NEVADA STATE BOARD of DENTAL EXAMINERS



BOARD MEMBER BOOK:

Anesthesia Committee Meeting

Wednesday, October 11, 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

Notice of Agenda & Teleconference Meeting of The Anesthesia Committee

Meeting Date & Time

Wednesday, October 11th, 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

<u>To access by phone</u>, call Zoom teleconference Phone Number: (669) 900 6833 <u>To access by video webinar</u>, visit <u>www.zoom.com</u> or use the Zoom app

Zoom Webinar/Meeting ID: 844 5170 0131 Zoom Webinar/Meeting Passcode: 563258

PUBLIC NOTICE:

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

Pursuant to Section 2 of Directive 006, members of the public may participate in the meeting by submitting public comment in written form to: Nevada State Board of Dental Examiners, 2651 N Green Valley Pkwy, Ste 104, Henderson, Nevada 89014; FAX number (702) 486-7046; e-mail address <u>nsbde@dental.nv.gov</u>. Written submissions received by the Board on or before <u>Tuesday, October 10th, 2023, by 4:00 P.M.</u> 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 <u>http://dental.nv.gov</u> 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, Nevada 89014.

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

1. Call to Order

- Roll call/Quorum
- 2. <u>Public Comment (By pre-submitted email/written form)</u>: 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.

Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in the meeting without being physically present by submitting public comment via email to <u>nsbde@dental.nv.gov</u>, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before <u>Tuesday, October</u> <u>10th, 2023, by 4:00 P.M</u> 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. Chairman's Report: W. Todd Thompson, DMD (For Possible Action)

*a. Request to Remove Agenda Item(s) (For Possible Action)

*b. <u>Approve Agenda</u> (For Possible Action)

*4. <u>New Business</u>: (For Possible Action)

- a. <u>Discussion, Consideration, and Possible Recommendation to the Board Regarding the Hiring of</u> <u>the Following as Part-Time On-Site Evaluator/Inspector Employees – NRS 631.190, NAC 631.2221</u> (For Possible Action)
 - (1) Thomas P Myatt, DDS General Anesthesia
 - (2) James J Schlesinger, DMD, MD General Anesthesia
- 5. <u>Public Comment (Live public comment by teleconference)</u>: 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.

Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in the meeting without being physically present by submitting public comment via email to <u>nsbde@dental.nv.gov</u>, or by mailing/faxing written messages to the Board office. Written submissions should be received by the Board on or before <u>Tuesday</u>, <u>October 10th</u>, <u>2023</u>, <u>by 4:00 P.M</u> in order to make copies available to members and the public.

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.

6. Announcements

*7. <u>Adjournment</u> (For Possible Action)

PUBLIC NOTICE POSTING LOCATIONS

Agenda Item 4(a):

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) 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 <u>NRS 631.368</u>, 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 <u>1953, 363</u>] — (NRS A <u>1963, 150</u>; <u>1967, 865</u>; <u>1993, 2743</u>; <u>2009, 3002</u>; <u>2017, 989</u>, <u>2848</u>; <u>2019, 3205</u>, effective January 1, 2020)

NAC 631.2221 Inspections and evaluations: Qualifications of inspectors and evaluators; authorized participation by members of Board. (<u>NRS 631.190</u>, <u>631.265</u>)

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 or moderate sedation of the inspectors or evaluators or evaluation 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 4(a)(1): Thomas P Myatt, DDS General Anesthesia

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		RD OF DENTAL EXAMIN	
	2651 N. Green Valley Parkwa (702) 486-7044 • Fax (702)		
FUL	JLL NAME (please print) THOMAS PATRICK	MYATT DPJ	
FUL	ILL MAILING ADDRES		
TELE	LEPHONE		
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EMA	AA	ICENSE No. <u>SZ11</u>	Permit No. <u>6A219</u>
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	1 1.01	STHESIA EVALUATOR/IN	SPECTOR
Purs	APPLICATION FOR ANES	STHESIA EVALUATOR/IN	SPECTOR
Eval	APPLICATION FOR ANEs rsuant to NAC 631.2221, I hereby make applicati	STHESIA EVALUATOR/IN	SPECTOR
Purs Eval RE	APPLICATION FOR ANE rsuant to NAC 631.2221, I hereby make applicati aluator/Inspector.	STHESIA EVALUATOR/IN	SPECTOR

1.	Submit a curriculum vitae and any other information you may want considered. You have my full CV in
2.	List any prior experience in the evaluation of dentists using Moderate Sedation or General Anesthesia DSO AND Avestbesia EVALUATOR/INSPECTOR FOR NSBDE in PAST. Please Nepto my AST
3.	List any prior experience in the administration of Moderate Sedation or General Anesthesia records in your office. GIA LICENSE WITH NSBDE For 45 years, Berformed GIA anoral surgeon during this period, to green
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):
	CALIFORNITA
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 GROGRAM
	Office (1) address: 1301 CORDONE AVR., Shite 100; REND, NV. 89502
	Office (1) telephone: 775.470.8707
	OFFICE 2 CHARLE R. CORDOVA ODS B. FIRE CREEK CROISING; REND, NV. 89509
SICI	NATURE OF LICENSEE
3101	Min Myatt 11.2022



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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.

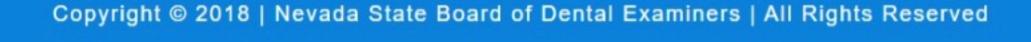
Last Name :	myatt		
First Name :			
License Number :			
	Search	Reset	

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.

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Dentist	Thomas Myatt Patrick Allen , DDS	opeciality Details	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			

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		
oard Action / Malpractice :						
Action Type	Date		Document Link			
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	First Previous 1 2 3 4 5	Next Last				
First Previous 1 2 3 4 5 Next Last						



<u>Agenda item 4(a)(2):</u> James Schlesinger, DMD, MD 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 prin) James J. Schlesinger III MD DMD
FULL MAILING ADDRE	
TELEPHON	. 0
EMAIL	LICENSE No. 52-1290 Permit No. GA185
EMAIL _	LICENSE No. 52-1290 Permit No. 64185
	LICENSE No. 52-1290 Permit No. GA185 APPLICATION FOR ANESTHESIA EVALUATOR/INSPECTOR
Pursuant to NAC 631.2	
Pursuant to NAC 631.2	APPLICATION FOR ANESTHESIA EVALUATOR/INSPECTOR
Pursuant to NAC 631.2	APPLICATION FOR ANESTHESIA EVALUATOR/INSPECTOR
Pursuant to NAC 631.2 Evaluator/Inspector. REQUIREMENTS:	APPLICATION FOR ANESTHESIA EVALUATOR/INSPECTOR

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 Book and thesia Cub-Com (Ital nember)
3.	List any prior experience in the administration of Moderate Sedation or 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):
7.	
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:
7.	NV 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: Jame J.S.M.B.N.gor III MD DMD Office (1) address: 1840 E - Mangeron Blvd. Mas Vegas, N 89104
7.	NV 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: Jame J.S.M.B.N.gor III MD DMD Office (1) address: 1840 E - Mangeron Blvd. Mas Vegas, N 89104
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: JAMU J.S.MUMAger III MD DMD
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7.	NV 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: Jame J.S.M.B.N.gor III MD DMD Office (1) address: 1840 E - Mangeron Blvd. Mas Vegas, N 89104

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
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



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Last Name :	schlesinger		
First Name :			
License Number :			
	Search	Reset	

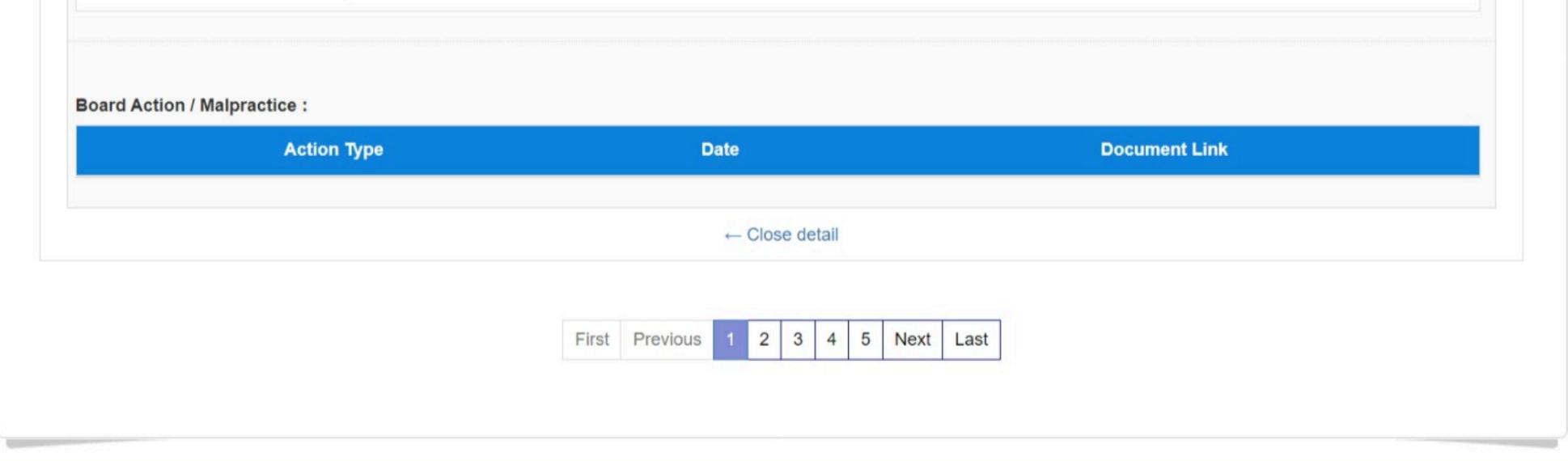
For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

	Show: 10				10 🗸 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



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