

NEVADA STATE BOARD
of
DENTAL EXAMINERS



**Continuing Education Committee
Teleconference Meeting**

TUESDAY, FEBRUARY 28TH, 2023

6:00 P.M.

PUBLIC BOOK

Nevada State Board of Dental Examiners



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

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE CONTINUING EDUCATION COMMITTEE

Meeting Date & Time

Tuesday, February 28, 2023
6:00 P.M.

Meeting Location:

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

Video Conferencing / Teleconferencing Available

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

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

Zoom Webinar/Meeting ID#: **882 6042 9381**

Zoom Webinar/Meeting Passcode: **246354**

PUBLIC NOTICE:

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

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov**. Written submissions received by the Board on or before **Monday, February 27, 2023, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

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

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

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

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

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

1. Call to Order

- Roll call/Quorum

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

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

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Monday, February 27, 2023, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

***3. Chairman's Report:** Dr. Kim, DMD (For Possible Action)

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

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

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

***a. Consideration and Possible Approval/Rejection of the Continuing Education Provider Course Application – NAC 631.173** (For Possible Action)

- (1) Infection Control & Prevention (2 units) – Samantha Sturges, RDH
- (2) OSHA/Infection Control/HIPAA – (3 units) – Jessica Jacob
- (3) Periodontal Disease Diagnosis & Treatment (3 units) – Satyam Joshi

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

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6. Announcements***7. Adjournment** (For Possible Action)**PUBLIC NOTICE POSTING LOCATIONS**

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

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

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

Agenda Item 4(a):
**Consideration and Possible Approval/
Rejection of the Continuing Education
Provider Course
Application – NAC 631.173**

NAC 631.173 Continuing education: Required hours; types of courses and activities; approval of provider or instructor. (NRS 631.190, 631.342)

4. Any provider of or instructor for a course in continuing education relating to the practice of dentistry or dental hygiene which meets the requirements of this section must be approved by the Board, unless the course is for training in cardiopulmonary resuscitation or is approved by:

- (a) The American Dental Association or the societies which are a part of it;
- (b) The American Dental Hygienists' Association or the societies which are a part of it;
- (c) The Academy of General Dentistry;
- (d) Any nationally recognized association of dental or medical specialists;
- (e) Any university, college or community college, whether located in or out of Nevada; or
- (f) Any hospital accredited by The Joint Commission.

5. To be approved as a provider of a course in continuing education, the instructor of the course must complete a form provided by the Board and submit it to the Board for review by a committee appointed by the Board not later than 45 days before the beginning date of the course. Upon receipt of the form, the committee shall, within 10 days after receiving the form, approve or disapprove the application and inform the applicant of its decision.

6. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection 5 and furnishes the Board with a complete list of all members of the group, a synopsis of the subject to be studied, the time, place and duration of the meetings of the group, and the method by which attendance is recorded and authenticated.

7. Credit may be allowed for attendance at a meeting or a convention of a dental and dental hygiene society.

8. Credit may be allowed for courses completed via home study, on-line study, self-study or journal study which are taught through correspondence, webinar, compact disc or digital video disc.

9. Credit may be allowed for dental and dental hygiene services provided on a voluntary basis to nonprofit agencies and organizations approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 9-6-96; R231-03, 5-25-2004; R063-05, 12-29-2005; R159-08, 4-23-2009; R020-14, 6-23-2014)

Agenda Item 4(a)(1):
Samantha Sturges, RDH



Nevada State Board of Dental Examiners

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nsbde@dental.nv.gov

APPLICATION FOR CONTINUING EDUCATION CREDIT

Sponsor Information: Self

| | | |
|--------------------------------|-----------|----------------------|
| Name: Samantha Sturges, RDH | | |
| Business Address: [REDACTED] | | |
| City: [REDACTED] | State: Nv | Zip code: [REDACTED] |
| Business Telephone: [REDACTED] | | |
| Email Address: [REDACTED] | | |
| Number of Attendees: TBD | | |
| Hours of Actual Instruction: 2 | | |
| Facility Name: TBD | | |
| Facility Address: TBD | | |
| Date(s) of Course: TBD | | |
| Date of Request: 12/8/2022 | | |

S Sturges RDH

Sponsor Signature (Digital)

Speaker(s) Information:

Biographical Sketch:

Speaker has been a registered dental hygienist in Las Vegas, Nevada for 12 years.

Speaker is passionate about infection control and OSHA compliance and has taken extensive continuing education on both subjects.

Speaker has been an Infection Control Inspector for NSBDE since 2019, ensuring dental offices are compliant throughout the city.

Speaker sees a need for more comprehensive infection control training and education for DHCP to improve public safety and compliance.

Course Title: Infection Control and Prevention

Course Description:

Course will provide comprehensive coverage of CDC guidelines for Dentistry in the areas of bloodborne pathogens, respiratory protection, COVID-19 coverage, PPE, Handwashing, Sterilization, surface disinfection, barriers, biohazard safety, and waterline maintenance.

Learning Objectives:

Understand bloodborne pathogens, the transmission, and prevention.

Gain thorough understanding of CDC guidelines and NSBDE requirements for infection control.

Consider the importance of CDC guidelines for dentistry in protecting the patient and dental provider from infection.

Identify and be able to correct common missed deficiencies noted in infection control.

Be able to implement new protocols in infection control at your dental office.

Outline of Course:

Bloodborne Pathogens

Respiratory Protection – COVID 19

PPE

Handwashing

Sterilization

Surface disinfection and barriers

Biohazard

Waterline maintenance and testing

B

Approved by:

Number of Hours Approved:

Effective Date or Approval:

Disapproved [Explanation]:

Agenda Item 4(a)(2):
Jessica Jacob



Nevada State Board of Dental Examiners

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 nsbde@dental.nv.gov

APPLICATION FOR CONTINUING EDUCATION CREDIT

Sponsor Information:

| | | |
|--------------------------------|-----------|----------------------|
| Name: Jessica Jacob | | |
| Business Address: [REDACTED] | | |
| City: Las Vegas | State: NV | Zip code: [REDACTED] |
| Business Telephone: [REDACTED] | | |
| Email Address: [REDACTED] | | |
| Number of Attendees: TBD | | |
| Hours of Actual Instruction: 3 | | |
| Facility Name: Varied | | |
| Facility Address: Varied | | |
| Date(s) of Course: TBD | | |
| Date of Request: 11/09/2022 | | |

Jessica Jacob

Sponsor Signature (Digital)

Speaker(s) Information:

Biographical Sketch:

over 27 years experience in her dental field. I started as a registered dental assistant in CA I migrated to treatment coordinator and ultimately office manager. Currently, I am a certified software trainer with Patterson Dental seeking to enrich the services I provide to my dental office customers in their team training by adding OSHA/Infection Control/HIPAA training and CE credits as a result of these courses.

Received
 NOV 14 2022
 NSBDE

| | |
|-----------------------------|--|
| Course Title: | OSHA/Infection Control/HIPAA |
| Course Description: | certify or re-certify dental offices and their teams with current guidelines and regulations and fulfill the state required continuing education requirements |
| Learning Objectives: | <p>The objective of this course is to understand all applicable OSHA and safety regulations including the Hazard Communication Standard, Bloodborne Pathogens Standard and subparts of the OSH Act as they apply to your dental facility. In addition, the course will cover all aspects of CDC Infection Control Guidelines for Dentistry</p> <p>Understand what HIPAA means and how it affects the dental practice. Know required policies, procedures and processes regarding protected health information. Understand all required HIPAA Privacy and Security specifications. Know how to assess the level of compliance in the practice. Review core elements of required written policies. Discuss HIPAA breaches, penalties and inspections</p> |
| Outline of Course: | <p>I have two PowerPoint presentations: OSHA/Infection Control - 185 Slides HIPAA - 105 Slides</p> <p style="text-align: center;">Received NOV 14 2022 NSBDE</p> |

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| Approved by: |
| Number of Hours Approved: |
| Effective Date or Approval: |
| Disapproved [Explanation]: |

Agenda Item 4(a)(3):
Satyam Joshi



Nevada State Board of Dental Examiners

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 nsbde@dental.nv.gov

APPLICATION FOR CONTINUING EDUCATION CREDIT

Sponsor Information:

| | | | |
|------------------------------|---|--------|--------------------|
| Name: | Absolute Dental | | |
| Business Address: | 8370 W. Cheyenne Avenue, Suite 103 | | |
| City: | Las Vegas | State: | NV Zip code: 89129 |
| Business Telephone: | [REDACTED] | | |
| Email Address: | [REDACTED] | | |
| Number of Attendees: | 70 | | |
| Hours of Actual Instruction: | 3 | | |
| Facility Name: | Absolute Dental | | |
| Facility Address: | 8370 W. Cheyenne Avenue, Suite 103 Las Vegas, NV 89129 | | |
| Date(s) of Course: | 03/06/2023 | | |
| Date of Request: | 01/24/2023 | | |

Sponsor Signature (Digital)

Speaker(s) Information:

Biographical Sketch:

Please see attached

| |
|--|
| Course Title: <i>Periodontal Disease Diagnosis & treatment</i> |
| Course Description: <i>Please see attached</i> |
| Learning Objectives: <i>Please see attached</i> |
| Outline of Course: <i>Please see attached.</i> |

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|-----------------------------|
| Approved by: |
| Number of Hours Approved: |
| Effective Date or Approval: |
| Disapproved [Explanation]: |