

NEVADA STATE BOARD of DENTAL EXAMINERS



EMPLOYMENT COMMITTEE
TELECONFERENCE MEETING

TUESDAY JANUARY 18, 2022

5:30 P.M.

PUBLIC BOOK

Agenda Item 4(a):

**Committee to Discuss, Consider, and Potentially Make
Recommendation to Full Board Regarding Non-Board
Member Review Panel Members – NRS 631.190**

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

Agenda Item 4(a):
Recruitment for Review Panel Members

Nevada State Board of Dental Examiners



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

RECRUITMENT FOR REVIEW PANEL MEMBERS

The Nevada State Board of Dental Examiners (NSBDE) is actively recruiting licensed dental and dental hygiene review panel members. A review panel appointed shall, in conducting a review of an investigation or informal hearing, review and consider, without limitation all files and records collected or produced by the investigator; any written findings of fact and conclusions prepared by the investigator and any other information deemed necessary by the review panel. Review panel members will collectively discuss complaint files and information and draft recommendations for the course of action to be taken to bring complaint files to a resolution.

Schedule is based on need and panel member availability.

Requirements:

Those who wish to be considered as a review panel member for the Board must meet the following:

- (a) Dental panel members must hold an active Nevada dental license in good standing for the past 5 years;
- (b) Dental hygiene panel members must hold an active Nevada dental hygiene license in good standing for the past 5 years.

Honoraria:

The Board pays a rate of \$50.00 per hour for those who appear at scheduled review panel meetings.

Any licensee interested in being considered for appointment, may submit the application by email to nsbde@nsbde.nv.gov; by fax to (702) 486-7046 or by mail to the address above. If you have any questions, feel free to contact the Board office by phone at (702) 486-7044. Applications received will be placed before the Board for consideration at a regularly scheduled meeting of the Board.

Agenda Item 4(a)(2):
Nicole Brewster, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) Nicole Lynn BrewsterFULL MAILING ADDRESS [REDACTED]TELEPHONE [REDACTED]EMAIL [REDACTED] LICENSE NO: 3655**APPLICATION FOR REVIEW PANEL MEMBER**

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

NY MN

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Galleria Family DentalOffice (1) name: [REDACTED]Office (1) address: [REDACTED]Office (1) telephone: [REDACTED]

Office (2) name: _____

Office (2) address: _____

Office (2) telephone: _____

SIGNATURE OF LICENSEE [Signature]DATE 05 14 2020

Nicole Brewster



EDUCATION

MSADT, Metropolitan State University, 2018

BSDH, College of Southern Nevada, 2006

AAS in Dental Hygiene, Erie Community College, 1998

Dental Lab Tech 1996

QUALIFICATIONS

Laser Certification 2004

CPR Active

Nevada Dental Hygiene License

Nevada Dental Hygiene Public Endorsement

MN Dental Hygiene License

MN Dental Therapy License

NY Dental Hygiene License

Cone Beam Radiography Certificate 2012

Agenda Item 4(a)(2):
Tamera Finley, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) Tamera FinleyFULL MAILING ADDRESS [REDACTED]TELEPHONE [REDACTED]EMAIL [REDACTED] LICENSE NO: 101065**APPLICATION FOR REVIEW PANEL MEMBER****Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:****REQUIREMENTS:**

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name: Dr. Barton FoutzOffice (1) address: [REDACTED]Office (1) telephone: [REDACTED]

Office (2) name: _____

Office (2) address: _____

Office (2) telephone: _____

SIGNATURE OF LICENSEE *T Finley*DATE July 6, 2020

Agenda Item 4(a)(2):
Cynthia Galovic-McLaughlin, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print)

Cynthia L. Galovic - McLaughlin

FULL MAILING ADDRESS

TELEPHONE

EMAIL

LICENSE NO:

2967**APPLICATION FOR REVIEW PANEL MEMBER**

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

IN IL NY MA NV

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name:

Dr. Ken Cox

Office (1) address:

Office (1) telephone:

Office (2) name:

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE

Cynthia L. Galovic - McLaughlin

DATE

Sept 21st, 2020

Received

SEP 24 2020

NSBDE

CINDY MCLAUGHLIN



PROFILE

I am a licensed registered dental hygienist practicing for over 35 years. I have been employed in the states of Nevada, Indiana, New York, and Illinois. I am current on my continuing education and all applicable licenses. I am licensed to administer local anesthesia. I have been employed with Dr. Kenneth Cox for 18 years and have established a loyal patient base and am committed to the success of our practice.

EXPERIENCE

Dental Hygienist, Kenneth Cox, DDS; Las Vegas, NV - 2002-Present

EDUCATION

INDIANA UNIVERSITY, BLOOMINGTON, IN - PRE-REQUISITES FOR DENTAL HYGIENE, 1978-1980

IUPUI, INDIANAPOLIS, IN - ASSOCIATE DEGREE DENTAL HYGIENE, 1980-1982

INDIANA UNIVERSITY NORTHWEST, GARY, IN - BACHELOR OF SCIENCE BIOLOGY, BACHELOR OF ARTS ORGANIZATIONAL COMMUNICATIONS, 1985-1989

SKILLS

DENTAL PROPHYLAXIS, SOFT TISSUE MANAGEMENT, DENTAL X-RAYS, PATIENT EDUCATION, FLUORIDE TREATMENT.

REFERENCES

Available upon request

Received
SEP 24 2020
NSBDE

Agenda Item 4(a)(2):
Rita Goddard, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS

Committee Meeting Page 15

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print)

Rita Goonard

FULL MAILING ADDRESS

TELEPHONE

EMAIL

LICENSE NO: 10109

APPLICATION FOR REVIEW PANEL MEMBER

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

NV

PA

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name:

Periodontics Limited

Office (1) address:

Office (1) telephone:

Office (2) name:

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE

Rita Goonard

DATE

5/20/2020

Agenda Item 4(a)(2):
Daniela Heider, RDH

FULL NAME (please print)

Daniela Heider

FULL MAILING ADDRESS

TELEPHONE

EMAIL

LICENSE NO:

3539

APPLICATION FOR REVIEW PANEL MEMBER

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

Florida DH12035

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name:

Coast Dental

Office (1) address:

Office (1) telephone:

Office (2) name:

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE

Daniela Heider

DATE

6-6-2020

Agenda Item 4(a)(2):
Khalid Jilani, DMD

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) KHALID RIZWAN JILANIFULL MAILING ADDRESS [REDACTED]TELEPHONE [REDACTED]EMAIL [REDACTED]LICENSE NO: 6504

APPLICATION FOR REVIEW PANEL MEMBER

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

NV CA

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name:

BONITA DENTAL

Office (1) address:

Office (1) telephone:

Office (2) name:

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE

[Signature]

DATE

06/24/2020

Received

JUN 24 2020

NSBDE

Agenda Item 4(a)(2):
Lance Kim, DMD

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) LANCE JUNGMIN KIMFULL MAILING ADDRESS [REDACTED]TELEPHONE [REDACTED]EMAIL [REDACTED] LICENSE NO: 4575**APPLICATION FOR REVIEW PANEL MEMBER**

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

PENNSYLVANIA NEVADA

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name: [REDACTED]

Office (1) address: _____

Office (1) telephone: _____

Office (2) name: _____

Office (2) address: _____

Office (2) telephone: _____

SIGNATURE OF LICENSEE Lance J KimDATE 01/10/2022

Lance Jungmin Kim, DMD

Objective	To obtain dental and dental hygiene review panel members position
Civilian Work Experience	<p>Staff Dentist</p> <p>VA Southern Nevada Healthcare System</p> <p><i>10/2015-Present</i></p> <p>Provided comprehensive general dental care (including fixed, removable prosthodontics and aesthetic dentistry) to disable veterans at VA hospital in Las Vegas, Nevada</p> <p>Owner Dentist</p> <p>Dynamic Dental, North Las Vegas, NV.</p> <p><i>06/2006-09/2015</i></p> <p>Performed all aspects of dentistry, including routine restorative treatment, prosthodontics (crown/bridge, implant, dentures), endodontics, extractions, and periodontal treatment.</p> <p>Associate Dentist</p> <p>Crestview Dental, Henderson, NV,</p> <p><i>08/2005-06/2006</i></p> <p>Provided and managed direct patient care, including examinations, diagnoses, and treatment for a diverse patient population.</p>
Military Experience	<p>US Air Force Reserve Nellis AFB, NV</p> <p><i>06/2006-04/2021</i></p> <p>Officer in Charge of dental flight of 926 Aerospace Medicine Squadron in Nellis Air Force base. Created dental flight, program, and protocols in 926AMDS. Provide care to over 1000 reserve members. MPA tours include the Osan AFB, the Davis-Monthan, and the Eielson AFB for manning assist.</p>

Currently working as an Admission Liaison Officer for the USAF Academy to mentor and interview potential cadet candidates.

Nellis AFB, Las Vegas, NV

08/2003-08/2005

General dental officer providing dental care for members of US Air force at Nellis Air Force Base, Nevada. As an Officer in charge of Preventive Dentistry, organized seminars to active duty members and local schools about preventive dentistry.

Talil AFB, Iraq

03/2004-06/2004

Officer in charge of Air Force dental section of a medical team in support of Operation Iraqi Freedom. Provided all phases of general dentistry to US and coalition troops.

Osan AFB, South Korea

08/2002-08/2003

General dental officer providing dental care for active duty military members, retirees, and their dependents. Clinical skills include making removable and fixed prostheses, endodontics, pedodontics, periodontics, and operative dentistry.

MCAS Miramar, San Diego, CA

08/2000-06/2002

General dental officer providing dental care to sailors and marines stationed in MCAS Miramar. Served as Officer in Charge of creating and maintaining team dentistry.

Okinawa, Camp Lester, Camp Schwab

09/1998-08/2000

General dental officer providing general dentistry for active duty military members, retirees, and their dependents.

Education

Advanced Education in General Dentistry

Camp Lester, Okinawa, Japan

1999

Doctor of Dental Medicine

Tufts University; School of Dental Medicine, Boston, MA
1998

Bachelor of Science in Biology

SUNY @ Stony Brook University
1994

Professional Licensure: Nevada Dental License 4575

Agenda Item 4(a)(2):
Sandra Lee, DMD

6010 S Rainbow Boulevard, Building A, Suite 1
Las Vegas, NV 89118
(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) Dr. Sandra Lee

FULL MAILING ADDRESS

TELEPHONE

EMAIL

LICENSE NO: 6632

APPLICATION FOR REVIEW PANEL MEMBER

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application: ✓
2. Nevada dental or dental hygiene license must be active and in good standing; ✓
3. Submit a curriculum vitae and any other information you may want considered ✓

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

NV

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

① Office (1) name: Flamingo Smiles Dentistry

Office (1) address:

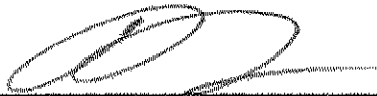
Office (1) telephone:

Office (2) name:

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE



DATE

5/20/20

Sandra Lee

EDUCATION

University of Nevada, Las Vegas- School of Dental Medicine, 2011- 2015

- Doctor of Dental Medicine

University of Nevada, Las Vegas, 2004-2009

- Bachelor of Science in Comprehensive Biology

DENTAL EXPERIENCE

- **Owner, General Dentist at Flamingo Smiles Dentistry (07/2017-present):** Leadership with front office/back office/training new dental assistants/leading team meetings. Services provided: restorative, fixed prosthodontics, removable prosthodontics, oral surgery, endodontics- hand filing and rotary, Opalescence BOOST in-office whitening and implant placement/implant crown restoration, full mouth reconstruction
- **Associate General Dentist at Henderson Modern Dentistry & Orthodontics (07/2016-07/2017):** Leadership with front office/back office/training new dental assistants/leading team meetings. Services provided: restorative, fixed prosthodontics, removable prosthodontics, oral surgery, endodontics- hand filing and rotary, Opalescence BOOST in-office whitening and implant placement/implant crown restoration, full mouth reconstruction
- **Associate General Dentist at Dental Designs of Las Vegas (08/2015-07/2016):** running front and back office, team meetings. Services provided: restorative, fixed prosthodontics, removable prosthodontics, extraction, endodontics- hand filing and WAVE ONE rotary, Invisalign, Opalescence BOOST in-office whitening and implant placement/implant crown restoration

LEADERSHIP AND PROFESSIONAL SERVICE

- **Instructor at Pacific Dental Services, Henderson Support Center**
 - Subjects: Patient care, case acceptance, diagnosis and treatment planning
- **Mentor Doctor at Pacific Dental Services, Dr. Jon Roxarzade SW Region**
- **UNLV Predental Association, Chair/Liaison (2011-2016).**
- **UNLV Predental Association President (2009-2010).**

COMMUNITY SERVICE

- **Give Kids A Smile (2010-present).**
- **Children's Saturday Morning Clinic at UNLV SDM(2010 – 2015).**
- **Veteran's Clinic at UNLV SDM (2010-2015).**
- **Remote Area Medial (2014-2015)**

PROFESSIONAL AFFILIATIONS

- **American Dental Association**
- **American General Dentistry**
- **American Academy of Cosmetic Dentistry**

- Academy of General Dentistry
- American Dental Association
- Southern Nevada Dental Association

OTHER SKILLS

- Korean- speak, read, and write fluently

Nevada State Board of
Dental Examiners

Employment Application

Investigator Position - Applicant Information

Full Name: Lee Sandra Date: 5/20/20

Address: [REDACTED]

Street Address: [REDACTED] Apartment/Unit #: [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

Phone: [REDACTED] E-mail Address: [REDACTED]

Date Available: 6/1/20 Social Security No.: [REDACTED] Desired Salary: \$ Flexible

Position Applied for: **Part-time Investigator (18-20 hours per week)**

Are you a citizen of the United States? ☒ YES ☐ NO If no, are you authorized to work in the U.S.? ☐ YES ☐ NO

Have you ever worked for this company? ☐ YES ☒ NO If yes, when?

Have you ever been convicted of a felony? ☐ YES ☒ NO

If yes, explain:

Education

Undergraduate College/University: UNLV SDM Address: [REDACTED]

From: 08/11 To: 04/15 Did you graduate? ☒ YES ☐ NO Degree: DMD

Dental School/College: UNLV Address: [REDACTED]

From: 08/04 To: 12/09 Did you graduate? ☒ YES ☐ NO Degree: Biology

Other: Address: [REDACTED]

From: [REDACTED] To: [REDACTED] Did you graduate? ☐ YES ☐ NO Degree: [REDACTED]

Dental License

Please list all states where you have been issued a dental license and license information:

State: NV License Number: 6632

Issue Date: 08/2015 License Status (Active, Inactive, etc.): Active Is the license in good standing: Yes

State: [REDACTED] License Number: [REDACTED]

Issue Date: [REDACTED] License Status (Active, Inactive, etc.): [REDACTED] Is the license in good standing: Yes or No

State: [REDACTED] License Number: [REDACTED]

Issue Date: [REDACTED] License Status (Active, Inactive, etc.): [REDACTED] Is the license in good standing: Yes or No

Employment History

Company:

Pacific Dental Services
#1amino Smiles Dentistry.

Phone:

Address:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

07/2017 - present.

May we contact your previous supervisor for a reference?

YES ☒NO ☐

> paid on 3% production.

Company:

Pacific Dental Services
Henderson Modern Dentistry.

Phone:

Address:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

07/2016 - 07/2017

Associate Doctor

owning office.

regional partner with PDS

May we contact your previous supervisor for a reference?

YES ☒NO ☐

Company:

Heartland Dental

Phone:

Address:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

better opportunity.

May we contact your previous supervisor for a reference?

YES ☐NO ☐**Military Service**

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:



Date:

5/20/20

Agenda Item 4(a)(2):
Katherine Lucchetti, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) Katherine LucchettiFULL MAILING ADDRESS [REDACTED]TELEPHONE [REDACTED]EMAIL [REDACTED]LICENSE NO: 102002**APPLICATION FOR REVIEW PANEL MEMBER**

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

NV

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name:

Island Dental Center

Office (1) address:

Office (1) telephone:

Office (2) name:

Dr. George A. Davis, Jr. - The Dentist of Summerlin

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE

Katherine Lucchetti

DATE

10/5/2020

Agenda Item 4(a)(2):
Daniel Kevin Moore, DDS

NEVADA STATE BOARD OF DENTAL EXAMINERS**6010 S Rainbow Boulevard, Building A, Suite 1****Las Vegas, NV 89118****(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)**FULL NAME (please print) Daniel Kevin MooreFULL MAILING ADDRESS [REDACTED]TELEPHONE [REDACTED]EMAIL [REDACTED]LICENSE NO: 3215**APPLICATION FOR REVIEW PANEL MEMBER****Pursuant to NRS 631.3635, I hereby make application for the position of Revie Panel Member:****REQUIREMENTS:**

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

CA CO UT NV AZ AK _____

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name: Moore Family DentistryOffice (1) address: [REDACTED]Office (1) telephone: [REDACTED]Office (2) name: Star DentalOffice (2) address: [REDACTED]Office (2) telephone: [REDACTED]SIGNATURE OF LICENSEE [Signature]DATE 1-12-2022

Agenda Item 4(a)(2):
Turquoise Nepaulsingh, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print)

Turquoise Quebec Nepaulsingh

FULL MAILING ADDRESS

TELEPHONE

EMAIL

LICENSE NO: 102229**APPLICATION FOR REVIEW PANEL MEMBER**

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

NV TX

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name:

Galleria Dental

Office (1) address:

Office (1) telephone:

Office (2) name:

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE

Turquoise Nepaulsingh

DATE

7-12-20

TURQUOISE NEPAULSINGH

Nevada License #102229

To Obtain a position in the field of Dentistry and collaborate with others to regulate and maintain the safety of both the public and practitioners in the State of Nevada.

EXPERIENCE

MARCH 2019 – PRESENT
DENTAL HYGIENIST, GALLERIA DENTAL

APRIL 2018 – MARCH 2019
DENTAL HYGIENIST, ASPEN DENTAL

EDUCATION

MAY 2020- PRESENT
UNIVERSITY OF NEVADA-LAS VEGAS – PRE-MEDICINE
COLLEGE OF SOUTHERN NEVADA- PUBLIC HEALTH SPECIALIST, BS [DHPHS-BS]
SEPTEMBER 2012-MAY 2015
FORTIS INSTITUTE - ASSOCIATE DEGREE IN APPLIED SCIENCE
3.24 GPA, Dental Hygiene

SKILLS

Accelerated Hygiene- 12 patients per day
80 percent re-care rate

ACTIVITIES

Currently, I am a full time Dental Hygienist, I am working on my B.S in Public Health at the College Of Southern Nevada, and also taking Pre-Medicine classes at the University of Nevada, Las Vegas, in hopes to continue a career path in Dentistry/Public Health. Although, challenging, my passion for Dentistry and being able to build rapport with patients, along with taking care of their oral health for me has been rewarding. During Covid-19 with new guidelines in place that limits the use of the cavitron, my philosophy remains the same, "patients first".

Agenda Item 4(a)(2):
Sharon Peterson, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS

2651 N Green Valley Pkwy, Ste 104

Henderson, NV 89014

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) Sharon (Shari) PetersonFULL MAILING ADDRESS [REDACTED]TELEPHONE [REDACTED]EMAIL [REDACTED] LICENSE NO: DH 2696**APPLICATION FOR REVIEW PANEL MEMBER**

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dental hygiene (attach additional sheet if necessary):

Nevada Idaho Utah _____

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name: Stephen H. Clark II, DDSOffice (1) address: [REDACTED]Office (1) telephone: [REDACTED]Office (2) name: College of Southern Nevada Dental Hygiene ProgramOffice (2) address: [REDACTED]Office (2) telephone: [REDACTED]SIGNATURE OF LICENSEE Shari PetersonDATE 1/7/2022

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CURRICULUM VITAE

Sharon G. Peterson, PhD, RDH

EDUCATION

- | | |
|------|---|
| 2018 | Doctor of Philosophy: Education Psychology
Emphasis: Assessment, Program Evaluation, Data Analytics
University of Nevada Las Vegas, Las Vegas, Nevada |
| 1999 | Master of Education: Education Leadership
University of Nevada Las Vegas, Las Vegas, Nevada |
| 1988 | Bachelor of Science: Dental Hygiene
Idaho State University, Pocatello, Idaho
Local Anesthesia and Expanded Functions Certificate |
| 1984 | Associate of Arts: Liberal Arts
Diablo Valley College, Pleasant Hill, California
Dental Assisting Certificate |

ADMINISTRATIVE EXPERIENCE

- | | |
|---------------|---|
| 2015- Current | <i>Accreditation Liaison Officer</i>
<i>Director- Office of Assessment and Accreditation</i>
<i>College of Southern Nevada</i> |
|---------------|---|

Assessment Responsibilities:

Supervise and oversee the collection, analysis, maintenance, and reporting of assessment data for student learning outcome achievement, unit plan goal achievement, comprehensive program/unit reviews. Conduct data collection and analysis activities for college units. Compile program evaluation reports in preparation for annual reporting to the Nevada System of Higher Education Board of Regents. Conduct analysis of student course evaluations. Prepare comprehensive annual reports of effectiveness.

Accreditation Responsibilities:

Prepare and submit for internal review, reports on student learning outcome achievement, program evaluation, and evidence of strategic plan core indicators for NWCCU regional accreditation. Create and manage NWCCU regional accreditation reports and supplementary materials. Represent the College of Southern Nevada at NWCCU meetings. Maintain a data base of specialized accreditation reports. Provide support to programs in preparing new and reaccreditation application materials and assessment analytics reports for specialized accreditation self-study reports.

Strategic Planning Responsibilities:

Oversee the data collection, management and analysis of the institution strategic plan and assist programs with strategic planning activities, data collection metrics, and evaluation procedures to determine CSN mission fulfillment. Create an annual report on achievement of strategic plan indicators and disseminate information to internal and external stakeholders.

Institutional Effectiveness Responsibilities:

Manage college-wide committees and peer review processes to determine institutional effectiveness and mission fulfillment. Provide data analytics of institutional effectiveness indicators and report annually on institutional effectiveness and mission

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fulfillment. Provide professional development offerings on assessment, accreditation, strategic planning, and institutional effectiveness.

2013- 2015

***Assessment Coordinator- Engelstad School of Health Sciences
College of Southern Nevada***

Responsibilities:

Oversight and approval of program assessment plans and reports.

Provided support to Director of Assessment & Accreditation for Northwest Commission on Colleges and Universities Reports

Provided faculty development in assessment methodology, test construction, direct measures rubric construction, program evaluation and reporting.

2008-2014

***Program Director- Associate & Bachelor Dental Hygiene Degree Programs
College of Southern Nevada***

Program Director responsibilities:

Financial management of program and clinic budgets, Faculty & Staff evaluation, Curriculum Development & Management, Program Evaluation, Program Outcomes Assessment, Annual CODA accreditation reporting, Accreditation Self Study development, Coordinated Annual Program Review.

PROFESSIONAL APPOINTMENTS

2018- current

Northwest Commission of Colleges and Universities Site Evaluator and Chair

2003- 2020

Nevada State Board of Dental Examiners-

Disciplinary Screening Officer 2003 - 2019

Dental Hygiene Member 2003 - 2008

2013- present

Commission on Dental Accreditation- Dental Hygiene Site Evaluator and Chair

2007- present

Commission on Dental Competency Assessments- Dental Hygiene Examiner

1999- 2017

Lobbyist- Nevada Dental Hygienists' Association

2010- 2016

National Board Dental Hygiene Examination Test Construction Specialist

2005- 2008

Western Regional Examining Board- Dental Hygiene Examiner

2003- 2008

Nevada State Board of Dental Examiners- Dental Hygiene Member

2003 – present

Disciplinary Screening Officer

TEACHING EXPERIENCE

1997- present

College of Southern Nevada

Tenured Professor & Administrative Faculty Assignments

Associate and Baccalaureate Dental Hygiene Programs

Full-time – 1997 – 2015

Part-time – 2015 – present

2007- 2016

University of Nevada Las Vegas

Volunteer Instructor

School of Dental Medicine

2007 – 2008

Dixie State College

Instructor

Associate and Baccalaureate Dental Hygiene Programs

1991-1992

Idaho State University

Part-time Instructor

Baccalaureate Dental Hygiene Program

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INSTITUTIONAL COMMITTEE WORK

College of Southern Nevada

Committee Member

College and School Strategic Planning Committees
College and School Curriculum Committees
College and School Assessment Committees
Achieving the Dream Program Evaluation Team Leader
Tutorial Services Program Evaluation Team
All-college Diversity Committee
Libraries Advisory Committee
Nevada Promise Workgroup
Prison Education Program Workgroup
Various Program Advisory Committees
Faculty Senate Ethics Committee
Faculty Senate Merit Pay Committee
Faculty Senate Sabbatical Leave Committee

ACADEMIC CONSULTANT

2006-2008

Dixie State College

Curriculum Development and Accreditation

Baccalaureate of Science Dental Hygiene
Commission on Dental Accreditation Self-Study and Site Visit

ACADEMIC AND PROFESSIONAL RESEARCH

Peterson, S.G., Martin, M., Gates, R. (2020). Creating Assessment Synergy through Show-N-Tell. [conference presentation]. Presented at the New England Higher Education Assessment Conference. Virtual.

Peterson, S. G., Michniewicz, P., Webb, N., Chan, M., Rohde, R., Schellhase, M. (2018). Student success and evidence of learning: An academic affairs and student services collaboration [conference presentation]. Presented at the Intermountain Teaching for Learning Conference, Nevada State College. Henderson, Nevada.

Windsor, E., Larson, S., Theoret, J., Schlesinger, M., & Peterson, S. (2018). A comparison of classroom interventions to increase student success in anatomy and physiology I. [poster proposal submission], Association for the Assessment of Learning in Higher Education Annual Conference.

Peterson, S.G. (2018). Epistemic beliefs and the innovation-decision process: A mixed methods analysis of faculty classroom assessment [Dissertation]. Principal Investigator- Lisa Bendixen, Student Researcher- Sharon Peterson.

Bendixen, L.D., Peterson, S.G. (2016). Faculty perceptions of authentic assessment and collaborative learning: Influence of faculty status and teaching experience. University of Nevada, Las Vegas, Nevada [submission review].

Reynolds, R., Peterson, S. (2014). Epistemological beliefs and motivation factors of dental hygiene students: A mixed methods exploration- Principal Investigator- Ralph Reynolds, Student Researcher- Sharon Peterson [unpublished]. University of Nevada, Las Vegas, Nevada

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PROFESSIONAL PUBLICATIONS

Peterson, S.G. (2013). Pregnancy and infancy. In N. Harris, F, Garcia-Godoy, C. Nathe (Eds.), *Primary Preventive Dentistry*, 8th Ed., (pp.266-299). Boston, MA: Pearson.

Peterson, S.G. (2009). Advocacy for dental care. In C. Nathe (Ed.), *Dental Public Health and Research*, (3rd Ed), (pp.123-138). Saddleback, N.J: Pearson Prentice Hall.

Peterson, S.G. (2008). Pregnancy and infancy. In N. Harris, F, Garcia-Godoy, C. Nathe (Eds.), *Primary Preventive Dentistry*, 7th Ed., (pp.254-281). Pearson, Boston: MA.

Peterson, S.G. (2001). Change Agent In C. Nathe (Ed.), *Dental Public Health and Research*, (2nd Ed), (pp.128-142). Saddleback, N.J: Pearson Prentice Hall.

LEADER FELLOWSHIPS

2018	Northwest Commission on Colleges and Universities Inaugural Fellowship
2013	College of Southern Nevada Executive Leadership Institute Fellow
2012	American Dental Education Association Leadership Institute Fellow
2007	American Dental Education Association Allied Health Leadership Workshop

PROFESSIONAL CREDENTIALS

1992- present	Registered Dental Hygienist- Nevada
1988- 1992	Registered Dental Hygienist- Idaho (Inactive 1992- present)

PROFESSIONAL ASSOCIATIONS/MEMBERSHIPS

2012- Present	American Association of Colleges and Universities American Educational Research Association Association for the Assessment of Learning in Higher Education American Evaluation Association
1997- Present	American Dental Education Association
1992- Present	American Dental Hygienists' Association

GRANTS AND CONTRACTS MANAGEMENT

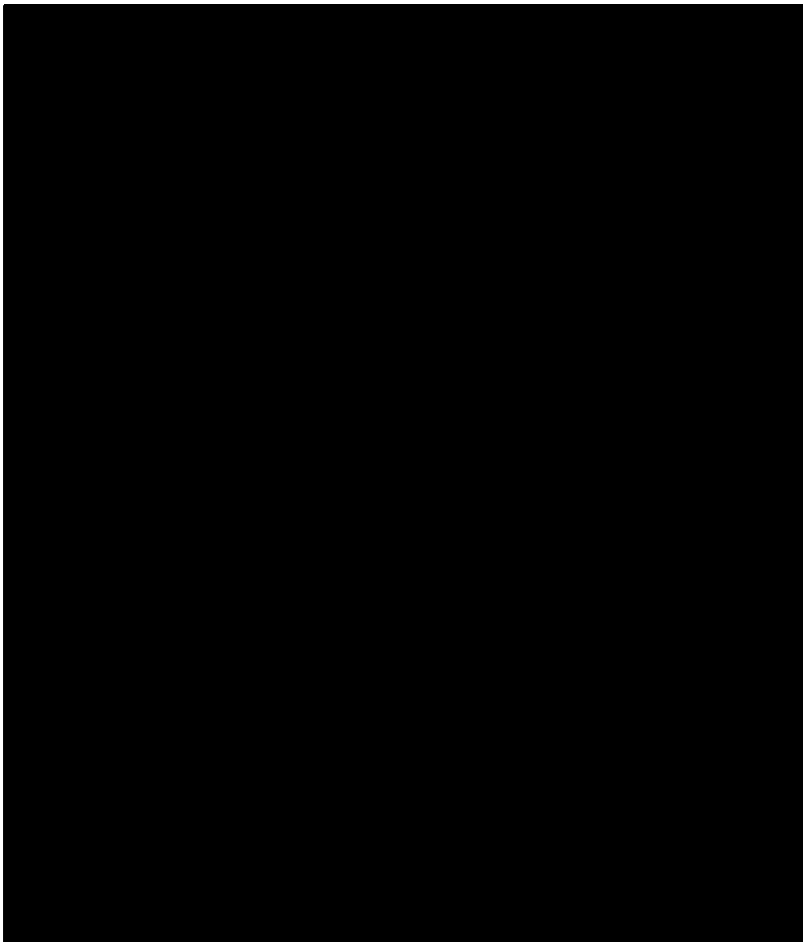
2000	State of Nevada "Seal Nevada" Program CDC Grant: \$79,000.00 Program Administrator
2001	"Oral Health Status of Kindergartners in Clark County School District" Research Grant: \$8,000.00 Principal Investigator
1999	State of Nevada Maternal and Child Health Title V Block Grant Oral Health Initiative Contract: \$7158.00 Program Administrator

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PROFESSIONAL CONTINUING EDUCATION COURSES PRESENTED

2012- Present	Sigma Phi Alpha Honor Society Continuing Education Series “Don’t’ Get Caught With Your Practice Act Down” “Local Anesthesia Refresher Course”
2002 – 2016	Dental Public Health Educators Workshop University of New Mexico- Annual Presenter “Test Construction & Preparation for National Boards” “Cultural Diversity & Sensitivity” “Program Planning, Assessment, Implementation & Evaluation” “Coalition Building & Community Partnerships
2002- Present	College of Southern Nevada Continuing Education Series Coordinator “Local Anesthesia Refresher Course” “Pain Management: Local Anesthesia & Nitrous Oxide” “Clinical Skills Assessment & Remediation”
2001	American Dental Education Association Annual Session Faculty Development Workshop “Community Service Learning”
2000	Southern Nevada Dental Hygienists’ Association “The Surgeon General’s Report on Oral Health”

REFERENCES



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Agenda Item 4(a)(2):
Kathryn Spargo, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) Kathryn SpargoFULL MAILING ADDRESS [REDACTED]TELEPHONE [REDACTED]EMAIL [REDACTED]LICENSE NO: 3796**APPLICATION FOR REVIEW PANEL MEMBER**

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

NV

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name:

Joshua Ignatowicz & Associates

Office (1) address:

Office (1) telephone:

Office (2) name:

Periodontics Limited

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE

Kathryn Spargo, R.D.H.

DATE

05-22-2020

KATHRYN SPARGO, RDH

PROFESSIONAL SUMMARY

Passionate Dental Hygienist offering 20 years of experience in preventive dental care and periodontal disease treatment. Exceptional ability to establish instant rapport with patients and colleagues based on outstanding communication skills. Skilled in developing dental office infection control and safety programs.

HIGHLIGHTS

Cared for Over 3,000 Patients of Diverse Populations	High Level of Patience and Commitment
Infection Control & Safety Trainer	Dedicated Professional & Lifelong Learner
Developed Policy & Procedures Manual	Highly Skilled in Periodontal Instrumentation
Motivate & Train Clinical Team Members	Digital Radiographs & Intraoral Photographs

PROFESSIONAL EXPERIENCE

Registered Dental Hygienist, 01/2020 to Current

Periodontics Limited – Las Vegas, NV

- Perform non-surgical therapy on patients with diagnosed periodontal disease utilizing the perioscope, ultrasonics, and curettes.
- Administered local anesthetics, antibiotic treatment, and medicament irrigation.
- For each appointment, complete a comprehensive periodontal evaluation that includes probing, bleeding points, recession, furcations, and mobility and discuss findings with the patient and periodontist.

Registered Dental Hygienist, 08/2010 to Current

Dr. Joshua M. Ignatowicz, DMD – Henderson, NV

- Created office specific Infection Control & Safety Manual and Policy & Procedure Manual for dental office.
- Entrusted with training new clinical team members and conducting annual safety training for all staff members.
- Conduct assessments of the oral health of patients through the evaluation of medical and dental histories, intraoral and extraoral procedures, digital radiographs to developed an individualized dental hygiene care plan that address the specific oral needs of each patient.
- Skillfully utilizes ultrasonic cavitron and hand instruments to remove soft and hard deposits from teeth, root surfaces, and dental implants.

- Counseled patients on prevention methods to eliminate recurrence of disease and provided encouragement for regularly scheduled follow-up dental hygiene care.
- Administer localized anesthetics, nitrous oxide-oxygen analgesia, and local chemotherapeutic agents.
- Removal of oral surgery sutures from soft tissues and excess cement from restorations.
- Sharpen & Sterilize instruments and ensure all infection control policies are followed.

Infection Control Inspector, 04/2011 to Current

Nevada State Board of Dental Examiners – Las Vegas, NV

- Conduct inspections for new and existing dental practices and clinics to ensure compliance with CDC Guidelines for infection control in dental health-care settings.
- Review written infection control policies of the facility and make recommendations as necessary.
- Observe and evaluate staff involved with patient care and medical devices and evaluate that staff are following written infection control policies and procedures.
- Instruct clinical and support staff as necessary on correct infection control procedures.

Registered Dental Hygienist, 05/2007 to 10/2016

Benjamin Glick DMD PC – Henderson, NV

- Provided exceptional oral hygiene care to a diverse population of patients which included elimination or control of etiologic factors for both dental caries and periodontal/gingival diseases.
- Designed a dental report card that explained patients' dental health status and treatment plans.
- Trained and supervised clinical and support staff on infection control and safety policies.
- Administered local anesthetic and adjunctive therapies such as localized antibiotic treatment, fluoride treatments and medicament irrigation.
- Instruction and counseling patients in daily oral care techniques.
- Took impressions for dental appliances and teeth whitening systems.
- Sharpened and sterilized dental instruments.
- Scheduled restorative and recare appointments.

Registered Dental Hygienist, 05/2001 to 05/2007

Jeffrey W. Hadley, D.D.S. – Las Vegas, NV

- Cared for each patient with personal attention by performing prophylaxis cleanings, non-surgical periodontal scaling and root planning, and routine oral intraoral & extraoral dental examinations.
- Administered local anesthetics, antibiotic treatment, and medicament irrigation
- Educated patients on best methods of practicing oral hygiene while devising customized treatment plans.
- Took radiographs and utilized traditional dark room developing techniques.
- Applied fluoride treatment, pit & fissure sealants, and took impressions for dental appliances.

EDUCATION

Bachelor of Science: Dental Hygiene, 2019

College of Southern Nevada - Las Vegas, NV

* Member of Phi Theta Kappi Honor Society

Associate of Applied Science: Dental Hygiene, 2001

College of Southern Nevada - Las Vegas, NV

* Graduated Phi Theta Kappi Honors

* 2001 ADHA & NDHA Student Research Poster 1st place Achievement

Associate of Arts: Psychology, 1990

Cypress College - Cypress, CA

Agenda Item 4(a)(2):
Kelly Taylor, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print)

Kelly Jane Taylor

FULL MAILING ADDRESS

TELEPHONE

EMAIL

LICENSE NO: 4380**APPLICATION FOR REVIEW PANEL MEMBER**

Pursuant to NRS 631.3635, I hereby make application for the position of Review Panel Member:

REQUIREMENTS:

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

CA 20088 NV 4380

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name:

Moore Family Dentist

Office (1) address:

Office (1) telephone:

Office (2) name:

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE

Kelly J Taylor

DATE

4/6/2020

Received
APR 07 2020
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