

# NEVADA STATE BOARD of DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

TUESDAY, MARCH 14, 2023

6:00 P.M.

**PUBLIC BOOK**

**Agenda Item 5(a):**  
**Authorized Investigative Complaints – NRS 631.360**

**NRS 631.360** Investigation, notice and hearing; subpoena; search warrant; continuances; retention of complaints; regulations. [Effective January 1, 2020.]

1. Except as otherwise provided in [NRS 631.364](#), the Board may, upon its own motion, and shall, upon the verified complaint in writing of any person setting forth facts which, if proven, would constitute grounds for initiating disciplinary action, investigate the actions of any person who practices dentistry, dental hygiene or dental therapy in this State. A complaint may be filed anonymously. If a complaint is filed anonymously, the Board may accept the complaint but may refuse to consider the complaint if anonymity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. The Board shall, before initiating disciplinary action, at least 10 days before the date set for the hearing, notify the accused person in writing of any charges made. The notice may be served by delivery of it personally to the accused person or by mailing it by registered or certified mail to the place of business last specified by the accused person, as registered with the Board.

3. At the time and place fixed in the notice, the Board shall proceed to hear the charges. If the Board receives a report pursuant to subsection 5 of [NRS 228.420](#), a hearing must be held within 30 days after receiving the report.

4. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may adopt regulations that set forth a procedure pursuant to which the Executive Director may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

5. The Board may obtain a search warrant from a magistrate upon a showing that the warrant is needed for an investigation or hearing being conducted by the Board and that reasonable cause exists to issue the warrant.

6. If the Board is not sitting at the time and place fixed in the notice, or at the time and place to which the hearing has been continued, the Board shall continue the hearing for a period not to exceed 30 days.

7. The Board shall retain all complaints received by the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

[Part 11:152:1951] — (NRS A [1969, 95](#); [1981, 99](#); [1983, 1114](#); [1993, 784](#); [2007, 508](#); [2009, 883](#); [2013, 2219](#); [2017, 4415](#), effective January 1, 2020)

**Agenda Item 6 (a):**  
**NRS 631.190; NRS 631.160; NRS 622.220**

**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)

**NRS 631.160 Officers and Executive Director.**

1. At the first regular meeting of each year, the Board shall elect from its membership one of its members as President and one of its members as Secretary-Treasurer, each of whom shall hold office for 1 year and until a successor is elected and qualified.
2. The Board shall define the duties of the President, the Secretary-Treasurer and the Executive Director.
3. The Executive Director shall receive such compensation as determined by the Board, and the Board shall fix the amount of the bond to be furnished by the Secretary-Treasurer and the Executive Director.

[Part 4:152:1951; A [1953, 363](#)]—(NRS A [1995, 275](#))

**NRS 622.220** Conditions and limitations regarding employment of person as executive director or executive secretary or in similar position. If a regulatory body employs a person as an executive director or executive secretary or in a position with powers and duties similar to those of an executive director or executive secretary, the person:

1. Must possess a level of education or experience, or a combination of both, to qualify the person to perform the administrative and managerial tasks required of the position; and
2. Must be a resident of this State;
3. Must not be employed by another regulatory body as an executive director or executive secretary or in a position with powers and duties similar to those of an executive director or executive secretary; and
4. Must not be the immediate relative of:
  - (a) A member or employee of the regulatory body; or
  - (b) A licensee of the regulatory body.

(Added to NRS by [2003, 1186](#); A [2017, 2844](#))

**Agenda Item 6 (a):**  
**Unclassified Position Announcement**

## 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

### Unclassified Position Announcement

#### **Nevada State Board of Dental Examiners**

**Position Title:** Executive Director

**Position Status:** Full-time

**Gross Salary:** Salary range, DOE: \$110,000 - \$135,000 (Employee-Employer Paid PERS)

**Location:** Las Vegas. Travel throughout Nevada is required.

**Position:** Unclassified position entitled to standard state benefits; serves at the will of the Nevada State Board of Dental Examiners. The position is funded through profession licensing fees.

**Position Summary/Scope of Work:** Report to the Nevada State Board of Dental Examiners, this unclassified position is responsible for the day-to-day administrative operation of the Board office. The Executive Director is expected to facilitate and ensure the logistics of: Board meetings, agendas, meeting minutes, Board budgets, interim and yearly Board financials, state audits, employee payroll, employee benefits, outside contracts, calibration of Infection Control and Anesthesia Inspectors, compliance with NRS and NAC Chapter 631, notifying Board members of legislative matters, licensure application process, present to Board members Advisory Opinion and Declaratory Judgement requests, acting as a liaison to state agencies (PERS, PEBP, Purchasing, Attorney General and Legislative Counsel Bureau), the execution of suspensions/revocations/subpoenas, yearly reviews of all Board forms and applications, all complaints are efficiently handled by the Board, monitoring of stipulation agreements (payments, CE's, daily logs), confirming CE's pursuant to stipulation agreements, attending AADA and AADB meetings, LCB quarterly reporting and to all State Agencies, reporting to NPDB, reports to Interim Finance, Secretary of State, State Controllers and State Archives, attending Informal Hearings and acting liaison to the Board's licensing software vendor. This position requires the use of standard office equipment, ability to communicate in person and over the telephone. Further, the position may have direct supervisory responsibilities over Board staff. The selected candidate may not concurrently work for another employer, possess any other employment, or be engaged in private professional practice.

**Minimum Education & Licenses Required:** A minimum of an accredited four-year college or university degree, preferably with some legal and/or administrative and/or management components.

**Preferred Experience:** Preferred applicants will possess experience in understanding statutes, rules, regulations and their implementation. Preferred applicants will have experience in reviewing documents for accuracy and applying the terms of those contracts.

Unclassified Position Announcement – Executive Director  
Nevada State Board of Dental Examiners  
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**Skills Required:** Applicants must demonstrate proficiency in the interpretation and implementation of NRS rules and NAC regulations in Chapter 631. Applicants must be skilled in verbal and written communications, planning, computer software, prioritizing and executing deadlines without need for supervision. Applicants must be highly professional, well-organized and self-motivated.

**Note:** This position announcement lists the major duties and requirements of the job and is not all-inclusive. The successful applicant will be expected to perform additional job-related duties and may be required to have or develop additional specific job-related knowledge and skills.

Interested applicants must submit their cover letter, resume, completed application form, and a list of three professional references to:

Nevada State Board of Dental Examiners  
C/O Employment Committee Chair  
2651 N. Green Valley Parkway, Suite 104  
Henderson, NV 89014  
Email: [NSBDEemployment@dental.nv.gov](mailto:NSBDEemployment@dental.nv.gov)

**Agenda Item 6 (a) (1):**  
**Lance Eliason**

# LANCE ELIASON

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## EDUCATION

University of Nevada, Reno- Reno, NV

December 2020

**Master of Public Health**

January 2019-December 2020

Nevada State College- Henderson, NV

May 2018

**Bachelor of Science:** Biology,  
Minor in Psychology

College of Southern Nevada—Las Vegas, NV

May 2015

**Associate of Science:** Biology  
Minor in Spanish

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## PROFESSIONAL EXPERIENCE

**Nevada Donor Network, Las Vegas, NV**

March 2021-Current

**Hospital Services Liaison**

- Educate, and collaborate with, hospital colleagues in six hospitals on their role in donation, inclusive of leadership, physicians, nurses, and support staff.
- Identified a more streamlined referral generation process, allowing hospital partners to generate 10% more referrals and increase referral timeliness.
- Increase donation activity within assigned hospitals by ensuring hospital policies and procedures are implemented for efficient, effective management of all referral programs.
- Assist in the recruitment of physicians and hospital administration to develop best practices and strategy to improve donation data within each hospital department, resulting in 10-15% increase in referrals and compliance.
- Serve as subject-matter expert for hospital staff on donation-related regulations and assisted in policy revision pertaining to regulatory requirements.
- Provide a Nevada Donor Network Hospital Development voice on a regional and national level and cultivated relationships with Hospital Development leadership throughout the country.
- Proficient in all Hospital Development Standards related to policies and procedures for the Association for Organ Procurement Organizations (AOPO), CMS, The Joint Commission, and the American Association of Tissue Banks (AATB).

**Nevada Donor Network, Las Vegas, NV**

April 2020-March 2021

**Referral Responder**

- Completed referral evaluations for the purpose of determining organ and tissue donor suitability based on NDN, Centers for Medicare & Medicaid Services (CMS), OPTN/UNOS, Association of Organ Procurement Organizations (AOPO) and Centers for Disease Control and Prevention (CDC) guidelines and recommendations.
- Made contact with hospital staff via telephone and on-site visit to complete hospital medical record review, including history of present illness and past medical history, the presence of past or present malignancies, and all surgical interventions/treatments.
- Demonstrated an understanding of the legal and hospital requirements for death declaration and organ donation.
- Collaborated with hospital staff to evaluate and physiologically manage the donor to achieve optimal organ function.
- Reviewed documents with required information within the donor record, including labs, diagnostics, and procedural records.

# LANCE ELIASON

**Hansen Orthodontics, Las Vegas, NV**

December 2011-March 2020

**Marketing Coordinator-Orthodontic Assistant**

- Increased new patient acquisition by cold calling to new referral sources and developing relationships with existing referring office staff and Doctors, resulting in a 50% increase in monthly new patient consultations, 20 new referral sources, and the opening of two additional practices.
- Assist in the development and implementation of the company's brand strategy through social media platforms and in-office giveaways.
- Actively worked with the Practice Manager and Doctor to review budgetary goals and pursue ways to increase practice volumes to ensure that practice goals were met.
- Prepared marketing activity reports and metrics for measuring program success and monitor the referral count from over 60 referring offices.
- Provided market research, forecasts, competitive analyses, and consumer trends.
- Lead role in coordinating office events for patients and referring offices.

**Children's Bone and Spine Surgery, Las Vegas, NV**

June 2018-August 2018

**Medical Assistant**

- Assist orthopedic physicians with orthopedic procedures and medical charting of patients.
- Medical scribe.

**Clark County School District- Las Vegas, NV**

February 2016-August 2018

**Guest Teacher**

- Deliver classroom instruction in the absence of the full-time instructor.

## **CERTIFICATIONS AND AWARDS**

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- Nevada Donor Network Rookie of the Year, 2020

## **PROFESSIONAL AFFILIATIONS**

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- Member of the AOPO Programs/Education Committee 11/2021 – Current
- Member of The Alliance Donation-Focused Webinar Committee 07/2021 – Current
- Lead Developer for AOPO Programs/Education Committee 02/2021 – Current

## **SKILL HIGHLIGHTS**

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- Master's degree in public health with healthcare business development experience.
- Bachelor's degree in biology with minors in Spanish and psychology.
- Communication skills include 4 years experience collaborating both externally with clients and internally with team members.
- Spearheaded successful marketing strategies, including lead generation (via cold calling) and prospect outreach strategies, for local medical practice.
- Proficient in medical charting and Electronic Health Records (Cerner, Meditech, Epic).
- Teaching and training experience as a licensed educator.
- Served a mission for The Church of Jesus Christ of Latter-Day Saints in Ecuador for 2 years. Bi-lingual in English and Spanish.
- Microsoft 365 suite: Word, Excel, Outlook, and PowerPoint.

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

### Employment History

Company: Nevada Donor Network Phone: ( 855 ) 683-6667  
 Address: 2055 E Sahara Ave, Las Vegas, NV 89104 Supervisor: Heather Osipowicz  
 Job Title: Hospital Services Liaison  
 Responsibilities: Educate, and collaborate with, hospital colleagues in six hospitals on their role in donation, inclusive of leadership, physicians, nurses, and support staff to increase donation activity within assigned hospitals by ensuring hospital policies and procedures are implemented for efficient, effective management of all referral programs according to policies of CMS and The Joint Commission.  
 From: March 2021 To: Current Reason for Leaving: Currently Employed  
 May we contact your previous supervisor for a reference? YES ☐ NO ☒

Company: Nevada Donor Network Phone: ( 855 ) 683-6667  
 Address: 2055 E Sahara Ave, Las Vegas, NV 89104 Supervisor: Rachael Wulf  
 Job Title: Referral Responder  
 Responsibilities: Completed referral evaluations for the purpose of determining organ and tissue donor suitability based onNDN, Centers for Medicare & Medicaid Services (CMS), OPTN/UNOS, Association of Organ Procurement Organizations (AOPO) and Centers for Disease Control and Prevention (CDC) guidelines andrecommendations.  
 From: April 2020 To: March 2021 Reason for Leaving: Internal Promotion  
 May we contact your previous supervisor for a reference? YES ☐ NO ☒

Company: Hansen Orthodontics Phone: ( 702 ) 718-6414  
 Address: 3600 N Buffalo Dr, Suite 110 Supervisor: Shadoc Wankier  
 Job Title: Marketing Coordinator/Orthodontic Assistant  
 Responsibilities: Increased new patient acquisition by cold calling to new referral sources and developing relationships with existing referring office staff and doctors, Assisted in the development and implementation of the company's brand strategy through social media platforms and in-office g veaways. Provided market research, forecasts, competitive analyses, and consumer trends.  
 From: 2011 To: 2020 Reason for Leaving: COVID-19 office lockdown  
 May we contact your previous supervisor for a reference? YES ☒ NO ☐

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
 If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

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

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

Signature: Lance Eliason Date: March 13, 2023

**Agenda Item 6 (a) (2):**  
**Christopher Bateman**

**Christopher B. Bateman, MBA, LCSW****Objective**

Seeking career administrative position with opportunity to utilize expertise in leadership, creating sustained positive culture to achieve company mission and vision, and mentor others to success.

**Relevant Strengths**

- 12 years of Director level experience in acute care hospitals
- Familiar with HCAHPS measures and improvement strategies
- Demonstrated ability to maximize existing resources to increase service quality/provision
- Ability to inspire, motivate and encourage staff in order to meet hospital/corporate goals
- Strong physician, stakeholder, and community relationship building skills
- Maintained staffing productivity levels at 104%
- Administrative experience in union environment
- Participation on multiple Performance Improvement committees
- Successfully completed multiple Accreditation surveys (e.g. The Joint Commission)

**Professional Experience**

UHS Desert Springs Hospital and Medical Center

02/2013 Present

**Director of Behavioral Health**

- Director of 32 bed acute, inpatient psychiatric unit inside a 280 bed acute care hospital.
- Responsible for annual budgeted revenues of \$23.6 million
- Oversight of approximately 60 multi-disciplinary staff including psychiatrists, registered nurses, certified nursing aids, mental health techs, social workers
- Doubled average daily census
- Completed Joint Commission Accreditation survey with zero findings
- Member of multiple hospital committees (Performance Improvement, Staffing, HCAHPS, Falls, Patient Safety)
- Oversight of all psychiatric patients in 280 bed acute care hospital
- Provided evaluation for all mental health crisis holds in emergency room and inpatient floors. Decertified holds when appropriate.

**Key Accomplishments:**

- Increased average daily census from 10 at arrival in February, 2013 to 22 by year end and increased again to nearly 25 in 2014.
- Increased staffing to meet census needs while maintaining productivity at over 100%
- Successfully implemented <60 minute call to disposition time protocol for new referrals which assisted in increased provider referrals, emergency room throughput, and improved patient experience.
- Implemented unit based, employee engagement committee to recognize staff who exemplify Service Excellence on the psychiatric floor since psychiatric patients are not included in patient surveys and HCAHPS measures.
- Chair of the Desert Springs Hospital Falls Committee. Assisted in the development of fall reduction policies and best practices. Review and provide recommendation on all hospital falls via MIDAS risk reporting system, key member of all fall related Root Cause Analysis meetings. Successfully reduced falls from up to 19 in March of 2013, to an average of 3.5 monthly with high risk patients on gero psych unit and decreased falls hospital wide by 38% in 2014.
- Member of committee that implemented tele-mental health for involuntary psychiatric holds. Reviewed areas, equipment and developed protocol for psychiatric patients house wide needing to attend mental health court.
- Improved throughput of emergency rooms in the Valley Health System through implementation of psychiatric assessment and monitoring done via First Net dashboard and Cerner. Protocol adopted by Valley Hospital's psychiatric unit.
- Key member of development team to provide safe environments for involuntary holds on medical-surgical floors via room and hazard analysis/risk reduction. Provided alternatives for furniture, window coverings and monitoring.
- Led Geriatric Psychiatry unit through Joint Commission Survey with no findings

HCA –Southern Hills Hospital  
**Director of Behavioral Health**

08/2011 – 02/2013

- Implemented, opened and director of 14 bed geriatric psychiatry unit within an acute care hospital
- Successfully completed Joint Commission Accreditation with zero findings/recommendations
- Responsible for oversight and direction of multidisciplinary team consisting of licensed therapist, registered nurses, and medical doctors.
- Budget, marketing, census, and reporting oversight
- Established and maintained average daily census of new unit at over 86% occupancy within first 4 months
- Participation on hospital committees (Ethics and Compliance, Safety, Quality Council)
- Frequent public speaking engagements

**Key Accomplishments:**

- Responsible for the opening of a new service line in a 149 bed acute care hospital (14 bed geriatric psychiatry unit).
- Successfully developed policies, procedures, clinical programming, documentation.
- Responsible for selection of population specific furniture, artwork, IT equipment, and linens for high risk area
- Developed and implemented physician treatment team schedule and protocol consistent with CMS requirements.
- Led new service line through Joint Commission Accreditation Survey with zero findings or recommendations.
- Responsible for the development of referral relationships, marketing, and census development. Service line ran at 86% capacity in first year and remains successful currently.
- Speaker at multiple seminars and community gatherings for up to 400 participants to educate on “Late Life Depression.”
- Speaker and Educator at HCA’s “Health to You” program at multiple Las Vegas facilities.
- Arranged for and was interviewed on news cast (Las Vegas Channel 8) focusing on “Mental Health Crisis” in Las Vegas emergency rooms for public news station and opening of new unit.

**Alliance Family Services****Clinical Director**

08/2010 – 05/2022

(Part Time)

- Clinical supervision of Psychosocial Rehab workers, MFT’s and LCSW’s
- Medicaid program development (i.e. Day treatment, IOP, traditional outpatient, DD/MR day habilitation programs)
- Prior authorization review and approvals, Medicaid clinical reconsideration reviews
- Staff training and development
- Program marketing

**Solutions For Life****CEO/Executive Director**

11/08 – 05/10

- Full profit-loss responsibility for multi-site, 2 county, not for profit mental health and substance abuse agency
- Development/oversight/implementation of annual budget of \$2.45 million
- Secured/monitored state funding of \$1.4 million annually
- Responsible for fiscal turn-around of approximately \$550,000 in 7 months
- Maximize revenue from third party payers and successfully decrease variable expenses
- Build community stakeholder partnerships

**Key Accomplishments:**

- Financial review of aged collections/procedures, debts outstanding, sliding scale, and revolving credit line to identify debts outstanding of \$400,000
- Changed collections policies and implemented earlier notification of debts outstanding, collection agency involvement for delinquent accounts, mandated cash collections at time of service, and one-time Medicaid/Medicare pick-ups yielded financial turn-around of \$550,000 in 7 months.
- Leveraged assets to pay off revolving credit line
- Established positive fund balance of \$330,000 and, as a result, increased employee engagement bonus from 1% of previous 5 years, to up to 3% as performance dictated.

Self Employed, Henderson, NV

**Independent Psychotherapy Practitioner**

12/06-11/08

- Individual and family therapy
- DSM IV TR diagnosis and psychosocial assessment

Psychiatric Solutions Inc. (Montevista Hospital)

**Director of Outpatient Services, NV**

04/06- 5/08

- Implemented/directed Partial Hospitalization Programs and Behavioral Health Network
- Oversight of multiple outpatient departments
- Development of internal/external physician relationships
- Generated monthly revenues exceeding \$500,000
- Created/monitored performance improvement measures
- Analyzed, wrote and implemented outpatient programs congruent with corporate/community need
- Oversight of/monitored compliance with accrediting/regulatory standards
- Corporate/community presentations
- Marketing/staff recruitment and development
- Established/maintained service contracts

Spring Mountain Treatment Center, Las Vegas, NV

**Lead Therapist – Acute Services**

07/05 – 04/06

- Individual/group/family therapy
- Assessment and discharge planning
- Acute crisis intervention
- Established multi-disciplinary, collaborative relationships
- Supervision of 8 FTE's
- Developed an acute, adult inpatient program

Valley Mental Health, Salt Lake City, Ut  
**Case Manager/Therapist**

10/98-07/05

- Individual therapy
- Linking clients to local resources for benefits/appointments/etc.

### **Education**

Regis University  
Graduated 2010

**MBA – Health Care Management (GPA – 3.9)**

University of Utah, Graduate School of Social Work  
Graduated 2002

Salt Lake City, Utah  
**Master of Social Work (GPA -3.9)**

University of Utah  
Graduated 1998

Salt Lake City, Utah  
**Bachelors of Science (Psychology and Sociology) (GPA-3.8)**

### **Awards and Recognition**

- Key Contributor Award – Montevista Hospital (2008)
- Faculty Award – Graduate School of Social Work (2002)
- Rex A. Skidmore Scholarship – University of Utah (2001)
- Innovative Program of the Year – Valley Mental Health (2001)
- Presidents Award – University of Utah (1998)
- Phi Kappa Phi – National Honor Society
- Golden Key - National Honor Society
- Psi Chi - National Honor Society
- Psi Beta - National Honor Society
- Alpha Kappa Delta - National Honor Society



# Nevada State Board of Dental Examiners

## Employment Application

### Executive Director Position – Applicant Information

Full Name: Bateman Chris Date: 03/13/2023

*Last First M.I.*

Address: [REDACTED]

*Street Address Apartment/Unit #*

[REDACTED]

*City State ZIP Code*

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

Date Available: 03/20/2023 Social Security No.: [REDACTED] Desired Salary: \$ 125000

Position Applied for: Full-time Executive Director

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

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

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

If yes, explain: \_\_\_\_\_

### Education

Undergraduate  
College/University: Regis University Address: Denver, CO

From: 2007 To: 2010 Did you graduate? YES ☒ NO ☐ Degree: MBA - Healthcare Mgt

Law  
School/College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

### Law License

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

State: \_\_\_\_\_ License Number: \_\_\_\_\_

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

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State: \_\_\_\_\_ License Number: \_\_\_\_\_

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

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State: \_\_\_\_\_ License Number: \_\_\_\_\_

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

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### Employment History

Company: Desert Springs Hospital Phone: (702) 733-8800  
 Address: 2075 E Flamingo Rd, Las Vegas, NV 89119 Supervisor: Chris Loftus, CEO  
 Job Title: Director of Behavioral Health  
 Responsibilities: Oversight of 32 bed inpatient unit, responsible for all behavioral health patients/matters in hospital  
 From: 2013 To: 2023 Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? YES ☒ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: Left Deert Springs due to hospital closure  
 May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? YES ☐ NO ☐

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
 If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

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

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

Signature: Chris Bateman Date: 03/13/2023

**Agenda Item 6(c):**  
**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(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):**  
**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(f):**

**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(f)(1):**

**Alicia Korn, RDH**

# Nevada State Board of Dental Examiners



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

## VOLUNTARY SURRENDER OF LICENSE

I, Arcia Korn, hereby surrender my Dental Dental Hygiene (circle one)  
Print name

License number 102444 on the 27<sup>th</sup> 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:

Email address:

Home Phone: (

Received  
 FEB 13 2023  
 NSBDE

Arcia Korn  
 Licensee Signature

1/27/2023

Date of Signature (must correspond with notary date)

State of TEXAS

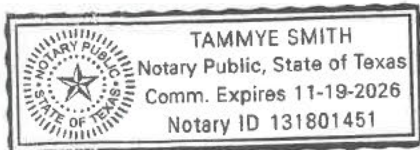
County of TAYLOR

The statements on this document are subscribed and sworn before me this 27<sup>th</sup> day of JANUARY, 2023.

Tammie Smith  
 Notary Public

11-19-2026

My Commission Expires



**Agenda Item 6(g):**  
**Consideration of Application to Reactivate**  
**Inactive/Retired 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(h):**

**Discussion, consideration, and possible approval/rejection of the recommendation from the Anesthesia Committee regarding setting a time and place for the Anesthesia Evaluators Calibration Meeting - NAC 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 6(i):**

**Discussion, consideration, and possible approval/rejection of the recommendation from the Anesthesia Committee regarding 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%O<sub>2</sub>

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% N<sub>2</sub>O/O<sub>2</sub>

**Agenda Item 6(j):**

**Discussion, consideration, and possible approval/  
rejection of the recommendation from the  
Anesthesia Committee regarding Loma Linda  
University School of Dentistry's Advanced Dental  
Education Program in Implant Dentistry course as  
a moderate sedation Board approved course of  
study - NAC 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.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

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

**NAC 631.2213** 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](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](#))**

**Agenda Item 6(k):**

**Discussion, consideration, and possible approval/rejection of the recommendation from the Anesthesia Committee 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 6(k)(1):**  
**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  
T  
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

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

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

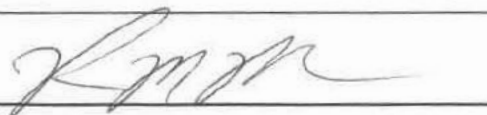
6. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry or dental hygiene (attach additional sheet if necessary):

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: 64015**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):  
\_\_\_\_\_  
\_\_\_\_\_
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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received  
NOV 21 2022  
NSBDE

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	Speciality 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
<b>Permits :</b>						
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 ()

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Next ()

Last ()

**Agenda Item 6(k)(2):**  
**Monica R Ponce, DDS, MAGD**

**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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NOV 10 2022

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***




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## ***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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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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**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 Panel<sup>1</sup>  
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 <sup>1</sup> 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 Executive 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  
27  
28

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

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

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

23 26. **Effect of Rejection of Agreement by Board.** Respondent acknowledges that, in  
24 the event this Stipulation Agreement is rejected by the Board, the Board may take other and/or  
25 further action as allowed by statute, regulation, and/or appropriate authority. In the event that this  
26 Stipulation Agreement is not approved by the Board and this matter proceeds to a full Board  
27 hearing, Respondent expressly waives any right to challenge the Board or its members based  
28

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 6(l):**  
**Request for Advisory Opinion Regarding**  
**Clarification of NAC 631.257 and NAC 631.258**  
**Concerning Administration of Botox**  
**- NAC 631.279**



Nevada Board of Dental Examiners  
2651 N Green Valley Parkway Suite 104, Henderson, NV 89014  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

### PETITION FOR ADVISORY OPINION

Applicant/Licensee: Dr. Kevin Baldwin Date: 1/30/23

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

### In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:

This request is for clarification of the following statute, regulation, or order:

(Identify the particular aspect thereof to which the request is made.)

*Note: If you require additional space you may attach separate pages to the petition form.*

Seeking advise and clarification on Botox from provider  
such as RN can be in dental office under Dentist  
direct supervision.

The substance and nature of this request is as follows:

(State clearly and concisely petitioner's question.)

*Note: If you require additional space you may attach separate pages to the petition form.*

My wife is Botox certified thru approved Botox courses  
in state of NV dental board. She has taken the required  
24hrs. Per recent legislation RN can administer Botox under  
direction of physician or doctor (see attached) Since an RN  
is legally able administer Botox shouldn't they be allowed under  
direction dentist to do so in their office on their patients?

*(Please submit any additional supporting documentation with the petition form)*

Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this petition and issue an advisory opinion in this matter.

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[Signature]  
Applicant/Licensee Signature

**S.B. 101**

SENATE BILL NO. 101—SENATOR HARDY

PREFILED FEBRUARY 3, 2017

Referred to Committee on Health and Human Services

**SUMMARY**—Restricts the authority to administer botulinum toxin to certain medical professionals. (BDR 40-677)**FISCAL NOTE:** Effect on Local Government: Increases or Newly Provides for Term of Imprisonment in County or City Jail or Detention Facility.  
Effect on the State: No.EXPLANATION — Matter in *bolded italics* is new; matter between brackets ~~(omitted material)~~ is material to be omitted.**AN ACT** relating to professions; revising provisions governing the administration of botulinum toxin by certain medical professionals; providing penalties; and providing other matters properly relating thereto.**Legislative Counsel's Digest:**

1 Existing law authorizes a medical assistant who is directed and supervised by a  
 2 physician or physician assistant or a licensed dental hygienist who is directed and  
 3 supervised by a dentist to possess and administer dangerous drugs under certain  
 4 circumstances. (NRS 454.213) Existing law further requires the Board of Medical  
 5 Examiners to adopt regulations governing the administration of botulinum toxin,  
 6 commonly known as Botox, by a medical assistant or any person under the  
 7 jurisdiction of the Board. (NRS 630.047, 630.138)  
 8 This bill revises provisions governing the administration of botulinum toxin.  
 9 **Section 2** of this bill removes the requirement for the Board of Medical Examiners  
 10 to adopt regulations governing the administration of botulinum toxin by a medical  
 11 assistant and, instead, **section 1** of this bill prohibits medical assistants and licensed  
 12 dental hygienists from administering botulinum toxin. **Sections 3 and 7** of this bill  
 13 provide that a physician or osteopathic physician who delegates the administration  
 14 of botulinum toxin to a medical assistant or otherwise allows a medical assistant to  
 15 administer botulinum toxin is subject to disciplinary action by the Board of Medical  
 16 Examiners or the State Board of Osteopathic Medicine, respectively. **Sections 4-6**  
 17 of this bill: (1) prohibit a dentist from assigning the administration of botulinum  
 18 toxin to any person other than a licensed dentist; (2) provide that a dentist is subject  
 19 to disciplinary action by the Board of Dental Examiners of Nevada for assigning  
 20 the administration of botulinum toxin to any person other than a licensed dentist or  
 21 administering botulinum toxin outside the scope of the practice of dentistry; and



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22 (3) provide that a dental hygienist is subject to disciplinary action by the Board of  
 23 Dental Examiners of Nevada for administering botulinum toxin.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1     **Section 1.** NRS 454.213 is hereby amended to read as follows:  
 2     454.213 1. A drug or medicine referred to in NRS 454.181 to  
 3     454.371, inclusive, may be possessed and administered by:  
 4     (a) A practitioner.  
 5     (b) ~~1A~~ *Except as otherwise provided in this paragraph, a*  
 6     physician assistant licensed pursuant to chapter 630 or 633 of NRS,  
 7     at the direction of his or her supervising physician or a licensed  
 8     dental hygienist acting in the office of and under the supervision of  
 9     a dentist. *A licensed dental hygienist shall not administer*  
 10    *botulinum toxin.*  
 11    (c) Except as otherwise provided in paragraph (d), a registered  
 12    nurse licensed to practice professional nursing or licensed practical  
 13    nurse, at the direction of a prescribing physician, physician assistant  
 14    licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric  
 15    physician or advanced practice registered nurse, or pursuant to a  
 16    chart order, for administration to a patient at another location.  
 17    (d) In accordance with applicable regulations of the Board, a  
 18    registered nurse licensed to practice professional nursing or licensed  
 19    practical nurse who is:  
 20    (1) Employed by a health care agency or health care facility  
 21    that is authorized to provide emergency care, or to respond to the  
 22    immediate needs of a patient, in the residence of the patient; and  
 23    (2) Acting under the direction of the medical director of that  
 24    agency or facility who works in this State.  
 25    (e) A medication aide - certified at a designated facility under  
 26    the supervision of an advanced practice registered nurse or  
 27    registered nurse and in accordance with standard protocols  
 28    developed by the State Board of Nursing. As used in this paragraph,  
 29    "designated facility" has the meaning ascribed to it in  
 30    NRS 632.0145.  
 31    (f) Except as otherwise provided in paragraph (g), an advanced  
 32    emergency medical technician or a paramedic, as authorized by  
 33    regulation of the State Board of Pharmacy and in accordance with  
 34    any applicable regulations of:  
 35    (1) The State Board of Health in a county whose population  
 36    is less than 100,000;  
 37    (2) A county board of health in a county whose population is  
 38    100,000 or more; or



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