

NEVADA STATE BOARD of DENTAL EXAMINERS



ANESTHESIA COMMITTEE
TELECONFERENCE MEETING

FEBRUARY 8, 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

Amended Notice of Agenda & Combined Teleconference Meeting of (1) The Anesthesia Committee and (2) The Anesthesia Sub-Committee

Meeting Date & Time

Wednesday, February 8th, 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#: 837 8260 2913

Zoom Webinar/Meeting Passcode: 820416

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form and Live Public Comment 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, February 7, 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, Nevada 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, 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, February 7, 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. Chairman's Report: W. Todd Thompson, DMD (For Possible Action)**

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

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

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

***a. Discussion on setting a time and place for the Anesthesia Evaluators Calibration Meeting – NRS 631.190** (For Possible Action)

***b. Discussion, Consideration, and possible Recommendation to the Board to approve or deny Loma Linda University School of Dentistry's Advanced Dental Education Program in Implant Dentistry Course as a Moderate Sedation Board Approved course of study and to specifically address whether such course is for patients under and/or over 12 years of age -NRS 631.190 & NAC 631.2213** (For possible action.)

***c. Review, consideration, and discussion of possible recommendations to the Board regarding possible adoption of pediatric algorithms into the Anesthesia Evaluations** (For Possible Action)

***d. 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** (For Possible Action)

- (1) Summer Lane, DDS
- (2) Kevin M Martin, DDS
- (3) Monica R Ponce, DDS, M.A.G.D

***e. Discussion and Possible Recommendation to the Board Regarding Information Received Alleging Dr. Z May Have Breached the Standard of Care, Thereby Potentially Violating NRS 631.3475** (For Possible Action)

5. 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 written messages to the Board office. Written submissions should be received by the Board on or before **Tuesday, February 7, 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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6. Announcements

***7. Adjournment** (For Possible Action)

PUBLIC NOTICE POSTING LOCATIONS

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

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

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

Agenda Item 4(a):
Discussion on Setting a Time and
Place for the Anesthesia Evaluators
Calibration Meeting - NRS 631.190

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

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

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

Agenda Item 4(b):

**Discussion, Consideration and Possible
Recommendation to the Board to Approve or
Deny Loma Linda University School of
Dentistry's Advanced Dental Education Program
in Implant Dentistry Course as a Moderate
Sedation Board Approved Course of Study and to
Specifically Address Whether Such is for Patients
Under and/or Over 12 Years of Age
- NRS 631.190 & NAC 631.2213**

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.
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[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 631.2213 Permit required; qualifications of applicants. ([NRS 631.190](#), [631.265](#))

1. Except as otherwise set forth in [NAC 631.2211](#) to [631.2256](#), inclusive, no dentist may:
 - (a) Use general anesthesia or deep sedation for dental patients, except in a facility for which a permit is held as required by [NRS 449.442](#), unless he or she first:
 - (1) Obtains a general anesthesia permit; or
 - (2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit to administer general anesthesia to his or her patients, and obtains a certificate of site approval for each location at which general anesthesia, deep sedation or moderate sedation is administered to his or her patients;
 - (b) Use moderate sedation for dental patients who are 13 years of age or older, except in a facility for which a permit is held as required by [NRS 449.442](#), unless he or she first:
 - (1) Obtains a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2; or
 - (2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2 to administer moderate sedation to his or her patients who are 13 years of age or older, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 13 years of age or older; or
 - (c) Use moderate sedation for dental patients who are 12 years of age or younger, except in a facility for which a permit is held as required by [NRS 449.442](#), unless he or she first:
 - (1) Obtains a moderate sedation permit pursuant to paragraph (b) of subsection 2; or
 - (2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (b) of subsection 2 to administer moderate sedation to his or her patients who are 12 years of age or younger, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 12 years of age or younger.
2. To obtain a general anesthesia permit or moderate sedation permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to [NRS 631.345](#) and produce evidence showing that he or she is a dentist who is licensed in this State, and:
 - (a) For a moderate sedation permit to administer moderate sedation to a patient 13 years of age or older, the applicant must show evidence of:
 - (1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation, and the successful administration as the operator of moderate sedation to not less than 20 patients; or
 - (2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training described in subparagraph (1) and:
 - (I) Valid certification in Advanced Cardiac Life Support by the American Heart Association; or
 - (II) The completion of a course approved by the Board that provides instruction on medical emergencies and airway management.
 - (b) For a moderate sedation permit to administer moderate sedation to a patient 12 years of age or younger, the applicant must show evidence of:

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

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

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

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

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

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

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

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

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009; R004-17, 5-16-2018)

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



JAN 24 2023



2022-2023 CATALOG

INTRODUCTION

ABOUT THE UNIVERSITY

SCHOOL OF ALLIED HEALTH PROFESSIONS

SCHOOL OF BEHAVIORAL HEALTH

SCHOOL OF DENTISTRY

UNDERGRADUATE

PROFESSIONAL

ADVANCED DENTAL EDUCATION

ENDODONTICS

IMPLANT DENTISTRY

ORAL AND MAXILLOFACIAL SURGERY

ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

PEDIATRIC DENTISTRY

[Overview](#)
[Faculty](#)
[Admissions](#)
[Tuition](#)
[Program Requirements](#)
[Courses](#)

Certificate

Major

IMPD 505	Patient Presentation Seminar (1)	10
IMPD 547	Implant Dentistry Grand Rounds (1)	10
IMPD 561	Dental Bioengineering	2
IMPD 585	Implant Prosthodontics (2)	10
IMPD 601	Literature Review in Implant Dentistry (2)	12
IMPD 604	Current Literature Review in Implant Dentistry (2)	20
IMPD 611	Introduction to Implant Dentistry	2
IMPD 612	Advanced Implant Dentistry	2
IMPD 631	Oral Implant Surgery (1)	12
IMPD 634	Diagnosis and Treatment Planning in Implant Dentistry (1)	10
IMPD 637	Peri-Implant Histopathology	1
IMPD 654	Practice Teaching in Implant Dentistry	1
IMPD 696	Scholarly Activity in Implant Dentistry	1

PERI 601	Periodontal Therapy (2)	4
PERI 624	Moderate Sedation in Periodontics	4
PROS 500	Prosthodontic Literature Review (2)	6
PROS 546	Occlusion and Morphology	2
PROS 547	Occlusion: Principles and Instrumentation	2
PROS 555	Removable Partial Prosthodontics	2
PROS 565	Complete Denture Prosthodontics	2
PROS 566	Advanced Complete Denture Prosthodontics	2
PROS 575	Fixed Partial Prosthodontics	2
PROS 576	Advanced Fixed Partial Prosthodontics I (MC Aesthetics)	2
PROS 595	Maxillofacial Prosthetics	2
Interdisciplinary		
GRDN 514	Introduction to Biomedical Research	4
GRDN 535	Clinical Oral Pathology	2
GRDN 609	Professional Ethics ²	2
GRDN 622A	Biomedical Science	2
GRDN 622B	Biomedical Science	2
OMFS 604	Selected Topics in Oral and Maxillofacial Surgery (1)	4
OMFS 606	Applied Surgical Anatomy	2
REL 5	Graduate-level Religion	3
ORPA 533	Radiology Topics for Graduate Dental Programs	2
Total Units		156
Clinical ¹		
IMPD 725	Clinical Practice in Implant Dentistry (4)	40
IMPD 726	Clinical Practice in Periodontics in Implant Dentistry (2)	4
IMPD 727	Clinical Practice of Prosthodontics in Implant Dentistry (2)	20
Total Units		64

¹Units for clinic practice courses do not count toward minimum number of didactic units required for the degree.

²Fulfills service learning requirement.

PERIODONTICS

PROSTHODONTICS

DUAL MAJOR - PERIODONTICS, PROSTHODONTICS COMPARISON

DUAL MAJOR - PERIODONTICS, IMPLANT DENTISTRY COMPARISON

DUAL MAJOR - PROSTHODONTICS, IMPLANT DENTISTRY COMPARISON

SCHOOL OF MEDICINE

SCHOOL OF NURSING

SCHOOL OF PHARMACY

SCHOOL OF PUBLIC HEALTH

SCHOOL OF RELIGION

FACULTY OF GRADUATE STUDIES

THE COMBINED DEGREE PROGRAMS OF THE UNIVERSITY

ONLINE PROGRAMS

COURSES

OCICU COURSES

Received
JAN 24 2023
NSBDE

Normal time to complete the program

Three (3) years (36 months) — full-time enrollment required

M.S.D.

In addition to completing the requirements for the certificate as listed above, students must also complete the following courses and fulfill the general requirements for the degree. Students may take up to one year following the completion of the certificate program to complete the M.S.D. degree.

IMPD 697A	Research	1
IMPD 697B	Research	1
IMPD 697C	Research	1

Normal time to complete the program

Three (3) years (36 months) — full-time enrollment required (includes the time needed to complete the certificate program)

M.S.

In addition to completing the requirements for the certificate as listed above, students must also complete the following courses and fulfill the general requirements for the degree. Students have five years from the start of the certificate program to complete the M.S. degree.

IMPD 697A	Research	1
IMPD 697B	Research	1
IMPD 698	Thesis	1

Normal time to complete the program

Three (3) years (36 months) — full-time enrollment required (includes the time needed to complete the certificate program)

FACULTY

GENERAL INFORMATION

Moderate Sedation (CRN 10116)

PERI 624

Linda Hall

Summer Quarter 2022

July 11, 2022 1PM-5PM

Week 1

1. Overview of Conscious Sedation in Dentistry Dr. Flores/Dr. Kotch
 - a. Pain and anxiety in dentistry
 - b. The problem and challenge of fear
 - c. Dental Fears
 - d. Use of nitrous oxide/oxygen, oral sedation, and intravenous sedation in periodontics
2. Introduction to Conscious Sedation
 - a. Stages of general anesthesia
 - b. The range of Pain and Anxiety Control
 - i. No anesthesia
 - ii. Iatrosedation
 - iii. Psychosedative techniques
 - c. Routes of Drug Administration
 - a. Oral
 - b. Rectal
 - c. Topical
 - d. Sublingual
 - e. Transdermal
 - f. Intramuscular
 - g. Inhalation
 - h. Intravenous
3. Physical and Psychological Evaluation
 - a. Goals
 - b. Physical Evaluation
 - a. Medical History
 - b. Physical Examination
 - c. Anxiety Determination
 - d. Determination of Medical Risk
 - e. Physical Status Classification
 - f. Stress Reduction Protocols

Conscious Sedation Monitoring

Dr. Flores/ Dr. Kotch

- a. Routine Preoperative Monitoring
 - a. Pulse
 - b. Blood Pressure
 - c. EKG
 - d. Respiration
 - e. Pulse Oximetry
 - f. CO₂ Monitoring

- g. Temperature
- h. Miscellaneous Monitoring
- b. Record Keeping
 - a. Sedation Record

July 18, 2022 1PM-5PM

Week 2

Inhalation Sedation

Dr. Moretta

- a. History
- b. Rationale
 - a. Advantages
 - b. Disadvantages
 - c. Contraindication
 - d. Uses in Periodontal Therapy
- c. Pharmacology, Anatomy and Physiology of Inhalation Sedation
 - a. Nitrous Oxide
 - i. Pharmacology
 - ii. CNS
 - iii. Cardiovascular Effects
 - iv. Respiratory System
 - v. Physiologic Contraindication
 - b. Anatomy of the Respiratory System
 - c. Physiology of Respiration
 - d. Types of Inhalation Equipment
 - vi. Demand Flow
 - vii. Continuous Flow
 - viii. Storage of gas cylinders
 - ix. Regulators
 - x. Manifolds
 - xi. Flowmeters
 - xii. Safety Features
 - xiii. Inhalation Sedation
- d. Techniques of Administration
 - a. Constant Flow

July 25, 2022 1PM-5PM

Week 3

Emergency Preparation and Management / Patients with Disability

Dr. Pony

- a. Preparation
 - a. BLS
 - b. ACLS
 - c. Emergency Practice Drills

- d. Outside Medical Assistance
- b. Drugs and Equipment
- c. Emergency Management of Emergencies
 - a. Overdose
 - b. Allergy
 - c. Hypotension
 - d. Hypertensive Episodes
 - e. Cardiac Rhythm Problems
 - f. Angina
 - g. Myocardial Infarction
 - h. Airway Obstruction
 - i. Laryngospasm
 - j. Vomiting and Aspiration
 - k. Hyperventilation
 - l. Respiratory Depression
 - m. Seizures
 - n. Hypoglycemia
 - o. Syncope

August 1, 2022 1PM-5PM

Week 4

Pharmacology

Dr. Alireza Hayatshahi

- a. Benzodiazepines
 - a. Diazepam
 - b. Midazolam
 - c. Lorazepam
 - d. Triazolam
- b. Barbiturates
 - a. Pentobarbital
 - b. Secobarbital
 - c. Thiopental
- c. Histamine Blockers
 - a. Promethazine
 - b. Hydroxyzine
- d. Opioid Analgesics
 - a. Meperidine
 - b. Morphine
 - c. Fentanyl
 - d. Other agents
- e. Anticholinergics
 - a. Pharmacology
 - b. Mechanism of Action
 - c. CNS

- d. Respiratory System
- e. Cardiovascular System
- f. Gastrointestinal Tract
- f. Ketamine
- g. Antidotes

August 8, 2022 1PM-5PM

- Week 5** Intravenous Sedation **Dr. Flores**
- a. History
 - b. Rationale
 - c. Indications
 - a. Anxiety
 - b. Amnesia
 - c. Medically Compromised Patients
 - d. Analgesia
 - d. Armamentarium
 - a. Intravenous Drug Administration
 - i. Direct
 - ii. Non continuous infusion
 - iii. Continuous Infusion
 - iv. Advantages and Disadvantages
 - v. Intravenous Infusion Solutions
 - vi. Infusion Sets
 - vii. Needles
 - viii. Sterile Technique
 - ix. Miscellaneous items

Week 6 Aug 15 - Aug 16, 2022 ACLS 16 HOURS

August 22, 2022 1PM-5PM

- Week 7** Intravenous Sedation Techniques of Administration **Dr. Flores**
- a. Monitoring
 - b. Intravenous Midazolam
 - c. The Jorgensen Technique
 - d. Special Patient Considerations
 - i. Pediatric Patients
 - ii. Geriatric Patients
 - iii. Medically Compromised Patients
 - 1. Cardiovascular Disease
 - 2. Renal Disease
 - 3. Respiratory Disease
 - 4. Seizure Disorders
 - 5. Liver Disease
 - 6. Endocrine Disorders

- 7. Metabolic Diseases
- e. Complications
 - i. Venipuncture
 - ii. Local complications
 - iii. Drug related complications
 - iv. Specific Drug Complications

August 29, 2022 1PM-5PM

Week 8 Venipuncture
 a. Anatomy
 b. Technique

Dr. Kunihiro

August 29, 2022 3PM-5PM LABORATORY – Nitrous oxide technique and monitoring equipment

Venipuncture technique and monitoring
Advanced Periodontics Clinic (4 hours)

Dr.'s Flores/Kunihiro//Kotch

September 5, 2022 1PM-5PM Holiday/ Labor Day No Class

Week of September 12, 2022 (TBD) ---FINAL EXAM

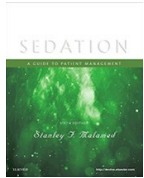
Each lecture will be four (4) hours.

Laboratory Sessions will be (4) hours each

Prerequisite is ACLS (16) hours (which will be given for graduate students Aug 16-17 (this quarter)

Each resident is required to perform at least 20 supervised cases in intravenous sedation upon completion of the didactic section of the course in order to meet the requirements of the Dental Board of California for issuance of a Conscious Sedation permit and to meet the CODA requirements for the Advanced Specialty Education in Periodontics program.

Required text:



Sedation 6th Edition A Guide to Patient Management Authors: Stanley Malamed

ISBN: 9780323400534 Imprint: Mosby Published Date: 30th June 2017

Agenda Item 4(c):

**Review, consideration, and discussion
of possible recommendation to the
Board regarding possible adoption of
pediatric algorithms into the
Anesthesia Evaluations**

Hypoglycemia:

Scenario: Jason is a 11 year old boy who just came from his baseball game and his baseball coach took his team out for ice cream to celebrate their win. Jason is a Type 1 diabetic but he knew if he ordered a sugar free ice cream he would be ok. Jason also had a dental appointment for a MO composite at your office at 4:00pm today. His mom prior to taking him into your office took out Jason's glycometer and tested his blood sugar and to their surprise his blood sugar was 260. They must have given Jason a sugar containing ice cream so Jason's mother quickly got a syringe containing some insulin for Jason. Unfortunately, Jason's mother forgot to bring her reader glasses so she did her best to draw up Jason's insulin and then brought Jason into your office but forgot to tell your office what just happened because she was in a rush. Jason ended up coming twenty minutes late to his appointment, luckily your new associate was available to do the composite. Unfortunately your associate did not read Jason's medical history and began the procedure. Your associate sits Jason back in the chair and all of the sudden Jason begins to say he feels lightheaded and starts to talk to your associate with a slurred speech not making too much sense. What is the Probable Problem:

Hypoglycemia**Algorithm:**

R- Recognize the Emergency: Hypoglycemia

P-Position Comfortably

D-Definitive Therapy:

Abort Procedure

Administer Oral fluids containing SUGAR

Ask mom if she has a glycometer or use your own to test blood sugar

Document blood sugar level in chart prior to dismissal

Call 911, if unconscious

Hyperventilation:

Scenario: Its Monday 7:00am and your first patient of the morning is Estelle and Estelle is a twelve year old girl who is currently taking meds for her high anxiety and her ADHD. Your assistant brings her back and sits her in your operatory. Estelle starts crying and screams out no needles!!!! She starts breathing rapidly and says her fingers feel all tingly and she feels lightheaded. She begins breathing faster and starts shaking and turns white as a ghost. She screams out again that she doesn't want to be here and she hates you. What is the Probable Problem:

Hyperventilation:**Algorithm**

R- Recognize type of Emergency: Hyperventilation

P-Position patient comfortably

D-Definitive Therapy

Coach patient to breath more slowly

Reassure patient everything will be ok

Have them to rebreath into their hands or a bag

Consider N2O/O2

Call 911 if unable to reverse signs and symptoms

Asthma/Bronchospasm

Scenario: Its Friday and you are working a half day in your office and unfortunately its so windy outside that your friends decided to cancel your golf outing this afternoon. You are bummed that you aren't golfing this afternoon but you are happy to see your great pediatric patients this morning. Bobby a six year old boy is coming to you for a stainless steel crown on tooth T. You ask Bobby's mom if his medical history has changed since his last visit and she states her pediatrician prescribed an inhaler for Bobby because last month when it was windy outside Bobby started to wheeze and cough. You ask if he has Asthma but mom says she is going to a pediatric pulmonologist next week to see if he is an asthmatic. Bobby is listening to you talk to mom and starts to cry. He says he is scared and doesn't want to get his tooth fixed today. Mom had a feeling he wasn't going to help so she brought him in with nothing to eat or drink in the event you want to sedate Bobby. You decide to sedate him with Demerol and Vistaril with the appropriate dose for his weight. After 45 minutes you bring him back and sit him in the chair. You sit Bobby back in the chair and give him 50% nitrous just as you are ready to numb, Bobby becomes agitated and you notice that he is starting to wheeze and his eyes are looking a little puffy, and all of the sudden he starts having difficulty exchanging air. You have the pulse ox on him and you notice the pulse ox is now 90% and he is having a hard time breathing and you notice more secretions. First what is Bobby's initial diagnosis causing this wheezing and difficulty breathing and what would be Bobby's possible final diagnosis after he sees the pulmonologist next week.

Problem causing the wheezing: **Bronchospasm**

Final Diagnosis: **Asthma**

Algorithm:

Position patient comfortably

Administer 100% Oxygen

Administer 3-5 puffs of bronchodilator

Pulse ox drops to 79% and pt is having a harder time breathing

Call 911

Administer drugs

Epinephrine (Epipen Jr <30kg Epipen>30kg)

Benadryl 50mg IV or PO

Hypertension

Bobby a seven year old boy is at your office today for a stainless crown on tooth A. Bobby is very apprehensive so you decide to sedate Bobby with oral Valium. Bobby weighs 100 pounds and is overweight for his age and height. You take his blood pressure and its 140/90. You sedate Bobby and wait 45 minutes for the sedation to take effect. Your assistant brings Bobby back and places all the monitors on him along with 50% nitrous. Bobby's preop BP is 145/90. You numb up Bobby and he becomes agitated after the injection. Your assistant states to you that his BP is 190/110. You let Bobby calm down but you notice that his BP is still 190/110.

Probable problem: Hypertension

R-recognize type of emergency: **Hypertension**

D-Definitive Therapy:

Look for specific causes :Obesity, type 2 diabetes

Administer 100% oxygen

Consider referral : If Bp does not go down consider rescheduling and let parent know that child should get a consult from Pediatrician/cardiologist and clearance prior to any dental work

Optional Follow up: Mom states to you that she took off today to get his crown done and that she wants you to do the work anyways. You check to see if Bobby is numb and you start to prep the tooth. As you start the prep Bobby begins to scream out and says that he is very scared and your assistant stops you to let you know that Bobby's blood pressure is 215/140 and his heart rate is 50 .

D-Definitive Therapy:

Stop treatment

Call 911 as this is a **Hypertensive Crisis**

Ready the AED in the event patient digresses

Cardiac Arrest

A 3 year old patient came to your office for crowns on D,E,F,G. Prior to treatment, the child was given a combination of drugs that was dosed out prior for another patient which you were not aware of. The amount of drugs administered was not known. The patient was in a papoose board during the dental procedure. Being that the child was moving around the pulse ox fell off but you failed to place it back on his finger and you proceeded to prep the teeth. All of a sudden you notice the patient stopped moving and is turning blue and the patient went into respiratory arrest. You check and the patient has no pulse.

Probable Problem: Cardiac Arrest

R-Recognize type of emergency: Cardiac Arrest

Call 911

Remove the restraints from the patient

Begin CPR

D- Definitive Therapy:

Attach AED Follow instructions

Confirm with Staff that 911 has been called

High quality CPR as per AED instructions

If no AED is available basic CPR until EMS arrives

Use positive pressure O2 via FULL FACE MASK and BAG

Angina

Scenario: A seven year old patient comes to your office for a stainless steel crown and pulpotomy on tooth #T. The patient's grandfather brings him in for today's visit. You begin the procedure by giving the patient an injection and you notice in the corner of your eye the grandfather who is sitting in the corner looks pale and is sweating. You ask him if he is alright and he states to you that he has heart burn that is radiating from his arm to his chest and asks you to get his "pills" from his pocket and if you can give him one. You stop what you are doing and get his pill box from his shirt pocket and you notice that its empty. You look at him and he says the pain is getting worse. What should you do to help this person and what is occurring?

Probable Problem: **Angina**

Algorithm:

R-Recognize type of emergency: ANGINA

Position of patient: Comfortably sitting upright maybe trade with your patient and have him sit in the dental chair

A-Airway assessment and appropriate action as necessary for patency

B-Breathing

Administer 100% O₂

C-Circulation

Attach monitors and check vitals q 5 minutes

D-Diagnosis Definitive Therapy:

Administer Nitro.4mg tablet sublingual

Repeat up to three times

Consider 911 call

Myocardial Infarction

Your patient's grandfather who is now in your dental chair says the Nitro you given to him sublingually is not giving him any relief. You have repeated the .4mg nitro three times and he has had no relief. In fact the pain seems to be worsening and now he is completely pale and asks you to lie him back in the chair because he is feeling very lightheaded.

Probable Problem: **Myocardial Infarction**

Algorithm:

R-Recognize type of emergency:MI

CALL 911

Administer 100%O₂

P-Position comfortably: In this case he asked to lie flat

C-Circulation

Call for AED Aspirin

D Definitive therapy:

Repeat Nitro

Aspirin 325mg chewed and swallowed with water

If no pain relief from Nitro and Aspirin consider 50% N₂O/O₂

Agenda Item 4(d):

**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**

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

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

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

Agenda Item 4(d)(1):
Summer Lane, DDS

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) _____

Summer Lane

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
N/A
3. List any prior experience in the administration of Moderate Sedation or General Anesthesia
4 years residency 2017-2021
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):
PA CA NV UT
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: 6780 S Fort Apache Rd Suite 108 Las Vegas NV 89147
 Office (1) address: _____
 Office (1) telephone: _____

SIGNATURE OF LICENSEE _____

DATE 12/29/22

11.200

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DEC 29 2022



Summer Lane, DDS

Education & Qualifications

Nuvia Dental Implant Center Las Vegas, NV
July 2022-Current

Nevada Oral and Facial Surgery Las Vegas, NV
July 2021-May 2022

Allegheny General Hospital – Pittsburgh, PA

- *Oral & Maxillofacial Surgery Residency July 2017 – June 2021*
- *Hospital and private practice-based residency specializing in dental implants, wisdom teeth, full mouth extractions, orthognathic surgery, facial trauma surgery, TMJ surgery and oral pathology.*
- *County based hospital receiving all regionally complex trauma cases.*
- *Daily training in I.V. sedation and general anesthesia.*

Louisiana State University (University Medical Center, Our Lady of the Lakes) - New Orleans and Baton Rouge, LA

- *Oral & Maxillofacial Surgery internship June 2016 – June 2017.*
- *Triage Patients, perform exams/treatment planning, take calls related to Emergency Department for facial trauma and infections.*
- *Trauma 1 hospital setting June to December 2016 in UMC New Orleans, LA. Final 6-month rotation January 2017 to June 2017 at Our Lady of the Lakes Hospital in Baton Rouge, LA.*

Highland Hospital - Oakland, CA

- *Hospital based Advanced Education in General Dentistry Residency June 2015- May 2016.*

Dr. Joe Dentistry – Torrance, CA

- *Associate Dentist August 2014 - January 2015.*
- *Private practice setting in a busy area in Torrance.*

United Dental Care – Culver City, CA

- *Associate Dentist August 2014 - January 2015.*
- *Private practice setting with a large patient pool*

University of the Pacific Arthur A. Dugoni School of Dentistry - San Francisco, CA

- *Doctor of Dental Surgery- June 2014*

University of Nevada Las Vegas - Las Vegas, NV

- *B.S. Biology and Hotel Administration 2003-2010*

University of Evansville – Evansville, IN

- *Business Management 2002-2003*

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JAN 04 2023

Licensure & Certification

Nevada dental license

License # S2-180 (Current)

DEA # FL6777912 (Current)

Oral and Maxillofacial Surgery board eligible

Cardiopulmonary Resuscitation/Basic Life Support (CPR/BLS) (Current)

Advanced Cardiac Life Support (ACLS) (Current)

Pediatric Advanced Life Support (PALS) (Current)

Critical Personal Skills

Team player, goal oriented, organized, punctual, ethical, highly motivated to learn, teachable, focused, humble, empathetic, great communication skills.

Personal Interests

- Fitness: Weightlifting, Yoga, Golf, Trap shooting
- Dining, Music, baking, cooking
- Volunteering, Traveling, Spending time with my family

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JAN 04 2023

Agenda Item 4(d)(2):
Kevin M Martin, DDS

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

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

FULL NAME (please print)

KEVIN MATTHEW MARTIN DDS

F
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E**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:

3. List any prior experience in the administration of Moderate Sedation or General Anesthesia:

30 yrs Beginning in OPERATING Room, VARIOUS OUTPATIENT Settings

4. Do you have any pending Board complaints against you? YES / ☒ NO

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NSBDE

5. Do you have any history of Board Action(s)? YES / ☒ NO

If yes, please describe (attach additional sheet if necessary):

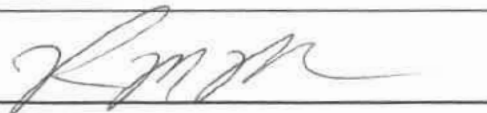
6. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry or dental hygiene (attach additional sheet if necessary):

CA NV
41647 52-26

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: Delicate Dental + ORAL Surgery
Office (1) address: 9450 W. Russell Rd ST102 LV, NV 89148
Office (1) telephone: 702 789-0000

SIGNATURE OF LICENSEE



DATE

11/11/2022

1/2

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

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

FULL NAME (please print) Kevin Martin DDS

FULL MAILING ADDRESS _____

TELEPHONE _____

EMAIL _____ LICENSE No: 52-26 Permit No: 6A015**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:

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):

Received
NOV 21 2022
NSBDE

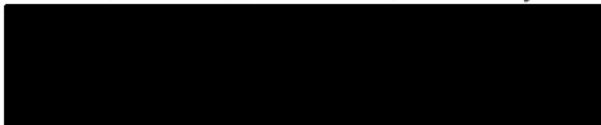
6. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry or dental hygiene (attach additional sheet if necessary):

7. 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: Today's DentalOffice (1) address: 1471 N. Jones Blvd LV NV 89108Office (1) telephone: 702 851 6722SIGNATURE OF LICENSEE [Signature]DATE 11/11/2022

2/2

Kevin Matthew Martin, D.D.S.



EDUCATION

State University of New York, University Center at Stony Brook 1984-1988
Baccalaureate of Science, Biochemistry

University of California, Los Angeles School of Dentistry 1988-1992
Doctorate of Dental Surgery

Los Angeles County, Harbor UCLA Medical Center 1992-1996
Certificate in Oral and Maxillofacial Surgery

PROFESSIONAL EXPERIENCE

1995-1996 Chief Resident, Department of Oral and Maxillofacial Surgery
 Los Angeles County-Harbor UCLA Medical Center

1996-1999 United States Navy Dental Corps
 Staff Oral and Maxillofacial Surgeon
 Guantanamo Bay, Cuba
 Camp Pendleton, California

1999 Richard Hamilton, DDS MS, LTD.
 Associate Oral Surgeon

2000-2020 Las Vegas Oral Surgery
 Founder, Staff Oral and Maxillofacial Surgeon

2002-2020 Tender Oral Surgery
 Founder, Staff Oral and Maxillofacial Surgeon

2007- Present Today's Oral Surgery
 Founder, Staff Oral and Maxillofacial Surgeon

2020- Present Delicate Oral Surgery
 Staff Oral and Maxillofacial Surgeon

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PROFESSIONAL ORGANIZATIONS

Fellow, American Association of Oral and Maxillofacial Surgeons
 Member, American College of Oral and Maxillofacial Surgeons
 Fellow, American Dental Society of Anesthesia
 Member, American Dental Association
 Member, Nevada Dental Association
 Member, Southern Nevada Dental Society

CERTIFICATIONS

Diplomate (Board Certified) American Board of Oral and Maxillofacial Surgeons
 Diplomate, National Dental Board of Anesthesia



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 :

S2-26

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 entries

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
Specialty Dentist	Kevin Martin Matthew , DDS	S2 - Oral and Maxillofacial Surgeon	Las Vegas NV 89108	Active		

Full Name : Martin, Kevin Matthew , DDS

Primary Office Address : 1471 N Jones Blvd,

City, State Zip : Las Vegas, NV 89108

Office Phone : (702) 636-0678

License Number : S2-26

License Date : 09/05/1997

Status : Active

Expiration Date : 06/30/2023

Graduated From : UCLA

Graduation Date : 06/12/1992

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Permits :						
Permit		Permit Number	Issue Date	Exp Date		
General Anesthesia Administering Permit		GA015	02/06/1998	06/30/2015		
General Anesthesia Site Permit		SPG105	11/01/2007	06/30/2013		
General Anesthesia Site Permit		SPG11	02/06/1998	06/30/2013		
General Anesthesia Site Permit		SPG33	02/06/1998	06/30/2013		
General Anesthesia Administering Permit		GA015	02/06/1998	06/30/2013		
General Anesthesia Site Permit		SPG33	02/06/1998	06/30/2015		
General Anesthesia Site Permit		SPG11	02/06/1998	06/30/2015		
General Anesthesia Site Permit		SPG105	11/01/2007	06/30/2015		
General Anesthesia Site Permit		SPG105	11/01/2007	06/30/2017		
General Anesthesia Administering Permit		GA015	02/06/1998	06/30/2017		
General Anesthesia Site Permit		SPG11	02/06/1998	06/30/2017		
General Anesthesia Site Permit		SPG33	02/06/1998	06/30/2017		
General Anesthesia Site Permit		SPG11	02/06/1998	06/30/2009		
General Anesthesia Site Permit		SPG33	02/06/1998	06/30/2009		
General Anesthesia Administering Permit		GA015	02/06/1998	06/30/2007		
General Anesthesia Site Permit		SPG105	11/01/2007	06/30/2009		
General Anesthesia Administering Permit		GA015	02/06/1998	06/30/2009		
General Anesthesia Site Permit		SPG11	02/06/1998	06/30/2011		
General Anesthesia Site Permit		SPG33	02/06/1998	06/30/2011		
General Anesthesia Administering Permit		GA015	02/06/1998	06/30/2011		
General Anesthesia Site Permit		SPG105	11/01/2007	06/30/2011		
General Anesthesia Site Permit		SPG105	11/01/2007	10/21/2018		
General Anesthesia Administering Permit		GA015	02/06/1998	06/30/2019		
General Anesthesia Site Permit (all ages)		SPG105-AA	01/01/0001	06/30/2019		
General Anesthesia Administering Permit		GA015	01/01/0001	06/30/2021		
General Anesthesia Site Permit (all ages)		SPG105-AA	01/01/0001	06/30/2021		
General Anesthesia Administering Permit		GA015	01/01/0001	06/30/2023		
General Anesthesia Site Permit (all ages)		SPG105-AA	01/01/0001	06/30/2023		

Credentials Practitioner Name Speciality Details Location Status Public Health Action

Board Action / Malpractice :

Action Type Date Document Link

← Close detail

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

Agenda Item 4(d)(3):
Monica R Ponce, DDS, M.A.G.D

NEVADA STATE BOARD OF DENTAL EXAMINERS
6010 S Rainbow Boulevard, Building A, Suite 1
Las Vegas, NV 89118
(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) _____

MONICA PONCE

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:
NO prior experience.
3. List any prior experience in the administration of Moderate Sedation or General Anesthesia:
I have been licensed and practicing over 10 years
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):
Nondisciplinary Stipulation Agreement 2021
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 AZ CA
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: Affordable Dental
 Office (1) address: 3960 W Ann Road #120
 Office (1) telephone: 702 399 8888

SIGNATURE OF LICENSEE _____

[Signature]

DATE 11/1/2022

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07/2020

Delicate Dental

9450 West Russell Road Suite 102

Las Vegas NV 89148

702 570-3320

CURRICULUM VITAE

MONICA R. PONCE, D.D.S., M.A.G.D



Qualifications Summary

Bilingual General Dentist with licensure in California, Arizona and Nevada. Award-winning career specializing in general dentistry and preventive care, including the most current advances in dentistry.

Clinical Strengths include:

General Practice Dentistry	Root and Extraction	
Children/Adults/Aging Population	Gingival Disease	Preventive
Dentistry	Crowns& Fixed /Removable Dentures	Conventional
Orthodontics/Invisalign	Implant Placement	Restoration Cosmetic Dentistry,
Veneers,Ceramic Restorations		

Recent Honors:

Academy of General Dentistry Fellowship

**Academy of General Dentistry Mastership
California Academy of Endodontics Award**

Recipient of Southern

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NOV 10 2022**

Advanced Education in General Dentistry, UCLA

Education and Licensure:

Loyola Marymount University
of Science(BS), 1986-1990
Philosophy

Bachelor
Minor:

University of California, Los Angeles
Doctor of Dental Surgery(DDS), 1990-1994
Dental Licenses: California, Nevada, Arizona

Selected Continuing Education

Pain Management	Cosmetic Dentistry	Medical Office Emergencies
Implant Placement and Restoration		CPR, ACLS, PALS
I CAT Cone Beam	3D Imaging	Endodontic Advancement
Implant Courses from major industry leaders 3i, Astra, Nobel Biocare, Zimmer		
Dentrix Enterprise		

Clinical & Research Experience

1994-1996 Orange County Family Dental Group
11001 Beach Boulevard
Stanton, CA 90680
(714)891-6623

1996-2002 Comfort Dental
2047 Charleston Boulevard
Las Vegas, NV 89102
(702)382-7933

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NOV 1 2022

1999-2020 Las Vegas Oral Surgery

7670 West Lake Mead Boulevard Suite 130

Las Vegas, NV 89128

(702)312-2273

2003-2021 Tender Dental

5001 E. Bonanza Road Suite 160

Las Vegas, NV 89110

(702)307-2273

2008-2017 Tender Dental

5230 Boulder Highway Suite 130

Las Vegas, NV 89122

(702)851-6725

2018-Present Affordable Dental

3960 W. Ann Road Suite 120

North Las Vegas, NV 89031

(702)399-8888

2020-Present Delicate Dental

9450 West Russell Road Suite 102

Las Vegas NV 89148

(702) 570-3320

Present and Past Affiliations

**American Dental Association (ADA) Nevada Dental Association(NDA) Academy of
General Dentistry (AGD) American Association of Women in Dentistry California Dental
Association Alpha Omega International Fraternity American Academy of
Esthetic Dentistry Nevada State Board of Health Member**

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NOV 10 2022



Nevada State Board of Dental Examiners

VERIFY LICENSE

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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 :

POnce

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 entries

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Dentist	Monica Ponce Rene , DDS		Las Vegas NV 89148	Active		

Full Name : Ponce, Monica Rene , DDS

Primary Office Address : 9450 W Russell Rd, Ste 102

City, State Zip : Las Vegas, NV 89148

Office Phone : (702) 570-3320

License Number : 3063

License Date : 07/15/1996

Status : Active

Expiration Date : 06/30/2023

Graduated From : UCLA


Graduation Date : 06/11/1994

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
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Permits :

Permit	Permit Number	Issue Date	Exp Date
Conscious Sedation Administering Permit	CS216	06/27/2008	06/30/2013
General Anesthesia Site Permit	SPG125	10/30/2008	06/30/2013
Conscious Sedation Administering Permit	CS216	06/27/2008	06/30/2015
General Anesthesia Site Permit	SPG125	10/30/2008	06/30/2015
Conscious Sedation Administering Permit	CS216	06/27/2008	06/30/2017
General Anesthesia Site Permit	SPG125	10/30/2008	06/30/2017
General Anesthesia Site Permit	SPG125	10/30/2008	06/30/2009
Conscious Sedation Administering Permit	CS216	06/27/2008	06/30/2009
Temporary Conscious Sedation Administering Permit	CS216T	06/27/2008	10/30/2008
Conscious Sedation Administering Permit	CS216	06/27/2008	06/30/2011
General Anesthesia Site Permit	SPG125	10/30/2008	06/30/2011
Conscious Sedation Administering Permit	CS216	06/27/2008	10/21/2018
Moderate Sedation Administering Permit (13 years of age & older)	MS216	01/01/0001	06/30/2019
Moderate Sedation Administering Permit (13 years of age & older)	MS216	01/01/0001	06/30/2021
General Anesthesia Site Permit (all ages)	SPG458-AA	01/01/0001	06/30/2021
Moderate Sedation Administering Permit (13 years of age & older)	MS216	01/01/0001	06/30/2023
General Anesthesia Site Permit (all ages)	SPG458-AA	01/01/0001	06/30/2023

Board Action / Malpractice :

Action Type	Date	Document Link
Board Action	06/10/2021	

← Close detail

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STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
 EXAMINERS,

Case No. 3063-1771

Complainant,

vs.

MONICA PONCE, DDS,

Respondent.

**CORRECTIVE ACTION PLAN
 NON-DISCIPLINARY
 STIPULATION AGREEMENT**

IT IS HEREBY STIPULATED AND AGREED via this *Corrective Action Plan Non Disciplinary Stipulation Agreement* ("Stipulation Agreement" or "Stipulation"), by and between MONICA PONCE, DDS ("Respondent" or "Dr. Ponce"), and the NEVADA STATE BOARD OF DENTAL EXAMINERS (the "Board"), by and through the Board's general counsel, PHIL W. SU, ESQ., as follows:

I.
Background

1. Respondent is a dentist who is licensed to practice dentistry in the State of Nevada by the Board pursuant to Chapter 631 of the Nevada Revised Statutes (NRS) and Chapter 631 of the Nevada Administrative Code (NAC). Respondent was licensed in Nevada on July 15, 1996, License No. 3063.

2. On or about February 7, 2019, the Board received a verified complaint from patient EDWARD THOMPSON, regarding issues with the dental care he received at Dr. Ponce's practice, Delicate Oral Surgery, alleging possible violations of NRS Chapter 631 and/or NAC Chapter 631.

3. On or about April 12, 2019 via a *Notice of Complaint & Request for Records*, the Board notified Respondent of the Verified Complaint received from EDWARD THOMPSON.

1 The Authorized Complaint sought a response from Respondent, as well as the records of patient
2 THOMPSON.

3 4. On or about April 26, 2019, the Board received Respondent's written response to
4 the Notice of Complaint and Request for Records. Respondent advised that she provided
5 treatment within the standard of care, and that the patient's #2-30 teeth presented as decayed and
6 that restorative work might require root canal interventions.

7 5. Disciplinary Screening Officer, Bradley Strong, DDS, was assigned to
8 investigate, review and make findings and recommendations in this matter.

9 6. Investigator Steven Hall, DDS, was subsequently assigned to investigate, review
10 and make findings and recommendations in this matter.

11 7. Dr. Hall found that THOMPSON had difficulty with the local anesthesia
12 administered and as such his experience was described as "unpleasant." Dr. Hall noted that
13 Respondent had offered THOMPSON a refund in the amount of \$676.90 as requested by the
14 patient. Dr. Hall recommended that the matter be remanded with "no further action."

15 8. On January 2, 2020, the information and documentation described above was
16 independently reviewed by the Nevada State Board of Dental Examiner's Review Panel¹
17 established pursuant to NRS 631.3635. Neither Dr. Strong nor Dr. Hall participated in the
18 Review Panel review of this matter.
19

20 II.

21 Review Panel's Findings and Recommendations

22 9. Based upon the investigation conducted to date, the Review Panel established
23 pursuant to NRS 631.3635, believe(s), for this matter and not for any other purpose, including
24 any pending or subsequent civil action, that Respondent's actions as described in the
25

26 ¹ The Review Panel members appointed by the Nevada State Board of Dental Examiners pursuant to NRS 361.3635
27 for the 2019 calendar year recused themselves due to potential conflicts of interest preventing them from reviewing
28 this matter. As such, this matter was reviewed by the members of the Alternate Review Panel appointed by the
Nevada Board of Dental Examiners on November 9, 2018 and March 22, 2019.

1 Investigative Complaint constitute unprofessional conduct as follows:

- 2
3 a) There is a preponderance of the evidence to support a finding that the
4 Respondent's treatment in the patient's bridge preparation led to issues
with crown seating and was below the standard of care.

5 10. Respondent acknowledges that DSO Strong and Investigator Hall's preliminary
6 investigations proceeded through the Review Panel process as required pursuant to NRS
7 631.3635, and that the Review Panel found that there is sufficient evidence to support the
8 findings and recommendations as contained herein, and that the above findings and
9 recommendations were made and/or adopted by the Review Panel and forwarded to Respondent
10 with the opportunity to review and comment on them.

11 11. Respondent understands and acknowledges that the DSO's findings and
12 recommendations were not binding on the Review Panel and further that neither DSO Strong or
13 Investigator Hall's findings and recommendations, nor the findings and recommendation of the
14 Review Panel, are binding on the Board, or on Respondent. Respondent understands and
15 acknowledges that she has the right to dispute these findings at a full Board hearing pursuant to
16 NRS 631.360, including the right to call and examine witnesses and present evidence, but that
17 she has knowingly waived this right in order to resolve this matter via this Stipulation
18 Agreement.

19
20 12. For settlement purposes only, and not for any other purpose, including any
21 subsequent civil action, and without admitting to the opinions of the DSO or Review Panel,
22 Respondent acknowledges that if this matter were to proceed to a full board hearing, a sufficient
23 quantity and/or quality of evidence could be proffered sufficient to meet a preponderance of the
24 evidence standard of proof demonstrating that Respondent violated the regulatory and/or
25 statutory provisions noted above in Paragraph 9.

III.
Terms and Conditions

13. Based upon the investigation conducted to date, the opinions of the DSO, Bradley Strong, DDS, Investigator Steven Hall, DDS, and the findings of the Review Panel contained in Paragraph 9 and 10, and the acknowledgments of Respondent contained in Paragraphs 11 and 12, the parties have agreed to resolve the above-referenced investigation pursuant to the following terms and conditions:

A. In addition to completing the required continuing education necessary for license renewal, Respondent agrees to obtain an additional seven hours (7) hours of supplemental continuing education regarding treatment and management of dental emergencies and trauma.

B. Information, documents, and/or descriptions for the above-referenced supplemental education must be submitted in writing to the Executive Director of the Board for approval **prior** to attendance. Upon the receipt of the written request to attend the supplemental education, the Executive Director of the Board shall notify Respondent in writing whether the requested supplemental education is approved for attendance. Respondent agrees that at least 50% of the required supplemental education shall be completed through attendance at live and/or live lecture webinar. Up to 50% of the supplemental education required by this paragraph may be completed through online/home study courses. The cost associated with this supplemental education shall be paid by Respondent. All of the supplemental education must be completed within six (6) months of the adoption of this Agreement by the Board. In the event Respondent fails to complete the supplemental education set forth in Paragraph 13.A. within six (6) months of the adoption of this Agreement by the Board, Respondent agrees that her license to practice dentistry in the State of Nevada may be automatically suspended by the Board's Executive Director without any further action of the Board other than the issuance of an Order of Suspension by the Executive Director. Upon Respondent submitting written proof of the completion of the supplemental education and paying the reinstatement fee pursuant to NRS 631.345, Respondent's license to practice dentistry in the State of Nevada will automatically be reinstated by the Executive Director of the Board, provided that there are no other violations of any of the provisions contained in this Agreement. Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent's license to practice dentistry in the State of Nevada due to Respondent's failure to comply with Paragraph 13.A. Respondent shall also be responsible for any costs or attorney's fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license is automatically suspended pursuant to this paragraph.

1 C. Respondent understands and acknowledges that the completion of these
 2 continuing education classes for purposes of fulfilling the obligations of this Stipulation
 3 does not relieve her of the continuing education obligations required of a dental licensee
 4 upon license renewal, including but not limited to the courses required by NRS 631.342,
 5 NAC 631.173, NAC 631.175 and/or AB 474.

6 D. Respondent agrees to reimburse patient, EDWARD THOMPSON, in the amount
 7 of Six Hundred Seventy Six Dollars and 90/100 (\$676.90) for the treatment rendered to him by
 8 Respondent. Payment shall be made within thirty (30) days of the Board adopting this
 9 Stipulation Agreement. Respondent shall deliver/mail to the Board (6010 S. Rainbow Blvd.,
 10 Suite A1, Las Vegas, Nevada 89118) a check made payable to EDWARD THOMPSON.

11 E. Respondent agrees that, within sixty (60) days of adoption of this Stipulation
 12 Agreement by the Board, Respondent shall reimburse the Board for the costs and fees of the
 13 investigation in the amount of TO BE DETERMINED and 00/100 cents (\$XXX.00). Payment
 14 shall be made payable to the Nevada State Board of Dental Examiners and mailed directly to
 15 6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118.

16 F. Respondent acknowledges and agrees that the costs and fees described in above
 17 Paragraph 15.E do not include court reporter costs. Respondent shall be responsible for the costs
 18 of the court reporter retained to take Respondent's statement regarding this Stipulation
 19 Agreement, if any. Respondent will be billed for this cost upon receipt of said bill from the court
 20 reporter and shall reimburse the Board within thirty (30) days of the written request for
 21 reimbursement of same.

22 G. In the event Respondent defaults (which includes failure to timely pay) any of the
 23 payments set forth in this Stipulation Agreement, Respondent agrees that her license to practice
 24 dentistry in the State of Nevada shall be automatically suspended without any further action of
 25 the Board other than issuance of an Order of Suspension by the Board's Executive Director.
 26 Subsequent to the issuance of the Order of Suspension, Respondent agrees to pay a liquidated
 27 damage amount of Twenty Five and xx/100 Dollars (\$25.00) for each day Respondent is in
 28 default on the payment(s) of any of the amounts set forth herein. Upon curing the default of the
 applicable defaulted payment contained in this Stipulation Agreement and paying the
 reinstatement fee, Respondent's license to practice dentistry in the State of Nevada will
 automatically be reinstated (as limited by the terms herein) by the Board's Executor Director,
 provided that there are no other violations by Respondent of any of the provisions contained in
 this Stipulation Agreement. Respondent shall also be responsible for any costs or attorney's fees
 incurred in the event the Board has to seek injunctive relief to prevent Respondent from
 practicing dentistry during the period in which her license is suspended. Respondent agrees to
 waive any right to seek injunctive relief from any court of competent jurisdiction, including a
 Nevada Federal District Court or a Nevada State District Court to reinstate his license prior to
 curing any default on the amounts due and owing as addressed above.

H. In the event Respondent fails to cure any defaulted payments within forty-five
 (45) days of the default, Respondent agrees the amount may be reduced to judgment.

1 I. Respondent waives any right to have any amount(s) owed pursuant to this
2 Stipulation discharged in bankruptcy.

3 **IV.**
4 **Consent**

5 14. **Acknowledgement of Review of this Agreement.** Respondent acknowledges
6 that she has read all of the provisions contained in this Stipulation Agreement and agrees with
7 them in their entirety.

8 15. **Representation by Counsel.** Respondent acknowledges that she has been
9 advised that she has the right to have this matter, including this Stipulation Agreement, reviewed
10 by independent counsel, that review and advice by independent counsel is in her best interest,
11 and that she has had ample opportunity to seek independent counsel. Having been advised of her
12 right to independent counsel, as well as having had the opportunity to seek independent counsel,
13 Respondent did not seek the advice of counsel and was not represented by counsel during the
14 investigation of this matter and at the time of the execution of this Stipulation Agreement.
15 Despite not being represented by counsel, Respondent understands this Stipulation Agreement's
16 terms and conditions and consents to the same.

17 16. **Waiver of Rights.** Respondent is aware that, by entering into this Stipulation
18 Agreement, she is waiving certain valuable due process rights contained in, but not limited to,
19 NRS 631, NAC 631, NRS 233B and NAC 233B. Respondent knowingly, willingly and
20 intelligently waives these due process rights, and any other legal rights that may apply in
21 connection with the administrative proceedings resulting from the Authorized Investigative
22 Complaint. Respondent further agrees to settle and resolve this matter as set forth in this
23 Stipulation Agreement without a hearing or any further proceedings, other than Board approval
24 of this Stipulation Agreement. Respondent agrees that in the event the Board adopts this
25 Stipulation Agreement, she hereby waives any and all rights to seek judicial review or otherwise
26 to challenge or contest the validity of the provisions contained herein.

27 17. **No Coercion or Duress.** Respondent acknowledges she is consenting to, and has
28 signed and initialed, this Stipulation Agreement voluntarily, without coercion, duress, undue

1 influence or intimidation, and in the exercise of her own free will.

2 18. **Result of Voluntary Negotiations.** Respondent recognizes and agrees that this
3 Stipulation Agreement is the result of voluntary settlement negotiations, and that this Stipulation
4 Agreement is a voluntary compromise and a final agreement.

5 19. **Joint Agreement.** Respondent and the Board agree that none of the parties to
6 this Stipulation Agreement shall be deemed the drafter of this Stipulation Agreement. In the
7 event this Stipulation Agreement is construed by a court of law or equity, such court shall not
8 construe it or any provision hereof against any party as the drafter. The parties hereby
9 acknowledge that all parties have contributed substantially and materially to the preparation of
10 this Stipulation Agreement.

11 20. **Entire Agreement.** Respondent acknowledges the provisions in this Stipulation
12 Agreement contain the entire agreement between Respondent and the Board and the provisions
13 of this Stipulation Agreement can only be modified in writing, with Board approval. Respondent
14 further acknowledges that no other promises in reference to the provisions contained in this
15 Stipulation Agreement have been made by any agent, employee, counsel or any person affiliated
16 with the Nevada State Board of Dental Examiners.

17 21. **Contingent Upon Board Approval.** Respondent understands and acknowledges
18 that this Stipulation Agreement is contingent upon approval of same by the Board. Respondent
19 further understands and acknowledges that said approval will be sought during a Board meeting
20 governed by Nevada's Open Meeting Laws.

21 22. **Release From Liability.** In consideration of the execution of this Stipulation
22 Agreement, Respondent hereby releases, remises, and forever discharges the State of Nevada, the
23 Board, and each of their members, agents, investigators, panel members, employees and legal
24 counsel in their individual and representative capacities, from any and all manner of actions,
25 causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known
26 and unknown, in law or equity, that Respondent ever had, now has, may have, or claim to have
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1 against any or all of the persons or entities named in this section, arising out the investigation or
2 complaint authorized as a result of information received from the Nevada Board of Pharmacy.

3 23. **Board Consideration of Stipulation Agreement.** Respondent understands and
4 acknowledges that this Stipulation Agreement will be considered by the Board in an open
5 meeting, to which Respondent hereby specifically waives any and all notice requirements for
6 same, whether required by NRS 241.033 or any other statute or regulation. It is understood and
7 stipulated that it is within the Board's sole discretion to accept or reject this Stipulation
8 Agreement.

9 24. **Effect of Acceptance of Agreement by Board.** Respondent understands and
10 agrees that this Stipulation Agreement will only become effective if and when the Board has
11 approved the same in an open meeting. Should the Board adopt this Stipulation Agreement, such
12 adoption shall be considered a final disposition of a contested case, and this Stipulation
13 Agreement will become a public record. Upon acceptance of this Stipulation Agreement, the
14 terms and conditions herein will be effective immediately, without any requirement of a further
15 Order from the Board. Respondent further understands and acknowledges that, upon acceptance
16 of this Stipulation Agreement by the Board, this Stipulation becomes binding and enforceable.

17 25. **Use in Future Board Proceeding(s).** Respondent acknowledges that, in the
18 event the Board adopts this Stipulation Agreement, it may be considered in any future Board
19 proceeding(s) concerning Respondent or in any future judicial review concerning Respondent
20 and/or this Stipulation Agreement, whether such judicial review is performed by either the State
21 or Federal District Court(s).

22 26. **Effect of Rejection of Agreement by Board.** Respondent acknowledges that, in
23 the event this Stipulation Agreement is rejected by the Board, the Board may take other and/or
24 further action as allowed by statute, regulation, and/or appropriate authority. In the event that this
25 Stipulation Agreement is not approved by the Board and this matter proceeds to a full Board
26 hearing, Respondent expressly waives any right to challenge the Board or its members based
27
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upon an assertion of bias as a result of the Board having reviewed this Stipulation Agreement prior to rejecting this Stipulation Agreement.

13. **Non-Disciplinary Nature of this Stipulation Agreement.** Respondent understands, and the Board agrees, that the Board considers this Stipulation Agreement to be non-disciplinary in nature and that that Board will not report this action to the National Practitioner Data Bank unless ordered or required to do so by the National Practitioner Data Bank based upon the National Practitioner Data Bank's interpretation of this Stipulation Agreement.

27. **Headings.** All sections, titles, captions or headings contained in this Stipulation Agreement are for convenience only and shall not affect the meaning or interpretation of this Stipulation Agreement.

DATED this 22 day of May, 2021.


By [Signature]
MONICA PONCE, DDS
Respondent

APPROVED AS TO FORM AND CONTENT

By Phil W. Su this 23rd day of November, 2021.
Phil W. Su, Esq.
Nevada State Board of Dental Examiners
General Counsel

[SIGNATURES CONTINUED ON FOLLOWING PAGE]

APPROVED AS TO FORM AND CONTENT

By  this 24th day of November, 2021.
David Lee, DMD
Review Panel Member

BOARD ACTION

This *Corrective Action Non Disciplinary Stipulation Agreement* in the matter captioned
as Nevada State Board of Dental Examiners vs. MONICA PONCE, DDS, Case No. 7118-1780,
was (check appropriate action):

Approved XDisapproved

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

DATED this 24th day of November, 2021.


Kevin Moore, DDS
President

NEVADA STATE BOARD OF DENTAL EXAMINERS

Agenda Item 4(e):

Discussion and Possible Recommendation to the Board Regarding Information Received Alleging 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](#))