

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

WEDNESDAY, OCTOBER 18TH, 2023

6:00 P.M.

PUBLIC BOOK

Nevada State Board of Dental Examiners



2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time

Wednesday, October 18th, 2023
6:00 P.M.

Meeting Location:

Nevada State Board of Dental Examiners
2651 N. Green Valley Pkwy., Suite 104
Henderson, NV 89014

Video Conferencing / Teleconferencing Available

To access by phone, call Zoom teleconference Phone Number: (669) 900 6833

To access by video webinar, visit www.zoom.com or use the Zoom app

Zoom Webinar/Meeting ID#: **838 5383 3715**

Zoom Webinar/Meeting Passcode: **324571**

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form, Live Public Comment, and by teleconference is available after roll call (beginning of meeting and prior to adjournment (end of meeting)). Live Public Comment is limited to three (3) minutes for each individual.

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov**. Written submissions received by the Board on or before **Tuesday, October 17, 2023 by 4:00 P.M.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at <http://dental.nv.gov> In addition, the supporting materials for the public body are available at the Board's office located at 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014.

Note: Asterisks (*) "**For Possible Action**" denotes items on which the Board may take action.

Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. **Call to Order**

- Roll call/Quorum

2. **Public Comment (Live public comment, by teleconference, and pre-submitted email/written form):**

The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, October 17, 2023, by 4:00 P.M.**, may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

*3. **President's Report:** (For Possible Action)

*a. **Request to remove agenda item(s)** (For Possible Action)

*b. **Approve Agenda** (For Possible Action)

*4. **Secretary – Treasurer's Report:** (For Possible Action)

*a. **Approval/Rejection of Minutes** (For Possible Action)

- (1) Board Meeting 7-11-23
- (2) Budget & Finance Committee Meeting 8-1-23
- (3) Board Meeting 8-8-23
- (4) Continuing Education Committee Meeting 8-29-23
- (5) Board Meeting 9-12-23

*5. **Old Business:** (For Possible Action)

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

*a. **Legal Actions/Litigation Update** (For Informational Purposes Only)

*b. **Regulatory Update** (For Informational Purposes Only)

*c. **Review Panel – NRS 631.3635** (For Possible Action)

- (1) Discussion and Consideration of Proposed Findings and Recommendations for Matters that have Been Recommended for Remand by the Review Panel, and Possible Approval/Rejection of Same by the Board – NRS 631.3635

- (i) Primary Review Panel
- (ii) Alternate Review Panel
- (iii) Review Panel III

*d. **Consideration, Review, and Possible Approval/Rejection of Stipulation Agreements – NRS 631.3635; NRS 622A.170; NRS 622.330** (For Possible Action)

- (1) Hock, Christopher
- (2) Peterson, Bradley
- (3) Shields, Andrew
- (4) Virtuoso, Armand Guy
- (5) Cabungcal, Ramon
- (6) Andrews, Kevin
- (7) Ferguson, Jason
- (8) Ghodsi, Sharam
- (9) Peterson, Debra

***e. Authorized Investigative Complaints – NRS 631.360** (For Possible Action)

(1) Dr Z- The Board has received information regarding the settlement of a civil malpractice lawsuit, leading to the belief that Dr. Z. may have breached the standard of care, thereby potentially violating NRS 631.3475.

***7. New Business:** (For Possible Action)

***a. Approval/Rejection of Permanent Anesthesia Permit – NAC 631.2235** (For Possible Action)

- (1) Won Jong Lee, DDS – General Anesthesia
- (2) Natalie Djansezian, DMD – Moderate Sedation
- (3) Broc R Hammon, DMD – General Anesthesia
- (4) Robert Yau, DMD – General Anesthesia
- (5) Brady J Jones, DMD – General Anesthesia
- (6) Dallin C Parkinson, DMD – General Anesthesia
- (7) Praneeti Sodhi, DDS – Pediatric Moderate Sedation

***b. Approval/Rejection of Temporary Anesthesia Permit – NAC 631.2254** (For Possible Action)

- (1) David H Diehl, DMD – Moderate Sedation
- (2) Sisi Bao, DDS – Pediatric Moderate Sedation
- (3) Karen Kang, DMD – Pediatric Moderate Sedation
- (4) Russell J Diehl, DMD – Moderate Sedation

***c. Approval/Rejection of 90-Day Extension of Temporary Anesthesia Permit – NAC 631.2254(2)**
(For Possible Action)

- (1) Audrey H Riegel, DMD – Moderate Sedation
- (2) George L Leonakis, DDS – General Anesthesia
- (3) Michael G Aglietti, DMD – General Anesthesia
- (4) Rania A Habib, DDS, MD – General Anesthesia

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

- (1) Barry D Broadhead, DDS
- (2) Dennis D Bowman, DDS

***e. Discussion, Consideration and Possible Recommendation to the Board Regarding the Hiring of the Following as Part-Time On-Site Evaluator/Inspector Employees – NRS 631.190, NAC 631.2221**
(For Possible Action)

- (1) Thomas P Myatt, DDS – General Anesthesia
- (2) James P Schlesinger, DDS – General Anesthesia

***f. Approval for Public Health Dental Hygiene Program – NAC 631.210** (For Possible Action)

- (1) Jessica Woods, RDH – Dental Hygiene Direct Program Application

***g. Discussion, Consideration and Possible Approval/Rejection of Public Health Endorsement Application – NRS 631.287** (For Possible Action)

- (1) Carrie Wucinich, RDH – Dental Hygiene Direct
- (2) Marvelyn Navarro, RDH – Dental Hygiene Direct

***h. Review, Consideration and Possible Approval/Rejection to Employ Preliminary Screening Consultant on a Temporary Part-Time Basis – NRS 631.190** (For Possible Action)

- (1) Thacker, Matthew J, DMD

***i. Consideration, Discussion and Possible Approval of FY 2021-2022 Financial Audit (For Possible Action)**

(1) Suzanne Olson, CPA – Casey Nielon

- 8. Public Comment (Live public comment and by teleconference):** This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, October 17, 2023, by 4:00 P.M.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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9. Announcements

10. Adjournment (For Possible Action)

PUBLIC NOTICE POSTING LOCATIONS

Office of the N.S.B.D.E., 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014

State Board of Dental Examiners website: www.dental.nv.gov

Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 6(c)(1):

**Discussion And Consideration Of Proposed Findings
And Recommendations For Matters That Have Been
Recommended For Remand By The Review Panel, And
Possible Approval/Rejection Of Same By The Board -
NRS 631.3635**

NRS 631.3635 Appointment of panel to review investigation or informal hearing; members; requirements of review; findings and recommendation.

1. The Board shall appoint a panel to review an investigation or informal hearing conducted pursuant to [NRS 631.363](#). Such a panel must consist of:
 - (a) If the subject of the investigation or informal hearing is a holder of a license to practice dental hygiene, one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dental hygiene who is not a member of the Board and is not the subject of the investigation or informal hearing.
 - (b) If the subject of the investigation or informal hearing is a holder of a license to practice dentistry or any other person not described in paragraph (a), one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dentistry who is not a member of the Board and is not the subject of the investigation or informal hearing.
2. A review panel appointed pursuant to subsection 1 shall, in conducting a review of an investigation or informal hearing conducted pursuant to [NRS 631.363](#), review and consider, without limitation:
 - (a) All files and records collected or produced by the investigator;
 - (b) Any written findings of fact and conclusions prepared by the investigator; and
 - (c) Any other information deemed necessary by the review panel.
3. The investigator who conducted the investigation or informal hearing pursuant to [NRS 631.363](#) shall not participate in a review conducted pursuant to subsection 1.
4. Before the Board takes any action or makes any disposition relating to a complaint, the review panel appointed pursuant to subsection 1 to conduct a review of the investigation or informal hearing relating to the complaint shall present to the Board its findings and recommendation relating to the investigation or informal hearing, and the Board shall review and consider those findings and recommendations.
5. Meetings held by a review panel appointed pursuant to subsection 1 are not subject to the provisions of [chapter 241](#) of NRS.

(Added to NRS by [2017, 988](#))

Agenda Item 6(d):

**Consideration, Review, and Possible
Approval/Rejection of Stipulation Agreements
NRS 631.3635; NRS 622A.170; NRS 622.330**

NRS 631.3635 Appointment of panel to review investigation or informal hearing; members; requirements of review; findings and recommendation.

1. The Board shall appoint a panel to review an investigation or informal hearing conducted pursuant to [NRS 631.363](#). Such a panel must consist of:

(a) If the subject of the investigation or informal hearing is a holder of a license to practice dental hygiene, one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dental hygiene who is not a member of the Board and is not the subject of the investigation or informal hearing.

(b) If the subject of the investigation or informal hearing is a holder of a license to practice dentistry or any other person not described in paragraph (a), one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dentistry who is not a member of the Board and is not the subject of the investigation or informal hearing.

2. A review panel appointed pursuant to subsection 1 shall, in conducting a review of an investigation or informal hearing conducted pursuant to [NRS 631.363](#), review and consider, without limitation:

(a) All files and records collected or produced by the investigator;

(b) Any written findings of fact and conclusions prepared by the investigator; and

(c) Any other information deemed necessary by the review panel.

3. The investigator who conducted the investigation or informal hearing pursuant to [NRS 631.363](#) shall not participate in a review conducted pursuant to subsection 1.

4. Before the Board takes any action or makes any disposition relating to a complaint, the review panel appointed pursuant to subsection 1 to conduct a review of the investigation or informal hearing relating to the complaint shall present to the Board its findings and recommendation relating to the investigation or informal hearing, and the Board shall review and consider those findings and recommendations.

5. Meetings held by a review panel appointed pursuant to subsection 1 are not subject to the provisions of [chapter 241](#) of NRS.

(Added to NRS by [2017, 988](#))

NRS 622A.170 Informal dispositions; consent and settlement agreements; designation of hearing panels.

1. The provisions of this chapter do not affect or limit the authority of a regulatory body, at any stage of a contested case, to make an informal disposition of the contested case pursuant to subsection 5 of [NRS 233B.121](#) or to enter into a consent or settlement agreement approved by the regulatory body pursuant to [NRS 622.330](#).

2. The provisions of this chapter do not affect or limit the authority of a regulatory body to designate a panel of its members to hear a contested case pursuant to this chapter.

(Added to NRS by [2005, 744](#))

NRS 622.330 Consent and settlement agreements: Conditions for entry; deemed public records; exceptions.

1. Except as otherwise provided in this section, a regulatory body may not enter into a consent or settlement agreement with a person who has allegedly committed a violation of any provision of this title which the regulatory body has the authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body, unless the regulatory body discusses and approves the terms of the agreement in a public meeting.

2. A regulatory body that consists of one natural person may enter into a consent or settlement agreement without complying with the provisions of subsection 1 if:

(a) The regulatory body posts notice in accordance with the requirements for notice for a meeting held pursuant to [chapter 241](#) of NRS and the notice states that:

(1) The regulatory body intends to resolve the alleged violation by entering into a consent or settlement agreement with the person who allegedly committed the violation; and

(2) For the limited time set forth in the notice, any person may request that the regulatory body conduct a public meeting to discuss the terms of the consent or settlement agreement by submitting a written request for such a meeting to the regulatory body within the time prescribed in the notice; and

(b) At the expiration of the time prescribed in the notice, the regulatory body has not received any requests for a public meeting regarding the consent or settlement agreement.

3. If a regulatory body enters into a consent or settlement agreement that is subject to the provisions of this section, the agreement is a public record.

4. The provisions of this section do not apply to a consent or settlement agreement between a regulatory body and a licensee that provides for the licensee to enter a diversionary program for the treatment of an alcohol or other substance use disorder.

(Added to NRS by [2003, 3417](#))

Agenda Item 6(e)(1):

Authorized Investigative Complaints

Dr. Z – The Board received information regarding the settlement of a civil malpractice lawsuit, leading to the belief that Dr. Z. may have breached the standard of care, thereby potentially violating NRS 631.3475.

NRS 631.3475 Malpractice; professional incompetence; disciplinary action in another state; substandard care; procurement or administration of controlled substance or dangerous drug; alcohol or other substance use disorder; gross immorality; conviction of certain crimes; failure to comply with certain provisions relating to controlled substances; inappropriate administration of botulinum toxin or dermal or soft tissue fillers; failure to obtain certain training; violations related to pelvic examinations; certain operation of medical facility. The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
2. Professional incompetence;
3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;
4. More than one act by the dentist, dental hygienist or dental therapist constituting substandard care in the practice of dentistry, dental hygiene or dental therapy;
5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, if it is not required to treat the dentist's patient;
6. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in [chapter 454](#) of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:
 - (a) Was procured through a retail pharmacy licensed pursuant to [chapter 639](#) of NRS;
 - (b) Was procured through a Canadian pharmacy which is licensed pursuant to [chapter 639](#) of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of [NRS 639.2328](#); or
 - (c) Is cannabis being used for medical purposes in accordance with [chapter 678C](#) of NRS;
7. Having an alcohol or other substance use disorder to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;
8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;
9. Conviction of violating any of the provisions of [NRS 616D.200](#), [616D.220](#), [616D.240](#) or [616D.300](#) to [616D.440](#), inclusive;
10. Failure to comply with the provisions of [NRS 453.163](#), [453.164](#), [453.226](#), [639.23507](#), [639.23535](#) and [639.2391](#) to [639.23916](#), inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;
 12. Failure to comply with the provisions of [NRS 454.217](#) or [629.086](#);
 13. Failure to obtain any training required by the Board pursuant to [NRS 631.344](#);
 14. The performance or supervision of the performance of a pelvic examination in violation of [NRS 629.085](#); or
 15. Operation of a medical facility, as defined in [NRS 449.0151](#), at any time during which:
 - (a) The license of the facility is suspended or revoked; or
 - (b) An act or omission occurs which results in the suspension or revocation of the license pursuant to [NRS 449.160](#).
- ↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

(Added to NRS by [1983, 1107](#); A [1987, 1556](#); [1993, 784](#); [2009, 882](#); [2011, 258, 849](#); [2015, 117, 1171](#); [2017, 1256, 4414](#); [2019, 2202, 3218, 3886](#); [2021, 1573](#))

NAC 631.155 Licensee to notify Board of certain events. ([NRS 631.190](#)) Each licensee shall, within 30 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 [chapter 631](#) of NRS; or
5. 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; A by R143-17, 5-16-2018)

Agenda Item 7(a):

**Approval/Rejection of Permanent Anesthesia Permit
NAC 631.2235**

NAC 631.2235 Inspections and evaluations: Grading; report of recommendation of evaluator; issuance of permit for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. ([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, the 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; R004-17, 5-16-2018)

Agenda Item 7(a)(1):

**Approval/Rejection of Permanent Anesthesia Permit
NAC 631.2235**

Won Jong Lee, DDS - General Anesthesia



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

Dr. Steve Huang Lic# S2-122
Hold GA site Permit-AA
SPG454-AA

GENERAL ANESTHESIA PERMIT APPLICATION

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

Name: Lee, Won Jong License Number: S2-203C

Dental Practice Name: Henderson Oral Surgery & Dental Implant Center

Office Address: 2835 St Rose Pkwy Ste.100 Office Telephone: 702-270-2999

Henderson, NV 89052 Office Fax: _____

DENTAL EDUCATION

University / College: University of California, Los Angeles

Location: 714 Tiverton Ave,
Los Angeles, CA 90024

Dates attended: 09/01/2012 to 06/30/2016 Degree Earned: DDS

SPECIALTY EDUCATION

University / College: University of California, San Francisco

Location: 707 Parnassus Ave.
San Francisco, CA 94143

Dates attended: 07/01/2016 to 06/30/2022 Degree Earned: MO & Oral and maxillofacial surgery

The following information and documentation must be received by the Board office prior to consideration of a general anesthesia permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Proof of completion of approved training requirements in general anesthesia;
- 4) Copy of current certification in Advanced Cardiac Life Support, or in Pediatric Advance Life Support if you have a current Nevada specialty license for Pediatric Dentistry

Received

MAY 05 2023

NSBDE

Revised 1/2014

CIC #750⁰⁰ 05/10/23 KM

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology? Yes No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology? Yes No

Where: _____ When: _____

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? Yes No

Where: University of California San Francisco When: 07/01/2016 - 06/30/2022

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer general anesthesia ONLY at the address listed above. If I wish to administer general anesthesia at another location, I understand that each site must be inspected and certified by the Board prior to administration of any general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant _____

Date _____

5/5/2023

Received
MAY 05 2023
NSBDE

Agenda Item 7(a)(2):

**Approval/Rejection of Permanent Anesthesia Permit
NAC 631.2235**

Natalie Djansezian, DMD - Moderate Sedation



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

Dr. Ord holds Site Permit GA-AA

SPG 558-AA

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation to patients 13 years of age or older)

Name: Natale Djansezian License Number: 7843

Dental Practice Name UNLV GPR

Office Address: 1700 W. Charleston Blvd
Las Vegas NV 89102

Office Telephone 702-774-5175

Office Fax: _____

Office Site Permit
Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/ College: Tufts

Location: Boston, MA

Dates attended: 07 / 2017 / to 05 / 2021 /
Degree Earned: DMD

BOARD APPROVED PROGRAM

Name/ Instructor: John Gallab

Location: UNLV GPR

Dates attended: 06 / 2021 / to 06 / 2023 /
Certificate Granted: 06 / 2022

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

Received

SEP 05 2023

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Revised 06/2018

- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant

Natalygun

Date

09/24/2023

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received
SEP 05 2023
NSBDE

Agenda Item 7(a)(3):

**Approval/Rejection of Permanent Anesthesia Permit
NAC 631.2235**

Broc R Hammon, DMD - General Anesthesia



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

Dr. Cynthia Teglia Lic#4489
Hold GA site Permit
SPG355-P

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Name: Broc Hammon License Number: S2-201C

Dental Practice Name: Sierra Oral and Facial Surgery

Office Address: 3150 Vista Blvd Ste B1 #110 Office Telephone: 775-284-2500

Sparks, NV 89436 Office Fax: _____

Office Site Permit
Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/ College: UNLV SDM

Location: 1001 Shadow Ln #7423
Las Vegas, NV 89106

Dates attended: 08 / 01 / 10 Degree Earned: DMD
to 05 / 16 / 14

SPECIALTY EDUCATION

University / College: David Grant Medical Center, USAF

Location: 101 Bodin Cir
Fairfield, CA 94533

Dates attended: 07 / 01 / 15 Degree Earned: OMFS Certificate
to 06 / 18 / 19

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) 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 training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

Received
APR 14 2023
NSBDE

QUESTION SECTION:

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology? ____ Yes ____ No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology?

____ Yes ____ No

Where: _____ When: _____

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? Yes ____ No

Where: David Grant Medical Center When: 2015-2019

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

I hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant

Brent Han

Date

04/14/23

Received
APR 14 2023
NSBDE

Agenda Item 7(a)(4):

**Approval/Rejection of Permanent Anesthesia Permit
NAC 631.2235**

Robert Yau, DMD - General Anesthesia



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

Dr. Jesse J. Falk holds GA
Site Permit SPG410-AA

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Office Site Permit

Check box if you are
applying for a Site Permit
for this same office
location as well

Name: Robert Yau License Number: 52-197

Dental Practice Name: Canyon Oral & Facial Surgery

Office Address: 6200 N. Durango Dr. Suite 100 Office Telephone: (702) 660-5574
Las Vegas, NV 89149 Office Fax: (954) 329-0026

DENTAL EDUCATION

University/ College: University of Connecticut
School of Dental Medicine

Location: 300 UConn Health Boulevard
Farmington, CT 06030

Dates attended: 08/18/2010 to 05/12/2014 Degree Earned:
D.M.D
Doctor of Dental Medicine

SPECIALTY EDUCATION

University/ College: Kings County Hospital Center

Location: 451 Clarkson Ave
Brooklyn, NY 11203

Dates attended: 07/01/2014 to 12/31/2020 Degree Earned:
Oral & Maxillofacial Surgeon
Specialty Certificate

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) 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 training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

Received
MAR 27 2023
NSBDE

2nd Office Location:

3635 S. Town Center Dr.
Las Vegas, NV 89135

Jesse Falk Has GA site Permit #SP6339-A
A

3rd Office Location:

2831 W Horizon Ridge Pkwy
Henderson, NV 89052
NOT open yet - Pending

QUESTION SECTION:

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology? Yes No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology?

Yes No

Where: _____ When: _____

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? Yes No

Where: Kings County Hospital Center When: 12/31/2020
Brooklyn, NY

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

I hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant



Date

03/22/2023

Received
MAR 27 2023
NSBDE

Agenda Item 7(a)(5):

**Approval/Rejection of Permanent Anesthesia Permit
NAC 631.2235**

Brady J Jones, DMD - General Anesthesia



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

Dr. Ryan Gibson Lic# S2-100
Hold GA Site - AA permit
SPG 447-AA

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

S2-206

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

Name: Brady Jones License Number: 7815

Dental Practice Name: Gibson & Leavitt Oral, Maxillofacial and Implant Surgery

Office Address: 670 S Green Valley Pkwy #115

Office Telephone: (702) 685-3700

Henderson, NV 89052 89012

Office Fax: (702) 685-3701

DENTAL EDUCATION

SPECIALTY EDUCATION

University/ College: Midwestern University College of Dental Medicine-Illinois

University / College: University of Tennessee Medical Center Knoxville Oral and Maxillofacial Residency

Location: 555 31st Street
Downers Grove, IL 60515

Location: 1930 Alcoa Hwy Ste 335
Knoxville, TN 37920

Dates attended: 09 / 06 / 11 Degree Earned: DMD
to
05 / 20 / 15

Dates attended: 07 / 01 / 19 Degree Earned: OMFS Certificate
to
06 / 30 / 23

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) 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 training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

Received
JUN 07 2023
NSBDE
Revised 1/2014

QUESTION SECTION:

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology? _____ Yes No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology? _____

Yes No

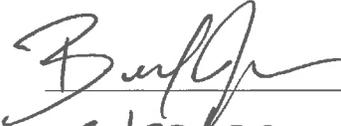
Where: _____ When: _____

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? Yes _____ No

Where: University of Tennessee Medical Center Knoxville When: July 2019 - June 2023

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant 

Date 5/30/23



Agenda Item 7(a)(6):

**Approval/Rejection of Permanent Anesthesia Permit
NAC 631.2235**

Dallin C Parkinson, DMD - General Anesthesia



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

Dr. Wannie Lee holds GA Site Permit SPG428 (+13 yrs)
Dr. Blair Isom holds GA site (+13 yrs) SPG520

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Office Site Permit []
Check box if you are applying for a Site Permit for this same office location as well

Name: Dallin Clark Parkinson License Number: S2-205C

Dental Practice Name: Nuvia Dental Implant Center

Office Address: 6780 S. Fort Apache Rd.

Office Telephone: 725-234-3341

Las Vegas, NV 89148 STE 130
1150 S. Nellis Blvd #200
LV, NV 89104

Office Fax: 725-235-9302

DENTAL EDUCATION

SPECIALTY EDUCATION

University/ College: Midwestern University College of Dental Medicine - Arizona

University / College: University of Iowa Hospitals and Clinics

Location: 19555 N. 59th Ave. Glendale, AZ 85308

Location: 200 Hawkins Dr. Iowa City, IA 52242

Dates attended: 08/15/14 to 05/31/18 Degree Earned: DMD

Dates attended: 07/01/18 to 06/30/22 Degree Earned: certificate in oral and maxillofacial surgery

The following information and documentation must be received by the Board office prior to consideration of a GENERAL ANESTHESIA permit:

- 1) Completed and signed application form with all questions answered in full;
2) Non-refundable application fee in the amount of \$750.00;
3) 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 training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

Received JUN 28 2023 NSBDE Rev 1/2014

QUESTION SECTION:

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology? Yes No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology?

Yes No

Where: _____ When: _____

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? Yes No

Where: University of Iowa Hospitals and clinics When: 7/2018 - 6/2022

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

I hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant

Dalh C Parker, DMD

Date

6/28/2023

Received
JUN 28 2023
NSBDE

Agenda Item 7(a)(7):

**Approval/Rejection of Permanent Anesthesia Permit
NAC 631.2235**

Praneeti Sodhi, DDS - Pediatric Moderate Sedation

Fort Apache/Flamingo.



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

Dr. Jarod Jensen holds
Site Permit - SPG248-Pedo

PEDIATRIC DENTISTRY SPECIALIST Pediatric moderate sedation admin permit application (Administration of Moderate Sedation to pediatric patients)

Office Site Permit
Check box if you are
applying for a Site Permit
for this same office
location as well

Name: Praneeti Sodhi License Number: SB-228

Dental Practice Name: Smile Reef

Office Address: 9500 W Flamingo Rd Suite #200, Las Vegas, NV 89147 Office Telephone: _____
Office Fax: _____

DENTAL EDUCATION

University/ College: UNW School of Dental Medicine

Location: 1001 Shadow lane #7423 Las Vegas, NV, 89106

Dates attended: 05/04/2019 to 04/17/2021 Degree Earned: DDS

SPECIALTY EDUCATION

University / College: UNW School of Dental Medicine

Location: 1001 Shadow lane #7423 Las Vegas, NV 89106

Dates attended: 07/01/2021 to 06/30/2023 Degree Earned: Pediatric Certificate

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a specialty program accredited 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.
- 4) Valid certification in Pediatric Advance Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

RECEIVED
JUL 11 2023
NSBDE

Agenda Item 7(b):

**Approval/Rejection of Temporary Anesthesia Permit
NAC 631.2254**

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 [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; R004-17, 5-16-2018)

Agenda Item 7(b)(1):

**Approval/Rejection of Temporary Anesthesia Permit
NAC 631.2254**

David H Diehl, DMD - Moderate Sedation



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

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of **Moderate Sedation** to patients 13 years of age or older)

Name: David Diehl License Number: 6939

Dental Practice Name: Marina Hills Dental

Office Address: 282 Spring Creek Pkwy Ste 202
Spring Creek NV 89815

Office Telephone: 775-738-3110

Office Fax: 775-738-3114

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/College: UNLV SDM

Location: 1001 Shadow Lane
Las Vegas, NV 89106

Dates attended: 08/01/13 to 05/01/17 Degree Earned: DMD

BOARD APPROVED PROGRAM

Name/Instructor: Oregon AGD - Comprehensive training
In Parenteral Moderate Sedation
Dr Ken Reed, Dr. Amanda Okundaye

Location: OAGD Foundation Center
13333 SW 68th Pkwy Ste 010
Tigard, OR 97223

Dates attended: 07/13/23 to 09/17/23 Certificate Granted: 09/17/2023

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

Received
OCT 05 2023
Revised 06/2018
NSBDE

- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older . I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older .

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant



Date

9/21/2023

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received

OCT 05 2023

NSBDE

Revised 06/2018



Nevada State Board of Dental Examiners

VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number :

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : entries

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Dentist	David Diehl Hobson , DMD		Spring Creek NV 89815	Active		

Full Name : Diehl, David Hobson , DMD

Primary Office Address : 282 Spring Creek Pkwy, Ste 202

City, State Zip : Spring Creek, NV 89815

Office Phone : (775) 738-3110

License Number : 6939

License Date : 06/09/2017

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

✓ 10/05/23
9007
/

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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← Close detail

Agenda Item 7(b)(2):

**Approval/Rejection of Temporary Anesthesia Permit
NAC 631.2254**

Sisi Bao, DDS - Pediatric Moderate Sedation



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

*Dr. William Waggoner holds
PMS site permit SPG279*

PEDIATRIC DENTISTRY SPECIALISTS PEDIATRIC MODERATE SEDATION ADMIN PERMIT APPLICATION (Administration of Moderate Sedation to pediatric patients)

Office Site Permit

*Check box if you are
applying for a Site Permit
for this same office
location as well*

Name: SISI BAO License Number: S6-218C

Dental Practice Name: Pediatric Dental Care Associates

Office Address: 8981 W Sahara Ave #110
Las Vegas, NV 89117

Office Telephone: 702-757-4759 Office Fax No: _____

DENTAL EDUCATION

University/
College: University of California, San Francisco

Location: San Francisco, CA

Dates attended: 09/13/10 to 06/04/14 Degree Earned: D.D.S.

SPECIALTY PROGRAM

University/
College: University of Minnesota

Location: Minneapolis, MN
program Director: Jeffrey M. Karp, DMD, MS

Dates attended: 07/01/20 to 09/03/22 Degree Awarded: Certificate

*Address: 701 25th Ave. S. #400
Minneapolis, MN 55454*

The following information and documentation must be received by the Board office prior to consideration of a MODERATE SEDATION permit:

Received

SEP 30 2023

NSBDE

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a specialty program accredited 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.
- 4) Valid certification in Pediatric Advance Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Pediatric Moderate Sedation Permit to administer moderate sedation to pediatric patients from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to pediatric patients at the address listed above. If I wish to administer moderate sedation to pediatric patients at another location, I understand that each site must be inspected and issued a "**Pediatric Moderate Sedation Site Permit**" and/or a "**Moderate Sedation Site Permit**" by the Board prior to the administration of moderate sedation to pediatric patients. I understand that this permit, if issued, allows only me to administer moderate sedation to pediatric patients.

I also understand that this permit does **NOT** allow for the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and I am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation to pediatric patients.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant 
Date 9/30/23

****APPLICATION FOR PEDIATRIC MODERATE SEDATION ADMINISTRATION ****

Certification of completion of a specialty program accredited by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation to pediatric patients that is equivalent to the education and training described in subsection (1) of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to pediatric patients and submit proof of the successful administration as the operator of moderate sedation to not less than 25 pediatric patients.

SUBMISSION OF NO LESS THAN 25 CASES OF MODERATE SEDATION ADMINISTRATION

Received
SEP 30 2023
NSBDE



Nevada State Board of Dental Examiners

VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number :

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show: 10 entries

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
Specialty Dentist	Sisi Bao			Active		View Details

Full Name : Bao, Sisi

Primary Office Address :

City, State Zip :

Office Phone :

License Number : S6-218C

License Date : 01/06/2023

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

Permits :			
Permit	Permit Number	Issue Date	Exp Date

Board Action / Malpractice :		
Action Type	Date	Document Link

← Close detail

First () Previous () 1 () 2 () 3 () 4 () 5 () Next () Last ()

✓ 10.2.2023
AW

Agenda Item 7(b)(3):

**Approval/Rejection of Temporary Anesthesia Permit
NAC 631.2254**

Karen Kang, DMD - Pediatric Moderate Sedation

Agenda Item 7(b)(4):

**Approval/Rejection of Temporary Anesthesia Permit
NAC 631.2254**

Russell J Diehl, DMD - Moderate Sedation



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

Site permit pending for
Dr. David Dientl.

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of **Moderate Sedation** to patients 13 years of age or older)

Name: Russell Jared Dientl License Number: 7536

Dental Practice Name Marina Hills Dental

Office Address: 282 Spring Creek Pkwy
Suite #202
Spring Creek, NV 89815

Office Telephone (715) 738-3110

Office Fax: _____

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/ College: University of Nevada, Las Vegas
School of Dental Medicine

Location: 1001 Shadow Lane
Las Vegas, NV 89106-4124

Dates attended: 08 / 01 / 17 to 05 / 01 / 21 Degree Earned: DMD

BOARD APPROVED PROGRAM

Name/ Instructor: Comprehensive Training in Parenteral Moderate Sedation
Dr. Kenneth Reed, Dr. Amanda Okundaye

Location: OAGD Foundation Center
13333 SW 68th Pkwy Suite 010
Tigard, Oregon 97223

Dates attended: 07 / 13 / 23 to 09 / 17 / 23 Certificate Granted: Parenteral Moderate Sedation

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

Received

OCT 09 2023

NSBDE

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

Agenda Item 7(c):

**Approval/Rejection of 90-Day Extension
of Temporary Anesthesia Permit
NAC 631.2254(2)**

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 [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; R004-17, 5-16-2018)

Agenda Item 7(c)(1):

**Approval/Rejection of 90-Day Extension
of Temporary Anesthesia Permit
NAC 631.2254(2)**

Audrey H Riegel, DMD - Moderate Sedation

Nevada State Board of Dental Examiners



2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

August 9, 2023

Audrey H Riegel, DMD
2610 W Horizon Ridge Pkwy # 202
Henderson, NV 89052

**APPROVAL FOR A 90-DAY TEMPORARY
MODERATE SEDATION ADMINISTERING PERMIT
(to patients 13 years of age & older)**

Dear Dr. Riegel:

On August 8th, 2023, at a properly noticed meeting of the "Board," your application for a Temporary moderate sedation administering permit for patients 13 years of age and older was approved.

You have been issued temporary moderate sedation permit number **MS1059T** to administer moderate sedation to patients 13 years of age and older at a properly permitted site location to patients 13 years of age and older. Subsequently, prior to you administering at a facility, it is recommended you verify the location has the appropriate site permit for the administration of moderate sedation to patients 13 years of age & older.

This notice will serve as your certificate for a maximum of 90 days for moderate sedation pursuant to NAC 631.2213 until you complete an evaluation and inspection to obtain your permanent permit and/or site permit.

As a temporary permit holder, please display this notice at the location you intend to administer moderate sedation. You will be contacted by our office to coordinate your pending evaluation.

Should you have any questions please feel free to contact me at (702) 486-5847.

Sincerely,

A handwritten signature in black ink that reads "Karla Martinec".

Karla Martinec
Anesthesia & Infection Control Coordinator

/km

cc: File



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
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Dr. Edilberto DeAndrade
Holds Site Permit - SPG177-AA

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation to patients 13 years of age or older)

Name: Andrey Riegel License Number: 54-134

Dental Practice Name Anthem Periodontics and Dental Implants

Office Address: 2610 W. Horizon Ridge Pkwy Ste. 202
Henderson, NV 89052

Office Telephone 702-270-4600

Office Fax: 702-270-7773

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/
College: University of Nevada Las Vegas SDM

Location: 1700 W. Charleston Blvd
Unit A
Las Vegas, NV 89102

Dates attended: 8 / 01 / 2016 Degree Earned: DMD
to 5 / 01 / 2020

BOARD APPROVED PROGRAM

Name/
Instructor: University of Colorado / Sangeetha Chandrasekaran

Location: 13065 E. 17th Ave
Aurora, CO 80045

Dates attended: 7 / 01 / 2020 Certificate Granted: M.S. / Periodontics
to 6 / 30 / 2023

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form; ✓
- 2) Non-refundable application fee in the amount of \$750.00; ✓
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older. ✓

Received

JUL 28 2023

NSBDE

- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant



Date

7/24/2023

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received

JUL 28 2023

NSBDE

Revised 06/2018

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Riegel, Audrey Halynn

Primary Office Address : 2610 W Horizon Ridge Pkwy, Ste 202

City, State Zip : Henderson, NV 89052

Office Phone :

License Number : S4-134

License Date : 06/21/2023

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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✓ 07-31-2023
PMM

Agenda Item 7(c)(2):

**Approval/Rejection of 90-Day Extension
of Temporary Anesthesia Permit
NAC 631.2254(2)**

George L Leonakis, DDS - General Anesthesia

Nevada State Board of Dental Examiners



2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

August 9, 2023

George L Leonakis, DDS
2060 College Pkwy # 44
Carson City, NV 89703

**APPROVAL FOR A 90-DAY TEMPORARY
MODERATE SEDATION ADMINISTERING PERMIT**
(to patients 13 years of age & older)

Dear Dr. Leonakis:

On August 8th, 2023, at a properly noticed meeting of the "Board," your application for a Temporary moderate sedation administering permit for patients 13 years of age and older was approved.

You have been issued temporary moderate sedation permit number **MS1063T** to administer moderate sedation to patients 13 years of age and older at a properly permitted site location to patients 13 years of age and older. Subsequently, prior to you administering at a facility, it is recommended you verify the location has the appropriate site permit for the administration of moderate sedation to patients 13 years of age & older.

This notice will serve as your certificate for a maximum of 90 days for moderate sedation pursuant to NAC 631.2213 until you complete an evaluation and inspection to obtain your permanent permit and/or site permit.

As a temporary permit holder, please display this notice at the location you intend to administer moderate sedation. You will be contacted by our office to coordinate your pending evaluation.

Should you have any questions please feel free to contact me at (702) 486-5847.

Sincerely,

A handwritten signature in black ink that reads "Karla Martinec". The signature is written in a cursive style.

Karla Martinec
Anesthesia & Infection Control Coordinator

/km

cc: File



Renewal Recordson file w/ Board

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

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation to patients 13 years of age or older)

Name: George Larry Leonakis ^{DDS} License Number: 4609

Dental Practice Name G. Larry Leonakis DDS Inc

Office Address: 371 S. Rood St.

Carson City, NV 89701

Office Telephone 775-882-0635

Office Fax: 775-882-3420

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/ College: USC

Location: Los Angeles, CA

Dates attended: 9/1993 to 6/1997 | Degree Earned: DDS

BOARD APPROVED PROGRAM *- on file w/ Nevada*

Name/ Instructor: Mod Sedation Dr. Malame

Location: USC

Dates attended: 5/2005 to 7/2005 | Certificate Granted: Mod Sedation

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit: *- On file*

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

Received

JUL 28 2023

NSBDE Revised 06/2018

- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant



Date

7/17/2023

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received
JUL 28 2023
NSBDE

Agenda Item 7(c)(3):

**Approval/Rejection of 90-Day Extension
of Temporary Anesthesia Permit
NAC 631.2254(2)**

Michael G Aglietti, DMD - General Anesthesia

Nevada State Board of Dental Examiners



2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

August 9, 2023

Michael G Aglietti, DMD
2750 Combs Canyon Rd
Carson City, NV 89703

**APPROVAL FOR 90-DAY TEMPORARY
GENERAL ANESTHESIA
ADMINISTERING PERMIT**

Dear Dr. Aglietti:

On August 8th, 2023, at a properly noticed meeting of the "Board," your application for a temporary general anesthesia administrator permit was approved. You have been issued temporary general anesthesia permit number (GA262T) to administer at a properly site permitted facility.

Subsequently, prior to you administering at a facility, it is recommended you verify the location has the appropriate site permit for the administration of general anesthesia to the corresponding patient age group. Permits are required to posted onsite pursuant to NAC 631.150.

This notice will serve as your general anesthesia certificate for a **maximum of 90 days** pursuant to NAC 631.2213 until you successfully complete an evaluation and inspection to obtain your permanent permit. You will be contacted to coordinate your pending evaluation.

A holder of a certificate for moderate sedation, general anesthesia or site permit must display the certificate at each location upon approval by the Board.

Should you have any questions, feel free to contact the Board office at (702) 486-7044 or (702) 486-5847 to reach me directly.

Sincerely,

A handwritten signature in black ink that reads "Karla Martinec".

Karla Martinec
Anesthesia & Infection Control Coordinator

/km

cc: File



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

Dr. Jaren Jensen
Holds GA Pedo site
Permit SPG 248- Pedo

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Office Site Permit
Check box if you are applying for a Site Permit for this same office location as well

Name: Michael Aglietti License Number: 7578

Dental Practice Name: Smile Reef Pediatric Dentistry

Office Address: 9500 W. Flamingo Rd
Unit 200 Las Vegas, NV 89147

Office Telephone: 1 775 230 8330 - Cell
1 702 570 7333
Office Fax: _____

DENTAL EDUCATION

University / College: University of Nevada Las Vegas

Location: 1701 W. Charleston Blvd
Las Vegas NV 89102

Dates attended: 9 / 11 / 2016 to 3 / 15 / 2020 Degree Earned: DMD

SPECIALTY EDUCATION

University / College: NYU Langone Health

Location: 150 55th St
Brooklyn NY 11220

Dates attended: 7 / 1 / 2020 to 6 / 30 / 2023 Degree Earned: Certificate of Advanced Education in Dental Anesthesiology

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) 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 training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

Received
JUL 10 2023
NSBDE

QUESTION SECTION:

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology? Yes No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology?

Yes No

Where: NYU Langone Health When: 7/1/2020 - 6/30/2023

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? Yes No

Where: _____ When: _____

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

I hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant

Michael Altshuler

Date

7-5-2023

Received
JUL 10 2023
NSBDE

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Aglietti, Michael G , DMD

Primary Office Address :

City, State Zip :

Office Phone :

License Number : 7578

License Date : 10/06/2021

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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← Close detail

First () Previous ()

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✓ 07-10-2023
KMC

Agenda Item 7(c)(4):

**Approval/Rejection of 90-Day Extension
of Temporary Anesthesia Permit
NAC 631.2254(2)**

Rania A Habib, DDS, MD - General Anesthesia

Nevada State Board of Dental Examiners



2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

July 12, 2023

Ramia A Habib, DDS
54211 Malibu Dr
Edina, MN 55436

APPROVAL FOR 90-DAY TEMPORARY GENERAL ANESTHESIA ADMINISTERING PERMIT

Dear Dr. Habib:

On July 11th, 2023, at a properly noticed meeting of the "Board," your application for a temporary general anesthesia administrator permit was approved. You have been issued temporary general anesthesia permit number (GA259T) to administer at a properly site permitted facility.

Subsequently, prior to you administering at a facility, it is recommended you verify the location has the appropriate site permit for the administration of general anesthesia to the corresponding patient age group. Permits are required to posted onsite pursuant to NAC 631.150.

This notice will serve as your general anesthesia certificate for a **maximum of 90 days** pursuant to NAC 631.2213 until you successfully complete an evaluation and inspection to obtain your permanent permit. You will be contacted to coordinate your pending evaluation.

A holder of a certificate for moderate sedation, general anesthesia or site permit must display the certificate at each location upon approval by the Board.

Should you have any questions, feel free to contact the Board office at (702) 486-7044 or (702) 486-5847 to reach me directly.

Sincerely,

A handwritten signature in black ink that reads "Karla Martinec" with a small heart symbol at the end.

Karla Martinec
Anesthesia & Infection Control Coordinator

/km

cc: File



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

Dr. Jesse J Falk holds site permit SPG410-AA

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

Name: Rania A Habib DDS, MD License Number: S2-207C

Dental Practice Name: Canyon Oral & Facial Surgery

Office Address: 6200 N Durango Dr #100
Las Vegas NV 89135

Office Telephone: 702-660-5574

Office Fax: _____

DENTAL EDUCATION

University/ College: University of Minnesota

Location: Minneapolis, MN

Dates attended: 8 / /2004 to 5 / /2009 Degree Earned: DDS

SPECIALTY EDUCATION

University / College: University of Maryland

Location: Balimore, MD

Dates attended: 7 / 1 /2009 to 6 / /2015 Degree Earned: MD

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) 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 training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

Received

JUN 30 2023

NSBDE

QUESTION SECTION:

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology? ____ Yes No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology? ____ Yes No

Where: _____ When: _____

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? Yes ____ No

Where: University of Maryland When: 7/2009-6/2015

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

I hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant



Date

6/30/2023

Received
JUN 30 2023
NSBDE

Agenda Item 7(d):

**Approval/Rejection of Voluntary Surrender of License
NAC 631.160**

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.

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

Agenda Item 7(d)(1):

**Approval/Rejection of Voluntary Surrender of License
NAC 631.160**

Barry D Broadhead, DDS

Nevada State Board of Dental Examiners



2651 N Green Valley Parkway, Ste.104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

VOLUNTARY SURRENDER OF LICENSE

I, Barry D Broadhead, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 2161 on the 5 day of sept, 20 23.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Provide full current mailing address including city, state and zip on the line below:

[Redacted address]

Home Phone: () 0

Cell Phone [Redacted]

retired 1/31/22

[Signature]
Licensee Signature

9/5/2023
Date of Signature (must correspond with notary date)

State of NEVADA

County of WASHOE

The statements on this document are subscribed and sworn before me this 5th day of SEPTEMBER, 20 23.

JACOB BLESS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 12-15-26
Certificate No: 19-1400-2

[Signature]
Notary Public
DECEMBER 15th, 2026
My Commission Expires

Received
SEP 07 2023
NSBDE

Received
SEP 07 2023
NSBDE 06/2019

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Broadhead, Barry D , DDS

Primary Office Address : 3575 Grant Dr, Suite 1

City, State Zip : Reno, NV 89509

Office Phone : (775) 825-4070

License Number : 2161

License Date : 07/12/1983

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From : University of the Pacific

Graduation Date : 06/01/1983

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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← Close detail

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10.5.23 ✓
SRC

Agenda Item 7(d)(2):

**Approval/Rejection of Voluntary Surrender of License
NAC 631.160**

Dennis D Bowman, DDS

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Bowman, Dennis Doyle , DDS

Primary Office Address : 276 Kingsbury Grade, Ste 1000

City, State Zip : Stateline, NV 89449

Office Phone : (775) 721-0578

License Number : 0783

License Date : 09/01/1974

Status : Retired

Expiration Date : 06/30/2025

Graduated From : Indiana-Indiana University School of Dentistry

Graduation Date : 06/01/1972

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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10.5.23
SRC

Agenda Item 7(e):

**Discussion, Consideration, and Possible
Recommendation to the Board Regarding the
Hiring of the Following as Part-Time On-Site
Evaluator/Inspector Employee
NRS 631-190, NAC 631-2221**

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)

NAC 631.2221 Inspections and evaluations: Qualifications of inspectors and evaluators; authorized participation by 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; R004-17, 5-16-2018)

Agenda Item 7 (e)(1):

**Discussion, Consideration, and Possible
Recommendation to the Board Regarding the
Hiring of the Following as Part-Time On-Site
Evaluator/Inspector Employee – NRS 631-190,
NAC 631-2221**

Thomas P Myatt, DDS - General Anesthesia

NEVADA STATE BOARD OF DENTAL EXAMINERS

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • Fax (702) 486-7046 • nsbde@dental.nv.gov

FULL NAME (please print) THOMAS PATRICK MYATT DDS
FULL MAILING ADDRESS [REDACTED]
TELEPHONE [REDACTED]
EMAIL [REDACTED] LICENSE No. S211 Permit No. 6A219

APPLICATION FOR ANESTHESIA EVALUATOR/INSPECTOR

Pursuant to NAC 631.2221, I hereby make application for the part-time position of Anesthesia Evaluator/Inspector.

REQUIREMENTS:

- 1. Must hold an active Nevada dental license;
- 2. Must hold an active Nevada permit to administer moderate sedation or general anesthesia and has practiced moderate sedation or general anesthesia for a minimum of three (3) years preceding your appointment

- 1. Submit a curriculum vitae and any other information you may want considered. *you have my full CV in your files.*
- 2. List any prior experience in the evaluation of dentists using Moderate Sedation or General Anesthesia DSO AND Anesthesia EVALUATOR/INSPECTOR for NSBDE in past. Please refer to my past records in your office.
- 3. List any prior experience in the administration of Moderate Sedation or General Anesthesia GIA License with NSBDE for 45 years. Performed GIA as oral surgeon during this period, to present.
- 4. Do you have any pending Board complaints against you? YES NO
- 5. Do you have any history of Board Action(s)? YES NO
If yes, please describe (attach additional sheet if necessary)

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

CALIFORNIA

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

Office (1) name: ADOPT A VET DENTAL HEALTH PROGRAM
Office (1) address: 1301 CORDONE AVE., Suite 100; RENO, NV. 89502
Office (1) telephone: 775-470-8707

OFFICE 2 CHARLE R. CORDOVA DDS
4875 KIETZKE LANE, suite B, FIRE CREEK CROSSING; RENO, NV. 89509
775-826-4979

SIGNATURE OF LICENSEE Thomas P. Myatt

DATE 9/25/23

Received
SEP 28 2023
NSBDE



VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number :

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : entries

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Dentist	Thomas Myatt Patrick Allen , DDS		Reno NV 89511	Active		View Details
Specialty Dentist	Thomas Myatt Patrick , DDS	S2 - Oral and Maxillofacial Surgeon	Reno NV 89502	Active		

Full Name :	Myatt, Thomas Patrick , DDS
Primary Office Address :	1310 Cordone Ave, Ste 100
City, State Zip :	Reno, NV 89502
Office Phone :	(775) 470-8707
License Number :	S2-11
License Date :	09/25/1978
Status :	Active
Expiration Date :	06/30/2025
Graduated From :	USC
Graduation Date :	06/01/1976

Permits :

Permit	Permit Number	Issue Date	Exp Date
General Anesthesia Site Permit	SPG12	01/01/1986	06/30/2013
General Anesthesia Administering Permit	GA006	01/01/1986	06/30/2013
General Anesthesia Site Permit	SPG12	01/01/1986	06/30/2015
General Anesthesia Administering Permit	GA006	01/01/1986	06/30/2015
General Anesthesia Site Permit	SPG12	01/01/1986	07/24/2015
General Anesthesia Administering Permit	GA006	01/01/1986	06/30/2017
General Anesthesia Administering Permit	GA006	01/01/1986	06/30/2011
General Anesthesia Site Permit	SPG12	01/01/1986	06/30/2011
General Anesthesia Administering Permit	GA006	01/01/1986	06/30/2009
General Anesthesia Administering Permit	GA006	01/01/1986	06/30/2007
General Anesthesia Site Permit	SPG12	01/01/1986	06/30/2009
Temporary General Anesthesia Administering Permit	GA219T	01/01/0001	05/23/2019
General Anesthesia Administering Permit	GA219	01/01/0001	06/30/2021
General Anesthesia Administering Permit	GA219	01/01/0001	06/30/2023
General Anesthesia Administering Permit	GA219	01/01/0001	06/30/2025

Board Action / Malpractice :

Action Type	Date	Document Link
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Agenda Item 7(e)(2):

**Discussion, Consideration, and Possible
Recommendation to the Board Regarding the
Hiring of the Following as Part-Time On-Site
Evaluator/Inspector Employee – NRS 631-190,
NAC 631-2221**

James P Schlesinger, DDS - General Anesthesia

NEVADA STATE BOARD OF DENTAL EXAMINERS

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • Fax (702) 486-7046 • nsbde@dental.nv.gov

FULL NAME (please print) James J. Schlesinger III MD DMD
FULL MAILING ADDRESS [REDACTED]
TELEPHONE [REDACTED]
EMAIL [REDACTED] LICENSE No. S2-129C Permit No. GA185

APPLICATION FOR ANESTHESIA EVALUATOR/INSPECTOR

Pursuant to NAC 631.2221, I hereby make application for the part-time position of Anesthesia Evaluator/Inspector.

REQUIREMENTS:

- 1. Must hold an active Nevada dental license;
- 2. Must hold an active Nevada permit to administer moderate sedation or general anesthesia and has practiced moderate sedation or general anesthesia for a minimum of three (3) years preceding your appointment

- 1. Submit a curriculum vitae and any other information you may want considered. ✓
- 2. List any prior experience in the evaluation of dentists using Moderate Sedation or General Anesthesia
NV Dental Board anesthesia sub-committee member
- 3. List any prior experience in the administration of Moderate Sedation or General Anesthesia
16 yrs private practice doing high volume general anesthesia
- 4. Do you have any pending Board complaints against you? YES / NO
- 5. Do you have any history of Board Action(s)? YES / NO
If yes, please describe (attach additional sheet if necessary)
- 6. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry or dental hygiene (attach additional sheet if necessary):
NV
- 7. List of all office addresses in the State of Nevada in which you are currently practicing dentistry or dental hygiene (attach additional sheet if necessary):
Office (1) name: James J. Schlesinger III MD DMD
Office (1) address: 1800 E. Charleston Blvd. Las Vegas, NV 89104
Office (1) telephone: (702) 979-4972

SIGNATURE OF LICENSEE

DATE

10/10/23

[REDACTED]
[REDACTED]

JAMES J SCHLESINGER III MD DMD FACS

CLINICAL POSITIONS

2023 - Current	Clinical Assistant Professor of Plastic Surgery at Kirk Kerkorian School of Medicine at UNLV	Las Vegas, NV
2023 - Current	Nevada State Dental Board Review Panel	Las Vegas, NV
2022 - Current	Nevada State Dental Board Anesthesia Sub-committee Member	Las Vegas, NV
2017 - Current	James J Schlesinger III MD DMD LTD • Full-scope office and hospital-based practice including trauma, reconstruction, infection, pathology, TMJ, and orthognathic surgery	Las Vegas, NV
2014 - Current	Call for Sunrise, Mountain View, Southern Hills Hospitals • Facial trauma, Head & Neck infections • Involved with teaching residents	Las Vegas, NV
2017 - 2020	Clinical Assistant Professor of Surgery at UNLV Medical School	Las Vegas, NV
2017 - 2020	Clinical Assistant Professor of OMFS at UNLV Dental School	Las Vegas, NV
2014 - 2017	Call for UMC, St. Rose San Martin, Siena, Rose de Lima Hospital	Las Vegas, NV
2014 - 2017	Oral and Maxillofacial Surgery Associates of Nevada	Las Vegas, NV

HOSPITAL AFFILIATIONS

Southern Nevada: Sunrise, University Medical Center (UMC), Centennial Hills, Summerlin, Desert Springs, Spring Valley, San Martin, Siena, Rose de Lima, Mountain View

LICENSURE AND AFFILIATIONS

2023 - Current	Texas State Medical License
2022 - Current	Hawaii State Medical License
2018 - Current	Fellow - American College of Surgeons, FACS
2017 - Current	Diplomate of the American Board of Oral and Maxillofacial Surgery
2014 - Current	Nevada State Medical License
2014 - Current	Nevada State Dental License
2014 - Current	General Anesthesia Permit, Nevada

RESIDENCY

July 2008 - June 2014	University of Texas Health Science Center at Houston Oral and Maxillofacial Surgery, General Surgery	Houston, TX
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EDUCATION

Aug 2008 - May 2012	McGovern Medical School at UT Health Houston M.D.	Houston, TX
Aug 2004 - May 2008	University of Connecticut School of Dental Medicine D.M.D.	Farmington, CT
Aug 2000 - May 2004	University of Nevada Reno B.A. Economics, Cum Laude	Reno, NV
Aug 1996 - May 2000	Valley High School International Baccalaureate Program	Las Vegas, NV



VERIFY LICENSE

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Last Name :

First Name :

License Number :

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : entries

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Specialty Dentist	James Schlesinger John	S2 - Oral and Maxillofacial Surgeon	Las Vegas NV 89102	Active		

Full Name : Schlesinger, James John
Primary Office Address : 2040 W Charleston Blvd #201,
City, State Zip : Las Vegas, NV 89102
Office Phone :
License Number : S2-129C
License Date : 08/01/2014
Status : Active
Expiration Date : 06/30/2025
Graduated From : Connecticut-University of Connecticut School of Dental Medicine
Graduation Date : 05/18/2008

Permits :

Permit	Permit Number	Issue Date	Exp Date
Temporary General Anesthesia Administering Permit	GA185T	08/01/2014	10/31/2014
General Anesthesia Administering Permit	GA185	08/01/2014	06/30/2015
General Anesthesia Administering Permit	GA185	08/01/2014	06/30/2017
General Anesthesia Administering Permit	GA185	08/01/2014	06/30/2019
General Anesthesia Administering Permit	GA185	01/01/0001	06/30/2021
General Anesthesia Administering Permit	GA185	01/01/0001	06/30/2023
General Anesthesia Administering Permit	GA185	01/01/0001	06/30/2025

Board Action / Malpractice :

Action Type	Date	Document Link
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Agenda Item 7(f):

**Approval for Public Health Dental Hygiene Program
NAC 631.210**

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.

↳ 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.
- (l) Place a temporary restoration with nonpermanent material as a palliative treatment.
- (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.

↳ 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.

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 [NAC 631.035](#); 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 [NAC 631.035](#).

↪ 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,

È the dentist may authorize the dental hygienist to administer local anesthetics or nitrous oxide-oxygen 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 [chapter 631](#) of NRS.

↪ 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 [NRS 162A.740](#).

(b) “Health facility” has the meaning ascribed to it in subsection 6 of [NRS 449.260](#).

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

[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)

NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene; renewal.

1. The Board shall, upon application by a dental hygienist who is licensed pursuant to this chapter and has such qualifications as the Board specifies by regulation, issue a special endorsement of the license allowing the dental hygienist to practice public health dental hygiene. The special endorsement may be renewed biennially upon the renewal of the license of the dental hygienist.

2. A dental hygienist who holds a special endorsement issued pursuant to subsection 1 may provide services without the authorization or supervision of a dentist only as specified by regulations adopted by the Board.

(Added to NRS by [2001, 2691](#); A [2013, 479](#))

NRS 631.3453 Exemption from requirement to designate actively licensed dentist as dental director of dental office or clinic. The provisions of [NRS 631.3452](#) requiring the designation of an actively licensed dentist as a dental director do not apply to a program for the provision of public health dental hygiene or dental therapy if:

1. The program is owned or operated by a dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to [NRS 631.287](#) or a dental therapist licensed pursuant to this chapter; and

2. Each person employed to provide public health dental hygiene pursuant to the program is either a dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to [NRS 631.287](#) or a dental therapist licensed pursuant to this chapter.

(Added to NRS by [2013, 478](#); A [2019, 3217](#))

Agenda Item 7(f)(1):

**Approval/Rejection of Voluntary Surrender of License –
NAC 631.160**

**Jessica Woods, RDH
Dental Hygiene Direct Program Application**

Nevada State Board of Dental Examiners



2651 N Green Valley Parkway, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

Application for Proposed Public Health Dental Hygiene Program

Name of Program: Dental Hygiene Direct

Nevada State Business License No: 20232875420

Location(s) of health facility, school, or place in the State of Nevada approved by the Board where the services for this program are intended to be performed (attach additional page if needed):

Address: Various City, State & Zip Various

Will this program be providing professional liability coverage to licensees with a valid Nevada Dental Hygiene Public Health Endorsement who provide services for this program: NO YES *If Yes, provide policy information below:*

Name of Carrier: AMBA

Policy No. [REDACTED] Effective Date: 7/12/2023 Expiration Date: 7/12/2024

Program Director/Administrator Contact Information:

Name: Jessica Woods NSBDE License No.: 102237

Address: [REDACTED] City, State & Zip Code: [REDACTED]

Telephone: [REDACTED] Email Address: [REDACTED]

Program Protocol Summary:

1) Provide a detailed description of the intended population and mission of the proposed program (attach additional pages if needed): See attached protocol.

2) Provide a detailed description of each service intended to be offered in the proposed program (attach additional pages if needed): See attached protocol.

Cont. Application for Proposed Public Health Dental Hygiene Program

3) Provide specific treatment protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use to:

a) Treat patients (attach additional pages if needed)

See attached protocol.

b) Refer patients to a dentist for follow-up care; diagnostic services; and any other service that a dental hygienist is not authorized to perform (attach additional pages if needed)

See attached protocol.

4) Provide specific protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use for emergencies:

See attached protocol.

5) Provide infection control protocols for clinical and sterilization equipment (attach additional pages if needed):

Note: A program may be subject to an Initial Infection Control Inspection. Fee for inspection is \$250.

See attached protocol.

6) Provide a detailed description of how recordkeeping will be maintained on patients as well as services rendered by Nevada licensees with an active Nevada Dental Hygiene Public Health Endorsement for this program (attach additional pages if needed):

See attached protocol.



Signature of Program Director/Administrator

10/6/2023

Date



DENTAL HYGIENE DIRECT

Program Protocol

Mission:

Dental Hygiene Direct aims to provide preventive and therapeutic services through innovative delivery models that optimize oral health and enable individuals to eat, speak, and socialize without active disease, discomfort, or embarrassment and contribute to general well-being and overall health.

Program Goal:

The goal of the program is to expand the reach of the dental home through tele-dentistry and community-based oral health services to at-risk populations that have barriers to obtaining dental care through traditional delivery models.

Intended Population:

The program aims to serve at-risk populations who may be uninsured, underinsured, lack access, medically compromised, intellectually/developmentally disabled, low-income or are enrolled in government health care programs.

Locations of Services:

The program may utilize telecommunication technologies to provide the means for a patient to receive services when the patient is in one physical location (usually their home) and the licensed dental practitioner overseeing the delivery of those services is in another location. Additionally, the program provides on-site care delivery to meet individuals where they are at as to alleviate barriers that may exist in accessing oral health care services.

This includes locations may include: public and private schools, School-Based Health Centers (SBHC), community centers, senior centers, health fairs, Head Start, WIC offices, skilled nursing facilities (SNFs), long-term care facilities, residences of the homebound or severe dental phobia, Health Professional Shortage Areas (HPSAs), and frontier/rural communities.

Description of Services:

The program will offer the following services by utilizing current evidence-based best practices.

Review of Medical/Dental History:

Careful review of the patient's medical and dental history to promote awareness and uncover potential underlying causes of problems related to oral and/or overall health.

Oral Health Screening/Assessment:

A pre-diagnostic screening to determine an individual's need to be seen by a dentist for diagnosis and care.

Caries Risk Assessment:

A research-based tool used to identify the risk factors that cause dental decay. This method helps identify cavity-forming risk factors as reported by the patient and clinical detection to provide guidance to prevent dental caries.

Oral Cancer Screenings:

An adjunctive pre-diagnostic oral cancer screening that aids in detection of mucosal abnormalities including premalignant and malignant lesions.

Radiographs and Intraoral Images:

A radiographic and photographic survey of the mouth intended to display the tissues, crowns and roots of teeth, periapical areas, interproximal areas, and alveolar bone including edentulous areas.

Oral Health Education:

Education for home care including tooth brushing technique, flossing, use of oral hygiene aids, and over the counter antimicrobial rinses and dentifrices for control of bacterial plaque or remineralization of tooth structure. Understanding current dietary habits including consumption of sugared beverages and other cariogenic foods and counseling on food selection and dietary habits as a part of the treatment and control of periodontal disease and caries. Discussions about the type and frequency of tobacco use as they relate to the increased risk for oral cancer, periodontal disease, and other conditions.

Preventive Oral Health Care (Preventive Cleanings):

Routine, preventive removal of plaque, calculus, and stains in patients with healthy periodontal condition.

Periodontal Therapy (Scaling & Root Planing, Periodontal Maintenance):

Non-surgical removal of plaque, calculus, and stains in patients with periodontal (gum) disease and application of medicaments.

Fluoride Application:

Application of prescription strength fluoride to prevent dental decay in at-risk individuals.

Pit & Fissure Sealants:

Preventive measure that can be used to protect the chewing surface of the teeth from tooth decay.

Tooth Remineralization (ie. Self-Assembling Peptide P11-4):

Professional, chairside treatments to treat early stage dental decay without the need for drilling and does not cause staining of the treated area.

Caries Arresting (ie. Silver Diamine Fluoride):

Conservative treatment of an active, non-symptomatic carious lesion by placing a topical application of a caries arresting/inhibiting medicament that does not require the removal of tooth structure to treat. May cause discoloration of the treated tooth surface.

Protective and Therapeutic Restorations (Atraumatic Restorative Treatment, Intermediate Therapeutic Restorations):

Temporary or interim restoration used to relieve pain, promote healing, or prevent further deterioration of tooth with dental decay. Includes re-cementing of crowns with temporary cement as a palliative treatment.

Sensitivity Relief:

Application of professional desensitizing products to help relieve areas of sensitivity and discomfort.

Dry Mouth Therapy:

Identification of low salivary flow and provide tailored therapy recommendations to relieve symptoms of dry mouth and prevent harm that it may cause to your teeth and gums.

Denture Care:

Routine inspection and cleaning partials or dentures by a dental professional to protect the mouth from infection and help extend the life and quality of appliances.

Care Coordination:

Assist patients in the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.

Teledentistry:

The use of a variety of technologies and tactics to deliver virtual oral health care and education services. This mode of patient care makes use of telecommunication technologies to convey health information and facilitate the delivery of dental services without the physical constraints of a brick and mortar dental office.

Caregiver/Staff Training:

Customize, on-site training programs to fit the needs of facilities and staff by providing materials to help improve the oral and overall health of those in their care.

Treatment Protocol

All program employees and volunteers must adhere to Nevada Statutes, Rules and Regulations governing the practice of dentistry and dental hygiene as outlined in NRS 631 and NAC 631 and 459. The program requires currently licensed Nevada dental hygienists to receive a public health endorsement from the Nevada State Board of Dental Examiners (NSBDE) as outlined in NAC 631.210 or practice under the supervision of a Nevada licensed dentist. Affiliates of the program must possess a current CPR card, professional liability insurance, and be up to date on HIPAA and OSHA practices.

The program will follow the American Dental Hygienists' Association (ADHA) *Standards for Clinical Dental Hygiene Practice*¹ and deliver treatment via portable dental equipment. Prior to receiving treatment, a signed health history and consent form must be provided by the patient, parent, or legal guardian/custodian. Should patient have complex medical considerations, a clearance will be required from a medical provider.

Health History

A health history assessment includes multiple data points that are collected through a written document and an oral interview. The process helps build a rapport with the patient and verifies key elements of the health status. Information will be collected and discussed in a location that ensures patient privacy and complies with the Health Insurance Portability and Accountability Act (HIPAA).

Clinical Assessment

Planning and providing optimal care requires a thorough and systematic overall observation and clinical assessment. Components of the clinical assessment include an examination of the head and neck and oral cavity including an oral cancer screening, documentation of normal or abnormal findings, and assessment of the temporomandibular function.

¹ <https://www.adha.org/wp-content/uploads/2022/11/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf>

Risk Assessment

Risk assessment is a qualitative and quantitative evaluation based on the health history and clinical assessment to identify any risks to general and oral health. The data provides the clinician with the information to develop and design strategies for preventing or limiting disease and promoting health.

Dental Hygiene Diagnosis

The dental hygiene diagnosis requires evidence-based critical analysis and interpretation of assessments in order to reach conclusions about the patient's dental hygiene treatment needs. The dental hygiene diagnosis provides the basis for the dental hygiene care plan. Only after recognizing the dental hygiene diagnosis can the dental hygienist formulate a care plan that focuses on dental hygiene education, patient self-care practices, prevention strategies, and treatment and evaluation protocols to focus on patient or community oral health needs.

Evaluation

Measurement of the extent to which the client has achieved the goals specified in the dental hygiene care plan. The dental hygienist uses evidence-based decisions to continue, discontinue, or modify the care plan based on the ongoing reassessments and subsequent diagnoses. The evaluation process includes reviewing and interpreting the results of the dental hygiene care provided and may include outcome measures that are physiologic (improved health), functional, and psychosocial (quality of life, improved patient perception of care).

Documentation

The primary goals of good documentation are to maintain continuity of care, provide a means of communication between/among treating providers, and to minimize the risk of exposure to malpractice claims. Dental hygiene records are considered legal documents and as such should include the complete and accurate recording of all collected data, treatment planned and provided, recommendations (both oral and written), referrals, prescriptions, patient/client comments and related communication, treatment outcomes and patient satisfaction, and other information relevant to patient care and treatment.

Referrals

Following each visit a treatment report of services rendered will be provided. Should the patient need additional care that cannot be completed on-site or outside the scope of practice of the practitioner, a list of community-based licensed dental practitioners will be provided along with care coordination services from program staff.

Emergency Management

All staff and volunteers of the program will be required to be trained and competent in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR). When a medical emergency is observed while under the care of staff or volunteers, the goal is to manage the patient until they recover fully, or help arrives. Emergency medical response will be activated, and the following guidelines will be utilized in the event of an emergency:

Position

If conscious, the patient should sit in any position that is comfortable. If unconscious, the patient should be supine with the legs elevated slightly to about 10 to 15 degrees. This position facilitates blood flow to the brain, thus helping to correct any deficient oxygen delivery.

Airway

If the patient is conscious, the dental team can typically move quickly to breathing. If the patient is talking, then the airway is patent, but the dental team should look at the throat in cases of allergy to rule out airway compression from laryngeal edema, which is a sign of anaphylaxis. Any foreign objects, such as cotton rolls, should be removed to eliminate the potential for airway blockage or aspiration.

Breathing

Immediately after taking care of the patient's airway, breathing should be assessed. If the patient is conscious, the dental team can move on quickly to circulation. If the patient is talking, then they are breathing, but in cases of asthma or allergy, they must rule out wheezing (bronchospasm). The dental team will consider whether the patient is breathing too slowly or rapidly. A team member will monitor the respiratory rate and adequacy of respiration. In adults, the normal respiratory rate is 12 to 15 breaths per minute. In children, the rate is higher, with an 8-year-old averaging 18 breaths per minute and a 3-year-old averaging 22 breaths per minute.

Circulation

The dental team should assess the patient's circulation immediately after the breathing step. If the patient is conscious, a team member should check the pulse by using the radial, brachial or carotid artery. If necessary, CPR will be initiated following the American Heart Association *Guidelines for CPR and ECC*.²

A 24-hour number will be provided to patients should they experience a dental emergency outside normal business hours.

Infection Control and Prevention

The program will follow the Center for Disease Control and Prevention (CDC) *Guidelines for Infection Control in Dental Health-care Settings*.³

Administrative Measures

The Program Administrator will act as the infection prevention coordinator and be responsible for reviewing and updating written infection prevention policies and procedures based on evidence-based guidelines, regulations, or standards. Policies and procedures will be tailored to the dental setting and reassessed annually or according to state or federal requirements.

Infection Prevention Education and Training

Ongoing education and training of dental health care personnel (DHCP) will be conducted to ensure that infection prevention policies and procedures are understood and followed. Training will include both DHCP safety (e.g., OSHA bloodborne pathogens training) and patient safety (e.g., emphasizing job- or task-specific needs). Education and training will be provided during orientation to the setting, when new tasks or procedures are introduced and at a minimum, annually. Training records will be maintained according to state and federal requirements.

Standard Precautions

The minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect DHCP and prevent DHCP from

² https://cpr.heart.org/-/media/CPR-Files/CPR-Guidelines-Files/Highlights/Hghlghts_2020_ECC_Guidelines_English.pdf

³ <https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>

spreading infections among patients. Standard Precautions include hand hygiene, use of personal protective equipment (e.g., gloves, masks, eyewear), respiratory hygiene/cough etiquette, sharps safety (engineering and work practice controls), safe injection practices (i.e., aseptic technique for parenteral medications), sterile instruments and devices, clean and disinfected environmental surfaces.

Hand Hygiene

For routine dental examinations and nonsurgical procedures, use water and plain soap (hand washing) or antimicrobial soap (hand antisepsis) specific for health care settings or use an alcohol-based hand rub. Although alcohol-based hand rubs are effective for hand hygiene in health care settings, soap and water should be used when hands are visibly soiled (e.g., dirt, blood, body fluids).

Personal Protective Equipment (PPE)

DHCP will be trained to select and put on appropriate PPE and remove PPE so that the chance for skin or clothing contamination is reduced. These include gloves, face masks, protective eye wear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). PPE that is appropriate for various types of patient interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) will be available to all DHCP.

Appropriate use of PPE for adherence to Standard Precautions include:

- Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or other potentially infectious material (OPIM).
- Use of protective clothing to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
- Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene/cough etiquette infection prevention measures are designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes. The strategies target primarily patients and individuals accompanying patients to the dental setting who might have undiagnosed transmissible respiratory infections, but also apply to anyone (including DHCP) with signs of illness including cough, congestion, runny nose, or increased production of respiratory secretions.

Sharps Safety and Medical Waste

Engineering and work-practice controls are the primary methods to reduce exposures to blood and OPIM from sharp instruments and needles. Engineering controls will be used as the primary method to reduce exposures to bloodborne pathogens. The infection prevention coordinator will involve DHCP who are directly responsible for patient care (e.g., dentists, hygienists, dental assistants) in identifying, evaluating and selecting devices with engineered safety features at least annually and as they become available.

All used disposable syringes, needles, and other sharp items should be placed in appropriate puncture-resistant containers located close to the area where they are used. Sharps containers will be disposed of according to state and local regulated medical waste rules.

Instrument Processing

Single-use devices will be utilized whenever possible. Contaminated re-useable instruments will be processed on-site or transported in a puncture resistant, leak proof, hazard labeled container to the designated instrument processing area from the site of use. The program will follow CDC guidelines for containing, transporting, and handling instruments and equipment that may be contaminated with blood or body fluids. Patient-care items (e.g., dental instruments, devices, and equipment) are categorized as critical, semi-critical, or non-critical, depending on the potential risk for infection associated with their intended use.

- **Critical Items** (e.g. instruments, scalers): those used to penetrate soft tissue or bone. They have the greatest risk of transmitting infection and should always be sterilized using heat.
- **Semi-Critical Items** (e.g. mouth mirrors, reusable dental impression trays): those that come in contact with mucous membranes or non-intact skin (e.g., exposed skin that is chapped, abraded, or has dermatitis). These items have a lower risk of transmission. Because the majority of semi-critical items in dentistry are heat-tolerant, they should also be sterilized using heat. If not heat-resistant, it should be covered by a barrier when possible and processed using high-level disinfection.
- **Non-Critical Items** (e.g., radiograph head/cone, blood pressure cuff): those that only contact intact skin. These items pose the least risk of transmission of infection. In the majority of cases, cleaning, or if visibly soiled, cleaning followed by disinfection with an EPA-registered hospital disinfectant is adequate. Protecting these surfaces with disposable barriers might be a preferred alternative.

The manufacturer's instructions for reprocessing reusable dental instruments and equipment will be followed. Cleaning to remove debris and organic contamination will be performed before disinfection or sterilization to prevent shielding of microorganisms and a compromised disinfection or sterilization process. Automated cleaning equipment (e.g., ultrasonic cleaner, washer-disinfector) will be used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood. After cleaning, dried instruments will be inspected, wrapped, packaged, or placed into container systems before heat sterilization. Packages will be labeled with sterilizer used, the cycle or load number, the date of sterilization, and, if applicable, the expiration date to aid in retrieving processed items in the event of an instrument processing/sterilization failure. Biological indicators and spore tests will be utilized to monitor the sterilization process to ensure proper sterilization. A spore test will be performed and recorded weekly to monitor sterilizers performance.

Surface Disinfection

DHCP will follow manufacturer recommendations for use of products selected for cleaning and disinfection (e.g., amount, dilution, contact time, safe use, and disposal).

Dental Unit Water Quality

Dental unit water lines will be treated to control and remove biofilm. All dental units will use a water treatment system to meet drinking water standards (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water.

Patient Records

Protected Health Information (PHI) including patient registration, health history, clinical photographs, treatment notes, and patient-related communication, will be transported and stored in compliance with HIPAA guidelines.

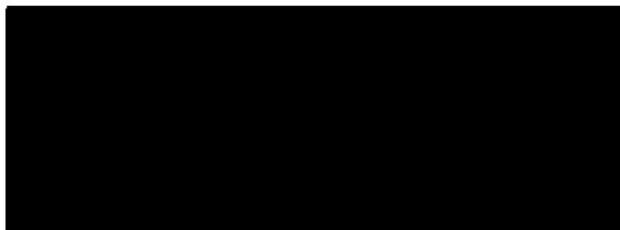
Health records will be maintained in accordance with state and federal regulation. Health records shall not destroy the of a person who is less than 23 years of age on the date of the proposed destruction of the records. The health care records of a person who has attained the age of 23 years may be destroyed once they have been retained for at least 5 years or for any longer period provided by federal law. Upon intake, patients will be notified in writing regarding privacy practices and record retention policies.

Annual Reporting

The program will keep record of services performed by the dental hygienist under the authority of the special endorsement and provide them at the request of the Nevada State Board of Dental Examiners.

Stephanie Chapman

From:
Sent:
To:
Cc:
Subject:



Dear Ms. Woods

Thank you for including me in your response to Ms. Arechi as well as your previous communications with Mr. Bateman.

Ms. Arechi - As was discussed with Mr. Bateman in a meeting in August, the Governor's Finance Office (GFO) awarded the Department of Health Care Financing and Policy ARPA funds to distribute as grants to increase the number of Nevada's school-age children with dental sealants beginning with this school year (2023-2024). The funding is especially targeting programs that are serving our rural communities, Dental Health Professional Shortage Areas, and Title I schools - in other words, those children who lack are highest risk of dental disease due to a lack of access to regular preventive care including sealants and fluoride varnish.

Ms. Woods and her non-profit are one of the sub-recipients of this funding. Please let me know if I can answer any additional questions you may have about our program and/or our expectations of Ms. Woods' portable dental equipment program.

Thank you for your assistance -

Lynn



**Nevada Department of
Health and Human Services**
DIVISION OF HEALTH CARE FINANCING AND POLICY

***Lynn Ann Short,
RDH, MPH***

Sealant Program Coordinator
Contractor
Nevada Department of Health
Human Services
Division of Health Care Financing
Policy - Medicaid Dental Services
1100 East William Street, Suite 10
Carson City, NV 89701


<http://dhhs.nv.gov/>
<http://dhcfnv.gov/>

Helping People. It's who we are and w
we do.

Agenda Item 7(g):

**Discussion, Consideration and Possible Approval/
Rejection of Public Health Endorsement Application
NRS 631.287**

NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene; renewal.

1. The Board shall, upon application by a dental hygienist who is licensed pursuant to this chapter and has such qualifications as the Board specifies by regulation, issue a special endorsement of the license allowing the dental hygienist to practice public health dental hygiene. The special endorsement may be renewed biennially upon the renewal of the license of the dental hygienist.

2. A dental hygienist who holds a special endorsement issued pursuant to subsection 1 may provide services without the authorization or supervision of a dentist only as specified by regulations adopted by the Board.

(Added to NRS by [2001, 2691](#); A [2013, 479](#))

Agenda Item 7(g)(1):

**Discussion, Consideration and Possible Approval/
Rejection of Public Health Endorsement Application
NRS 631.287**

Carrie Wucinich, RDH - Dental Hygiene Direct



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

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Carrie Wucinich License No: 101473
 Address: [REDACTED] Home Phone: [REDACTED]
 City, State & Zip Code: [REDACTED]
 E-mail: [REDACTED] Work Phone: _____
 Agency Affiliation for Endorsement: Dental Hygiene Direct Agency Phone: 714-292-3291
 Agency Address: 1930 Village Center Circle, Suite 3-957, Las Vegas, NV 89134
 Dental Hygiene Education Institution: CSN
 Year of Graduation: 2008 Degree Received: AS

Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.
Included in protocol submitted by the program.

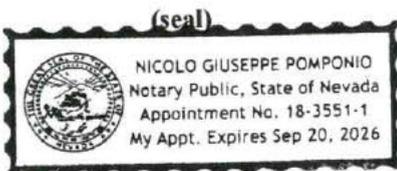
Previous Public Health Dental Hygiene Endorsements: _____

Please sign and have notarized:

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSHA guidelines, and maintain malpractice insurance during my endorsement.

Signature: [Signature] Date: 10-4-2023

Notary: [Signature] Date: 10/4/23



Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

Nevada State Board of Dental Examiners
 6010 S Rainbow Blvd., Suite A1
 Las Vegas, NV 89118



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

Notification of Additional Program through Special Health Endorsement

Licensee Name: Carrie Wucinich License No. 101473

Licensee's Mailing Address: [REDACTED]

Do you have a current special health endorsement? Yes _____ No X

Name of Additional Program: Dental Hygiene Direct

Address for Additional Program: 1930 Village Center Circle, Suite 3-957

Las Vegas, NV 89134

Telephone Number for Additional Program: 714-292-3291

Name of Program Director: Jessica Woods

****Please note**** You may only provide public health dental hygiene after receiving a special health endorsement approved by the Board and you may only provide these services at the following, Board approved programs, health care facility, health facility and schools pursuant to NAC 631.210(7). Please verify with the Board office regarding Board approved programs.

For Office Use:

Verify Program/Facility: _____

Date Licensees additional program information was updated, _____ by _____

Agenda Item 7(g)(2):

**Discussion, Consideration and Possible Approval/
Rejection of Public Health Endorsement Application
NRS 631.287**

Marvelyn Navarro, RDH - Dental Hygiene Direct



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

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Marrelyn Navarro License No: 102195
 Address: [REDACTED] Cell Phone: [REDACTED]
 City, State & Zip Code: [REDACTED] Home Phone: [REDACTED]
 E-mail: [REDACTED] Phone: _____
 Agency Affiliation for Endorsement: Dental Hygiene Direct Agency Phone: 714-292-3291
 Agency Address: 1930 Village Center Circle, Suite 3-957, Las Vegas, NV 89134
 Dental Hygiene Education Institution: College of Southern Nevada
 Year of Graduation: 2016 Degree Received: AS-DH

Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.
 Included in protocol submitted by the program.

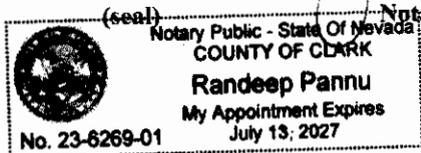
Previous Public Health Dental Hygiene Endorsements: _____

Please sign and have notarized:

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSHA guidelines, and maintain malpractice insurance during my endorsement.

Signature: Marrelyn Navarro Date: 10/5/23

Notary: [Signature] Date: 10/5/23



Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

Nevada State Board of Dental Examiners
 6010 S Rainbow Blvd., Suite A1
 Las Vegas, NV 89118



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

Notification of Additional Program through Special Health Endorsement

Licensee Name: Marvelyn Navarro License No: 102195

Licensee's Mailing Address: [REDACTED]

Do you have a current special health endorsement? Yes _____ No X

Name of Additional Program: Dental Hygiene Direct

Address for Additional Program: 1930 Village Center Circle, Suite 3-957

Las Vegas, NV 89134

Telephone Number for Additional Program: 714-292-3291

Name of Program Director: Jessica Woods



****Please note**** You may only provide public health dental hygiene after receiving a special health endorsement approved by the Board and you may only provide these services at the following: Board approved programs, health care facility, health facility and schools pursuant to NAC 631.210(7). Please verify with the Board office regarding Board approved programs.



For Office Use:

Verify Program/Facility: _____

Date Licensees additional program information was updated: _____ by _____

Agenda Item 7(h):

**Discussion, Consideration and Possible
Approval/Rejection to Employ Preliminary Screening
Consultant on a Temporary Part-Time Basis
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 7(h)(1):

**Discussion, Consideration and Possible
Approval/Rejection to Employ Preliminary Screening
Consultant on a Temporary Part-Time Basis
NRS 631.190**

Matthew J Thacker, DMD



Nevada State Board of Dental Examiners

Employment Application

Preliminary Screening Expert – Applicant Information

Full Name: Thacker Matthew J Date: 10/10/2023
Last First M.I.

Address: [Redacted] Las Vegas NV 89138
Street Address City State ZIP Code

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

Date Available: 10/10/2023 Social Security No: [Redacted] Desired Salary: \$ Negotiable

Position Applied for: **Part-Time Preliminary Screening Expert**

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 Address: 4505 S Maryland Pkwy, Las Vegas, NV 89154

From: 2010 To: 2014 Did you graduate? YES NO Degree: BS Biology (Integrative Physiology)

Dental School/College: UNLV SDM Address: 1001 Shadow Ln # 7423, Las Vegas, NV 89106

From: 2014 To: 2018 Did you graduate? YES NO Degree: DMD

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Dental or Hygiene License

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

State: Nevada License Number: 7102

Issue Date: July 2018 License Status (Active, Inactive, etc.): Active Is the license in good standing: YES NO

State: _____ License Number: _____

Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: YES NO

State: _____ License Number: _____

Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: YES NO

Employment History

Company: Roseman University of Health Sciences Phone: [REDACTED]
Address: 4 Sunset Way, Bldg B, Henderson, NV 89014 Supervisor: Frank Licari
Job Title: AEGD Residency Director

Responsibilities: Director of all clinic and residency operations for two, 7 operatory AEGD clinics in NV.

From: June 2022 To: Current Reason for Leaving: N/a

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: US Navy From: 2018 To: 2022
Rank at Discharge: O-3, Lieutenant Type of Discharge: Honorable

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: 10/10/2023



Matthew Thacker, DMD

PROFESSIONAL PROFILE

Versatile and motivated clinician with 5 years of exceptional experience in fast-paced group practice environments. Demonstrated expertise in delivering a wide array of dental procedures, spanning operative dentistry, surgical and prosthetic implant techniques, oral surgery, prosthodontics, endodontics, periodontal surgery, clear aligner therapy, and cutting-edge digital dentistry technologies.

Committed to providing unwaveringly high-quality and comprehensive dental care to patients, prioritizing their well-being and comfort throughout all treatments. Adept at building strong patient relationships and ensuring optimal oral health outcomes.

EXPERIENCE

AEGD RESIDENCY DIRECTOR/CLINIC DIRECTOR

Roseman University of Health Sciences, Advanced Education in General Dentistry
Henderson and Summerlin, Nevada | June 2022 – Current

COURSE DIRECTOR/FACULTY

Advanced Dental Implant Research & Education Center
Las Vegas, Nevada | March 2023 – Current

- Fixed Hybrid (All-On-X) Implant Course
- Live-Patient Introductory Implant Course
- Guided Implant Surgery Course

DENTIST/IMPLANT SPECIALIST

Discover Smiles Dental
Las Vegas, Nevada | April 2023 – Current

VISITING DENTIST

Cure 4 The Kids (C4K) Foundation – Comprehensive Care Clinics
Las Vegas, Nevada | June 2022 – Current

SENIOR DENTAL OFFICER

U.S. Navy, 23rd Dental Company, 1st Dental Battalion, Marine Corps Air Ground
Combat Center, 29 Palms, CA | June 2018 – June 2022

- Director of Emergency Dental Clinic and Clinic Medical Emergency Response
- Company Training Officer
- Coordination and execution of quarterly deployments to remote satellite clinic, Marine Corps Mountain Warfare Training Center, Bridgeport, CA.

VOLUNTEER FACULTY

UNLV School of Dental Medicine | August 2018 – Current

VOLUNTEER DENTIST

Sgt. Clint Ferrin Memorial Veterans Clinic, UNLV SDM | August 2018 – Current

VOLUNTEER FACULTY

Give Kids A Smile, UNLV SDM/ADA | February 26, 2022

EDUCATION

DOCTOR OF DENTAL MEDICINE

Univ. of Nevada, Las Vegas | 2014 - 2018

B.S. BIOLOGY (INTEGRATIVE PHYSIOLOGY CONC.)

Univ. of Nevada, Las Vegas | 2010 - 2014

U.S. NAVY POST-GRAD CREDENTIALLING TOUR

1st Dental Battalion | 2018 - 2019

KEY SKILLS

Complex Operative Dentistry

Molar Endodontic Therapy, Endodontic
Retreatments, Root-End
Surgery/Apicoectomies, Surgical Microscope

Surgical Extractions, Impacted 3rd Molars

Clear Aligner Orthodontic Treatment (Invisalign)

Dentoalveolar Trauma and Infection
Management

Periodontal Surgery (Including GTR and GBR)

CAD/CAM (CEREC and E4D Systems) and 3D
Printing

Oral Sedation/Nitrous Oxide Sedation

Neuromodulator (Botox) and Dermal Filler
Treatment

Biopsy Procedures

Implants (Surgical, Fixed, Removable, Hybrids)

PowerPoint, Excel, Photoshop, Adobe
Illustrator, ExoCAD

HONORS & AWARDS

US Navy Health Professions
Scholarship Program

UNLV School of Dental Medicine
Regents Higher Education
Opportunity Scholarship

1st Prize, UNLV 18th Annual
Graduate & Professional Student
Association Annual Research Forum

American Association of
Endodontics Student Achievement
Award in Endodontics

UNLV SDM Honors Prosthodontics
UNLV SDM Honors Endodontics

Service Medals

- Humanitarian
- National Defense
- Global War on Terrorism

LICENSURE

NEVADA DENTAL LICENSE
7102

ACLS
American Red Cross

BLS
American Red Cross

DEA CONTROLLED SUBSTANCE

PROFESSIONAL AFFILIATIONS

Milan Institute Advisory Committee
Member Appointment

American Dental Association

American Dental Education
Association

Academy of General Dentistry
Fellow

American Association of Endodontists

Nevada Dental Association

Southern Nevada Dental Society

PROFESSIONAL DEVELOPMENT

US NAVY ENDODONTICS LIVE COURSE

Naval Postgraduate Dental School, Bethesda Maryland | Dec 6 – Dec 10, 2021

US NAVY ORAL AND MAXILLOFACIAL LIVE COURSE

Naval Postgraduate Dental School, Bethesda Maryland | Feb 22 – Feb 26, 2021

US NAVY ENDODONTICS LIVE COURSE

Balboa Naval Medical Center, San Diego | March 18 – March 22, 2019

US NAVY CEREC CAD/CAM LIVE COURSE

1st Dental Battalion, Camp Pendleton | October 1 – October 5, 2018

THE ART OF FILE RETRIEVAL

DELabs, Santa Barbara | March 9 – March 11, 2018

Dr.Stephen Buchanan and Dr.Yoshi Terauchi

ACADEMY OF GENERAL DENTISTRY

Fellow | August 2018 – Current

- 500+ CE Hours Requirement Met
- AGD Fellow Exam Passed
- AGD Fellow Graduation Expected Summer 2022

TEACHING EXPERIENCE

AEGD RESIDENCY DIRECTOR

COURSE DIRECTOR FOR DENTAL IMPLANTS & ADVANCED PERIODONTAL SURGERY

Roseman University College of Dental Medicine | June 2022 – Current

STUDENT INSTRUCTOR/MENTOR – HEAD & NECK ANATOMY, OPERATIVE DENTISTRY, AND FIXED PROSTHODONTICS

UNLV School of Dental Medicine | August 2015 – May 2018

SUPPLEMENTAL INSTRUCTOR – ORGANIC CHEMISTRY I

UNLV Department of Chemistry and Biochemistry | Aug. 2012 – Aug. 2014

SUPPLEMENTAL INSTRUCTOR – ORGANIC CHEMISTRY II

UNLV Department of Chemistry and Biochemistry | Aug. 2012 – Aug. 2014

STUDENT INSTRUCTOR – SCIENCE LEADERSHIP COURSE

UNLV School of Life Sciences | January 2013 – August 2014

TEACHING ASSISTANT – ORGANIC CHEMISTRY I

UNLV Department of Chemistry and Biochemistry | Aug. 2012 – Aug. 2014

TEACHING ASSISTANT – ORGANIC CHEMISTRY II

UNLV Department of Chemistry and Biochemistry | Aug. 2013 – Aug. 2014

TEACHING ASSISTANT – MICROBIOLOGY

UNLV School of Life Sciences | May 2013 – December 2013

TEACHING ASSISTANT – BIOCHEMISTRY II

UNLV Department of Chemistry and Biochemistry | Dec. 2013 – Aug. 2014

TUTOR – UPPER-LEVEL BIOLOGY AND CHEMISTRY

UNLV Academic Success Center | August 2012 – August 2014

REFERENCES

Alice Chen, DMD
[REDACTED]

LCDR Ralee Spooner, DMD, MS
[REDACTED]

Civon Gewelber, DDS, MHA
[REDACTED]

C. Lee Hately, DMD
[REDACTED]

Emil Berkovich, DDS
[REDACTED]

Quyen Doan, DMD
[REDACTED]

INTERESTS

Woodworking

Recreational Ice Hockey

Hiking

Competitive Running

Computer Coding

Graphic Design

PUBLICATIONS

Matthew Thacker, Vivi Baldwin, Karl Kingsley. Coupled Antiport LAT1/2 Receptor Function and Input-Independent Modulation in Oral Squamous Cell Carcinomas

American Association of Dental Research: March 2016; Graduate and Professional Student Association Research Forum: February 19, 2016 – 1st Place in Science and Health Sciences

Jang S, Spader ET, Thacker M, Cochran CR, Bungum TJ, Chino M, Kingsley K. Access to care for pediatric, Medicaid-insured patients in Clark County, Nevada

Journal of Theory and Practice of Dental Public Health: 2013

Samuel Oh, Nicholas P. Booth, Wells Brockbank, Matthew Thacker, Vivi Baldwin, Karl Kingsley. LAT1 mRNA Expression in Oral Squamous Cell Carcinoma Cells

UNLV-SDM Research Forum: March 4, 2013; Graduate and Professional Student Association (GPSA) Research Forum: March 16, 2013.

Nicholas Freel, Joshua Leavitt, Matthew Thacker, Christina Demopoulos. Retrospective Investigation of Community Outreach by UNLV-SDM (Dental) Students: An Analysis of Participant Demographics at Community Dental Clinics.

UNLV-SDM Research Forum: March 4, 2013; Graduate and Professional Student Association (GPSA) Research Forum: March 16, 2013.

Earl Taylor Spader, Sabrina Jang, E., Matthew Thacker, Chris R Cochran, Time J Bungum, Michelle Chino, Karl Kingsley. Access to care for pediatric Medicaid-insured patients in Southern Nevada

UNLV-SDM Research Forum: March 4, 2013; Graduate and Professional Student Association (GPSA) Research Forum: March 16, 2013.

RESEARCH EXPERIENCE

Senior Graduate Researcher, Oral Oncology Research Lab Dr.Karl Kingsley; UNLV, School of Dental Medicine; Las Vegas, Nevada; May 2011 – August 2016

Senior Undergraduate Researcher, Organic Synthesis Research Lab Dr.Dong-Chan Lee; UNLV, Chemistry Department; Las Vegas, Nevada; December 2011 - August 2012

Undergraduate Researcher, UNLV School of Dental Medicine Community Outreach/Public Health Department Dr.Christina Demopoulos; UNLV School of Dental Medicine; Las Vegas, Nevada; June 2011 – August 2016

Agenda Item 7(i):

**Consideration, Discussion and Possible Approval
of FY 2021-2022 Financial Audit
NRS 631.190, NAC 631.023**

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)

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) 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)

Agenda Item 7(a)(1):

**Consideration, Discussion and Possible Approval of
FY 2021-2022 Financial Audit**

Suzanne Olson, CPA - Casey Nielon