

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

TUESDAY, AUGUST 8TH, 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

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time

Tuesday, August 8th, 2023
6:00 P.M.

Meeting Location:

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

Video Conferencing / Teleconferencing Available

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

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

Zoom Webinar/Meeting ID#: **882 8944 1201**

Zoom Webinar/Meeting Passcode: **368792**

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form, Live Public Comment, and 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, August 7th, 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, 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, August 7th, 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. President's Report:** (For Possible Action)

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

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

***4. Secretary – Treasurer's Report:** (For Possible Action)

***a. Approval/Rejection of Minutes** (For Possible Action)

***5. General Counsel's Report:** (For Possible Action)

***a. Legal Actions/Litigation Update** (For Informational Purposes Only)

***b. Regulatory Update** (For Informational Purposes Only)

***c. Review Panel – NRS 631.3635** (For Possible Action)

***d. Consideration, Review, and Possible Approval/Rejection of Stipulation Agreements – NRS 631.3635; NRS 622A.170; NRS 622.330** (For Possible Action)

(1) [REDACTED]

(2) [REDACTED]

***e. Authorized Investigative Complaints** – NRS 631.360 (For Possible Action)

(1) Dr Z- The Board has received information alleging that Dr. Z may have been operating a dental practice without proper licensure and/or permitting, thereby potentially violating NAC 631.138; NAC 631.2213; NAC 631.2217; NAC 631.2219; NAC 631.2236; NAC 631.230; NRS 631.265; NRS 631.388; and NRS 631.397.

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

***a. Approval/Rejection of Temporary Anesthesia Permit – NAC 631.2254** (For Possible Action)

(1) Jacob Ozuna, DMD – Pediatric Moderate Sedation

(2) Justin M. Vo, DMD – Pediatric Moderate Sedation

(3) Paymon P. Mehryar, DDS – Moderate Sedation

(4) Michael G. Aglietti, DMD – General Anesthesia

(5) Audrey H. Riegel, DMD – Moderate Sedation

(6) George L. Leonakis, DDS – Moderate Sedation

***b. Approval/Rejection of 90-Day Extension of Temporary Anesthesia Permit – NAC 631.2254(2)**
(For Possible Action)

(1) Anna Shagharyan, DMD – Moderate Sedation

(2) Zachary M. Polonus, DDS – Moderate Sedation

(3) Farah Divanbeigi, DDS – Moderate Sedation

(4) Jonathan M. Winfield, DDS – Moderate Sedation

***c. Approval/Rejection of Voluntary Surrender of License – NAC 631.160** (For Possible Action)

- (1) Loren Cadelinia, DDS, MS
- (2) Sierra Williams, RDH
- (3) Kathie Ann Russell, RDH
- (4) Patrick A. O'Connor, DDS
- (5) Anthony Q. Phan, DMD

***d. Review, Consider and Discuss Proposed Budget for Fiscal Year Ending (FYE) June 30th, 2024, and Possible Recommendation to the Board Regarding Approval/Rejection of the Proposed Budget for FYE June 30th, 2024 – NRS 631.190** (For Possible Action)

- (1) BDO – Mishey Bolusan

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

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Monday, August 7th, 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.

***8. Announcements**

***9. 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 5(d)

**Consideration, Review, and Possible Approval/Rejection
of Stipulation Agreements**

NRS 631.3635; NRS 622A.170; NRS 622.330

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

1. The Board shall appoint a panel to review an investigation or informal hearing conducted pursuant to [NRS 631.363](#). Such a panel must consist of:

(a) If the subject of the investigation or informal hearing is a holder of a license to practice dental hygiene, one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dental hygiene who is not a member of the Board and is not the subject of the investigation or informal hearing.

(b) If the subject of the investigation or informal hearing is a holder of a license to practice dentistry or any other person not described in paragraph (a), one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dentistry who is not a member of the Board and is not the subject of the investigation or informal hearing.

2. A review panel appointed pursuant to subsection 1 shall, in conducting a review of an investigation or informal hearing conducted pursuant to [NRS 631.363](#), review and consider, without limitation:

(a) All files and records collected or produced by the investigator;

(b) Any written findings of fact and conclusions prepared by the investigator; and

(c) Any other information deemed necessary by the review panel.

3. The investigator who conducted the investigation or informal hearing pursuant to [NRS 631.363](#) shall not participate in a review conducted pursuant to subsection 1.

4. Before the Board takes any action or makes any disposition relating to a complaint, the review panel appointed pursuant to subsection 1 to conduct a review of the investigation or informal hearing relating to the complaint shall present to the Board its findings and recommendation relating to the investigation or informal hearing, and the Board shall review and consider those findings and recommendations.

5. Meetings held by a review panel appointed pursuant to subsection 1 are not subject to the provisions of [chapter 241](#) of NRS.

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

NRS 622A.170 Informal dispositions; consent and settlement agreements; designation of hearing panels.

1. The provisions of this chapter do not affect or limit the authority of a regulatory body, at any stage of a contested case, to make an informal disposition of the contested case pursuant to subsection 5 of [NRS 233B.121](#) or to enter into a consent or settlement agreement approved by the regulatory body pursuant to [NRS 622.330](#).

2. The provisions of this chapter do not affect or limit the authority of a regulatory body to designate a panel of its members to hear a contested case pursuant to this chapter.

(Added to NRS by [2005, 744](#))

NRS 622.330 Consent and settlement agreements: Conditions for entry; deemed public records; exceptions.

1. Except as otherwise provided in this section, a regulatory body may not enter into a consent or settlement agreement with a person who has allegedly committed a violation of any provision of this title which the regulatory body has the authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body, unless the regulatory body discusses and approves the terms of the agreement in a public meeting.

2. A regulatory body that consists of one natural person may enter into a consent or settlement agreement without complying with the provisions of subsection 1 if:

(a) The regulatory body posts notice in accordance with the requirements for notice for a meeting held pursuant to [chapter 241](#) of NRS and the notice states that:

(1) The regulatory body intends to resolve the alleged violation by entering into a consent or settlement agreement with the person who allegedly committed the violation; and

(2) For the limited time set forth in the notice, any person may request that the regulatory body conduct a public meeting to discuss the terms of the consent or settlement agreement by submitting a written request for such a meeting to the regulatory body within the time prescribed in the notice; and

(b) At the expiration of the time prescribed in the notice, the regulatory body has not received any requests for a public meeting regarding the consent or settlement agreement.

3. If a regulatory body enters into a consent or settlement agreement that is subject to the provisions of this section, the agreement is a public record.

4. The provisions of this section do not apply to a consent or settlement agreement between a regulatory body and a licensee that provides for the licensee to enter a diversionary program for the treatment of an alcohol or other substance use disorder.

(Added to NRS by [2003, 3417](#))

Agenda Item 5(d)(1)



Agenda Item 5(d)(2)



STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 3510-2126

Complainant,

vs.

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

MIKE GOLPA, DDS,

Respondent.

IT IS HEREBY STIPULATED AND AGREED via this *Corrective Action Plan Non Disciplinary Stipulation Agreement* (“Stipulation Agreement” or “Stipulation”), by and between MIKE GOLPA, DDS (“Respondent” or “DR. GOLPA”), and the NEVADA STATE BOARD OF DENTAL EXAMINERS (the “Board”), by and through the Board’s general counsel, Blair C. Parker, 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 January 19, 2000, License No. 3510.

2. On or about March 7, 2022, the Board received notice from the National Practitioners Data Bank (NPDB), alleging possible violations of NRS Chapter 631 and/or NAC Chapter 631.

3. On or about April 13, 2022, via a *Notice of Complaint & Request for Records*, the Board notified Respondent of the notice received from The National Practitioners Data Bank. The Notice of Complaint sought a response from Respondent, as well as the records pertaining to the

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Notice of Complaint.

4. On or about May 4, 2022, the Board received Respondent’s written response to the Notice of Complaint and Request for Records.

5. A Preliminary Screening Expert (“PSE”) was subsequently assigned to review and produce a report regarding this matter.

6. On May 10, 2023, the information and documentation described above was independently reviewed by the Nevada State Board of Dental Examiner’s Review Panel established pursuant to NRS 631.3635. The PSE did not participate in the Review Panel review of this matter.

II.

Review Panel’s Findings and Recommendations

7. Based upon the investigation conducted to date, the Review Panel established pursuant to NRS 631.3635, believe(s), for this matter and not for any other purpose, including any pending or subsequent civil action, that Respondent’s actions as described in the Investigative Complaint constitute unprofessional conduct as follows:

- a) There is a preponderance of the evidence to support a finding that the Respondent’s treatment was below the standard of care. The implants placed by Respondent’s office at #19 and #30 were impinging/compressing the nerve. Additionally, the record keeping documenting who performed the various procedures on patient were inadequate.

8. Respondent acknowledges that the PSE’s preliminary review proceeded through the Review Panel process as required pursuant to NRS 631.3635, and that the Review Panel found that there is sufficient evidence to support the findings and recommendations as contained herein, and that the above findings and recommendations were made and/or adopted by the Review Panel.

9. Respondent understands and acknowledges that the PSE’s findings and recommendations were not binding on the Review Panel and further that neither the PSE’s findings and recommendations, nor the findings and recommendation of the Review Panel, are binding on

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1 the Board, or on Respondent. Respondent understands and acknowledges that he has the right to
2 dispute these findings at a full Board hearing pursuant to NRS 631.360, including the right to call
3 and examine witnesses and present evidence, but that he has knowingly waived this right in order
4 to resolve this matter via this Stipulation Agreement.

5
6 10. For settlement purposes only, and not for any other purpose, including any
7 subsequent civil action, and without admitting to the opinions of the PSE or Review Panel,
8 Respondent acknowledges that if this matter were to proceed to a full board hearing, a sufficient
9 quantity and/or quality of evidence could be proffered sufficient to meet a preponderance of the
10 evidence standard of proof demonstrating that Respondent violated the regulatory and/or statutory
11 provisions noted above in Paragraph 9. The Board recognizes that Respondent claims to have
12 evidence to support his denial of the allegations, and that this resolution is intended as a means to
13 resolve this complaint.

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15 **III.**
Terms and Conditions

16 11. Based upon the investigation conducted to date, the opinions of the PSE, and the
17 findings of the Review Panel contained in Paragraph 7 and 8, and the acknowledgments of
18 Respondent contained in Paragraphs 9 and 10, the parties have agreed to resolve the above-
19 referenced investigation pursuant to the following terms and conditions:

20 A. In addition to completing the required continuing education necessary for
21 license renewal, Respondent agrees to obtain an additional twenty-four (24) hours of
22 supplemental continuing education for implant planning and placement, with the
23 acknowledgment that Respondent's implant seminar entitled "International Live
24 Zygomatic Implant Course will count toward this additional training, in addition to
25 sending the board six (6) All on Four implant cases showing proper implant placement and
proper charting documenting the performance of the procedure, to be provided within 12
months after this Agreement is approved by the Board.

26 Information, documents, and/or descriptions for the above-referenced supplemental
27 education must be submitted in writing to the Executive Director of the Board for approval
28 **prior** to attendance. Upon the receipt of the written request to attend 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

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1 at least 50% of the required supplemental education shall be completed through attendance
 2 at live and/or live lecture webinar. Up to 50% of the supplemental education required by
 3 this paragraph may be completed through online/home study courses. The cost associated
 4 with this supplemental education shall be paid by Respondent. All of the supplemental
 5 education must be completed within six (6) months of the adoption of this Agreement by
 6 the Board. In the event Respondent fails to complete the supplemental education set forth
 7 in **Paragraph 11.A.** within six (6) months of the adoption of this Agreement by the Board,
 8 Respondent agrees that his license to practice dentistry in the State of Nevada may be
 9 automatically suspended by the Board's Executive Director without any further action of
 10 the Board other than the issuance of an Order of Suspension by the Executive Director.
 11 Upon Respondent submitting written proof of the completion of the supplemental
 12 education and paying the reinstatement fee pursuant to NRS 631.345, Respondent's license
 13 to practice dentistry in the State of Nevada will automatically be reinstated by the
 14 Executive Director of the Board, provided that there are no other violations of any of the
 15 provisions contained in this Agreement. Respondent agrees to waive any right to seek
 16 injunctive relief from any Federal or State of Nevada District Court to prevent the
 17 automatic suspension of Respondent's license to practice dentistry in the State of Nevada
 18 due to Respondent's failure to comply with **Paragraph 11.A.** Respondent shall also be
 19 responsible for any costs or attorney's fees incurred in the event the Board has to seek
 20 injunctive relief to prevent Respondent from practicing dentistry during the period
 21 Respondent's license is automatically suspended pursuant to this paragraph.

22 Respondent understands and acknowledges that the completion of these additional
 23 continuing education classes for purposes of fulfilling the obligations of this Stipulation
 24 does **not** relieve him of the continuing education obligations required of a dental licensee
 25 upon license renewal, including but not limited to the courses required by NRS 631.342,
 26 NAC 631.173, NAC 631.175 and/or AB 474.

27 B. Respondent agrees that, within sixty (60) days of adoption of this Stipulation
 28 Agreement by the Board, Respondent shall reimburse the Board for the costs and fees of
 the investigation in the amount of Three Hundred Fifty dollars and xx/100 cents (\$350.00).
 Payment shall be made payable to the Nevada State Board of Dental Examiners and mailed
 directly to 2651 N Green Valley Pkwy, Ste 104, Henderson, NV 89014.

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

D. In the event Respondent defaults (which includes failure to timely pay) any of the
 payments set forth in this Stipulation Agreement, Respondent agrees that his license to
 practice dentistry in the State of Nevada may be suspended upon further action of the Board
 if they should determine that Respondent has failed to comply with the terms of this

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1 stipulation Order of Suspension by the Board's Executive Director. Subsequent to the
2 issuance of the Order of Suspension, Respondent agrees to pay a liquidated damage amount
3 of Twenty-Five and xx/100 Dollars (\$25.00) for each day Respondent is in default on the
4 payment(s) of any of the amounts set forth herein. Upon curing the default of the applicable
5 defaulted payment contained in this Stipulation Agreement and paying the reinstatement
6 fee, Respondent's license to practice dentistry in the State of Nevada will automatically be
7 reinstated (as limited by the terms herein) by the Board's Executor Director, provided that
8 there are no other violations by Respondent of any of the provisions contained in this
9 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 his 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.

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

12 F. Respondent waives any right to have any amount(s) owed pursuant to this
13 Stipulation discharged in bankruptcy.

14 **IV.**
15 **Consent**

16 12. **Acknowledgement of Review of this Agreement.** Respondent acknowledges that
17 he has read all of the provisions contained in this Stipulation Agreement and agrees with them in
18 their entirety.

19 13. **Representation by Counsel.** Respondent acknowledges that he has been advised
20 that she has the right to have this matter, including this Stipulation Agreement, reviewed by
21 independent counsel, that review and advice by independent counsel is in his best interest, and that
22 he has had ample opportunity to seek independent counsel. ~~Having~~ been advised of his right to
23 independent counsel, as well as having had the opportunity to seek independent counsel,
24 Respondent did seek the advice of counsel and was represented by counsel during the investigation
25 of this matter and at the time of the execution of this Stipulation Agreement. Respondent
26 specifically acknowledges that he has been advised by said counsel with respect to this Stipulation
27 Agreement, and that after consultation with, and upon the advice of, independent counsel,
28 Respondent understands this Stipulation Agreement's terms and conditions and consents to the

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1 same.

2 14. **Waiver of Rights.** Respondent is aware that, by entering into this Stipulation
3 Agreement, he is waiving certain valuable due process rights contained in, but not limited to, NRS
4 631, NAC 631, NRS 233B and NAC 233B. Respondent knowingly, willingly and intelligently
5 waives these due process rights, and any other legal rights that may apply in connection with the
6 administrative proceedings resulting from the Authorized Investigative Complaint. Respondent
7 further agrees to settle and resolve this matter as set forth in this Stipulation Agreement without a
8 hearing or any further proceedings, other than Board approval of this Stipulation Agreement.
9 Respondent agrees that in the event the Board adopts this Stipulation Agreement, he hereby waives
10 any and all rights to seek judicial review or otherwise to challenge or contest the validity of the
11 provisions contained herein.
12

13 15. **No Coercion or Duress.** Respondent acknowledges he is consenting to, and has
14 signed and initialed, this Stipulation Agreement voluntarily, without coercion, duress, undue
15 influence or intimidation, and in the exercise of his own free will.

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

19 17. **Joint Agreement.** Respondent and the Board agree that none of the parties to this
20 Stipulation Agreement shall be deemed the drafter of this Stipulation Agreement. In the event this
21 Stipulation Agreement is construed by a court of law or equity, such court shall not construe it or
22 any provision hereof against any party as the drafter. The parties hereby acknowledge that all
23 parties have contributed substantially and materially to the preparation of this Stipulation
24 Agreement.
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26 18. **Entire Agreement.** Respondent acknowledges the provisions in this Stipulation
27 Agreement contain the entire agreement between Respondent and the Board and the provisions of
28 this Stipulation Agreement can only be modified in writing, with Board approval. Respondent

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Agenda Item 5(e)

Authorized Investigative Complaints NRS 631.360 (For Possible Action)

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)

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

1. Except as otherwise set forth in [NAC 631.2211](#) to [631.2256](#), inclusive, no dentist may:

(a) Use general anesthesia or deep sedation for dental patients, except in a facility for which a permit is held as required by [NRS 449.442](#), unless he or she first:

(1) Obtains a general anesthesia permit; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit to administer general anesthesia to his or her patients, and obtains a certificate of site approval for each location at which general anesthesia, deep sedation or moderate sedation is administered to his or her patients;

(b) Use moderate sedation for dental patients who are 13 years of age or older, except in a facility for which a permit is held as required by [NRS 449.442](#), unless he or she first:

(1) Obtains a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2 to administer moderate sedation to his or her patients who are 13 years of age or older, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 13 years of age or older; or

(c) Use moderate sedation for dental patients who are 12 years of age or younger, except in a facility for which a permit is held as required by [NRS 449.442](#), unless he or she first:

(1) Obtains a moderate sedation permit pursuant to paragraph (b) of subsection 2; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (b) of subsection 2 to administer moderate sedation to his or her patients who are 12 years of age or younger, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 12 years of age or younger.

2. To obtain a general anesthesia permit or moderate sedation permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to [NRS 631.345](#) and produce evidence showing that he or she is a dentist who is licensed in this State, and:

(a) For a moderate sedation permit to administer moderate sedation to a patient 13 years of age or older, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation,

and the successful administration as the operator of moderate sedation to not less than 20 patients; or

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

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

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

(b) For a moderate sedation permit to administer moderate sedation to a patient 12 years of age or younger, the applicant must show evidence of:

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

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

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

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

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

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

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

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

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

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

1. The holder of a general anesthesia permit or moderate sedation permit is subject to review by the Board at any time.

2. Each general anesthesia permit and moderate sedation permit must be renewed annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the permit.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R158-08, 12-17-2008; R004-17, 5-16-2018)

NAC 631.2219 Inspection and evaluation; renewal of permit; reevaluation of credentials. ([NRS 631.190](#), [631.265](#))

1. The Board will require an inspection and evaluation of the facility, equipment, personnel, records of patients and the procedures used by every dentist who seeks or holds a general anesthesia permit or moderate sedation permit, and of the dentist himself or herself, before issuing such an original permit to the dentist, and at least once in every 5-year period thereafter.

2. The Board will renew general anesthesia permits and moderate sedation permits annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the permit, unless the holder is informed in writing, 60 days before the date for renewal, that a reevaluation of his or her credentials is required. In determining whether reevaluation is necessary, the Board will consider, among other factors, complaints by patients and reports of adverse occurrences. A reevaluation will, if appropriate, include an inspection of the facility, equipment, personnel, records of patients and the procedures used by the holder, and an examination of his or her qualifications.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 7-30-84; R005-99, 9-7-2000; R158-08, 12-17-2008; R004-17, 5-16-2018)

NAC 631.2236 Certificate of site approval: Application; inspection; report of determination of inspector; issuance of certificate for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. ([NRS 631.190](#), [631.265](#))

1. A dentist who is licensed in this State may employ a dentist who is licensed in this State and who holds a general anesthesia permit or moderate sedation permit to administer general anesthesia, deep sedation or moderate sedation, as appropriate, to his or her patients at his or her office if he or she holds a certificate of site approval issued pursuant to this section.

2. A dentist who is licensed in this State and who desires to receive or renew a certificate of site approval must submit to the Board:

(a) An application for a certificate or for the renewal of a certificate, in a form approved by the Board;

(b) The fee for the inspection of a facility which is established by the Board pursuant to [NRS 631.345](#); and

(c) Written documentation which demonstrates that the dentist who is to be employed to administer the general anesthesia, deep sedation or moderate sedation holds an appropriate permit issued by the Board to administer such anesthesia or sedation.

3. Upon receipt of an application pursuant to this section, the Board will appoint one of its members or a representative of the Board to inspect the office of the applicant to determine whether the office complies with the requirements set forth in [NAC 631.2227](#), [631.2229](#) and [631.2231](#). The person conducting the inspection shall report his or her determination to the Board.

4. If the person conducting the inspection determines that the office of the applicant complies with the requirements of [NAC 631.2227](#), [631.2229](#) and [631.2231](#) and the applicant has otherwise met the requirements of this section, the Executive Director shall issue a certificate of site approval to the applicant.

5. A holder of a certificate of site approval shall maintain the information described in paragraph (c) of subsection 2 at his or her office at all times.

6. If the office of the applicant does not meet the requirements set forth in [NAC 631.2227](#), [631.2229](#) and [631.2231](#), the Executive Director shall issue a written notice to the licensed dentist who owns the dental practice conducted at the office that identifies the reasons the office failed the inspection.

7. A dentist who has received a notice of failure from the Executive Director pursuant to subsection 6:

(a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation at his or her office until the Board has issued a certificate of site approval for the office; and

(b) May, within 15 days after receiving the notice, request the Board in writing for a reevaluation.

8. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by [NAC 631.2227](#), [631.2229](#) and [631.2231](#) for an original inspection.

9. Pursuant to subsection 3 of [NRS 233B.127](#), if an evaluation or inspection of a dentist's 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 who owns the dental practice conducted at the office and the licenses of any or all of the other licensees employed at the office 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.

10. Each certificate of site approval issued by the Board must be renewed annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the certificate.

11. The Board may reinspect the office of the holder of a certificate of site approval at any time.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000; A by R231-03, 5-25-2004; R158-08, 12-17-2008; R159-08, 4-23-2009; R004-17, 5-16-2018)

NAC 631.230 Unprofessional
631.190, 631.346, 631.347, 631.350)

conduct. (NRS

1. In addition to those specified by statute and subsection 3 of [NAC 631.177](#), the following acts constitute unprofessional conduct:

- (a) The falsification of records of health care or medical records.
- (b) Writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.
- (c) The consistent use of dental procedures, services or treatments which constitute a departure from prevailing standards of acceptable dental practice even though the use does not constitute malpractice or gross malpractice.
- (d) The acquisition of any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge.
- (e) Making an unreasonable additional charge for laboratory tests, radiology services or other testing services which are ordered by the dentist and performed outside his or her own office.
- (f) The failure to report to the Board as required in [NAC 631.155](#) or to sign any affidavit required by the Board.
- (g) Employing any person in violation of [NAC 631.260](#) or failing to report to the Board as required by that section.
- (h) The failure of a dentist who is administering or directly supervising the administration of general anesthesia, deep sedation or moderate sedation to be physically present while a patient is under general anesthesia, deep sedation or moderate sedation.
- (i) Administering moderate sedation to more than one patient at a time, unless each patient is directly supervised by a person authorized by the Board to administer moderate sedation.
- (j) Administering general anesthesia or deep sedation to more than one patient at a time.
- (k) The failure to have any patient who is undergoing general anesthesia, deep sedation or moderate sedation monitored with a pulse oximeter or similar equipment required by the Board.
- (l) Allowing a person who is not certified in basic cardiopulmonary resuscitation to care for any patient who is undergoing general anesthesia, deep sedation or moderate sedation.
- (m) The failure to obtain a patient's written, informed consent before administering general anesthesia, deep sedation or moderate sedation to the patient or, if the patient is a minor, the failure to obtain his or her parent's or guardian's consent unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient.

(n) The failure to maintain a record of all written, informed consents given for the administration of general anesthesia, deep sedation or moderate sedation.

(o) The failure to report to the Board, in writing, the death or emergency hospitalization of any patient to whom general anesthesia, deep sedation or moderate sedation was administered. The report must be made within 30 days after the event.

(p) Allowing a person to administer general anesthesia, deep sedation or moderate sedation to a patient if the person does not hold a permit to administer such anesthesia or sedation unless the anesthesia or sedation is administered in a facility for which a permit is held as required by [NRS 449.442](#).

(q) The failure of a dentist who owns a dental practice to provide copies of the records of a patient to a dentist or dental hygienist who provided the services as an employee or independent contractor of the dentist when the records are the basis of a complaint before the Board. Nothing in this paragraph relieves the treating dentist or dental hygienist from the obligation to provide records of the patient to the Board.

(r) The failure of a dentist who owns a dental practice to verify the license of a dentist or dental hygienist before offering employment or contracting for services with the dentist or dental hygienist as an independent contractor.

(s) The failure of a dentist who owns a dental practice and participates in the diagnosis and treatment of any patient to ensure that the services rendered by a dentist or dental hygienist who is an employee or independent contractor of that dentist meet the prevailing standards of acceptable dental practice. If a dentist or dental hygienist who is an employee or independent contractor of the dentist is found by substantial evidence to have provided services below the prevailing standards of acceptable dental practice, the dentist who owns the dental practice may be required to reimburse the patient to whom the services were provided pursuant to paragraph (l) of subsection 1 of [NRS 631.350](#).

(t) The failure of a dentist who owns a dental practice to record the name of the dentist or dental hygienist who provided the services in the records of a patient each time the services are rendered.

(u) The failure of a dentist who is registered to dispense controlled substances with the State Board of Pharmacy pursuant to [chapter 453](#) of NRS to conduct annually a minimum of one self-query regarding the issuance of controlled substances through the Prescription Monitoring Program of the State Board of Pharmacy.

2. For purposes of [NRS 631.347](#), a plan or practice requiring a patient to select a dentist from a specific group does not provide the patient with a reasonable opportunity to select a dentist of his or her own choice, and constitutes unprofessional conduct on the part of any dentist participating in such a plan or practice, unless it, or another plan concurrently available to the patient, allows the patient to:

(a) Have an annual opportunity, lasting for a minimum of 30 days, to select a dentist of his or her own choice for all dental work to be performed during the subsequent 12 months. Any new patient added to the plan or practice must immediately be given an

initial opportunity, lasting at least 30 days, to select the coverage supplied by the plan or practice or a dentist of his or her own choice.

(b) Receive the allowance for a procedure performed by a dentist of his or her own choice in substantially the same amount as he or she would if he or she used the services of one of the group of dentists specified by the plan or practice.

[Bd. of Dental Exam'rs, § XXVII, eff. 7-21-82] — (NAC A 10-21-83; 7-30-84; 9-13-85; 9-16-85; 4-3-89; 11-28-90; R005-99, 9-7-2000; R023-06, 9-18-2006; R159-08, 4-23-2009; R020-14, 6-23-2014; R004-17, 5-16-2018)

NRS 631.265 Permit to administer or supervise administration of general anesthesia, minimal sedation, moderate sedation or deep sedation; regulations.

1. No licensed dentist or person who holds a restricted license issued pursuant to [NRS 631.275](#) may administer or supervise directly the administration of general anesthesia, minimal sedation, moderate sedation or deep sedation to dental patients unless the dentist or person has been issued a permit authorizing him or her to do so by the Board.

2. The Board may issue a permit authorizing a licensed dentist or person who holds a restricted license issued pursuant to [NRS 631.275](#) to administer or supervise directly the administration of general anesthesia, minimal sedation, moderate sedation or deep sedation to dental patients under such standards, conditions and other requirements as the Board shall by regulation prescribe.

(Added to NRS by [1983, 278](#); A [1989, 1740](#); [2001, 2692](#); [2015, 3876](#))

NRS 631.388 **Manager of business of dental practice, office or clinic required to register certain information with Board.**

A person who manages the business of a dental practice, office or clinic shall register with the Board:

1. The name and business address of the person;
2. The address of the dental practice, office or clinic of the business which the person manages; and
3. The names of the licensed dentist or other entity not prohibited from owning or operating a dental practice, office or clinic whose business the person manages.

(Added to NRS by [2009, 3002](#))

NRS 631.397 **Practicing or offering to practice without license or certificate: Reporting requirements of Board.** Unless the Board determines that extenuating circumstances exist, the Board shall forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices or offers to practice dentistry, dental hygiene or dental therapy without the appropriate license or certificate issued pursuant to the provisions of this chapter.

(Added to NRS by [2013, 2219](#))

Agenda Item 5(e)(1)

Dr. Z. - The Board has received information alleging that Dr. Z. may have been operating a dental practice without proper licensure and/or permitting, thereby potentially violating NAC 631.2213; NAC 631.2217; NAC 631.2219; NAC 631.2236; NAC 631.230; NRS 631.265; NRS 631.388; and NRS 631.397.

AGREEMENT FOR
SALE AND PURCHASE OF COMMON STOCK

This Agreement for Sale and Purchase of Common Stock (the "Agreement") is effective as of September 1, 2022 (the "Effective Date") and is entered into by and between [REDACTED]

RECITALS

Whereas, Seller wishes to sell, transfer, assign, and convey to Purchaser, and Purchaser wishes to purchase from Seller, 44 shares (the "Shares") of common stock of [REDACTED]

AGREEMENT

Now therefore, for valuable consideration, Seller and Purchaser agree as follows:

1. Sale and Purchase of Shares. Seller hereby sells the Shares to Purchaser, and Purchaser hereby purchases the Shares from Seller, for a total price of \$ [REDACTED] per Share), which shall be payable by check on the Effective Date. Seller shall deliver to Corporation instructions to transfer shares duly executed by Seller in a form reasonably acceptable to Corporation's counsel for transfer on the stock books of Corporation.

2. Representations and Warranties of Seller. Seller represents and warrants to Purchaser as of the Effective Date as follows:

(a) Other than as provided for in the [REDACTED] by and between Seller and Corporation effective as of November 1, 2015 (the [REDACTED]), Seller is the legal and beneficial owner of the Shares, free and clear of all liens, pledges, security interests and options whatsoever.

(b) Other than as provided for in the [REDACTED] the execution, delivery and performance of this Agreement by Seller does not and will not conflict with, violate, result in breach of or cause a default under any provision of any agreement, instrument, order, arbitration award or judgment to which Seller or the Shares are subject.

(c) Seller has the legal capacity and the full right, power and authority to execute, deliver and perform this Agreement, and this Agreement constitutes the legally valid and binding obligation of Seller and is enforceable against Seller in accordance with its terms.

3. Representations and Warranties of Purchaser. Purchaser represents and warrants to Seller as of the Effective Date as follows:

(a) Purchaser is purchasing the Shares for her own account for investment and with no present intention of distributing or reselling the Shares or any part thereof in violation of applicable limitations under the Securities Act of 1933 or applicable state securities laws.

(b) Purchaser acknowledges that she has had access to all relevant documentation or information relating to the financial condition and business affairs of Corporation and to all other documentation and information that Purchaser believes is necessary or relevant to a proper evaluation of the transactions contemplated by this Agreement.

(c) Purchaser is a licensed dentist.

(d) Purchaser has the legal capacity and the full right, power and authority to execute, deliver and perform this Agreement, and this Agreement constitutes the legally valid and binding obligation of Purchaser and is enforceable against Purchaser in accordance with its terms.

4. Survival. The representations and warranties in Sections 2 and 3 of this Agreement shall survive the sale and purchase of the Shares. The representing party shall indemnify, defend and hold harmless the other party from and against any and all damages, liabilities, losses, claims or expenses (including reasonable attorneys' fees) resulting from breach of such representations or warranties.

5. Corporate Agreements.

(a) As a condition to the purchase of the Shares, Purchaser shall enter into a Shares Acquisition Agreement with Corporation in the form provided by Corporation.

(b) Seller hereby assigns to Purchaser the rights and obligations of Seller as the owner of the Shares under the Amended and Restated Shareholders' Agreement dated November 1, 2015 among Corporation and its shareholders, and Purchaser hereby assumes and agrees to be bound by Seller's obligations under that agreement. Purchaser shall enter into an Amended and Restated Shareholders' Agreement with Corporation and the other Shareholders of Corporation in the form provided by Corporation.

6. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Nevada.

The parties have duly executed this Agreement as of the Effective Date.

SELLER:

[Redacted signature area for Seller]

PURCHASER:

[Redacted signature area for Purchaser]

CONSENT OF CORPORATION

The Corporation hereby consents to the sale and purchase of the Shares as set forth in the above Agreement, and waives the transfer restriction, and any rights the Corporation holds, under Section 2 of the Seller's Shares Acquisition Agreement with respect to such sale and purchase.

[Redacted signature area for Corporation]

CONSENT OF THE BOARD OF DIRECTORS

OF

[REDACTED]

Pursuant to Section 78.315(2) of the Nevada Revised Statutes, the undersigned, being the directors of [REDACTED] Nevada professional corporation (the "Company"), adopt the following resolutions effective as of September 1, 2022.

Consent to Transfer of Shares

WHEREAS, pursuant to the terms of an Agreement for Sale and Purchase of Common Stock, [REDACTED]

RESOLVED, that the Company shall consent to the foregoing sale of shares [REDACTED] between the Company and [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Issuance of Stock Certificate

[REDACTED]

[Redacted]

reement with

[Redacted]

agree to the mutual termination of the employment agreement with

General Authorization

RESOLVED, that the officers of the Company are authorized and directed to take all actions necessary or appropriate to carry out the foregoing resolutions.

DocuSigned by:
[Redacted]

[Redacted]

DocuSigned by:
[Redacted]

[Redacted]



Nevada State Board of Dental Examiners

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

APPLICATION FOR SITE PERMIT - GENERAL ANESTHESIA

NAME OF OWNER/LICEN[REDACTED] LICENSE NO [REDACTED]

SITE NAME & LOCATION ADDRESS: [REDACTED]

SITE PHONE NUMBER: [REDACTED] SITE FAX NUMBER [REDACTED]

WILL **MODERATE SEDATION** BE ADMINISTERED TO PATIENTS 12 YEARS OF AGE OR YOUNGER AT THIS LOCATION? YES ___ NO ___

IF YES, NAME OF PERSON(S) ADMINISTERING MODERATE SEDATION:

Received

AUG 01 2023

WILL **GENERAL ANESTHESIA** BE ADMINISTERED TO PATIENTS 12 YEARS OF AGE OR YOUNGER AT THIS LOCATION? YES NO ___

NSBDE

NAME OF PERSON(S) ADMINISTERING GENERAL ANESTHESIA:

[REDACTED]

ANY SPECIFIC DAY YOU PREFER TO BE SCHEDULED FOR THE INSPECTION:

[REDACTED]

I hereby acknowledge, that I am aware moderate sedation or general anesthesia may be administered at this location as long as the general anesthesia site maintains at all times the required emergency drugs and equipment to include the additional required emergency drugs and equipment for patients who are 12 years of age or younger and records of patients pursuant to NAC 631.2227, NAC 631.2229 and NAC 631.2231.

*I hereby acknowledge, I **must** confirm with the Board prior to the administration of moderate sedation at this location that the licensee administering moderate sedation holds a moderate sedation permit to administer moderate sedation to patients 13 years or older or a pediatric moderate sedation permit to administer moderate sedation to patients 12 years of age or younger.*

*I further acknowledge I will be present at the scheduled general anesthesia site inspection. If I am unavailable to be present at the site inspection, I will arrange to have the person identified as the licensee administering either **MODERATE SEDATION** or **GENERAL ANESTHESIA** be present in my absence.*

I hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

[REDACTED]

NOTE: Please return this form and payment of \$500.00 for the site inspection/application fee.

Agenda Item 6(a):

**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(a)(1)

Jacob Ozuna, DMD
Pediatric Moderate Sedation



Nevada State Board of Dental Examiners

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

Dr. Patricia Prada holds site permit - SPMSP365

PEDIATRIC DENTISTRY SPECIALIST

Pediatric moderate sedation admin permit application
 (Administration of Moderate Sedation to pediatric patients)

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

Name: Jacob Robert Ozuna License Number: S6-224

Dental Practice Name: A Childrens Dentist

Office Address: 8710 W Charleston Blvd #100
Las Vegas, NV 89117

Office Telephone: (702) 255-0133
 Office Fax: _____

DENTAL EDUCATION

University / College: University of Nevada, Las Vegas

Location: 1001 Shadow Lane
Las Vegas, NV 89106

Dates attended: 9 / 5 / 17 to 4 / 17 / 21 Degree Earned: D.M.D.

SPECIALTY EDUCATION

University / College: University of Nevada, Las Vegas

Location: 1001 shadow Lane
Las Vegas, NV 89106

Dates attended: 7 / 1 / 21 to 6 / 30 / 23 Degree Earned: Pediatric Certificate

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a specialty program accredited 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.
- 4) Valid certification in Pediatric Advance Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

Received
 JUN 30 2023
 NSBDE

I hereby make application for a Pediatric Moderate Sedation Permit to administer Moderate Sedation to pediatric patients from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient Moderate Sedation **ONLY** to pediatric patients at the address listed above. If I wish to administer moderate sedation to pediatric patients at another location, I understand that each site must be inspected and issued a "Pediatric Moderate Sedation Site Permit" and/or a "Moderate Sedation Site Permit" by the Board prior to the administration of moderate sedation to pediatric patients.

I understand that this permit does NOT allow for the administration of deep sedation or general anesthesia by me, a physician, a nurse anesthetist, or any other person. I have read and I am familiar with the provision and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation to pediatric patients.

I, hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant _____
Date _____ 6/30/2023

**** APPLICATION FOR PEDIATRIC MODERATE SEDATION ADMINISTRATION ****

Certification of completion of a specialty program accredited by the Commission of Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation to pediatric patients that is equivalent to the education and training described in subsection (1) of not less than sixty (60) patients and submit proof of the successful administration as the operator of moderate sedation to not less than 25 pediatric patients.

SUBMISSION OF NO LESS THAN 25 CASES OF MODERATE SEDATION ADMINISTRATION

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association.**

Jacob Ozuna

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Basic Life Support (CPR and AED) Program.**

Issue Date

4/4/2023

Renew By

04/2025

Training Center Name

Board of Regents of the Nevada System of Higher Education
on behalf of the College of Southern Nevada

Instructor Name

Patricia Williams

Training Center ID

NV15333

Instructor ID

07110035909

Training Center City, State

Las Vegas, NV

eCard Code

235415476704

**Training Center Phone
Number**

(702) 651-4452

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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Received

JUN 30 2023

NSBDE

PEDIATRIC ADVANCED LIFE SUPPORT

**PALS
Provider**



**American
Heart
Association.**

**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN®

JACOB OZUNA

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Pediatric Advanced Life Support (PALS) Program.**

Issue Date

5/31/2023

Renew By

05/2025

Training Center Name

Board of Regents of the Nevada System of Higher Education
on behalf of the College of Southern Nevada

Instructor Name

Bonnie Crane

Training Center ID

NV15333

Instructor ID

04190775698

Training Center City, State

Las Vegas, NV

eCard Code

235427253221

**Training Center Phone
Number**

(702) 651-4452

QR Code



Training Site Name

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Received
JUN 30 2023
NSBDE

5 results

Sort By

Programs

- Predoctoral (DDS/DMD) Dental Education Programs 1
 - Advanced Dental Education Programs 4
- Program Type**
- Dental Public Health 1
 - General Practice Residency 12 Months 1
 - Orthodontics & Dentofacial Orthopedics 1
 - Pediatric Dentistry 1

Pediatric Dentistry - University of Nevada Las Vegas School of Dental Medicine

Nevada
University of Nevada Las Vegas School of Dental Medicine
 Shadow Lane Campus
 1001 Shadow Lane
 MS 7410
 Las Vegas
 89106-4124
<https://www.unlv.edu/dental>
Program Director: Dr. Lee Roundy
Discipline Code: PEDDENT
Accreditation Status: Approval without Reporting Requirements
Last Accreditation Visit: 2017
Next Accreditation Visit: 2025

State or Territory

- Nevada 5

PREDOC - University of Nevada Las Vegas School of Dental Medicine

Nevada
University of Nevada Las Vegas School of Dental Medicine
 Shadow Lane Campus
 1001 Shadow Lane
 MS 7410
 Las Vegas
 89106-4124
<https://www.unlv.edu/dental>
Program Director: Dr. James Mah
Discipline Code: PREDOC
Accreditation Status: Approval without Reporting Requirements
Last Accreditation Visit: 2021
Next Accreditation Visit: 2028

City

- Las Vegas 5

Country

- United States 5

Dental Public Health - University of Nevada Las Vegas School of Dental Medicine

Nevada
University of Nevada Las Vegas School of Dental Medicine
 Shadow Lane Campus

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Ozuna, Jacob obert , DMD

Primary Office Address : 8710 W Charleston Blvd, Suite 100

City, State Zip : Las Vegas, NV 89117

Office Phone : (702) 255-0133

License Number : S6-224

License Date : 05/19/2021

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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← Close detail

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

Agenda Item 6(a)(2):

Justin M. Vo, DMD
Pediatric Moderate Sedation



Nevada State Board of Dental Examiners

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

*Dr. Carla LaLande holds
Site Permit SPPMS191*

PEDIATRIC DENTISTRY SPECIALIST

Pediatric moderate sedation admin permit application

(Administration of Moderate Sedation to pediatric patients)

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

Name: Justin Mitchell Vo License Number: SB-226

Dental Practice Name: Children's Dental Care + Orthodontics

Office Address: 3600 N Buffalo Dr #110

Office Telephone: (702) 254-8858

Las Vegas, NV 89129

Office Fax: (702) 254-9462

DENTAL EDUCATION

SPECIALTY EDUCATION

University/
College: University of Nevada, Las Vegas

University /
College: University of Nevada, Las Vegas

Location: 1001 Shadow Lane
Las Vegas, NV 89106

Location: 1001 Shadow Lane
Las Vegas, NV 89106

Dates attended: 9 / 6 / 2016 to 4 / 19 / 2020 Degree Earned: D.M.D

Dates attended: 7 / 1 / 21 to 6 / 30 / 23 Degree Earned: Certificate in Pediatric Dentistry

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a specialty program accredited 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.
- 4) Valid certification in Pediatric Advance Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

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JUN 30 2023
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I hereby make application for a Pediatric Moderate Sedation Permit to administer Moderate Sedation to pediatric patients from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient Moderate Sedation **ONLY** to pediatric patients at the address listed above. If I wish to administer moderate sedation to pediatric patients at another location, I understand that each site must be inspected and issued a "**Pediatric Moderate Sedation Site Permit**" and/or a "**Moderate Sedation Site Permit**" by the Board prior to the administration of moderate sedation to pediatric patients.

I understand that this permit does NOT allow for the administration of deep sedation or general anesthesia by me, a physician, a nurse anesthetist, or any other person. I have read and I am familiar with the provision and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation to pediatric patients.

I, hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant Justin Vo
Date 6/30/23

**** APPLICATION FOR PEDIATRIC MODERATE SEDATION ADMINISTRATION ****

Certification of completion of a specialty program accredited by the Commission of Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation to pediatric patients that is equivalent to the education and training described in subsection (1) of not less than sixty (60) patients and submit proof of the successful administration as the operator of moderate sedation to not less than 25 pediatric patients.

SUBMISSION OF NO LESS THAN 25 CASES OF MODERATE SEDATION ADMINISTRATION

5 results

Pediatric Dentistry - University of Nevada Las Vegas School of Dental Medicine

- Predoctoral (DDS/DMD) Dental Education Programs: 1
- Advanced Dental Education Programs: 4

Program Type

- Dental Public Health: 1
- General Practice Residency 12 Months: 1
- Orthodontics & Dentofacial Orthopedics: 1
- Pediatric Dentistry: 1

Nevada
University of Nevada Las Vegas School of Dental Medicine
 Shadow Lane Campus
 1001 Shadow Lane
 MS 7410
 Las Vegas
 89106-4124
<https://www.unlv.edu/dental>
Program Director: Dr. Lee Roundy
Discipline Code: PEDDENT
Accreditation Status: Approval without Reporting Requirements
Last Accreditation Visit: 2017
Next Accreditation Visit: 2025

State or Territory

- Nevada: 5

City

- Las Vegas: 5

Country

- United States: 5

PREDOC - University of Nevada Las Vegas School of Dental Medicine

Nevada
University of Nevada Las Vegas School of Dental Medicine
 Shadow Lane Campus
 1001 Shadow Lane
 MS 7410
 Las Vegas
 89106-4124
<https://www.unlv.edu/dental>
Program Director: Dr. James Mah
Discipline Code: PREDOC
Accreditation Status: Approval without Reporting Requirements
Last Accreditation Visit: 2021
Next Accreditation Visit: 2028

Dental Public Health - University of Nevada Las Vegas School of Dental Medicine

Nevada
University of Nevada Las Vegas School of Dental Medicine
 Shadow Lane Campus

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
-------------	-------------------	--------------------	----------	--------	---------------	--------

Full Name : Vo, Justin Mitchell , DMD

Primary Office Address :

City, State Zip :

Office Phone :

License Number : S6-226

License Date : 06/26/2020

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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First () Previous () 1 () 2 () 3 () 4 () 5 () Next () Last ()

✓ 7.27.23
JMN

PEDIATRIC ADVANCED LIFE SUPPORT

**PALS
Provider**



**American
Heart
Association.**

**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN®

JUSTIN VO

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Pediatric Advanced Life Support (PALS) Program.**

Issue Date

5/31/2023

Renew By

05/2025

Training Center Name

Board of Regents of the Nevada System of Higher Education
on behalf of the College of Southern Nevada

Instructor Name

Bonnie Crane

Training Center ID

NV15333

Instructor ID

04190775698

Training Center City, State

Las Vegas, NV

eCard Code

235427253216

**Training Center Phone
Number**

(702) 651-4452

QR Code



Training Site Name

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Received

JUL 05 2023

NSBDE

Agenda Item 6(a)(3):

Paymon P. Mehryar, DDS
Moderate Sedation



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
 Las Vegas, NV 89118
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

*Dr. Carolyn Ghazal
 Lic# 4987 holds GA-AA
 Site Permit-SP6147-AA*

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation to patients 13 years of age or older)

Name: Rayman Paul Mehryar License Number: 54-115C

Dental Practice Name: Canyon Point dental group

Office Address: 10870 W Charleston Blvd. ste 170

Las Vegas, NV 89135

Office Telephone: (702)-254 6412

Office Fax: _____

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/
 College: Herman Ostrow school of Dentistry of USC

Location: 925 W 34th St. #201J
 Los Angeles, CA, 90089

Dates attended: 05 / 2015 to 07 / 2018
 Degree Earned: Periodontology

BOARD APPROVED PROGRAM

Name/
 Instructor: Soli's Surgical Arts Center

Location: 5620 Wilbur Ave, Suite 321
 Tarzana, CA, 91356

Dates attended: 07 / 19 / 17 to 08 / 09 / 17
 Certificate Granted: Parenteral Moderate Sedation & completion of 20 clinical IV Sedation
Casa

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

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 MAY 31 2023
 NSBDE
Revised 05/2018

- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant Gaule Moly S

Date 05/02/2023

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received
MAY 31 2023
NSBDE

ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



**American
Heart
Association.**

paymon mehryar

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Advanced Cardiovascular Life Support (ACLS) Program.**

Issue Date

3/29/2022

Renew By

03/2024

Training Center Name

S & S Training Acquisition Corporation d/b/a LifeTek, Inc.

Instructor Name

Jaimie Loric

Training Center ID

WA15093

Instructor ID

07210967073

Training Center City, State

Mount Vernon, WA

eCard Code

225403949888

**Training Center Phone
Number**

(360) 416-8239

QR Code



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University of Southern California
Herman Ostrow School of Dentistry of the University of Southern California

925 W. 34th Street
Los Angeles
90089-6041
<https://dentistry.usc.edu/>
Program Director: Dr. Nam Cho
Discipline Code: QMS
Accreditation Status: Approval without Reporting Requirements (3)
Last Accreditation Visit: 2019
Next Accreditation Visit: 2025

Periodontics - Herman Ostrow School of Dentistry of the University of Southern California

California
Herman Ostrow School of Dentistry of the University of Southern California
925 W. 34th Street
Los Angeles
90089-6041
<https://dentistry.usc.edu/>
Program Director: Dr. Kian Kar
Discipline Code: PERIO
Accreditation Status: Approval without Reporting Requirements
Last Accreditation Visit: 2015
Next Accreditation Visit: 2023

Pediatric Dentistry - Herman Ostrow School of Dentistry of the University of Southern California

California
Herman Ostrow School of Dentistry of the University of Southern California
925 W. 34th Street
Los Angeles
90089-6041
<https://dentistry.usc.edu/>
Program Director: Dr. Alexander Ross Alcaraz
Discipline Code: PEDDENT
Accreditation Status: Approval without Reporting Requirements
Last Accreditation Visit: 2015
Next Accreditation Visit: 2023

Country: 9

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
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Full Name : Mehryar, Paymon Paul

Primary Office Address : 10870 W Charleston Blvd, Ste 170

City, State Zip : Las Vegas, NV 89135

Office Phone : (702) 254-6412

License Number : S4-115C

License Date : 07/06/2020

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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← Close detail

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

Agenda Item 6(a)(4):

Michael G. Aglietti, DMD
General Anesthesia



Nevada State Board of Dental Examiners

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

Dr. Jaren Jensen
Holds GA Pedo site
Permit SPG 248- Pedo

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

Name: Michael Aglietti License Number: 7578

Dental Practice Name: Smile Reef Pediatric Dentistry

Office Address: 9500 W. Flamingo Rd
Unit 200 Las Vegas, NV 89147

Office Telephone: 1 775 230 8330 - Cell
1 702 570 7333

Office Fax: _____

DENTAL EDUCATION

University/ College: University of Nevada Las Vegas

Location: 1701 W. Charleston Blvd
Las Vegas NV 89102

Dates attended: 9 / 11 / 2016 to 3 / 15 / 2020
Degree Earned: DMD

SPECIALTY EDUCATION

University / College: NYU Langone Health

Location: 150 55th St
Brooklyn NY 11220

Dates attended: 7 / 1 / 2020 to 6 / 30 / 2023
Degree Earned: Certificate of Advanced Education in Dental Anesthesiology

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) 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 training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

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JUL 10 2023
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QUESTION SECTION:

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology? Yes No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology?

Yes No


Where: NYU Langone Health When: 7/1/2020 - 6/30/2023

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? Yes No

Where: _____ When: _____

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

I hereby acknowledge the information contained on this application is true and correct, and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant 

Date 7-5-2023

Received
JUL 10 2023
NSBDE

ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



Michael Aglietti

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Advanced Cardiovascular Life Support (ACLS) Program.**

Issue Date

4/20/2022

Renew By

04/2024

Training Center Name

NYU Langone Hospital - Long Island

Instructor Name

Lawrence Pontrelli

Training Center ID

NY05232

Instructor ID

02190764614

Training Center City, State

Mineola, NY

eCard Code

225404510625

**Training Center Phone
Number**

(516) 663-1601

QR Code



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New York

New York University College of Dentistry

345 East 24th Street
New York
10010

<http://www.nyu.edu/dental/>

Program Director: Dr. Vasiliki Karlis

Discipline Code: OMS

Accreditation Status: Approval without Reporting Requirements (3)

Last Accreditation Visit: 2019

Next Accreditation Visit: 2025

Dental Anesthesiology - NYU Langone Hospitals

New York

NYU Langone Hospitals

550 First Avenue
New York
10016

Program Director: Dr. Charles D. Azzaretti

Discipline Code: DentAnes

Accreditation Status: Approval without Reporting Requirements

Last Accreditation Visit: 2017

Next Accreditation Visit: 2025

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Aglietti, Michael G , DMD

Primary Office Address :

City, State Zip :

Office Phone :

License Number : 7578

License Date : 10/06/2021

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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First () Previous ()

1 ()	2 ()	3 ()	4 ()	5 ()	Next ()	Last ()
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✓ 07-10-2023
AM

Agenda Item 6(a)(5):

**Audrey H. Riegel, DMD
Moderate Sedation**



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

*Dr. Edilberto DeAndrade
Holds Site Permit - SPG177-AA*

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of **Moderate Sedation** to patients 13 years of age or older)

Name: Audrey Riegel License Number: 54-134

Dental Practice Name Anthem Periodontics and Dental Implants

Office Address: 2610 W. Horizon Ridge Pkwy Ste. 202
Henderson, NV 89052

Office Telephone 702-270-4600

Office Fax: 702-270-7773

Office Site Permit

*Check box if you are
applying for a Site
Permit for this same
office location as well*

DENTAL EDUCATION

University/
College: University of Nevada Las Vegas SDM

Location: 1700 W. Charleston Blvd
Unit A
Las Vegas, NV 89102

Dates attended: 8 / 01 / 2016 Degree Earned: DMD
to 5 / 01 / 2020

BOARD APPROVED PROGRAM

Name/
Instructor: University of Colorado / Sangeetha Chandrasekaran

Location: 13065 E. 17th Ave
Aurora, CO 80045

Dates attended: 7 / 01 / 2020 Certificate Granted: M.S. / Periodontics
to 6 / 30 / 2023

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form; ✓
- 2) Non-refundable application fee in the amount of \$750.00; ✓
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older. ✓

Received

JUL 28 2023

NSBDE

- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant _____



Date _____

7/24/2023

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received

JUL 28 2023

NSBDE

Revised 06/2018

ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



**American
Heart
Association.**

Audrey Riegel

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Advanced Cardiovascular Life Support (ACLS) Program.**

Issue Date

7/8/2022

Renew By

07/2024

Training Center Name

Colorado ALS

Instructor Name

David Nixon

Training Center ID

CO01359

Instructor ID

02070266131

Training Center City, State

Brighton, CO

eCard Code

225406718656

**Training Center Phone
Number**

(303) 255-2705

QR Code



Training Site Name

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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Received
JUL 28 2023
NSBDE

a-program/search-dental-programs#q=university%20of%20colorado&usort=%40codastatecitysort%20ascending

Aurora 4
 Denver 1

Accreditation Status: Approval without Reporting Requirements
Last Accreditation Visit: 2015
Next Accreditation Visit: 2023

Country

United States 5

PREDOC - University of Colorado Denver School of Dental Medicine
Colorado
University of Colorado Denver School of Dental Medicine
School of Dental Medicine; Lazzara Center for Oral-Facial Health
13065 E. 17th Avenue
Mail Stop F831
Aurora
80045
<http://www.ucdenver.edu>
Program Director: Dr. Denise Kay Kassebaum
Discipline Code: PREDOC
Accreditation Status: Approval without Reporting Requirements
Last Accreditation Visit: 2015
Next Accreditation Visit: 2023

Periodontics - University of Colorado Denver School of Dental Medicine

Colorado
University of Colorado Denver School of Dental Medicine
School of Dental Medicine; Lazzara Center for Oral-Facial Health
13065 E. 17th Avenue
Mail Stop F831
Aurora
80045
<http://www.ucdenver.edu>
Program Director: Dr. Sangeetha Chandrasekaran
Discipline Code: PERIO
Accreditation Status: Approval without Reporting Requirements
Last Accreditation Visit: 2015
Next Accreditation Visit: 2023

Dental Hygiene - Community College of Denver

Colorado
Community College of Denver
Dental Hygiene Program
1062 Alameda Ave.

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Riegel, Audrey Halynn

Primary Office Address : 2610 W Horizon Ridge Pkwy, Ste 202

City, State Zip : Henderson, NV 89052

Office Phone :

License Number : S4-134

License Date : 06/21/2023

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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← Close detail

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

✓ 07-31-2023
PM

Agenda Item 6(a)(6): Confidential Board Book Pg. 404

George L. Leonakis, DDS
Moderate Sedation

Renewal Record on file w/ Board



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of **Moderate Sedation** to patients 13 years of age or older)

Name: George Larry Leonakis ^{DDS} License Number: 4609

Dental Practice Name G. Larry Leonakis DDS Inc

Office Address: 371 S. Rood St.

Carson City, NV 89701

Office Telephone 775-882-0635

Office Fax: 775-882-3420

<input checked="" type="checkbox"/>	Office Site Permit
<i>Check box if you are applying for a Site Permit for this same office location as well</i>	

DENTAL EDUCATION

BOARD APPROVED PROGRAM ^{- on file w/ Nevada}

University/ College: USC

Name/ Instructor: Mod Sedation Dr. Malamed

Location: Los Angeles, CA

Location: USC

Dates attended: 9/1993 to 6/1997 | Degree Earned: DDS

Dates attended: 5/2005 to 7/2005 | Certificate Granted: Mod Sedation

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit: ~ On file

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

Received

JUL 28 2023


NSBDE

- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant 
 Date 7/17/2023

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received
 JUL 28 2023
 NSBDE

ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



**American
Heart
Association.**

George Leonakis

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Advanced Cardiovascular Life Support (ACLS) Program.**

Issue Date

6/10/2023

Renew By

06/2025

Training Center Name

Training Solutions

Instructor Name

Alan Osorio

Training Center ID

CA15264

Instructor ID

07110035932

Training Center City, State

Woodland Hills, CA

eCard Code

235407500269

**Training Center Phone
Number**

(818) 703-8819

QR Code



Training Site Name

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

© 2023 American Heart Association. All rights reserved. 20-3000 R3/23

Received

JUL 28 2023

NSBDE

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
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Full Name : Leonakis, George Larry , DDS

Primary Office Address : 371 S Roop St,

City, State Zip : Carson City, NV 89701

Office Phone :

License Number : 4609

License Date : 06/11/2004

Status : Active

Expiration Date : 06/30/2025

Graduated From : USC

Graduation Date : 08/19/1997

✓ 07-31-23
AM

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	CS154	01/20/2007	06/30/2017
Conscious Sedation Site Permit	SPC113	01/20/2007	06/30/2017
Conscious Sedation Administering Permit	CS154	01/20/2007	06/30/2015
Conscious Sedation Site Permit	SPC113	01/20/2007	06/30/2015
Conscious Sedation Administering Permit	CS154	01/20/2007	06/30/2013
Conscious Sedation Site Permit	SPC113	01/20/2007	06/30/2013
Conscious Sedation Site Permit	SPC113	01/20/2007	06/30/2009
Conscious Sedation Administering Permit	CS154	01/20/2007	06/30/2009
Conscious Sedation Administering Permit	CS154	01/20/2007	06/30/2007
Conscious Sedation Administering Permit	CS154	01/20/2007	06/30/2011
Conscious Sedation Site Permit	SPC113	01/20/2007	06/30/2011
Conscious Sedation Site Permit	SPC113	01/20/2007	10/21/2018
Conscious Sedation Administering Permit	CS154	01/20/2007	10/21/2018
Moderate Sedation Administering Permit (13 years of age & older)	MS154	01/01/0001	06/30/2019

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Permit			Permit Number	Issue Date	Exp Date	
		Moderate Sedation Site Permit (13 years of age & older)		SPMS113	01/01/0001	06/30/2019
		Moderate Sedation Administering Permit (13 years of age & older)		MS154	01/01/0001	06/30/2021
		Moderate Sedation Site Permit (13 years of age & older)		SPMS113	01/01/0001	06/30/2021

Board Action / Malpractice :

Action Type	Date	Document Link
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← Close detail

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

Agenda Item 6(b):

Confidential Board Book Pg. 415

**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(b)(1): Confidential Board Book Pg. 417

**Anna Shagharyan, DMD
Moderate Sedation**

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

May 9, 2023

Anna Shagharyan, DMD
1700 W Horizon Ridge Pkwy #100
Henderson, NV 89012

APPROVAL FOR A 90-DAY TEMPORARY MODERATE SEDATION ADMINISTERING (to patients 13 years of age & older) PERMIT

Dear Dr. Shagharyan:

On May 5th, 2023, at a properly noticed meeting of the "Board," your application for a Temporary moderate sedation administering permit for patients 13 years of age and older was approved.

You have been issued temporary moderate sedation permit number **MS1057T** to administer moderate sedation to patients 13 years of age and older at a properly permitted site location to patients 13 years of age and older. Subsequently, prior to you administering at a facility, it is recommended you verify the location has the appropriate site permit for the administration of moderate sedation to patients 13 years of age & older.

This notice will serve as your certificate for a maximum of 90 days for moderate sedation pursuant to NAC 631.2213 until you complete an evaluation and inspection to obtain your permanent permit and/or site permit.

As a temporary permit holder, please display this notice at the location you intend to administer moderate sedation. You will be contacted by our office to coordinate your pending evaluation.

Should you have any questions please feel free to contact me at (702) 486-5847.

Sincerely,

Karla Martinec
Anesthesia & Infection Control Coordinator

/km
cc: File

Added Temp. Permit to Intumon 5.9.23



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
 Las Vegas, NV 89118
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of **Moderate Sedation** to patients 13 years of age or older)

Name: Anna Shagharyan License Number: 6646

Dental Practice Name Aviva Dental Implant Center

Office Address: 1700 W. Horizon Ridge pkwy # 100
Henderson, NV 89012

Office Telephone (702) 727-4995

Office Fax: _____

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/
 College: UNLV SDM

Location: 1001 Shadows Ln # 7423
Las Vegas, NV 89106

Dates attended: 09/2011 to 05/2015
 Degree Earned: DMD

BOARD APPROVED PROGRAM

Name/
 Instructor: OAGD / Dr. Kenneth L. Reed

Location: 13333 SW 68th pkwy # 010
Tigard, OR 97223

Dates attended: 01/2023 to 03/2023
 Certificate Granted: Comp. training in Parenteral Moderate Sedation

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

Received

APR 06 2023

NSBDE

- 4) *Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management*

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant _____



Date _____

04-05-2023

NOTE: *In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"*

Received
APR 06 2023
NSBDE

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit *certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older*

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Agenda Item 6(b)(2):

Zachary M. Polonus, DDS

Moderate Sedation

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

May 9, 2023

Zachary M Polonus, DDS
3256 Cheltenham St
Las Vegas, NV 89129

**APPROVAL FOR A 90-DAY TEMPORARY
MODERATE SEDATION ADMINISTERING
(to patients 13 years of age & older)
PERMIT**

Dear Dr. Polonus:

On May 5th, 2023, at a properly noticed meeting of the "Board," your application for a Temporary moderate sedation administering permit for patients 13 years of age and older was approved.

You have been issued temporary moderate sedation permit number **MS1055T** to administer moderate sedation to patients 13 years of age and older at a properly permitted site location to patients 13 years of age and older. Subsequently, prior to you administering at a facility, it is recommended you verify the location has the appropriate site permit for the administration of moderate sedation to patients 13 years of age & older.

This notice will serve as your certificate for a maximum of 90 days for moderate sedation pursuant to NAC 631.2213 until you complete an evaluation and inspection to obtain your permanent permit and/or site permit.

As a temporary permit holder, please display this notice at the location you intend to administer moderate sedation. You will be contacted by our office to coordinate your pending evaluation.

Should you have any questions please feel free to contact me at (702) 486-5847.

Sincerely,

A handwritten signature in black ink that reads "Karla Martinec". The signature is written in a cursive style.

Karla Martinec
Anesthesia & Infection Control Coordinator

/km
cc: File



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

*Dr. Matthew Welebir Holds
GA 13+ site permit
SPG-292*

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of **Moderate Sedation** to patients 13 years of age or older)

Name: Zachary M Polonus License Number: 7606

Dental Practice Name AXIOM Implants and Specialty Dentistry

Office Address: 410 S Rampart Blvd. Las Vegas, NV, 89145

Office Telephone 702-541-8450

Office Fax: _____

Office Site Permit

*Check box if you are
applying for a Site
Permit for this same
office location as well*

DENTAL EDUCATION

University/
College: Herman Ostrow School of Dentistry of USC

Location: 925 W 34th St, Los Angeles, CA 90089

Dates attended: 08/17/2017 to 05/12/2023
Degree Earned: DDS

BOARD APPROVED PROGRAM

Name/
Instructor: University of Las Vegas General
Practice Residency
George McAlpine DDS/ John
Gallob DMD

Location: 4505 S Maryland Parkway, Las Vegas, NV, 89154

Dates attended: 07/01/2021 to 06/30/2022
Certificate Granted: Advanced Education in
General Practice Residency

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

Received
MAR 24 2023
NSBDE

*Check # 1605 \$750.00
MS Admin App 03-24-23 TM*

- 4) *Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management*

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant *Zak M. Pisoni*
 Date 03/07/2023

NOTE: *In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"*

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit *certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older*

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received
 MAR 24 2023
 NSBDE

Agenda Item 6(b)(3):

**Farah Divanbeigi, DDS
Moderate Sedation**

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

May 9, 2023

Farah Divanbeigi, DDS
P.O. Box 35835
Las Vegas, NV 89133

**APPROVAL FOR A 90-DAY TEMPORARY
MODERATE SEDATION ADMINISTERING
(to patients 13 years of age & older)
PERMIT**

Dear Dr. Divanbeigi:

On May 5th, 2023, at a properly noticed meeting of the "Board," your application for a Temporary moderate sedation administering permit for patients 13 years of age and older was approved.

You have been issued temporary moderate sedation permit number **MS1056T** to administer moderate sedation to patients 13 years of age and older at a properly permitted site location to patients 13 years of age and older. Subsequently, prior to you administering at a facility, it is recommended you verify the location has the appropriate site permit for the administration of moderate sedation to patients 13 years of age & older.

This notice will serve as your certificate for a maximum of 90 days for moderate sedation pursuant to NAC 631.2213 until you complete an evaluation and inspection to obtain your permanent permit and/or site permit.

As a temporary permit holder, please display this notice at the location you intend to administer moderate sedation. You will be contacted by our office to coordinate your pending evaluation.

Should you have any questions please feel free to contact me at (702) 486-5847.

Sincerely,

A handwritten signature in black ink that reads "Karla Martinec".

Karla Martinec
Anesthesia & Infection Control Coordinator

/km
cc: File

Added Temp Permit to Inlumen 5.9.23



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

Dr. Divanbeigi holds
GA-AA Site permit SPG234-AA

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation to patients 13 years of age or older)

Name: FARAH DIVANBEIGI License Number: 3047

Dental Practice Name: Gentle Dentistry of Las Vegas LLC

Office Address: 501 S. Rancho Dr., Suite G-48

Las Vegas, NV 89106

Office Telephone: (702) 474-2454

Office Fax: (702) 474-2946

<input type="checkbox"/>
Office Site Permit
<i>Check box if you are applying for a Site Permit for this same office location as well</i>

DENTAL EDUCATION

University of Southern California
University/ USC Dental School
College: _____

Herman Ostron West 34th Street
Location: Los Angeles, CA 90009-0644

Dates attended:	<u>08/20/1990</u>	Degree Earned:	<u>D.D.S</u>
	<u>to</u>		
	<u>05/10/1994</u>		

BOARD APPROVED PROGRAM

Name/ Instructor: Dr. Kenneth Reed

Location: OREGON AG-D

13333 SW 68th pkwy. Ste 010
Tigard, Oregon 97223

Dates attended:	<u>01/6/22</u>	Certificate training in Granted: <u>parenteral</u> <u>Moderate Sedation</u>
	<u>01/9/2022</u>	
	<u>02/03/2026</u>	

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

Received
MAR 27 2023
NSBDE

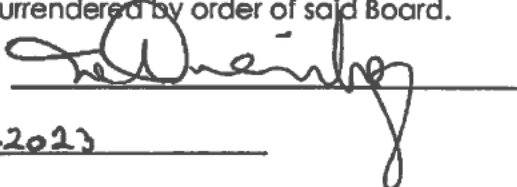
- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant



Date

03-27-2023

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit *certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older*

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received
MAR 27 2023
NSBDE

**Jonathan M. Winfield, DDS
Moderate Sedation**

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

May 8, 2023

Jonathan M Winfield, DDS
748 S Meadows Pkwy #A8
Reno, NV 89521

**APPROVAL FOR A 90-DAY TEMPORARY
MODERATE SEDATION ADMINISTERING
(to patients 13 years of age & older)
PERMIT**

Dear Dr. Winfield:

On May 5th, 2023, at a properly noticed meeting of the "Board," your application for a Temporary moderate sedation administering permit for patients 13 years of age and older was approved.

You have been issued temporary moderate sedation permit number **MS1053T** to administer moderate sedation to patients 13 years of age and older at a properly permitted site location to patients 13 years of age and older. Subsequently, prior to you administering at a facility, it is recommended you verify the location has the appropriate site permit for the administration of moderate sedation to patients 13 years of age & older.

This notice will serve as your certificate for a maximum of 90 days for moderate sedation pursuant to NAC 631.2213 until you complete an evaluation and inspection to obtain your permanent permit and/or site permit.

As a temporary permit holder, please display this notice at the location you intend to administer moderate sedation. You will be contacted by our office to coordinate your pending evaluation.

Should you have any questions please feel free to contact me at (702) 486-5847.

Sincerely,

A handwritten signature in black ink that reads "Karla Martinec". The signature is written in a cursive, flowing style.

Karla Martinec
Anesthesia & Infection Control Coordinator

/km
cc: File

Permit added to Inlumon 5/9/2023



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
 Las Vegas, NV 89118
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

*Dr. Lim, Sung-Eun hold
 MS site Permit SPMS357.*

MODERATE SEDATION ADMIN PERMIT APPLICATION
 (Administration of Moderate Sedation to patients 13 years of age or older)

Name: Jonathan Winfield License Number: S5-60C

Dental Practice Name Smile Design Implant Centers

Office Address: 748 South Meadows Pkwy, #A8
Reno, NV 89509

Office Telephone 775-391-6636

Office Fax: 775-391-6638

Office Site Permit
 Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/
 College: University of the Pacific, Arthur A. Dugoni
School of Dentistry
 Location: 155 5th St,
San Francisco, CA 94103

Dates attended: 07 / 18 / 16 Degree Earned: DDS
to
06 / 16 / 19

BOARD APPROVED PROGRAM

Name/
 Instructor: Oregon Academy of General Dentistry
Dr. Kenneth L. Reed, DMD
 Location: 13333 SW 68th Pkwy. Ste 010
Tigard, Oregon 97223

Dates attended: 01/5-8/23 Certificate Granted: Certificate of Completion Comprehensive Training in Moderate Sedation
to
2/2-5/2023
3/30/23 to 4/2/23

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

Received
APR 19 2023
NSBDE

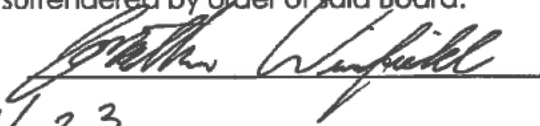
- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant



Date

4/19/23

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received
APR 19 2023
NSBDE

Agenda Item 6(c):

Confidential Board Book Pg. 442

**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]

Loren Cadelinia, DDS, MS

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, Loren Cadelinia, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 6075 on the 19th day of July, 2023.

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

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

[Redacted address]

Email address: [Redacted]

Home Phone: [Redacted]

Cell Phone: [Redacted]

[Handwritten Signature]

Licensee Signature

July 19, 2023

Date of Signature (must correspond with notary date)

A notary public or other officer completing this certificate certifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

The statements on this document are subscribed and sworn before me this _____ day of _____, 20____.

State of California
County of Sacramento

Notary Public

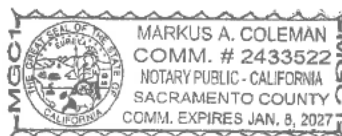
Subscribed and sworn to before me on this

19th day of July, 2023 by Loren Cadelinia My Commission Expires _____

Proved to me on the basis of satisfactory evidence to be the person who appeared before me.

[Handwritten Signature: Markus Coleman]

Signature of Notary Public



Received
JUL 24 2023
06/2019
NSBDE

Agenda Item 6(c)(2):

Sierra Williams, 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, Sierra Williams, hereby surrender my Dental Dental Hygiene (circle one)
Print name

License number 102490 on the 21 day of April, 20 23.

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

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

[Redacted address line]

Email address: [Redacted]

Home Phone: [Redacted] Cell Phone: [Redacted]

[Handwritten Signature]
Licensee Signature

04/21/23
Date of Signature (must correspond with notary date)

State of Utah

County of Washington

The statements on this document are subscribed and sworn before me this 21 day of April, 20 23.

Laura Christensen
Notary Public

July 25, 2023
My Commission Expires



Received
JUL 17 2023
NSBDE

Agenda Item 6(c)(3): Confidential Board Book Pg. 450

Kathie Ann Russell, 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, Kathie Russell, hereby surrender my Dental / Dental Hygiene (circle one)
Print name:

License number 102456 on the 26 day of April, 2023.

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

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

Email address:

Home Phone: ()

Same as cell

Kathie a Russell

Licensee Signature

4/26/23

Date of Signature (must correspond with notary date)

State of

SC

County of

Beaufort

The statements on this document are subscribed and sworn before me this 26 day of April, 2023

Patricia MCMorrow

Notary Public

9-24-2028

My Commission Expires



Received
MAY 04 2023
NSBDE

Agenda Item 6(c)(4):

Patrick A. O'Connor, DDS

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, PATRICK A. O'CONNOR, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 52-18 on the 10 day of July, 2023.

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

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

[Redacted Mailing Address]

Email address: [Redacted]

Home Phone: [Redacted] Cell Phone: [Redacted]

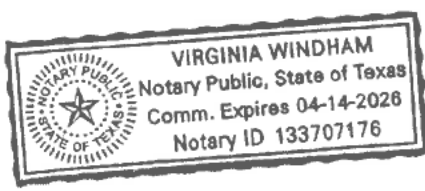
[Signature]
Licensee Signature

July 10th 2023
Date of Signature (must correspond with notary date)

State of TEXAS

County of Montgomery

The statements on this document are subscribed and sworn before me this 10th day of July, 2023.



[Signature]
Notary Public
09/10/2024
My Commission Expires

Received
JUL 14 2023
NSBDE

Agenda Item 6(c)(5):

Anthony Q. Phan, DMD

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, ANTHONY Q. PHAN, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 4923 on the 6 day of May, 2023.

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

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

[Redacted address line]

Email address: [Redacted email address]

Home Phone: () [Redacted] Cell Phone: [Redacted]

[Handwritten Signature]

Licensee Signature

May 6, 2023
Date of Signature (must correspond with notary date)

State of _____

County of _____

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

Notary Public

My Commission Expires

SEE ATTACHED
NOTARY CERTIFI-
CATE

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

Received
JUL 20 2023
06/2019
NSBDE

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 6th day of May, 2023, by
Date Month Year

(1) Anthony phan

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature S. Casillas
Signature of Notary Public

Place Notary Seal and/or Stamp Above



OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Voluntary Surrender of License

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Received
JUL 20 2023
NSBDE *fb*

Agenda Item 6(d):

**Review, Consider and Discuss Proposed Budget
for Fiscal Year Ending (FYE) June 30th, 2024,
and Possible Recommendation to the Board
Regarding Approval/Rejection of the Proposed
Budget for FYE June 30th, 2024
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(d)(1):

BDO-Mishey Bolusan

Nevada State Board of Dental Examiners
Proposed Budget
FYE 6/30/2024

Ordinary Income/Expense	Actual July 2022 - June 2023	Increase (Decrease) %	Proposed Budget FYE 2024
Income			
40000 - Dentist Licenses & Fees			
40104 - DDS Retired/Disabled	2,655.00	0%	2,655.00
40100 - DDS Active License Fee	716,720.00	5%	752,556.00
40102 - DDS Inactive License Fee	30,720.00	0%	30,720.00
40135 - DDS Active/Inactive/Suspend	1,400.00	1%	1,414.00
40136 - DDS Active Revoked License	1,000.00	100%	2,000.00
40140 - Specialty License App	31,450.00	0%	31,450.00
40145 - Limited License App	1,650.00	0%	1,650.00
40115 - Limited License Renewal Fee	8,100.00	0%	8,100.00
40146 - Limited License-S Application	525.00	0%	525.00
40116 - LL-S Renewal Fee	1,270.00	0%	1,270.00
40000 - License Activation Fees	-	100%	72,000.00
40180 - Anesthesia Site Permit App	18,000.00	1%	18,180.00
40182 - CS/GA/Site Permit Renewals	89,800.00	1%	90,698.00
40183 - GA/CS/DS or Site Permit ReInp	30,500.00	0%	30,500.00
40175 - Conscious Sedation Permit Appl	5,300.00	0%	5,300.00
40160 - Conscious Sedation Permit ReInp	4,500.00	0%	4,500.00
40170 - General Anesthesia Permit Appl	11,550.00	0%	11,550.00
40155 - General Anesthesia Permit ReInp	500.00	0%	500.00
40186 - Pediatric Anesthesia Permit App	7,100.00	0%	7,100.00
40184 - Infection Control Inspection	14,900.00	0%	14,900.00
40212 - DDS ADEX License Application	69,830.00	0%	69,830.00
40205 - DDS Credential Appl Fee-Spclty	15,600.00	0%	15,600.00
40211 - DDS WREB License Application	75,900.00	0%	75,900.00
40214 - DDS License by Endorsement	3,680.00	0%	3,680.00
40000 - Dentist Licenses & Fees - Other	7,350.00	0%	7,350.00
Total 40000 - Dentist Licenses & Fees	1,150,000.00		1,259,928.00

Nevada State Board of Dental Examiners
Proposed Budget
FYE 6/30/2024

	Actual July 2022 - June 2023	Increase (Decrease) %	Proposed Budget FYE 2024
50000 - Dental Hygiene Licenses & Fees			
40105 - RDH Active License Fee	225,000.00	0%	225,000.00
40106 - RDH Inactive License Fee	800.00	0%	800.00
50000 - License Activation Fees	-	100%	30,000.00
40126 - RDH Reinstate Revoked License	900.00	0%	900.00
40110 - RDH LA/N2O Permit Fee	4,700.00	1%	4,747.00
40224 - RDH ADEX License Application	7,200.00	0%	7,200.00
40222 - RDH WREB License Application	48,750.00	0%	48,750.00
40226 - RDH License by Endorsement	9,600.00	0%	9,600.00
50000 - Dental Hygiene Licenses & Fees - Other	4,050.00	0%	4,050.00
Total 50000 - Dental Hygiene Licenses & Fees	<u>301,000.00</u>		<u>331,047.00</u>
50750 - Other Licenses & Fees			
43650 - Reimbursed Investigation Costs	4,400.00	1%	4,444.00
40229 - CE Course Income	650.00	0%	650.00
40220 - License Verification Fee	5,000.00	1%	5,050.00
40227 - CEU Provider Fee	1,200.00	0%	1,200.00
40225 - Duplicate License Fee	2,000.00	1%	2,020.00
40555 - Fines	500.00	100%	1,000.00
40185 - Lists/Labels Printed	650.00	0%	650.00
40600 - Miscellaneous Income	6,500.00	3%	6,695.00
50750 - Other Licenses Fees - Other	2,100.00	1%	2,121.00
Total 50750 - Other Licenses & Fees	<u>23,000.00</u>		<u>23,830.00</u>
Total Income	<u>1,474,000.00</u>		<u>1,614,805.00</u>

Nevada State Board of Dental Examiners
Proposed Budget
FYE 6/30/2024

Expense	Actual July 2022 - June 2023	Increase (Decrease) %	Proposed Budget FYE 2024
60500-1 - Bank Service Fees	40.00	13%	45.20
60500-2 - Merchant Fees	45,000.00	0%	45,000.00
60500 - Bank Charges - Other	50.00	2%	51.00
68000 - Conferences & Seminars	10,000.00	-85%	1,500.00
63000 - Dues & Subscriptions	18,500.00	0%	18,500.00
65100 - Furniture & Equipment	40,000.00	-63%	15,000.00
Tenant Improvements	80,000.00	-100%	-
65500 - Finance Charges	100.00	0%	100.00
66500-1 - Liability Insurance	4,000.00	0%	4,000.00
66500-2 - Workers Compensation	2,200.00	0%	2,200.00
66500 - Insurance - Other	-	0%	-
66520-1 - Licensing Software	57,500.00	0%	57,500.00
66520-2 - Email, Website Services	11,000.00	-55%	4,999.50
66520-3 - Internet Services	7,200.00	0%	7,200.00
73500 - Information Technology - Other	-	0%	-
73500-1 - Computer Repair/Upgrade	-	0%	-
66600 - Office Supplies	7,700.00	0%	7,700.00
66650 - Office Expense - Other	-	0%	-
68710 - Miscellaneous Expenses	2,400.00	0%	2,400.00
68700 - Repairs & Maintenance - Other	-	0%	-
68700-1 - Janitorial	7,200.00	0%	7,200.00
Moving Costs	6,500.00	-100%	-
68700-2 - Copier Maintenance	2,200.00	4%	2,288.00
68725 - Security	1,400.00	5%	1,470.00
68715 - Shredding Services	300.00	9%	327.00
68720 - Utilities	4,400.00	20%	5,280.00
67000 - Printing	2,300.00	4%	2,392.00
67500 - Postage & Delivery	6,100.00	2%	6,222.00

Nevada State Board of Dental Examiners
Proposed Budget
FYE 6/30/2024

	Actual July 2022 - June 2023	Increase (Decrease) %	Proposed Budget FYE 2024
68500 - Rent/Lease Expense - Other	-	0%	-
68500-1 - Equipment Lease	1,500.00	0%	1,500.00
68500-2 - Office	57,600.00	0%	57,600.00
68500-4 - Storage Warehouse	3,100.00	1%	3,131.00
75000 - Telephone - Other	-	0%	-
75000-1 - Telephone - Office	384.00	0%	384.00
73550 - Per Diem	25.00	0%	25.00
73600 - Professional Fee - Other	80,000.00	0%	80,000.00
73600-1 - Accounting/Bookkeeping	18,000.00	0%	18,000.00
73600-2 - Legal - General	8,000.00	0%	8,000.00
73700 - Verification Services	15,000.00	3%	15,450.00
72851 - Anesthesia Evaluator - Wages	7,700.00	1%	7,777.00
72801 - IC Inspector - Wages	10,000.00	7%	10,700.00
72146 - Receptionist - Wages	25,000.00	81%	45,240.00
72149 - Receptionist - Accrued/Used Vacation	1,395.00	0%	1,395.00
72148 - Receptionist - Accrued/Used Sickleave	1,350.00	0%	1,350.00
72101 - Executive Director - Wages	127,100.00	6%	135,005.62
72102 - Exec Dir - Accrued/Used Sickleave	5,700.00	0%	5,700.00
72103 - Exec Dir - Accrued/Used Vacation	5,000.00	0%	5,000.00
72301 - Licensing Specialist - Wages	51,300.00	-7%	47,840.38
72303 - Lic Spec - Accrued/Used Sickleave	4,910.00	0%	4,910.00
72304 - Lic Spec - Accrued/Used Vacation	4,475.00	0%	4,475.00
72301 - Licensing Specialist - Wages	-	100%	47,840.00
72303 - Lic Spec - Accrued/Used Sickleave	-	0%	4,910.00
72304 - Lic Spec - Accrued/Used Vacation	-	0%	4,475.00
72133 - Site Inspect & CE Coord - Wages	44,000.00	22%	53,560.00
72137 - SI & CE - Accrued/Used Sickleave	2,500.00	0%	2,500.00
72138 - SI & CE - Accrued/Used Vacation	2,225.00	0%	2,225.00
72201 - IT Coordinator - Wages	-	0%	-

Nevada State Board of Dental Examiners
Proposed Budget
FYE 6/30/2024

	Actual July 2022 - June 2023	Increase (Decrease) %	Proposed Budget FYE 2024
72203 - IT Coord - Accrued/Used Sickleave	-	0%	-
72204 - IT Coord - Accrued/Used Vacation	-	0%	-
72131 - Public Info & Travel Coord - Wages	-	0%	-
72135 - Trav Cor - Accrued/Used Sickleave	-	0%	-
72139 - Trav Cor - Accrued/Used Vacation	-	0%	-
72141 - Administrative Assistant - Wages	44,000.00	82%	80,000.00
72143 - Admin Assist - Accrued/Used Sickleave	2,610.00	0%	2,610.00
72144 - Admin Assist - Accrued/Used Vacation	2,530.00	0%	2,530.00
72161 - Legal Counsel - Wages	115,000.00	17%	135,000.00
72162 - Legal - Accrued/Used Sickleave	6,635.00	0%	6,635.00
72163 - Legal - Accrued/Used Vacation	6,200.00	0%	6,200.00
72166 - Legal Asst - Wages	42,000.00	36%	57,200.00
72168 - Legal Asst - Accrued/Used Sickleave	2,405.00	0%	2,405.00
72167 - Legal Asst - Accrued/Used Vacation	2,405.00	0%	2,405.00
72173 - DGC - Accrued/Used Vacation	4,710.00	0%	4,710.00
72172 - DGC - Accrued/Used Sickleave	4,710.00	0%	4,710.00
72171 - DGC - Wages	83,000.00	63%	135,000.00
72181 - Investigator - Wages	-	0%	-
72901 - PSC - Wages	40,000.00	0%	40,000.00
72010 - Payroll Services Fees	7,800.00	1%	7,878.00
72005 - Payroll Tax Expense	17,060.00	18%	20,130.80
72600 - Retirement Fund Expense (PERS)	148,800.00	18%	175,584.00
65525 - Health Insurance	44,000.00	0%	44,000.00
72000 - Employee Wages & Benefits - Other	5,000.00	1%	5,050.00
73650-5 - BOD Hearing Stipend	150.00	0%	150.00
72400 - Board of Directors Expense - Other	600.00	3817%	23,502.00
72400-1 - Director Stipends	31,000.00	-76%	7,499.99
72400-2 - Committee Mtgs - Stipends	7,000.00	1%	7,070.00
72400-3 - Director Travel Expenses	710.00	0%	710.00

**Nevada State Board of Dental Examiners
Proposed Budget
FYE 6/30/2024**

	Actual July 2022 - June 2023	Increase (Decrease) %	Proposed Budget FYE 2024
72400-9 - Refreshments - Board Meetings	2,400.00	2%	2,448.00
60001-1 - Evaluator's Fee	35.00	12%	39.20
60001-4 - Travel/Misc. Expense	5,500.00	-100%	-
73651-1 - Review Panel Fee	7,000.00	0%	7,000.00
60002 - Infection Control Inspection	-	0%	-
60002-4 - Travel/Misc Expense	2,950.00	-100%	-
40800 - Interest Income	(1,000.00)	0%	(1,000.00)
Senate Bill 522 - Salary Increase	-	100%	88,400.00
Contingent Liability-Software	100,000.00	-100%	-
Suspense	100.00	0%	100.00
Total Expense	1,527,664.00		1,628,334.68
	<u><u>(53,664.00)</u></u>		<u><u>(13,529.68)</u></u>