

NEVADA STATE BOARD of DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

TUESDAY, FEBRUARY 14, 2023

6:00 P.M.

PUBLIC BOOK

Agenda Item 6(a):
Discussion, Consideration, and Possible Action
Regarding Board Audit and CPA Selection and
Contract Approval

Agenda Item 6(a)(1):
Rich Wightman & Company, CPAs, LLC



1301 SOUTH JONES BOULEVARD
LAS VEGAS, NV 89146

PHONE: (702) 878-0959
FAX: (702) 878-1325

January 12, 2023

Board of Directors
Nevada State Board of Dental Examiners
Las Vegas, Nevada

This letter is to explain our understanding of the arrangements for the audit of the financial statements of Nevada State Board of Dental Examiners for the year ended June 30, 2022. We ask that you confirm or amend that understanding.

Audit Scope and Objectives

We will audit the financial statements of Nevada State Board of Dental Examiners, which comprise the balance sheet as of June 30, 2022, and the related statements of revenue, expenses, fund balances, and cash flows for the year then ended, and the disclosures to the financial statements (the financial statements). Also, the supplementary information accompanying the financial statements, which will be subjected to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, in accordance with auditing standards generally accepted in the United States of America (GAAS), and our auditor's report will provide an opinion on it in relation to the financial statements as a whole in a report combined with our auditor's report on the financial statements.

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and issue an auditor's report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement of a reasonable user made based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and will include tests of your accounting records and other procedures we consider necessary to enable us to express such an opinion. As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

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We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the Company or to acts by management or employees acting on behalf of the Company.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will obtain an understanding of the Company and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit, we will communicate to you and those charged with governance internal control related matters that are required to be communicated under professional standards.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain assets and liabilities by correspondence with selected customers, creditors, and financial institutions. We will also request written representations from your attorneys as part of the engagement.

Other Services

We will prepare the financial statements of the Company in conformity with U.S. generally accepted accounting principles based on the information provided by you.

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We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Responsibilities of Management Responsibilities for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America. You are also responsible for making drafts of financial statements, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the Company from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the Company involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the Company received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the Company complies with applicable laws and regulations. You are responsible for the preparation of the supplementary information in conformity with accounting principles generally accepted in the United States of America. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon.

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You agree to assume all management responsibilities for the financial statement preparation services, and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

We will advise you about the appropriate accounting principles and their application and will assist you in the preparation of your financial statements, but the responsibility for the financial statements remains with you. As part of our engagement, we may propose standard, adjusting, or correcting journal entries to your financial statements. You are responsible for reviewing the entries and understanding the nature of the entries and the effect they have on the financial statements.

Reporting

We will issue a written report upon completion of our audit of Nevada State Board of Dental Examiners financial statements. Our report will be addressed to the Board of Directors of Nevada State Board of Dental Examiners. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinion or add an emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If our opinion is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or withdraw from this engagement.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the attached copy and return it to us.

Engagement Administration, Fees, and Other

We will try to initiate ideas or make observations that we believe will help achieve objectives of the Company. We will also be pleased to respond to inquiries you might have about financial or other business matters.

Assistance to be supplied by your employees in the preparation of schedules and analyses has been discussed and coordinated with you. Timely completion of this work will assist us in achieving an efficient performance of our work. The Company will indemnify Rich, Wightman & Company, CPAs, LLC (Rich, Wightman & Company) and its partners, principals, and employees and hold them harmless for any claims, liabilities, losses, and costs arising in circumstances where there has been a knowing misrepresentation by a member of the Company's management, regardless of whether such a person was acting in the Company's best interest.

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It is agreed the working papers for this engagement are the sole property of Rich, Wightman & Company and constitute confidential information. Except for firm peer review participation, any requests for access to our working papers will be discussed and mutually agreed upon before making them available to requesting parties. Our firm, as well as other accounting firms, participates in a peer review program covering our audit and accounting practices. This program requires that once every three years we subject our system of quality control to an examination by another accounting firm. As part of this process, the other firm will review a sample of our work. It is possible that the work we perform for you may be selected for review. If it is, the other firm is bound by professional standards to keep all information confidential.

If you intend to publish or otherwise reproduce the financial statements in whole or in part, you agree to provide us with the printer's proofs or masters for our review and approval before printing. You also agree to provide us with a copy of the final reproduced material for our approval before it is distributed.

With regard to electronic dissemination of audited financial statements, including financial statements published electronically on your internet website, you understand that electronic sites are a means of distributing information and, therefore, we are not required to read the information contained in those sites or to consider the consistency of other information in the electronic site with the original document.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outsider adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege. Certain communications involving tax advice may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you, your employees, or agents may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Our fees are based on the time required, plus direct expenses. Interim billings will be submitted as services are rendered and as expenses are incurred. Our professional staff rates vary depending upon the level of experience required and are adjusted periodically without notice. Billings are due upon submission. Our fee for this engagement will be \$31,500, +/- 10%. Our hourly rates are presently as follows:

Partner	\$ 400
Manager and supervisor	\$ 210-250
Senior	\$ 140-190
Professional Staff	\$ 90-130

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A 1.5% monthly, 18% annual finance charge will be assessed on accounts over thirty days old. In accordance with our firm policies, work may be suspended if your account becomes overdue and will not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment our engagement will be deemed to have been completed. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

John B. Wightman, CPA, CGMA is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

In recognition of the relative risks and benefits of this agreement to you and our accounting firm, we have discussed and have agreed on the fair allocation of risk between us. As such, you agree, to the fullest extent permitted by law, to limit the liability of our accounting firm to you for any and all claims, losses, costs, damages of any nature whatsoever or claims expenses from any cause or causes, including attorney's fees and all costs of litigation, so that the total aggregate liability of our accounting firm to you shall not exceed our total fee for services rendered under this agreement. It is mutually intended and agreed that this limitation apply to any and all liability or cause of action against our accounting firm, however alleged or arising, unless otherwise prohibited by law. In the event of any disagreement or dispute regarding our engagement, you agree not to directly or indirectly author and upload any negative or disparaging comment on any internet site or social media platform. Such negative or disparaging posting(s) will constitute a breach of this agreement. You agree to pay the sum of \$1,000 as liquidated damages for each negative or disparaging comment authored and uploaded to each internet site and social media platform.

You also hereby acknowledge that there is no actual conflict of interest pertaining to the joint representation by our firm of you, other entities in which you have an ownership interest and other owners of those entities ("Related Clients"). A duty of loyalty and confidentiality extends equally to each of you, which means that while no matters may be shared to outside parties (unless expressly authorized), matters that are clearly of great consequence to each other will not be withheld from each other by our firm. Nonetheless, to the extent that there may be a potential or actual conflict of interest, you hereby waive any such conflict and consent to the firm's joint representation of the Related Clients. Notwithstanding this waiver, if in our opinion an actual conflict of interest arises, by signing this agreement you also acknowledge that our firm may, but is not required to, withdraw from its representation of one or more of the Related Clients. If that occurs, we will fully cooperate with any transition to another accounting firm.

Rich, Wightman & Company, CPAs, LLC is a Nevada limited liability company that has elected to be organized under and governed by the Nevada Revised Statutes Title 7. Our agreement will be interpreted under the laws of the State of Nevada. Venue for any cause of action arising out of or relating to this agreement shall lie in the Eighth Judicial District Court, County of Clark, Nevada.

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This letter defines the entire agreement between you and our accounting firm. It supersedes all prior communications, understandings and agreements, whether oral or written, in connection with this audit. Amendments to this agreement must be in writing and signed by both you and our accounting firm. If this letter defines the arrangements as you understand them, please sign and date the enclosed copy and return it to us.

Rich, Wightman & Company, CPAs, LLC

John B. Wightman, CPA, CGMA
Engagement Partner

Accepted and agreed to:

By: _____

Title: _____

Date: _____

Agenda Item 6(b):
Approval/Rejection of Permanent
Anesthesia Permit – NAC 631.2235

NAC 631.2235 Inspections and evaluations: Grading; report of recommendation of evaluator; issuance of permit for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. ([NRS 631.190](#), [631.265](#))

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

2. If the dentist meets the requirements set forth in [NAC 631.2219](#) to [631.2231](#), inclusive, the Board will issue the general anesthesia permit or moderate sedation permit, as applicable.

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

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

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

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

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

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

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

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

Agenda Item 6(c):
Approval/Rejection of 90-Day Extension of
Temporary Anesthesia Permit – NAC
631.2254(2)

NAC 631.2254 Temporary permits. ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).

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

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

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 6(d):
Approval/Rejection of Temporary
Anesthesia Permit – NAC 631.2254

NAC 631.2254 Temporary permits. ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).
2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.
3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 6(e):
**Consideration, Discussion, and Possible Approval/
Rejection of Appointment of Non-Board Member
Review Panel Member**

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

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

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

Nevada State Board of Dental Examiners



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

RECRUITMENT FOR REVIEW PANEL MEMBERS

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

Schedule is based on need and panel member availability.

Requirements

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

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

Honoraria

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

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

Agenda Item 6(e)(1):
James Schlesinger, MD DMD FACS

JAMES J. SCHLESINGER III MD DMD FACS

Oral & Maxillofacial Surgeon

EMPLOYMENT

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

Sunrise, University Medical Center (UMC), Centennial Hills, Summerlin, Desert Springs, Spring Valley, San Martin, Siena, Rose de Lima, Mountain View, and Henderson Hospital

CERTIFICATIONS AND LICENSURE

Nevada State Medical License	2014 - Current
Nevada State Dental License	2014 - Current
Nevada General Anesthesia Permit	2014 - Current
Fellow - American College of Surgeons	2017 - Current
Diplomate - American Board of Oral and Maxillofacial Surgery	2018 - Current

RESIDENCY

EDUCATION

8/2008 - 5/2012	McGovern Medical School at UT Health Houston - M.D.	Houston, TX
8/2004 - 5/2008	University of Connecticut School of Dental Medicine - D.M.D.	Farmington, CT
8/2000 - 5/2004	University of Nevada Reno - B.A. Economics, Cum Laude	Reno, NV
8/1996 - 5/2000	Valley High School - International Baccalaureate Program	Las Vegas, NV

Agenda Item 6(g):

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

NAC 631.160 Voluntary surrender of license. ([NRS 631.190](#))

1. If a licensee desires voluntarily to surrender his or her license, he or she may submit to the Board a sworn written surrender of the license accompanied by delivery to the Board of the certificate of registration previously issued to him or her. The Board may accept or reject the surrender of the license. If the Board accepts the surrender of the license, the surrender is absolute and irrevocable. The Board will notify any agency or person of the surrender as it deems appropriate.

2. The voluntary surrender of a license does not preclude the Board from hearing a complaint for disciplinary action filed against the licensee.

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

Agenda Item 6(g)(1):

Derek Ray Dawson, DMD

Nevada State Board of Dental Examiners



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VOLUNTARY SURRENDER OF LICENSE

I, Derek Ray Dawson, hereby surrender my Dental Dental Hygiene (circle one)
Print name

License number 7597 on the 18 day of January, 20 23.

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

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

[Redacted Address Box]

[Signature]
 Licensee Signature

01/18/2023

Date of Signature (must correspond with notary date)

Received

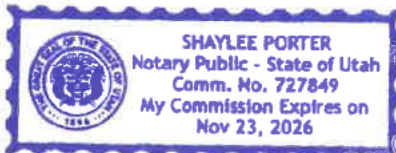
JAN 23 2023

NSBDE

State of Utah

County of Sanpete

The statements on this document are subscribed and sworn before me this 18 day of January, 20 23.



[Signature]
 Notary Public

NOV. 23, 2026

My Commission Expires

Agenda Item 6(g)(2):

Erum Majid, RDH

Nevada State Board of Dental Examiners



Received
FEB 06 2023
NSBDE

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VOLUNTARY SURRENDER OF LICENSE

I, ERUM MAJID, hereby surrender my Dental / Dental Hygiene (circle one)
Print name
 License number 3799 on the 2 day of FEBRUARY, 2023.

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

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

[Redacted Address]

Erum Majid
 Licensee Signature
2/2/23
 Date of Signature (must correspond with notary date)

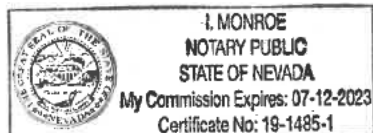
State of Nevada
 County of Clark

The statements on this document are subscribed and sworn before me this 2 day of February, 2023.

[Signature]
 Notary Public

7-12-2023

My Commission Expires



Agenda Item 6(h):

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

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

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

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

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

Agenda Item 6(h)(1):
Lisa Young, RDH – Volunteers of Medicine
of Southern Nevada

Dental Hygiene Public Health Endorsement Check List

Dental Hygienist Name Lisa Young

Date Received 1/13/2023

Date Ready for Approval 1/19/2023

Candidate Information	Received	Comments
Completed Application:	<input checked="" type="checkbox"/>	
Active DH License Number:	<input checked="" type="checkbox"/>	Number: 3178
Public Health Program:		
SNHD/DPBH OHP	<input type="checkbox"/>	
Heavenly Smiles Mobile Dental	<input type="checkbox"/>	
Nevada Health Centers, Inc.	<input type="checkbox"/>	
Mobile Smiles Program	<input type="checkbox"/>	
Community Health Alliance	<input type="checkbox"/>	
OTHER:	<input checked="" type="checkbox"/>	Volunteers in Medicine of Southern Nevada
Approval Letter from Program Director:	<input checked="" type="checkbox"/>	Name of Director: Lydia Wyatt
CPR expiration Date	<input checked="" type="checkbox"/>	Date: 10/2024
Proof of Malpractice Insurance	<input checked="" type="checkbox"/>	Carrier: Beazley Date From: 9/20/2022 To: 9/20/2023
Board Action:	YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	Date of Action:

Notes: Enter text

Secretary / Treasurer

Approval Initials 

Approval date 1-23-23



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

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Lisa Young License No: 3178
 Address: [REDACTED] Home Phone: [REDACTED]
 City, State & Zip Code: [REDACTED]
 E-mail: [REDACTED] Work Phone: [REDACTED]
 Agency Affiliation for Endorsement: Volunteers in Medicine of SN Agency Phone: 702-967-0530
 Agency Address: 1240 N. Martin Luther King Blvd Las Vegas, NV 89106
 Dental Hygiene Education Institution: CCSN (CSN)
 Year of Graduation: 1997 Degree Received: Associate of Applied Science

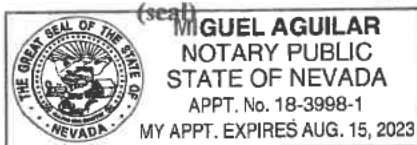
Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.

Previous Public Health Dental Hygiene Endorsements: none

Please sign and have notarized:

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

Signature: [Signature] Date: 11/1/22



Notary: [Signature] Date: 11/1/2022

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

Received
 JAN 13 2023
NSBDE

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



Volunteers in Medicine
of Southern Nevada

Dear Dental Professional,

Thank you for your interest in partnering with Volunteers in Medicine of Southern Nevada (VMSN) in volunteering your professional medical skills. Our vision is to ensure that every man, woman and child in Southern Nevada has access to health care. We live this mission by providing quality health care and support for people without access to health care in our community within a culture of caring. Please find enclosed the credentialing application for healthcare professionals who are interested in volunteering their services at the VMSN clinic.

Joining our team at VMSN as a dental professional requires you to go through our credentialing process. This process includes submission of the required documentation named hereafter, a background check, submission to the National Practitioner Data Base, approval by our board, and finally, submission through the Federal Torts Claims Act (FTCA) for free liability insurance (if you do not have your own private liability insurance). Upon receipt of your required documentation, the credentialing process can take up to 8 weeks. Once a response is made from FTCA verifying coverage for liability insurance, you will be a credentialed volunteer.

If you do carry your own private liability insurance, please verify coverage at a volunteer clinic and supply a copy of your insurance along with the other required documents.

VMSN is primarily run by volunteers and your knowledge, skills, compassion and dedication cannot be overstated. Being able to address the needs of the community through our comprehensive and integrated delivery service model is stepping into the gap as a safety net for the community. Without the availability of our services, over 240,000 members of our community would live without healthcare.

If you have questions, Tommy Thompson, Operations Manager at 702-912-0019 or at tthompson@vmsn.org.

Cordially,

Lydia Wyatt, D.D.S
Volunteer Dental Director

Received
JAN 13 2023
NSBDE



July 14, 2016

Dear Board Members,

Volunteers in Medicine of Southern Nevada (VMSN) is very pleased to have opened our new full-service Dental Clinic at the Ruffin Family Clinic located at 1240 N. Martin Luther King Blvd., Las Vegas, NV, 89106.

We are requesting consideration from the NSBDE to recognize VMSN as a Board Approved Dental Hygiene Public Health Program. This will allow our volunteer dental hygienists with a Public Health Endorsement to provide patient care at this facility as laid for in NAC 631.201(7). As a non-profit operation, we rely heavily on our volunteer dental professionals to achieve our goal of serving those with limited access to dental care.

VMSN provides free health-care services for uninsured, low-income individuals who live at or below 200 percent of the Federal Poverty Level (\$48,500 for a family of four) and are not eligible for health insurance coverage through Medicaid, or cannot obtain affordable health insurance coverage.

The design of the Ruffin Family Clinic is to be an interdisciplinary comprehensive health-care facility. We currently deliver services for Cardiology, Internal Medicine, Gynecology, Podiatry, Urology, Radiology, Oncology, Pharmaceuticals, Social Services, Behavioral Health, Dental and Vision.

Our Dental program will deliver comprehensive dental care to include: General Hygiene, Periodontal Therapy traditional and with laser, Endodontic Therapy, Fixed and Removable Prosthodontics, General Restorative, Oral Surgery, and Implant placement. We are currently performing comprehensive exams, Hygiene, Periodontal therapy, Restorative, and limited Removable Prosthodontics such as conventional tissue supported dentures. We are treating patients from infancy to death.


Our volunteer hygienists will be seeing patients independently one to two days per week for the purpose of assessing periodontal conditions and screening for dental disease (for the purpose of triage and to educate patients/parents of conditions found in the oral cavity) as well as delivering periodontal therapy, scaling and root planning, pediatric prophylaxis, Class I and Class II Adult prophylaxis, oral and head and neck cancer screenings, dietary analysis and counseling, oral hygiene instructions, Radiology, placement of sealants, and application of topical fluoride. We plan to participate in public health fairs providing screening, oral hygiene instructions and fluoride varnish.

We appreciate your consideration and hope you will approve VMSN and add our facility to your list of board approved Dental Hygiene Public Health Programs.

Respectfully Yours,

Lydia Wyatt, DDS
VMSN Volunteer Dental Director

Received
JAN 13 2023
NSBDE

CURRICULUM VITAELisa Young, RDH
**PERSONAL INFORMATION**Date of Birth
Place of Birth
Citizenship
**EDUCATION**

1995-1997	Community College Of Southern Nevada Dental Hygiene Program 6375 West Charleston Blvd. Las Vegas, Nevada 89102 Graduated June 1, 1997
1992-1994	University of Nevada, Las Vegas Las Vegas, Nevada
1969-1972	Miramar High School Miramar, Florida

PROFESSIONAL LICENSURERegistered Dental Hygienist in the State of Nevada
License Number: 3178

CPR Certified

EMPLOYMENT HISTORY

2008-present	UNLV- School of Dental Medicine Michael Sanders, DMD, Ed.M Las Vegas, NV Clinical Instructor
--------------	---

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JAN 13 2023
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	UNLV- General Practice Residency George McAlpine, DDS, MS Las Vegas, NV Dental Hygienist
2004-2008	Michael Hollingshead, DDS Las Vegas, NV Dental Hygienist
	James G. Kinard, DDS Henderson, NV Dental Hygienist
1999-2004	Ronald Taylor, DDS Las Vegas, NV Dental Hygienist
1997-1999	Stephen Clark, DDS Las Vegas, NV Dental Hygienist
	Kay Gubler, DDS Las Vegas, NV Dental Hygienist
	Blair Browand, DDS, MS Las Vegas, NV Dental Hygienist

Received
JAN 13 2023
NSBDE



**MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY, INFORMATION SECURITY AND
PRIVACY LIABILITY INSURANCE INCLUDING BREACH RESPONSE SERVICES**

DECLARATIONS

INSURING AGREEMENTS I.A., I.B., I.D., AND I.E OF THIS POLICY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO THOSE CLAIMS WHICH ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD (IF APPLICABLE). DAMAGES AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE. CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY. CERTAIN WORDS AND PHRASES WHICH APPEAR IN BOLD TYPE HAVE SPECIAL MEANING; PLEASE REFER TO CLAUSE VI., DEFINITIONS. PLEASE REVIEW THE COVERAGE AFFORDED UNDER THIS INSURANCE POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

INSURING AGREEMENT I.C. OF THIS POLICY PROVIDES FIRST PARTY COVERAGE ON AN INCIDENT OR LOSS DISCOVERED AND REPORTED BASIS; COVERAGE UNDER THIS INSURING AGREEMENT APPLIES ONLY TO INCIDENTS OR LOSSES FIRST DISCOVERED BY THE INSURED AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD.

THESE DECLARATIONS ALONG WITH THE COMPLETED AND SIGNED APPLICATION AND THE POLICY WITH ENDORSEMENTS SHALL CONSTITUTE THE CONTRACT BETWEEN THE INSURED AND UNDERWRITERS.

Underwriters: Syndicate 2623/623 at Lloyd's.

Policy Number: [REDACTED]

Authority Ref. Number: [REDACTED]

Item 1. **Named Insured:** VMSN, Inc. dba Volunteers In Medicine of Southern Nevada

Address:

1240 N Martin Luther King Jr Boulevard
Las Vegas, NV 89106

Item 2. **Policy Period:** From: 20-Sep-2022

To: 20-Sep-2023

Both dates at 12:01 a.m. Local Time at the Principal Address stated in Item 1.

Item 3. **Limit of Liability:**

A. Professional Liability Tower

F00500
072019 ed.

Date Issued: 15-Sep-2022 3:31:05 PM

Page 1 of 6

This insurance contract is issued pursuant to the Nevada insurance laws by an insurer neither licensed by nor under the supervision of the Division of Insurance of the Department of Business and Industry of the State of Nevada. If the insurer is found insolvent, a claim under this contract is not covered by the Nevada Insurance Guaranty Association Act.

INSURED: VMSN, Inc. dba Volunteers In Medicine of Southern Nevada

1. Each **Claim** including **Claims Expenses** \$1,000,000

But sublimited to:

i. Sexual/Physical Misconduct Each **Claim** \$100,000
including **Claims Expenses**

2. Professional Liability Term Aggregate Including **Claims Expenses** \$3,000,000

But sublimited to:

i. Sexual/Physical Misconduct Aggregate Including \$300,000
Claims Expenses

B. Information Security & Privacy Liability, Regulatory Defense and Penalties and PCI Fines, Expenses and Costs

Limit of Liability, Insuring Agreements, I.B., I.D., and, I.E.,:

1. Aggregate including **Claims Expenses** \$0

But sublimited to:

i. Aggregate sublimit of liability applicable to Insuring Agreement I.D. \$0

ii. Aggregate sublimit of liability applicable to Insuring Agreement I.E. \$0

C. Beazley Breach Response Services Tower

Limit of Liability for Insuring Agreement I.C.

1. **Notified Individuals** Limit of Coverage 0 **Notified Individuals** in the aggregate.

2. Aggregate Limit of Coverage for all **Computer Expert Services, Legal Services and Public Relations and Crisis Management Expenses** combined: \$0

The Limits of Liability shall apply separately from each tower. Under no circumstances shall any one **Claim** trigger multiple towers.

Item 4. **Deductible:**

A. Insuring Agreements I.A., I.B., I.D. and I.E

INSURED: VMSN, Inc. dba Volunteers In Medicine of Southern Nevada

Each **Claim** (including each Claim in the form of a **Regulatory Proceeding**) including **Claims Expenses** \$2,500

B. Insuring Agreement I.C., Threshold and Deductible

Each incident, event or related incidents or events giving rise to an obligation to provide **Privacy Breach Response Services**:

- i. **Notification Services, Call Center Services and Breach Solution and Mitigation Services** for each incident involving at least: **0 Notified Individuals**
- ii. Deductible applicable to **Computer Expert Services, Legal Services and Public Relations and Crisis Management Expenses**: \$0 combined, but one-half (1/2) of the amount shown herein for **Legal Services** (which deductible is part of and not in addition to the combined deductible)

Item 5. Premium:

The premium paid in respect of the entire Policy Period of Insurance

\$8,332

Plus taxes as applicable, which shall be payable in full at inception of this Insurance as designated in Item 2. of the Declarations.

Nevada Premium: \$8,332

Fees: \$75 (Broker)

Surplus Lines Tax: \$294.25

Stamping Fee: \$33.63

Item 6. Extended Reporting Period

- a. Premium for **Extended Reporting Period**: 100% of the annualized premium for this Policy
- b. Length of **Extended Reporting Period**: 12 Months

Item 7. Retroactive Date

13-Sep-2021

Item 8. Notification Under This Policy

- Recipient of Notice of Insured's Cancellation:

INSURED: VMSN, Inc. dba Volunteers In Medicine of Southern Nevada

Beazley USA Services, Inc.
30 Batterson Park Road
Farmington, CT 06032
Tel: (860) 677-3700
Fax: (860) 679-0247

- Recipient of Notice of Insured's intention to purchase Extended Reporting Period Coverage and premium for Extended Reporting Period Coverage:

Beazley USA Services, Inc.
30 Batterson Park Road
Farmington, CT 06032
Tel: (860) 677-3700
Fax: (860) 679-0247

Item 9. Notice of Claim, circumstances and/or Privacy Breaches in accordance with Clause XI.

- Recipient of Notice under Insuring Agreement I.A,

Beazley Group
Attn: Beazley Healthcare Claims
45 Rockefeller Plaza; 16th Floor
New York, New York 10111
Tel: (212) 801-7100
Fax: (212) 586-2028
Email: healthcareclaims@beazley.com

- Recipient of Notice under Insuring Agreements I.B, I.D and I.E

Beazley Group
Attn: Cyber & Tech Claims Group
45 Rockefeller Plaza, 16th Floor
New York, NY 10111
Email: cyber&techclaims@beazley.com

- Recipient of Privacy Breaches under Insuring Agreement I.C

Toll-Free 24-Hour Hotline: (866) 567-8570
Email: bbr.claims@beazley.com

(Emails and calls reports from the toll-free hotline are forwarded to the Breach Response Services team for response)

Item 10. Additional Insureds/Scheduled Physicians:

N/A

Item 11. Scheduled Professional Services:

INSURED: VMSN, Inc. dba Volunteers In Medicine of Southern Nevada

Outpatient free medical and dental clinic services

Item 12. Terrorism Coverage

Coverage Purchased: ☐ Yes ☒ No

If "Yes: Terrorism Coverage Premium: Not Purchased

Item 13. Service of Suit:

Service of Suit upon Underwriters pursuant to Clause XIX. of the Policy Terms and Conditions may be made upon:

Lloyd's America, Inc. Attention: Legal Dept
280 Park Avenue, East Tower, 25th Floor
New York NY, 10017

Item 14. Choice of Law: New York

Item 15. Endorsements Effective At Inception:

- | | |
|------------------------|--|
| 1. SCHEDULE2022 | Lloyd's Security Schedule 2022 |
| 2. NMA1256 | Nuclear Incident Exclusion Clause-Liability-Direct (Broad) (U.S.A.) |
| 3. NMA1477 | Radioactive Contamination Exclusion Clause-Liability-Direct (U.S.A.) |
| 4. E02804 032011 ed. | Sanction Limitation and Exclusion Clause |
| 5. NMA2918 | War and Terrorism Exclusion Endorsement |
| 6. E11458-C 042018 ed. | Amend Extended Reporting Period |
| 7. E09228-C 102016 ed. | BUSA Amendatory Endorsement |
| 8. E07212-C 082015 ed. | Minimum Earned Premium Endorsement |
| 9. E15509-C 072022 ed. | Amend Definition Of Independent Contractor Endorsement |
| 10.E14396-C 012022 ed. | Biometric Data Exclusion |
| 11.E14520-C 062021 ed. | Cyber Exclusion Endorsement With Bodily Injury Carveback |
| 12.E07093-C 082015 ed. | Delete Insuring Agreements B., C., D., E. |
| 13.E14430-C 012022 ed. | Employee Theft Exclusion |
| 14.E13945-C 062020 ed. | Healthcare Scheduled Communicable Disease Limitation Endorsement |
| 15.E12057-C 102018 ed. | Opioid Exclusion With Individual Plaintiff Carveback |

INSURED: VMSN, Inc. dba Volunteers In Medicine of Southern Nevada

Item 15. **Endorsements Effective At Inception:**

16.E08438-C 062016 ed.	Premium Payment Warranty
17.E07175-C 082015 ed.	Additional Scheduled Locations/Facilities Coverage
18.E07176-C 082015 ed.	Additional Services Exclusion
19.E11928-C 082018 ed.	Bold Endorsement
20.E07207-C 082015 ed.	Limits of Liability Drop Down Endorsement
21.E07222-C 082015 ed.	Retroactive Limitations Clause
22.E08434-C 062016 ed.	Warranty of General Liability Coverage

The Underwriters have caused this **Policy** to be signed and attested to by its authorized officers, but it shall not be valid unless also signed by another duly authorized representative of the Underwriters.

Dated: 15-Sep-2022

At: 30 Batterson Park Road
Farmington
Connecticut 06032
(the office of the Correspondent)
Beazley USA Services, Inc.

by 
(Correspondent)



**MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY, INFORMATION SECURITY AND
PRIVACY LIABILITY INSURANCE INCLUDING BREACH RESPONSE SERVICES**

DECLARATIONS

INSURING AGREEMENTS I.A., I.B., I.D., AND I.E OF THIS POLICY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO THOSE CLAIMS WHICH ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD (IF APPLICABLE). DAMAGES AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE. CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY. CERTAIN WORDS AND PHRASES WHICH APPEAR IN BOLD TYPE HAVE SPECIAL MEANING; PLEASE REFER TO CLAUSE VI., DEFINITIONS. PLEASE REVIEW THE COVERAGE AFFORDED UNDER THIS INSURANCE POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

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Underwriters: Syndicate 2623/623 at Lloyd's.

Policy Number: [REDACTED]

Authority Ref. Number: B6012BUSANMSL2201

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Address:

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To: 20-Sep-2023

Both dates at 12:01 a.m. Local Time at the Principal Address stated in Item 1.

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A. Professional Liability Tower

F00500
072019 ed.

Date Issued: 15-Sep-2022 3:31:05 PM

Page 1 of 6

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INSURED: VMSN, Inc. dba Volunteers In Medicine of Southern Nevada

1. Each **Claim** including **Claims Expenses** \$1,000,000

But sublimited to:

i. Sexual/Physical Misconduct Each **Claim** including **Claims Expenses** \$100,000

2. Professional Liability Term Aggregate Including **Claims Expenses** \$3,000,000

But sublimited to:

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B. Information Security & Privacy Liability, Regulatory Defense and Penalties and PCI Fines, Expenses and Costs

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Plus taxes as applicable, which shall be payable in full at inception of this Insurance as designated in Item 2. of the Declarations.

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Beazley Group
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Tel: (212) 801-7100
Fax: (212) 586-2028
Email: healthcareclaims@beazley.com

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Beazley Group
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Email: cyber&techclaims@beazley.com

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F00500
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Page 4 of 6

Date Issued: 15-Sep-2022 3:31:05 PM

INSURED: VMSN, Inc. dba Volunteers In Medicine of Southern Nevada

Outpatient free medical and dental clinic services

Item 12. **Terrorism Coverage**

Coverage Purchased: ☐ Yes ☒ No

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| 4. E02804 032011 ed. | Sanction Limitation and Exclusion Clause |
| 5. NMA2918 | War and Terrorism Exclusion Endorsement |
| 6. E11458-C 042018 ed. | Amend Extended Reporting Period |
| 7. E09228-C 102016 ed. | BUSA Amendatory Endorsement |
| 8. E07212-C 082015 ed. | Minimum Earned Premium Endorsement |
| 9. E15509-C 072022 ed. | Amend Definition Of Independent Contractor Endorsement |
| 10.E14396-C 012022 ed. | Biometric Data Exclusion |
| 11.E14520-C 062021 ed. | Cyber Exclusion Endorsement With Bodily Injury Carveback |
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22.E08434-C 062016 ed.	Warranty of General Liability Coverage

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Dated: 15-Sep-2022

At: 30 Batterson Park Road
Farmington
Connecticut 06032
(the office of the Correspondent)
Beazley USA Services, Inc.

by



(Correspondent)

BASIC LIFE SUPPORT		BASIC LIFE SUPPORT	
BLS Provider Lisa Young has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.			
Issue Date 10/6/2022	Renew By 10/2024	eCard Code 225419289007	
To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards .		Training Center Name Board of Regents of the Nevada System of Higher Education on behalf of the College of Southern Nevada Training Center ID NV15333 TC City, State Las Vegas, NV TC Phone (702) 651-4452 Instructor Name Dennis Moser Instructor ID 02112312758 © 2020 American Heart Association 20-3001 10/20	



Received
JAN 13 2023
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Nevada State Board of Dental Examiners

Home Individual Application Renewal Reports Administration Firm

Search Results

Last Name First Name License#

Young Lisa 3178

First () Previous () 1 () Next ()

Last ()

Archive

Delete

Individual Details

Name () Personal () Address () Financial () Education () Application Data () License () Permit () Comment () Log ()
Correspondence () Document () Verification () Dental/Auxiliary () CPR () Action () Military () Certification/CE () PHDE ()

Status : Active

Individual Details

Name : Lisa Young RDH
DOB : 06/05/1954
License# : 3178

Original Issue Date : 06/13/1997
Mailing Address : 2050 W Warm Springs Rd #2321
Henderson, NV, 89014
Primary Phone : (702) 588-4171
Email Address : younglisa56@yahoo.com

License Details

Renewal Period from 7/1/2022 to 6/30/2024 Active
Renewal Period from 7/1/2020 to 6/30/2022 Renewed
Renewal Period from 7/1/2018 to 6/30/2020 Renewed
Renewal Period from 7/1/2016 to 6/30/2018 Renewed

Unpaid Invoice - \$0.00

Board Action

Add Board Action

Action

Links

Public

Approval Date

No Record Found

Description Type

Malpractice

Add Malpractice

Agenda Item 6(i):

**Consideration of Application to Reactivate Inactive
License - NAC 631.170**

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

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

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

- (a) Pay the appropriate renewal fees;
- (b) Provide a list of his or her employment during the time the license was inactive;
- (c) Report all claims of unprofessional conduct or professional incompetence against him or her or any violation of the law which he or she may have committed, including administrative disciplinary charges brought by any other jurisdiction;
- (d) Report whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;
- (e) Report any appearance he or she may have made before a peer review committee;
- (f) Submit proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status;
- (g) Provide certification from each jurisdiction in which he or she currently practices that his or her license is in good standing and that no proceedings which may affect that standing are pending;
- (h) Satisfy the Secretary-Treasurer that he or she is of good moral character; and
- (i) Provide any other information which the Secretary-Treasurer may require,

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

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

- (a) Payment of the appropriate renewal fees;

Agenda Item 6(j):

**Consideration of Petition to Reconsider
Requirement for Skills Assessment to Reactivate
Inactive License and Recommendation for
Alternative to Skills Assessment
- NAC 631.050, NAC 631.170**

NAC 631.050 Rejection and return of application; reconsideration; petition for review by Board. ([NRS 631.160](#), [631.190](#), [631.230](#), [631.260](#), [631.290](#))

1. If the Executive Director or Secretary-Treasurer finds that:
 - (a) An application is:
 - (1) Deficient; or
 - (2) Not in the proper form; or
 - (b) The applicant has:
 - (1) Provided incorrect information;
 - (2) Not attained the scores required by [chapter 631](#) of NRS; or
 - (3) Not submitted the required fee,

↪ the Executive Director or Secretary-Treasurer shall reject the application and return it to the applicant with the reasons for its rejection.
 2. If the Executive Director or Secretary-Treasurer finds that an applicant has:
 - (a) A felony conviction;
 - (b) A misdemeanor conviction;
 - (c) Been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;
 - (d) A history of substance abuse;
 - (e) Been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia;
 - (f) Been denied licensure by this State, any other state or territory of the United States or the District of Columbia;
 - (g) Had his or her license to practice dentistry or dental hygiene suspended, revoked or placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry or dental hygiene, including, without limitation, receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia;
 - (h) Not actively practiced dentistry or dental hygiene, as applicable, for 2 years or more before the date of the application to the Board; or
 - (i) Is currently involved in any disciplinary action concerning his or her license to practice dentistry or dental hygiene in this State, another state or territory of the United States or the District of Columbia,

↪ the Executive Director or Secretary-Treasurer may reject the application. If rejected, the application must be returned to the applicant with the reasons for its rejection.
 3. If an application is rejected pursuant to subsection 2, the applicant may furnish additional relevant information to the Executive Director or Secretary-Treasurer, and request that the application be reconsidered. If an application is rejected following reconsideration by the Executive Director or Secretary-Treasurer, the applicant may petition the Board for a review of the application at the next regularly scheduled meeting of the Board.
- [Bd. of Dental Exam'rs, § V, eff. 7-21-82] — (NAC A 4-3-89; 9-6-96; R003-99, 4-3-2000; R169-01, 4-5-2002; R158-08, 12-17-2008; R159-08, 4-23-2009; R143-17, 5-16-2018)

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

1. A licensee may request the Board to place his or her license in an inactive or retired status. Such a request must be made in writing and before the license expires.
2. The Secretary-Treasurer may reinstate an inactive license upon the written request of an inactive licensee who has maintained an active license and practice outside this State during the time his or her Nevada license was inactive. To reinstate the license, such an inactive licensee must:
 - (a) Pay the appropriate renewal fees;
 - (b) Provide a list of his or her employment during the time the license was inactive;
 - (c) Report all claims of unprofessional conduct or professional incompetence against him or her or any violation of the law which he or she may have committed, including administrative disciplinary charges brought by any other jurisdiction;
 - (d) Report whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;
 - (e) Report any appearance he or she may have made before a peer review committee;
 - (f) Submit proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status;
 - (g) Provide certification from each jurisdiction in which he or she currently practices that his or her license is in good standing and that no proceedings which may affect that standing are pending;
 - (h) Satisfy the Secretary-Treasurer that he or she is of good moral character; and
 - (i) Provide any other information which the Secretary-Treasurer may require, before the license may be reinstated. In determining whether the licensee is of good moral character, the Secretary-Treasurer may consider whether the license to practice dentistry in another state has been suspended or revoked or whether the licensee is currently involved in any disciplinary action concerning the license in that state.
3. If a person whose license has been on inactive status for less than 2 years has not maintained an active license or practice outside this State, or if a person's license has been on retired status for less than 2 years, he or she must submit to the Board:
 - (a) Payment of the appropriate renewal fees;
 - (b) A written petition for reinstatement that has been signed and notarized;
 - (c) Proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status; and
 - (d) A list of his or her employment, if any, during the time the license was on inactive or retired status, before the license may be reinstated.
4. If a person whose license has been on inactive status for 2 years or more has not maintained an active license or practice outside this State, or if a person's license has been on retired status for 2 years or more, he or she must:
 - (a) Satisfy the requirements set forth in paragraphs (a) to (d), inclusive, of subsection 3; and
 - (b) Pass such additional examinations for licensure as the Board may prescribe, before the license may be reinstated.

5. If the license of a person has been placed on disabled status, the person must:
- (a) Satisfy the requirements of paragraphs (a), (b) and (c) of subsection 3;
 - (b) Submit to the Board a list of his or her employment, if any, during the time the license was on disabled status;
 - (c) Pass such additional examinations for licensure as the Board may prescribe; and
 - (d) Submit to the Board a statement signed by a licensed physician setting forth that the person is able, mentally and physically, to practice dentistry,
↳ before the license may be reinstated.

[Bd. of Dental Exam'rs, § XV, eff. 7-21-82] — (NAC A 4-3-89; 11-28-90; 9-6-96; R004-99, 4-3-2000; R143-17, 5-16-2018)