforcement, the Board or its agent(s) during the course of an investigation by the Board or any other verifiable source. An authorized complaint may be based upon information received from an anonymous source if the anonymity does not impede the Board's ability to process the complaint or verify the allegations and if the anonymity does not impede the ability of the subject of the complaint to respond to the allegations.

- 3. Upon authorization of an investigation pursuant to subsection 2, the Executive Director of the Board shall:
 - (a) Prepare and serve a Notice of Investigative Complaint upon the licensee which contains the allegations against the licensee;
 - (b) Sign the notice of complaint on behalf of the Board; and,

- (c) Request all records and/or documentation pertinent to the Investigative Complaint.
- 4. An investigation undertaken pursuant to the authorization described herein shall be subject to the same policies, procedures and regulations as are applied to the investigation of a verified complaint initiated by a by a member of the public.
- **2.5.** The Board will send a notice and a copy of the *verified or authorized* complaint to the licensee. The licensee must file a response to the complaint within 15 20 days after receiving the notice and copy of the complaint.
- 6. Verification of the complaint filed pursuant to subsection 1 shall include the complainant's agreement to maintain the confidentiality of the investigation including but not limited to, the verified compliant, the licensee's response and any information or documentation received or obtained by the complainant as a part of the investigation.
- 6. Failure of the complainant and/or complainant's agent or representative, to comply with subsection 6 may result in the dismissal of the complaint filed pursuant to subsection 1.
- 7. Any request for dismissal pursuant to this subsection 6 shall be evaluated by the Review Panel. If the Review Panel agrees that dismissal or closure is appropriate or necessary, the matter shall be dismissed or closed. If the Review Panel finds that dismissal is not appropriate or necessary, the investigation will continue as described in NRS 631 and this chapter and, if the investigation results in formal charges, the licensee may petition the Board for dismissal pursuant to this section, and it will be in the Board's sole discretion to dismiss or proceed with a formal hearing.
- 8. Nothing in subsections 6 or 7 prevents the complainant from making any statements, whether written or oral, regarding the treatment or circumstance that is the subject of the complaint or from filing a civil lawsuit regarding the same facts or circumstances that underlie the verified complaint. Subsection 5 and 6 refer only to the confidential nature of the fact of an ongoing investigation by the Board, including the confidentiality of the written verified complaint and any documentation received from the Board.
- 9. If the complainant filing a verified complaint is a patient or legal guardian of the patient, and the complaint concerns treatment received by the patient from the subject of the verified complaint, the Board may provide a copy of the licensee's response to the patient's allegations to the patient/complainant or his or her legal guardian. The Board shall not provide licensee responses to any complainant who is not a patient or the legal guardian of a patient or whose verified complaint does not relate to the patient's care and treatment by the licensee, unless the provision of the response is otherwise permitted, required or authorized by law.

12. The Board does not have jurisdiction over, and/or shall not investigate, the following: a. Complaints, verified or otherwise, alleging negligence or violations of the Dental Practice Act with respect to treatment or other events that occurred five or more years prior to the initial submission of a verified complaint;

b. Complaints, verified or otherwise, alleging non-clinical behavior of dental office personnel that the complainant finds to be rude, insensitive or offensive, except as otherwise provided in NRS 631.346-NRS 631.349 and/or NAC 631.230;

c. Complaints, verified or otherwise, alleging improper denials of claims by insurance companies and/or an insurance company's failure to reimburse a licensee or patient for dental treatment;

d. Complaints, verified or otherwise, alleging a fee dispute with a licensee or dental office;

i. "Fee dispute" as used in this section does not include allegations of the following, all of which shall be investigated pursuant to the Dental Practice Act:

- 1. Performing, billing or charging for unnecessary procedures or treatment;
- 2. Billing or charging for procedures or treatment that were not performed and/or were not completed without timely reimbursing the patient for the incomplete treatment upon request;
- 3. Altering dates on insurance claims or providing any false information to insurance companies, patients or patient's creditors;
- 4. "Upcoding," billing or charging for a more expensive service than actually provided;
- 5. Fraud, including but not limited to, Medicaid, Medicare or other insurance fraud;
- 6. Fraudulent or improper billing
- 7. Fraud or misrepresentation involving healthcare or dental financing, including but not limited to fraud or misrepresentation in obtaining or authorizing financing or credit on behalf of the patient or improperly collecting amounts from the creditor prior to the date of treatment.
- 13. Each verified complaint submitted to the Board will be reviewed by the Executive Director and/or an Investigator to determine whether it is limited to one or more of the foregoing activities noted in subsections 11(a) through 11(d). If a complaint is found to be limited to allegations concerning one or more activities noted in subsections a through d, the matter will proceed directly to the Review Panel for a jurisdictional review without further investigation. If the Review Panel concurs that the Board does not have jurisdiction over the matter, the matter will be dismissed and the complainant will be notified of the dismissal. If the Review finds that the verified complaint is not limited to one or more activities noted in subsections a through d, the matter will be investigated pursuant to the policies and procedures outlined in NRS 631 and this chapter.
- 14. If a patient wishes to withdraw his or her Verified Complaint, he or she must notify the Board in writing of the request to withdraw the Verified Complaint.

15. If a patient withdraws his or her Verified Complaint concerning a licensee, the Board may, but is not required to, dismiss and/or close any investigation arising out of that Verified Complaint.

[Bd. of Dental Exam'rs, § XVII, eff. 7-21-82] — (NAC A 4-3-89)

NAC 631.250 Investigation by Board. (NRS 631.190, 631.360, 631.363)

1. If the Board conducts an investigation upon a *verified complaint or authorized* complaint against a licensee, the Board will is not required to limit the scope of its investigation to the matters set forth in the complaint allegations set forth in the verified or authorized complaint but will may extend the investigation to any additional matters or allegations which are or may be revealed during the course of the investigation into the verified or authorized complaint and which appear to constitute a violation of any provision of chapter 631 of NRS or of this chapter.

2. If, after its investigation, the Board or *Review Panel* dismisses the complaint, the dismissal does not operate as a limitation on or a detriment to any subsequent investigation or other action by the Board, *and the matter will be remanded to the licensee's file without action*.

3. Whenever the Board directs that an investigation be is conducted into a disciplinary matter, verified complaint or authorized complaint, the results of the investigation or any information relating to the investigation, including the fact of the investigation, will not be examined by and must not be disclosed to, the members of the Board before the Board's hearing on the matter filing of a formal complaint or charging document, if applicable, against the licensee or before a properly noticed Board meeting at which a stipulated agreement is to be considered by the Board for approval or rejection.

4. Presentation of a stipulated agreement for the Board's consideration pursuant to subsection 3 does not waive the licensee's right to confidentiality of the investigative materials, except as may be agreed upon in the stipulation or consent agreement. Pursuant to this section, at the time of consideration of a stipulation or consent agreement by the Board, only the stipulation and any exhibits thereto are to be considered by the Board. If the Board determines that insufficient information is presented by the stipulation to allow it to approve or reject the stipulation, the Board may reject the stipulation, approve the stipulation with conditions, and/or request amendment to and resubmission of the stipulation for review and consideration by the Board. If the Board rejects the stipulation based upon a determination that it must review materials that are confidential pending formal charges pursuant to NRS 631 and this chapter, formal charges may be filed.

5. Any action by a licensee and/or licensee's agent or representative resulting in the dissemination or public discussion of any complaint or investigation pertaining to that licensee and/or information or documentation related thereto, shall be deemed a waiver of the confidentiality of that licensee's complaint, investigation and/or information such that the Board and its agents will not be bound by the confidentiality provisions set forth in NRS 631.368(1) or subsection 3 of this section.

[Bd. of Dental Exam'rs, § XVIII, eff. 7-21-82]

NAC 631.255 Record of hearing conducted by investigator or hearing officer or panel. (NRS 631.190, 631.350, 631.360, 631.363) If the Board conducts a hearing pursuant to NRS 631.360 or has delegateds its responsibility pursuant to the provisions of subsection 3 of NRS 631.350 or NRS 631.363, the hearing conducted as a result of that delegation of authority must be recorded and transcribed in permanent form by a shorthand reporter licensed to do business in this State.

(Added to NAC by Bd. of Dental Exam'rs, eff. 4-3-89)

MISCELLANEOUS PROVISIONS

NAC 631.260 Radiographic procedures: Lead apron required; certified statement and attestation of qualifications required for certain persons who assist in procedures. (NRS 631.190)

1. Each patient who is undergoing a radiographic procedure must be covered with a lead apron.

2. Each licensee who employs any person, other than a dental hygienist, to assist him or her in radiographic procedures shall include with his or her application for renewal of his or her license a certified statement:

(a) Containing the name of each person so employed, his or her position and the date he or she began to assist the licensee in radiographic procedures; and

(b) Attesting that each such employee has received:

(1) Adequate instruction concerning radiographic procedures and is qualified to operate radiographic equipment as required pursuant to subsection 3 of <u>NAC 459.552</u>;

(2) Training in cardiopulmonary resuscitation at least every 2 years while so employed;

(3) A minimum of 4 hours of continuing education in infection control every 2 years while so employed; and

(4) Before beginning such employment, a copy of this chapter and <u>chapter 631</u> of NRS in paper or electronic format.

[Bd. of Dental Exam'rs, § XXV, eff. 7-21-82] — (NAC A 7-30-84; 9-13-85; 9-6-96; R020-14, 6-23-2014)

NAC 631.265 Requirements for machines used to administer nitrous oxide-oxygen analgesia. (NRS 631.190, 631.265) Each machine used to administer nitrous oxide-oxygen analgesia must be equipped with a device to recover any gas which escapes into the air during the administration of the gas.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-6-96)

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

1. Advertising is false or misleading if it:

(a) Claims that a manifestly incurable disease can be permanently cured.

(b) Includes any *objectively* false claim of a dentist's skill, or the efficacy or value of his or her dental treatment. An individual's dissatisfaction with a licensee's advertised services or treatment is not, in and of itself, sufficient to constitute false or misleading advertising pursuant to this section.

(c) Guarantees *the results of any professional service or course of treatment or guarantees* that any professional service, dental treatment or dental procedure will be painless.

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

(e) Includes any extravagant claim, aggrandizement of abilities or self-laudatory statement calculated to attract patients, and which has a tendency to mislead the public or produce unrealistic expectations in particular cases. An individual's dissatisfaction with a licensee's advertised services or treatment is not, in and of itself, sufficient to constitute false or misleading advertising pursuant to this section.

(f) Is false, deceptive or misleading in regard to the price or terms of credit for services performed or to be performed.

(g) Promotes the services of a dentist or group of dentists using a fictitious name, unless the name of each dentist, as registered with the Board, is included in the advertisement.

(h) States, suggests or implies that a dentist specializes in an area of specialization listed in NAC 631.190, unless the dentist is licensed for that area of specialty and the number of his or her license for that specialty is included in the advertisement.

2. Paragraph (h) of subsection 1 does not prohibit a dentist from limiting his or her practice to a single area of the practice of dentistry and so advertising that fact, if the advertisement:

(a) Uses the words "practice limited to" (area of limitation); and

(b) States that the dentist is not licensed as a specialist in that area of practice unless he or she is so licensed.

[Bd. of Dental Exam'rs, § XXVI, eff. 7-21-82] — (NAC A 9-13-85)

NAC 631.273 Ownership or control of practice by member of family after death of dentist. (NRS 631.190, 631.385)

1. If, upon the death of a dentist licensed pursuant to <u>chapter 631</u> of NRS, a surviving member of his or her family desires to own or control his or her practice, share in the fees therefrom, or control the services offered, the surviving member shall, within 2 months after the dentist's death, notify the Board of that fact by furnishing the Secretary-Treasurer with a certified copy of the death certificate.

2. Upon receipt of the death certificate, the Board will appoint one or more of its members, agents or employees to investigate the operation of the dental practice of the decedent to determine whether the practice is being conducted in full compliance with the requirements of <u>chapter 631</u> of NRS and the regulations of the Board, paying particular attention to the health, welfare and safety of the public.

3. If, upon investigation, the Board finds that the practice is not being conducted in full compliance with the requirements of <u>chapter 631</u> of NRS or the regulations of the Board, it will apply to the district court to enjoin the continuation of the practice and will further institute any disciplinary action it deems necessary against any licensed dentist or dental hygienist associated with the practice.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R231-03, 5-25-2004)

NAC 631.275 Activities which constitute exercise of authority or control over clinical practice. (NRS 631.190, 631.215)

1. For the purposes of paragraph (h) of subsection 2 of <u>NRS 631.215</u>, the Board will deem a person to exercise authority or control over the clinical practice of dentistry if the person, by agreement, lease, policy, understanding or other arrangement, exercises authority or control over:

(a) The manner in which a licensed dentist, *a dental therapist*, a dental hygienist or a dental assistant uses dental equipment or materials for the provision of dental treatment;

(b) The use of a laboratory or the decision to purchase or not to purchase dental equipment or materials against the advice of a licensed dentist if the dentist reasonably concludes that such use, purchase or failure to purchase would impair the ability of the dentist, *dental therapist* or a dental hygienist to provide dental care to a patient consistent with the standard of care in the community;

(c) A decision of a licensed dentist regarding a course or alternative course of treatment for a patient, the procedures or materials to be used as part of a course of treatment or the manner in which a course of treatment is carried out by the dentist, a dental hygienist or a dental assistant;

(d) The length of time a licensed dentist or a dental hygienist spends with a patient or if the person otherwise places conditions on the number of patients a licensed dentist or a dental hygienist may treat in a certain period of time;

(e) The length of time a licensed dentist, a dental hygienist or a dental assistant spends performing dental services, against the advice of the dentist, if the dentist reasonably believes that the ability of the dentist, *dental therapist*, dental hygienist or dental assistant to provide dental care to a patient consistent with the standard of care in the community would be impaired;

(f) The referrals by a licensed dentist to another licensed dentist or otherwise places any restriction or limitation on the referral of patients to a specialist or any other practitioner the licensed dentist determines is necessary;

(g) The clinical practices of a *dental therapist or* dental hygienist regarding appropriate dental hygiene care or the duties that a licensed dentist may delegate to a dental hygienist, *dental therapist or dental assistant*;

(h) Patient records at any time to the exclusion of the applicable licensed dentist or the applicable patient;

(i) A decision of a licensed dentist to refund payments made by a patient for clinical work that is not performed or is performed incorrectly by:

(1) The dentist; or

(2) A dental hygienist *or dental therapist* employed by the licensed dentist or a professional entity of the licensed dentist;

(j) A decision regarding the advertising of the practice of a licensed dentist if the decision would result in a violation of the provisions of NRS 631.348 by the dentist;

(k) A decision to establish fees for dental services against the advice of a licensed dentist if the dentist reasonably concludes that those fees would impair the ability of the dentist or a dental hygienist to provide dental care to patients consistent with the standard of care in the community;

(1) A decision relating to the clinical supervision of *dental therapists*, dental hygienists and ancillary personnel regarding the delivery of dental care to patients of a licensed dentist;

(m) The hiring or firing of licensed dentists, *dental therapists* or dental hygienists or the material clinical terms of their employment relationship with a licensed dentist or a professional entity of a licensed dentist;

(n) A decision regarding the hiring of ancillary personnel against the advice of a licensed dentist or a decision by a licensed dentist to fire or refuse to work with ancillary personnel if that advice, firing or refusal is related to the clinical competence of that ancillary personnel to render dental care to patients, regardless of who employs such ancillary personnel; and

(o) The material terms of any provider contracts or arrangements between a licensed dentist or a professional entity of a licensed dentist and third-party payors against the advice of the dentist, if the dentist reasonably concludes that the contract or arrangement would impair the ability of the dentist to provide dental care to patients consistent with the standard of care in the community.

2. For the purposes of this section:

(a) "Ancillary personnel" means a person, other than a licensed dentist, *dental therapist* or a dental hygienist, who:

(1) Directly provides dental care to a patient under the supervision of a licensed dentist, *dental therapist* or a dental hygienist; or

(2) Assists a licensed dentist, *dental therapist* or a dental hygienist in the provision of dental care to a patient.

(b) "Clinical" means relating to or involving the diagnosis, evaluation, examination, prevention or treatment of conditions, diseases or disorders of the maxillofacial area, oral cavity or the adjacent and associated structures and their impact on the human body, as typically provided by a licensed dentist or, if applicable, a dental hygienist, within the scope of the education, experience and training of the dentist or dental hygienist, in accordance with applicable law and the ethics of the profession of dentistry.

(Added to NAC by Bd. of Dental Exam'rs by R202-09, eff. 8-13-2010)

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

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

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

3. It is within the Board's discretion whether or not to issue an advisory opinion but the Board may seek advice of legal counsel regarding whether the request falls within the Board's jurisdiction to determine and may seek legal advice regarding the interpretation of the provision at issue.

(Added to NAC by Bd. of Dental Exam'rs, eff. 12-15-87)

PRACTICE BEFORE THE BOARD OF DENTAL EXAMINERS OF NEVADA

Parties

NAC 631.280 Appearances. (NRS 631.190) Each party must enter his or her appearance at the beginning of a *formal* hearing or at a time designated by the presiding officer by giving his or her name and address and stating his or her position or interest to the presiding officer. The information must be entered in the record of the hearing.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]

NAC 631.285 Representation by attorney. (NRS 631.190)

1. A party to a *formal* proceeding *hearing* before the Board is entitled to be heard in person or by his or her attorney. A licensee attending an informal hearing is entitled to be represented by his or her attorney, and may seek and/or follow the advice of that attorney during the

informal hearing, but an attorney appearing at an informal hearing with or without his or her client is limited only to advising his or client and introducing exhibits for the record.

2. An attorney appearing as counsel in any proceeding must be an attorney at law, admitted to practice and in good standing before the highest court of any state. If an attorney is not admitted and entitled to practice before the Supreme Court of Nevada, an attorney so admitted and entitled to practice must be associated with that attorney.

(Added to NAC by Bd. of Dental Exam'rs by R023-06, eff. 9-18-2006)

NAC 631.290 Service of process on attorney. (NRS 631.190) Following the entry of an appearance by an attorney for a party, all notices, pleadings and orders to be served on that party must be served upon the attorney, and that service is valid for all purposes upon the party represented.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]

Pleadings, Motions and Other Papers

NAC 631.300 Verification. (NRS 631.190) All pleadings must be verified. [Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]

NAC 631.310 Motions. (NRS 631.190)

1. All motions, unless made during a hearing, must be made in writing. All written motions must set forth the nature of relief sought, the grounds therefor, and the points and authorities relied upon in support of the motion.

2. A party desiring to oppose a motion may serve and file a written response to the motion within 20 days after service of the motion. The moving party may serve and file a written reply to the response within 10 days after service of the response.

3. A decision on the motion will be rendered without oral argument unless oral argument is requested by the Board, in which event the Board will set a date and time for hearing.

4. No motions pertaining to an ongoing investigation will be submitted to or heard by the Board prior to initiation of a contested case through the filing of a formal complaint.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]

NAC 631.320 Filing; availability of copies. (NRS 631.190) The original and two copies of each pleading, motion or other paper must be filed with the Secretary-Treasurer. He or she may direct that a copy of each pleading or motion be made available by the party filing it to any other person who the Secretary-Treasurer determines may be affected by the proceeding and who desires the copy.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82] — (NAC A by R231-03, 5-25-2004)

NAC 631.330 Service of process. (NRS 631.190) Any document required to be served by a party, other than a notice of a *formal* hearing, *formal* complaint, adverse decision or order of the Board, may be served by *regular* mail. The service shall be deemed complete when a true copy of the document, properly addressed and stamped, is deposited in the United States mail. *Notice of a verified complaint, authorized complaint, formal complaint, informal hearing, formal hearing, and/or adverse decision or order of the Board shall be served via certified mail or via personal service.*

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]

NAC 631.340 Proof of service. (NRS 631.190) There must appear on, or be attached to, each document required to be served proof of service by a certificate of an attorney or his or her employee, a proof of personal service, a written admission of service or by an affidavit of mailing.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]

NAC 631.350 Failure of party to answer complaint. (NRS 631.190) The failure of a party to file an answer *to a formal complaint* within the time prescribed *shall* creates a rebuttable presumption that the party admits generally the allegations of the complaint.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82] — (NAC A by R006-99, 4-3-2000)

NAC 631.355 Application Request for subpoena. (NRS 631.190, 631.360)

1. A party to a*n adjudicative* proceeding before the Board desiring to subpoena a witness must submit an *application request* in writing to the Executive Director stating the reasons why the subpoena is requested.

2. The Executive Director may require that a subpoena requested by a party for the production of health care records, *dental records*, papers, books, accounts or other documents be issued only after the submission of an application *request* in writing to the Executive Director, which specifies as clearly as may be, the health care records, papers, books, accounts or other documents desired.

3. The Executive Director, upon receipt of an application written request for a subpoena, shall:

(a) Grant the application *request* and issue the subpoena;

(b) Deny the application request; or

(c) *Request additional information regarding the request for a subpoena, or if necessary, S schedule* a hearing *meeting with the requesting party* to *discuss the request and* decide whether to grant or deny the application request.

4. If an application *request* to issue a subpoena *during the adjudicative process* is denied, the applicant may petition the Board for reconsideration.

5. As used in this section, "health care records" has the meaning ascribed to it in <u>NRS</u> <u>629.021</u> and "dental records" has the meaning ascribed to it in NAC 631.

6. Upon written request from the investigator or Review Panel for a subpoena of records or documents relating or relevant to an ongoing investigation pursuant to NRS 631.360, NRS 631.363 and/or NRS 631.3635, the Executive Director shall issue the requested subpoena.

7. If the Executive Director is unsure whether there is sufficient evidence to classify the records requested pursuant to subsection 6 as "relating to" or "relevant to" an ongoing investigation, the Executive Director may seek advice or instruction from the Board's legal counsel.

(Added to NAC by Bd. of Dental Exam'rs by R159-08, eff. 4-23-2009)

Hearings

NAC 631.370 Expenses of witness attending prehearing deposition. (NRS 631.190) Any witness required to attend a prehearing deposition or *formal* hearing before the Board is entitled to receive, in the same manner and amount, the fees and reimbursements for travel which are statutorily provided for witnesses in courts generally.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82] — (NAC A 12-15-87)

NAC 631.380 Failure of party to appear. (NRS 631.190) If a party fails to appear at a *formal* hearing scheduled by the Board and no continuance has been requested or granted, the Board will hear the evidence and proceed to consider the matter and dispose of it on the basis of the evidence before it.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]

NAC 631.390 Presentation of evidence. (NRS 631.190)

1. The presiding member of the Board shall call the *formal* hearing to order and proceed to take the appearances of the Board's members, the parties and their counsel, and the Board will act upon any pending motions, stipulations and preliminary matters.

2. The notice of hearing, complaint, petition, answer, response or written stipulation becomes a part of the record without the necessity of being read unless a party requests that the paper be read verbatim into the record.

3. Applicants, petitioners or complainants must present their evidence first. Afterward, parties who are opposing the application, petition or complaint may submit their evidence.

4. Closing statements by the parties may be allowed by the Board or a presiding member.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]

NAC 631.395 Participation by investigator or members of the Review Panel. (NRS 631.190, 631.363, NRS 631.3635) An investigator appointed pursuant to NRS 631.363 and/or a member of a Review Panel appointed pursuant to NRS 631.3635, may provide testimony regarding the investigator's and/or Review Panel's findings and conclusions about a matter at a formal hearing before the Board but may not participate in the decision rendered by the Board in that matter.

(Added to NAC by Bd. of Dental Exam'rs by R023-06, eff. 9-18-2006)

NAC 631.400 Briefs. (NRS 631.190) The Board may request briefs to be filed or, upon motion by a party, may permit briefs to be filed. The time for filing briefs will be set by the members of the Board who are conducting the hearing.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]

NAC 631.410 Decision by Board. (NRS 631.190)

1. A case stands submitted for decision by the Board after the taking of evidence, the filing of briefs or the presentation of such oral arguments as may have been permitted by the Board.

2. The Board will issue its order or render its decision within 90 days after the hearing or the submission of the case.

[Bd. of Dental Exam'rs, part § XIX, eff. 7-21-82]