# NEVADA STATE BOARD of DENTAL EXAMINERS



# DENTAL HYGIENE & DENTAL THERAPY COMMITTEE MEETING

# WEDNESDAY, DECEMBER 20, 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 DENTAL HYGIENE & DENTAL THERAPY COMMITTEE MEETING

#### Meeting Date & Time

WEDNESDAY, December 20, 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#: 819 8179 1975 Zoom Webinar/Meeting Passcode: 495964

#### 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 <u>nsbde@dental.nv.gov.</u> Written submissions received by the Board on or before <u>Tuesday, December 19, 2023, by 4:00 p.m.</u> may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

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

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

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

**<u>Note</u>**: Asterisks (\*) "<u>For Possible Action</u>" denotes items on which the Board may take action. <u>Note</u>: 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 <u>specifically</u> 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 theBoard office. Written submissions received by the Board on or before **Tuesday**, **December 19**, **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. Branco, DMD & Ms. Arias Yamilka, RDH (For Possible Action)
  - \*a. <u>Request to remove agenda item(s)</u> (For Possible Action)
  - \*b. <u>Approve Agenda</u> (For Possible Action)
- \*4. New Business: (For Possible Action)

#### \*c. <u>Discussion, Consideration and Possible Approval/Rejection of Public Health Endorsement</u> <u>Application – NRS 631.287</u> (For Possible Action)

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

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#### 6. Announcements

\*7. <u>Adjournment</u> (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: <u>www.dental.nv.gov</u> Nevada Public Posting Website: <u>www.notice.nv.gov</u> Agenda Item 4(a):

Discussion, Consideration and Possible Approval/ Rejection of Public Health Endorsement Application NRS 631.287 NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene; renewal.

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

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

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

Agenda Item 4(a)(1):

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

Youlanda Bates, RDH - Seal Nevada South Program



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014 (702) 486-7044 • (800) DDS-EX.A.M • Fax (702) 486-7046 nsbde@dental.nv.gov

#### **APPLICATION FOR PUBLIC HEALTH ENDORSEMENT**

Name: Youslanda Bates	License No: 4016
Addres	
City, State, Zip Code:	Home Phone:
E-mail	Work Phone:
Agency Affiliation UNCV for Endorsement: <u>School of Dental Medicin Cagency Phone</u> : 702-774-2400	
Agency Address: 1001 Shadow Lane MSC7422, LV, UV 89106	
Dental Hygiene Education Institution: <u>College</u> of Sosthern Devadq Year of Graduation: <u>2001</u> Degree Received: <u>Solence</u> in dental	
Year of Graduation: 2061 Degree Received:	fissel degree of applied solence in dental hygiche
Description of Dental Public Health Program and Protocol (population, procedures, timeline, and referral	
mechanism): Continue on a separate paper if more room is needed. <u>Providing on all hygiene caudation and sealants to children in</u> <u>Title I Elem octools in Nevada. Dane throughout clark</u>	
County School district School academic calendar year. Neferrals done through direct contact with schools	
Previous Public Health Dental Hygiene Endorsements:	
Partal Medicine in previous years	

#### Please sign and have notarized:

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

Date: 16-9-23 Signature: Notary: See 100se attachment

Please return this application, a copy of your current CPR card, proof of malpractice insurance, an Received

program director to: Received OCT 13 2023 NSBDE

Nevada State Board of Dental Examiners 2651 N Green Valley Pkwy, Suite 104 Henderson, NV 89014 OCT 13 3

NSBDE

Certificate of Acknowledgement State of Nevada County of Clark before me, On (notary) (date) personally appeared, (signers) personally known to me - OR ŀ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are X subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument WITNESS my hand and official seal Carrie Jean NOTARY PUBLIC STATE OF NEVADA Appt. No. 17-3697-1 My Appt. Expires: September 28, 2025 (notary signature) (seal) Received NCT 13 2023 NSBDE