

CONFIDENTIAL

NEVADA STATE BOARD of DENTAL EXAMINERS



BOARD MEMBER BOOK:

Board Teleconference Meeting

Tuesday, September 12th, 2023

6:00 p.m.

CONFIDENTIAL

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, September 12, 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#: **841 6371 3268**

Zoom Webinar/Meeting Passcode: **537932**

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, September 11, 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, September 11, 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)

- (1) Anesthesia Committee Meeting – July 6th, 2023
- (2) Board Meeting – July 11th, 2023
- (3) Budget & Finance Committee Meeting – August 1st, 2023
- (4) Board Meeting – August 8th, 2023

*5. **Old Business:** (For Possible Action)

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

*6. **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)

- (1) Discussion and Consideration of Proposed Findings and Recommendations for Matters that have Been Recommended for Remand by the Review Panel, and Possible Approval/Rejection of Same by the Board – NRS 631.3635

- (i) Primary Review Panel
- (ii) Attorney Generals Office

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

- (1) Park, Jai, DDS
- (2) Dannels, Wyatt, DDS
- (3) McGruder, Keith, DDS
- (4) Harrington, Dustin, DMD
- (5) Fahim, Khurram, DMD
- (6) Sutter, Scott, DDS, MS
- (7) Joe, Brandon, DDS
- (8) Stibor, David, DDS
- (9) Savant, Troy, DDS

7. New Business:** (For Possible Action)a. Approval/Rejection of Permanent Anesthesia Permit – NAC 631.2235** (For Possible Action)

- (1) Anna Shagharyan, DMD – Moderate Sedation
- (2) Farah Divanbeigi, DDS – Moderate Sedation
- (3) Justin M Vo, DMD – Pediatric Moderate Sedation
- (4) Jacob R Ozuna, DMD – Pediatric Moderate Sedation

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

- (1) Praneeti Sodhi, DDS – Pediatric Moderate Sedation
- (2) Nathan M Antoine, DMD – Moderate Sedation
- (3) Natalie Djansezian, DMD – Moderate Sedation

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

- (1) Robert Yau, DMD – General Anesthesia
- (2) Won Jong Lee, DDS – General Anesthesia
- (3) Brandyn M Herman, DMD – General Anesthesia
- (4) Jonathan M Winfield, DDS – Moderate Sedation

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

- (1) Florie V. Mancilla, RDH – Diode Laser Training (BioLase Inc.)
- (2) Ariana Loera – Webinar – A Culture of Safety in the Dental Practice:
Where to Start & How to Make it Stick (Dental Learning Systems, LLC)
- (3) Saul Z Wasserman – Infection Control for Dental Professionals
(Laboratory Consultation Services, INC)

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

- (1) John L. Krumpotich, DDS
- (2) Samuel E. Pick, DDS
- (3) Richard D. Occhialino, DMD
- (4) Carolina Esteves, DMD
- (5) Joshua Corcran, DMD
- (6) Steven Aste, DMD
- (7) Nischal Natha, DMD
- (8) Cesar Acosta, DMD
- (9) Fanny Ip, DMD
- (10) Mark Wittchow, DMD
- (11) Frederick Young, DMD
- (12) Riki Lambert, DDS
- (13) Thomas Gonzales, DDS
- (14) Sunny Lee, DDS
- (15) Allyson M. Sailer, RDH
- (16) Tricia Mae Cueva, DMD
- (17) Dae Hahm, DMD

***g. Discussion, Consideration, review, and possible approval/rejection of application for dental hygienist application. The Board may go into closed session pursuant to NRS 241.030 and/or consider the character, alleged misconduct, or professional competence of Dental Hygienist NRS 241.033(4) NRS 631.190; NRS 631.215; NRS 631.260; NRS 631.290; NRS 631.330; NRS. 631.349; NAC 631.050** (For Possible Action)

- (1) Lori Wilson, RDH

***h. Discussion, Consideration, Review, and Possible Approval/Rejection of Using LiveScan to Supplant Fingerprint Cards for Submission to Law Enforcement for Verification of Background Information – NRS 631.190; NRS 631.220; NAC 631.020, NAC 631.030; NAC 631.050**

- 8. 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.

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9. Announcements

- 10. Adjournment** (For Possible Action)

PUBLIC NOTICE POSTING LOCATIONS

Office of the N.S.B.D.E., 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014
 State Board of Dental Examiners website: www.dental.nv.gov
 Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 4(a):

Approval/Rejection of Minutes (For Possible Action)

Agenda Item 6(c)(1):

**Discussion and Consideration of Proposed Findings and
Recommendations for Matters That Have Been
Recommended for Remand by the Review Panel, and
Possible Approval/Rejection of Same by the Board
NRS 631.3635 (For Possible Action)**

Agenda Item 6(c)(1)(i):

Primary Review Panel

Agenda Item 6(c)(1)(ii):
Attorney Generals Office

Agenda Item 6(d):

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

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 7(a):

Approval/Rejection of Permanent Anesthesia Permit NAC 631.2235 (For Possible Action)

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

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

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

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

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

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

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

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

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

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

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

Agenda Item 7(a)(1):

**Anna Shagharyan, 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

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

NSRDE

- 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



Nevada State Board of Dental Examiners

VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number :

6646

Search

Reset

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : 10 entries

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
Dentist	Anna Shagharyan, DMD		Las Vegas NV 89148	Active		

Full Name : Shagharyan, Anna, DMD

Primary Office Address : 6420 S Medical Center St, Ste 101

City, State Zip : Las Vegas, NV 89148

Office Phone : (800) 797-0406

License Number : 6646

License Date : 05/22/2015

Status : Active

Expiration Date : 06/30/2023

Graduated From : Nevada-University of Nevada, Las Vegas School of Dental Medicine

Graduation Date : 04/17/2015

Permits :

Permit	Permit Number	Issue Date	Exp Date

Board Action / Malpractice :

Action Type	Date	Document Link

← Close detail

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

Agenda Item 7(a)(2):

**Farah Divanbeigi, 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. 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. Ranch Dr., Suite G-48

Las Vegas, NV 89106

Office Telephone: (702) 474-2454

Office Fax: (702) 474-2946

Office Site Permit

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

DENTAL EDUCATION

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

Herman Ostrow West 34th Street
Location: Los Angeles, CA 90089-0641

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

BOARD APPROVED PROGRAM

Name/
Instructor: Dr. Kenneth Reed

Location: OREGON AG-D

13333 SW 68th pkwy. Ste 010
Tigard, Oregon 97223
Dates attended: 01/6/22 to 02/03/2026
Certificate Granted: comprehensive 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
MAR 27 2023
NSBDE

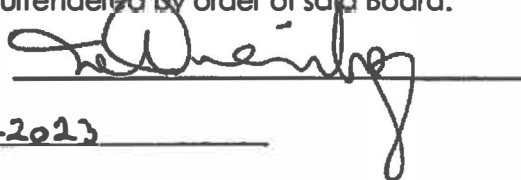
- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

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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

Revised 06/2018

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Divanbeigi, Farah . DDS

Primary Office Address : 501 S Rancho Dr, #G-48

City, State Zip : Las Vegas, NV 89106

Office Phone : (702) 474-2454

License Number : 3047

License Date : 07/15/1996

Status : Active

Expiration Date : 06/30/2023

Graduated From : USC

Graduation Date : 08/16/1994

Permits :

Permit	Permit Number	Issue Date	Exp Date
General Anesthesia Site Permit	SPG234	03/22/2012	06/30/2017
General Anesthesia Site Permit	SPG234	03/22/2012	06/30/2015
General Anesthesia Site Permit	SPG234	03/22/2012	06/30/2013
General Anesthesia Site Permit	SPG234	03/22/2012	10/21/2018
General Anesthesia Site Permit (all ages)	SPG234-AA	01/01/0001	06/30/2019
General Anesthesia Site Permit (all ages)	SPG234-AA	01/01/0001	06/30/2021
General Anesthesia Site Permit (all ages)	SPG234-AA	01/01/0001	06/30/2023

Board Action / Malpractice :

Action Type	Date	Document Link
Board Action	05/18/2006	
Board Action	12/30/2008	
Board Action	12/04/2009	
Board Action	06/11/2004	
Malpractice		

← Close detail

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

Agenda Item 7(a)(3):

**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: S6-226

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

University/
 College: University of Nevada, Las Vegas

Location: 1001 Shadow Lane
Las Vegas, NV 89106

Dates attended: 9 / 6 / 2016 to 4 / 19 / 2020 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: 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.

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

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

Credentials	Practitioner Name	Specialty 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

Board Action / Malpractice :

Action Type

Date

Document Link

← Close detail

First () Previous ()

1 ()

2 ()

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Next ()

Last ()

✓ 7.27.23
JMN

Agenda Item 7(a)(4):

Jacob R 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: SB-224

Dental Practice Name: A Childrens Dentist

Office Address: 8710 W Charleston Blvd #100 Office Telephone: (702) 255-0133
Las Vegas, NV 89117 Office Fax: _____

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

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

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

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 7(b):

Approval/Rejection of Temporary Anesthesia Permit NAC 631.2254 (For Possible Action)

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 7(b)(1):

**Praneeti Sodhi, DDS
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. Jarad Jensen holds
 Site Permit - SPG248-Pedo

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: Praneeti Sodhi License Number: SB-228

Dental Practice Name: Smile Reef

Office Address: 9500 W Flamingo Rd Suite, Office Telephone: _____
#200, Las Vegas, NV 89147 Office Fax: _____

DENTAL EDUCATION

University/ College: UNLV School of Dental Medicine

Location: 1001 Shadow lane #7423
Las Vegas, NV, 89106

Dates attended: 05/04/2019 to 04/17/2021 Degree Earned: DDS

SPECIALTY EDUCATION

University / College: UNLV School of Dental Medicine

Location: 1001 Shadow lane #7423
Las Vegas, NV 89106

Dates attended: 07/01/2021 to 06/30/2023 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.



Nevada State Board of Dental Examiners

VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number : S6-228

Search

Reset

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : 10 entries

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Specialty Dentist	Praneeti Sodhi , DDS			Active		

Full Name : Sodhi, Praneeti , DDS

Primary Office Address :

City, State Zip :

Office Phone :

License Number : S6-228

License Date : 06/24/2021

Status : Active

Expiration Date : 08/30/2025

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 ()

Education Programs

Program Type

- ☐ Advanced Education in General Dentistry 12 Months
- ☐ Dental Assisting 2
- ☐ Dental Hygiene 2
- ☐ Dental Public Health
- ☐ General Practice Residency 12 Months
- ☐ Orthodontics & Dentosocial Orthopedics
- ☐ Pediatric Dentistry

State or Territory

- ☐ Nevada
- ☒ NV
- No values found.

City

- ☐ Henderson
- ☐ Las Vegas
- ☐ Nellis AFB
- ☐ Reno
- ☒ NV
- No values found.

Country

- ☐ United States

<http://www.roseman.edu/explore-our-colleges/college-of-dental-medicine/doctor-of-dental-medicine-dmd>

Program Director: Dr. Glen A. Roberson

Discipline Code: ORTHO

Accreditation Status: Approval without Reporting Requirements

Last Accreditation Visit: 2018

Next Accreditation Visit: 2026

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

Dental Assisting - College of Southern Nevada

Nevada

College of Southern Nevada

6375 W Charleston Blvd - W1A

Las Vegas

89146

<http://sites.csn.edu/health/dental.html#DHA>

Program Director: Ms. Michelle Vargas

Discipline Code: DA

Accreditation Status: Approval without Reporting Requirements

Last Accreditation Visit: 2015

Next Accreditation Visit: 2023

Agenda Item 7(b)(2):

**Nathan M Antoine, 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

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Nathan Antoine License Number: 54-133
6915

Dental Practice Name Team Perio

Office Address: 855 W 7th Street Ste. 130
Reno, NV 89503

Office Telephone 775-447-1191

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: Midwestern University - AZ
College of Dental Medicine

Location: Glendale, AZ

Dates attended: 08/2013 / 05/2017
to
Degree Earned: DMD

BOARD APPROVED PROGRAM

Name/
Instructor: St. Louis University - Periodontics
Center for Advanced Dental Education

Location: 3320 Rutger St.
St. Louis, MO 63104

Dates attended: 07/2020 / 06/2023
to
Certificate Granted: MS Dentistry +
Certificate in periodontics

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

AUG 14 2023

NSBDE Revised 06/2018

- 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



Date

8/10/23

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

AUG 14 2023

NSBDE

Revised 06/2018



Nevada State Board of Dental Examiners

VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number : s4-133

Search

Reset

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : 10 entries

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
Specialty Dentist	Nathan Antoine Michael, DMD		RENO NV 89503	Active		

Full Name : Antoine, Nathn Michael, DMD

Primary Office Address : 855 W 7TH STREET, STE. 130

City, State Zip : RENO, NV 89503

Office Phone : (775) 4421191

License Number : S4-133

License Date : 06/09/2017

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 ()

8/15/2023
PM

Agenda Item 7(b)(3):

**Natalie Djansezian, 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. Ord holds Site
Permit GA-AA

SPG 558-AA

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Natalie Djansezian License Number: 7843

Dental Practice Name UNLV GPR

Office Address: 1700 W. Charleston Blvd
Las Vegas NV 89102

Office Telephone 702-774-5175

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: Tufts

Location: Boston, MA

Dates attended: 07 / 2017 /
to
05 / 2021 /

Degree Earned:

DMD

BOARD APPROVED PROGRAM

Name/
Instructor: John Gallab

Location: UNLV GPR

Dates attended: 06 / 2021 /
to
06 / 2023 /

Certificate
Granted:

06 / 2022

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

SEP 05 2023

NSBDE Revised 06/2018

- 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



Date

08/24/2023

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

SEP 05 2023

NSBDE

Revised 06/2018

Agenda Item 7(c):

**Approval Rejection of 90-Day Extension of Temporary
Anesthesia Permit
NAC 631.2254 (For Possible Action)**

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 7(c)(1):

**Robert Yau, 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. Jesse J. Falk holds GA
 Site Permit SPG410-AA

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: Robert Yau License Number: 52-197

Dental Practice Name: Canyon Oral & Facial Surgery

Office Address: 6200 N. Durango Dr. Suite 100 Office Telephone: (702) 660-5574
Las Vegas, NV 89149 Office Fax: (954) 329-0026

DENTAL EDUCATION

University/ College: University of Connecticut
School of Dental Medicine

Location: 300 UConn Health Boulevard
Farmington, CT 06030

Dates attended: 08/18/2010 to 05/12/2014 Degree Earned: D.M.D.
Doctor of Dental Medicine

SPECIALTY EDUCATION

University/ College: Kings County Hospital Center

Location: 451 Clarkson Ave
Brooklyn, NY 11203

Dates attended: 07/01/2014 to 12/31/2020 Degree Earned: Oral & Maxillofacial Surgeon
Specialty Certificate

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

Received
 MAR 27 2023
 NSBDE

2nd Office Location:

3635 S. Town Center Dr.
Las Vegas, NV 89135

Jesse Falk has GA site permit #SP6339-A

3rd Office Location:

2831 W Horizon Ridge Pkwy
Henderson, NV 89052

Not open yet - Pending

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: _____ When: _____

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? ☒ Yes ____ NoWhere: Kings County Hospital Center When: 12/31/2020
Brooklyn, NY

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

03/22/2023

Received
MAR 27 2023
NSBDE

Rev 06/2018

Agenda Item 7(c)(2):

**Won Jong Lee, DDS
General Anesthesia**



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. Steve Huang Lic # S2-122
Hold GA site Permit - AA
54-AA

GENERAL ANESTHESIA PERMIT APPLICATION

Office Site Permit ☐

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

Name: Lee, Won Jong License Number: S2-203C

Dental Practice Name: Henderson Oral Surgery & Dental Implant Center

Office Address: 2835 St Rose Pkwy Ste. 100 Office Telephone: 702-270-2999

Henderson, NV 89052

Office Fax: _____

DENTAL EDUCATION

University/
College: University of California, Los Angeles

Location: 714 Tiverton Ave.
Los Angeles, CA 90024

Dates attended: 09/01/2012 to 06/30/2016 Degree Earned: DDS

SPECIALTY EDUCATION

University /
College: University of California San Francisco

Location: 707 Parnassus Ave.
San Francisco, CA 94143

Dates attended: 07/01/2016 to 06/30/2022 Degree Earned: MD & Oral and Maxillofacial Surgery

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) Proof of completion of approved training requirements in general anesthesia;
- 4) Copy of current certification in Advanced Cardiac Life Support, or in Pediatric Advance Life Support if you have a current Nevada specialty license for Pediatric Dentistry

Received

MAY 05 2023

NSBDE

Revised 1/2014

CIC \$750.00 05/10/23 KNL

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: _____ When: _____

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

Where: University of California San Francisco When: 07/01/2016 - 06/30/2022

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 general anesthesia ONLY at the address listed above. If I wish to administer general anesthesia at another location, I understand that each site must be inspected and certified by the Board prior to administration of any general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

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 _____

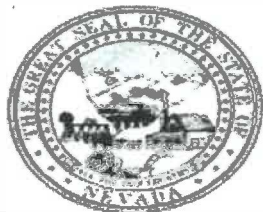
Date _____

5/5/2023

Received
MAY 05 2023
NSBDE

Agenda Item 7(c)(3):

**Brandyn M Herman, DMD
General Anesthesia**



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

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: Brandyn Herman License Number: 52-192

Dental Practice Name: Alpine oral facial Surgery

Office Address: 10587 Double R Blvd Ste 100 Office Telephone: 775-737-1639
Reno, NV 89521 Office Fax: N/A

DENTAL EDUCATION

University/ College: University of Nevada School of Dental Medicine

Location: 1700 W. Charleston Blvd
Las Vegas NV 89102

Dates attended: August, 2011 to May '2015
Degree Earned: DMD

SPECIALTY EDUCATION

University/ College: University of Cincinnati Medical Center

Location: 3188 Bellvue Ave
Cincinnati OH 45219

Dates attended: 07 / 01 / 16 to 06 / 30 / 20
Degree Earned: Certificate

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

QUESTION SECTION:**HAVE YOU:**

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

Where: _____ When: _____

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

Where: University Cincinnati Medical Center When: July 2016 to June 2020

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

[Signature]
11/02/2022

▶ RECEIVED ◀

NOV 02 2022

Agenda Item 7(c)(4):

**Jonathan M Winfield, 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. 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 to 06 / 16 / 19 Degree Earned: DDS

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 to 2/2-5/2023 Certificate Granted: Certificate of Completion
3/30/23 to 4/2/23 Comprehensive Training
in 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 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

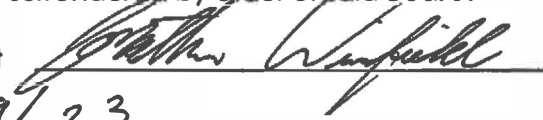
I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation ONLY to patients 13 years of age or 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 7(e):

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

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

1. Each dentist licensed to practice in this State must annually complete at least 20 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist. Hours of instruction may not be transferred or carried over from one licensing period to another.
2. Each dental hygienist licensed to practice in this State must annually complete at least 15 hours of instruction in approved courses of continuing education or biennially complete at least 30 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental hygienist. Hours of instruction may not be transferred or carried over from one licensing period to another.
3. In addition to the hours of instruction prescribed in subsections 1 and 2, each dentist and dental hygienist must maintain current certification in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life. Any course taken pursuant to this subsection must be taught by a certified instructor.
4. Any provider of or instructor for a course in continuing education relating to the practice of dentistry or dental hygiene which meets the requirements of this section must be approved by the Board, unless the course is for training in cardiopulmonary resuscitation or is approved by:
 - (a) The American Dental Association or the societies which are a part of it;
 - (b) The American Dental Hygienists' Association or the societies which are a part of it;
 - (c) The Academy of General Dentistry;
 - (d) Any nationally recognized association of dental or medical specialists;
 - (e) Any university, college or community college, whether located in or out of Nevada; or
 - (f) Any hospital accredited by The Joint Commission.
5. To be approved as a provider of a course in continuing education, the instructor of the course must complete a form provided by the Board and submit it to the Board for review by a committee appointed by the Board not later than 45 days before the beginning date of the course. Upon receipt of the form, the committee shall, within 10 days after receiving the form, approve or disapprove the application and inform the applicant of its decision.
6. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection 5 and furnishes the Board with a complete list of all members of the group, a synopsis of the subject to be studied, the time, place and duration of the meetings of the group, and the method by which attendance is recorded and authenticated.
7. Credit may be allowed for attendance at a meeting or a convention of a dental and dental hygiene society.

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

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

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

Agenda Item 7(e)(1):

**Florie V Mancilla, RDH
Diode Laser Training (BioLase Inc)**



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 CONTINUING EDUCATION CREDIT

Sponsor Information:

Name: BIOLASE INC			
Business Address: 27042 Towne Centre Dr # 270			
City: Foothill Ranch	State: CA	Zip code:	92610
Business Telephone: 833-BIOLASE			
Email Address: [REDACTED]			
Number of Attendees: 15			
Hours of Actual Instruction: 6			
Facility Name: Biolase Education			
Facility Address: 27042 Towne Centre Dr # 270, Foothill Ranch, CA 92610			
Date(s) of Course: TBD			
Date of Request: 8/9/2023			

Florie V Mancilla, RDH

Sponsor Signature (Digital)

Speaker(s) Information:

Biographical Sketch:

Florie V. Mancilla, RDH is a registered dental hygienist based out of Southern California. She has spent 24 years in the dental field starting her career as an RDA and then progressed to earn her bachelor's in science from Loma Linda University's dental hygiene program in 2011. She has served in varied hygiene roles such as specialty dental practices in prosthodontics and periodontics, school based tele-dentistry programs, non-profit public health settings, clinical and didactic faculty for dental hygiene and dental assisting programs as well as a contractor for dental CEU courses. She has been working with lasers since 2012 and is excited to share her laser experience with you.

Cindy Basile, RDH Cindy Basile is a registered dental hygienist and graduated from Onondaga College in Syracuse, NY. She has over 32 years of clinical experience and has been using the diode laser in her daily hygiene regimen for 20 years in San Diego, CA. She maintains multiple certifications on diode lasers and recently took a position as Clinical Integration Specialist for BIOLASE in special markets. Cindy is an expert at clinical integration and is eager to share her knowledge and expertise with other hygienists and dentists nationwide.



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

PROVIDER APPROVAL APPLICATION: LASER RADIATION PROFICIENCY PROGRAM

Instructor's Name: Florie V Mancilla, RDH; Cindy Basile, RDH ; Michael Koceja, DDS, Brad Labrecque, DDS
Program Title and Objectives <i>[Must relate directly to the practice of dentistry and/or dental hygiene]:</i> Identify laser components and delivery system with safety protocols Learn how to integrate laser techniques into hygiene soft tissue applications Discuss patient management and assessment along with communication, terminology, and documentation Demonstrate hands-on training, correct laser settings, correct angulation, and stroke techniques
Number of Participants: 15
Hours of Actual Instruction (didactic/hands-on): 6
Facility Name and Address: 27042 Towne Centre Dr # 270, Foothill Ranch, CA 92610
Date(s) of Program: TBD
Entity Submitting Request: Florie V Mancilla , BIOLASE Inc
Business Address: 27042 Towne Centre Dr # 270,
City, State & Zip code: Foothill Ranch, CA 92610
Business Telephone: 833-BIOLASE [REDACTED]
Email Address: [REDACTED]
Date of Request: 8/9/2023

Florie V Mancilla, RDH

Signature of Person Authorized to Represent Program

PLEASE ATTACH NAME(S) AND CURRICULUM VITAE(S) FOR EACH INSTRUCTOR, THE OUTLINE OF COURSE (including method of presentation), AND A LETTER SIGNED BY THE PERSON(S) WHO HOLD PROPRIETARY RIGHTS TO THE PROGRAM GRANTING THE BOARD PERMISSION TO REVIEW THEIR PROGRAM.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

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

Course Title: Diode Laser Training

Course Description:

The diode laser is a dental laser intended for the treatment of specific soft-tissue conditions, in particular for the ablation, vaporization and coagulation of oral soft-tissue, including marginal and interdental gingival and the epithelial lining of free gingiva.

Learning Objectives:

Demonstrate competency, knowledge and skill in utilizing the laser to manage established patient conditions. This course will include both didactic and innovative virtual hands on instruction in the following areas:

Pocket Therapy: Laser Bacterial Reduction (LBR)

Perio Debridement: Laser Assisted Periodontal Therapy (LAPT)

Managing of Oral Ulcerations (herpes labialis and aphthous ulcers)

Hemostasis

Additional function Information

Outline of Course:

See attached Syllabus

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Approved by:

Number of Hours Approved:

Effective Date or Approval:

Disapproved [Explanation]:

Curriculum Vitae – 2023

FLORIE V MANCILLA, BS-RDH, RDA,CDA

WORK ADDRESS:

San Joaquin Valley College

Department of Dental Hygiene
4580 Ontario Mills Parkway
Ontario, CA 91764

Fax: (909) 786-0639

E-Mail: [REDACTED]

Moreno Valley College

Dental Hygiene and Registered Dental Assisting
16130 Lasselle St.
Moreno Valley, CA, 92553
Phone: (951) 571-6430
E-Mail: florie.mancilla@mvc.edu

HOME ADDRESS:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

LICENSURE/CERTIFICATIONS:

Registered Dental Hygienist California, #26181, -Expiration 06/30/2025.
Registered Dental Assistant, #66070, Expiration- 06/30/2025.
Certified Dental Assistant, Certificate #222717, Expiration -01/21/2024
AHA BLS Cardiopulmonary Resuscitation Certificate, Expiration- 08/30/2023.
Interim Therapeutic Restoration- 2016
30 Hour Teaching Methodology Including 2 Hours of Clinical Methodology- 9/15/2014.
4 Hours Radiology Teaching Methodology- 9/12/2014
Level 1 Laser Certification –World Clinical Laser Institute 2012

PROFESSIONAL MEMBERSHIPS:

2023	ADHA, CDHA
2018-2019	California Teachers Association ID# 0010086011
2018-2019	California Dental Hygiene Association Membership #165789
2014-2016	CADAT
2017	Tri-county Dental Society
2016	CADAT Board Secretary
2009-2011,	Tri-county Dental Society

ACADEMIC APPOINTMENT:

08/2018 – 3/2019	Dental Hygiene Instructor (Adjunct) Department of Dental Hygiene San Joaquin Valley College – Ontario Campus
10/2014-2019	Dental Assisting Instructor (Adjunct) Department of Dental Assisting Moreno Valley College-Moreno Valley Campus
09/2017-06/2018	Dental Hygiene, Junior Clinic Coordinator (Full Time) Department of Dental Hygiene Moreno Valley College-Moreno Valley Campus

Curriculum Vitae – 2023

FORMAL EDUCATION:

2011	Bachelor of Science in Dental Hygiene Loma Linda University, Loma Linda, CA
2006	Registered Dental Assistant License Dental Board of CA
2004	Associate of Science Riverside Community College, Riverside, CA
1999	Dental Assisting Certificate Regional Occupation Program, Riverside, CA
1999	High School Diploma Valley View High School, Moreno Valley, CA

DENTAL CLINICAL PROFESSIONAL EXPERIENCE:

2022-Present	BIOLASE, RDH- Hygiene Education Manager Joseph Thomas Foothill Ranch, CA
2019-2021	Parktree Community Health Center, RDH Teledentistry-Virtual Dental Home Enrique Melgoza, DDS Ontario, CA
2003- 4/2022	Sycamore Dental Practice, RDH/RDA Daisy B. Coyoca, DDS Riverside, CA
2016-2017	Sycamore Creek Dental, RDH George Nguyen, DDS Corona, CA
2015-2019	Healthy Smiles for Kids of Orange County, RDH Nonprofit, Teledentistry Garden Grove , CA
2012-2016	Amy Durisin, INC, RDH Amy Durisin, DDS Santa Ana, CA
2011-2013	All Smiles Dentistry Implant Dentistry and Prosthodontics, RDH Chen-Ho Chen, DDS La Habra, CA
2012-2019	Long Term Sub/On Call RDH for: Cornerstone Dental Care, Thomas Bae, DDS James Minutello Advanced Periodontics, James Minutello, DDS

TEACHING EXPERIENCE – DIDACTIC:

COURSE DIRECTOR DENTAL HYGIENE PROGRAM

<i>MVC</i>	
2018	DEH-22 Oral Radiograph Interpretation
2018	DEH-21 Clinical Seminar
2018	DEH-24 Ethics

Curriculum Vitae – 2023

2017 DEH-10A Preclinical Dental Hygiene
 2017 DEH-11 Principles of Dental Hygiene
 2017 DEH-32 Dental Materials
 2016 DEH-22 Oral Radiograph Interpretation

COURSE DIRECTOR DENTAL ASSISTING PROGRAM

MVC

2015 DEA-10 Introduction to Dental Assisting

TEACHING EXPERIENCE – CLINICAL:

SUPPORTING FACULTY

SJVC

2018 DH 129 Clinical Practice 1

MVC Dental Hygiene

2018 DEH-20A Clinical Dental Hygiene

2018 DEH-40 Clinical Dental Hygiene

2018 DEH-10B Clinical Dental Hygiene

2017 DEH-10A Preclinical Dental Hygiene

2017 DEH-30A Clinical Dental Hygiene

2017 DEH-40AB Clinical Dental Hygiene

2016 DEH-20B Clinical Dental Hygiene

2016 DEH-30A Clinical Dental Hygiene

MVC Dental Assisting

2014-2018 DEA-22 Introduction to Supervised Externships

2015-2017 DEA-32 Introduction to Supervised Externships

TEACHING EXPERIENCE – LABORATORY:

SUPPORTING FACULTY

MVC Dental Hygiene

2018 DEH 19 Local Anesthesia and Nitrous

2017 DEH-32 Dental Materials Lab

MVC Dental Assisting

2014-2016 DEA- 31 Radiology for Dental Assistants

2014-2016 DEA-21 Introduction to Radiology for Dental Assistants

2014-2017 DEA-40C Advanced Restorative Dental Assisting

SERVICE ACTIVITIES:

2020 **Volunteer**-Flying Samaritans U.C.I, Irvine, CA
 2018 **Volunteer** – Create Now Power of Arts Festival, Los Angeles, CA
 2017 **Volunteer**-Wayfarer Foundation Carnival of Love, Los Angeles, CA
 2014 **Volunteer** – AIDS Services Orange County, Orange County
 2014-2016 **Volunteer**- CADAT
 2010-2011 **Hygienist** -MEND Clinic, Pacoima, CA
 2010-2011 **Hygienist** – Redlands Assistance League, Redlands, CA

Curriculum Vitae – 2023

PROFESSIONAL DEVELOPMENT ACTIVITIES:

Course Name	Sponsor	Date of Course	CE Units	CE Number
<i>Creating a Stress- Free and Profitable Dental and Hygiene Operatory</i>	Dental Learning	May 2023	1	AGD250
<i>Product Spotlight: Curodont</i>	Young Innovations	April 2023	1	AGD250
<i>Salivary Diagnostics Part 2: You're Testing! Start Treating</i>	Direct Diagnostics	February 2023	1	AGD730
<i>Salivary Diagnostics: Stop Guessing and Start Testing</i>	Direct Diagnostics	February 2023	1	AGD730
<i>Integration of Guided Biofilm Therapy into Existing Practice</i>	Dental Learning	December 2022	1	AGD250
<i>Finally, Creating the New Techno RDH Operatory</i>	Philips Oral Healthcare	November 2022	1.5	AGD149
<i>Caring for the Latin Community Con Sazon</i>	Crest Oral B P&G	September 2022	1.5	AGD558
<i>Shine Bright Like a Diode</i>	BIOLASE	June 2022	1	AGD135
<i>Modulating Pain and Inflammation with Laser Therapy</i>	BIOLASE	May 2022	1	AGD132
<i>Green Dentistry</i>	CDA	May 2022	3	3.0-2186-22305
<i>Local Anesthesia Update</i>	CDA	May 2022	1.5	1.5-2186-22310
<i>Aesthetic Dental Materials for Dental Hygienists</i>	CDA	May 2022	1.5	1.5-2186-22321
<i>Disease and Medication Induced Xerostomia and Dental Considerations</i>	Endeavor Business Media	May 2022	1	Course ID: 01-5933-22053
<i>Here, There, Everywhere: An Update on Recreational Cannabis for the Dental Professional</i>	Colgate	January 2022	1	AGD157
<i>Infection Control and Dental Practice Act for Dental Professionals</i>	Tri-County Dental Hygiene Society	January 2022	4	4.0-2134-22001
<i>Comparative Dentistry: Common Orofacial Conditions in Dogs and Cats</i>	Colgate	December 2021	1	AGD770
<i>What you Need to Know About Dermal Fillers</i>	Belmont Publications	December 2021	2	CA : 02-5202-19269 AGD DODH11211
<i>Sleep Disordered Breathing: A Reversible Cardiovascular Risk Factor</i>	Vivos Therapeutics	September 2021	1	329609
<i>The Science of Cranofacial Sleep Medicine</i>	Vivos Therapeutics	September 2021	1.5	329609
<i>Keys to Success for Becoming an Airway Centered Practice</i>	Vivos Therapeutics	September 2021	2	329609
<i>Craniofacial Deficiencies, A Biological Perspective</i>	Vivos Therapeutics	September 2021	1	329609
<i>Everywhere You Turn There is a Risk of Infection</i>	Hu-Friedy	December 2020	1	Code No 148 Course No 129H
<i>School-Based Oral Health Care and Covid-19</i>	Denta Quest	December 2020	1	AGD 430
<i>Creaky Joints and Bleeding Gums RA and Periodontitis</i>	Endeavor Business Media	June 2020	1	2084089177

Curriculum Vitae – 2023

Course Name	Sponsor	Date of Course	CE Units	CE Number
Dentistry in 2020 BC and 2020 AD (Before Covid and After Distancing)	The Ohio State University	April 2020	1.5	ADA CERP
What was your infection control grade before COVID-19?	Crest Oral B	April 2020	1.5	AGD148
I Can Breathe Clearly Now Protect Yourself and Your Patients with Xylitol	XLEAR	April 2020	1.5	AGD 150
Getting Ahead of the Next Stage of the COVID-19 Crisis	ZOOM Education	April 2020	1.5	AGD 010
How Mobile Technologies Can Change the Way We Interact With Our Patients	Zoom Education	April 2020	1.5	AGD 130
Sleep Bruxism : Myths, misconceptions and management strategies	Crest Oral B	April 2020	1.5	AGD 010
COVID-19: What the Dental Team Needs to Know	Simply Hygiene	April 2020	1	AGD 010
Spit it Is! The Importance of Saliva, Dry Mouth Conditions and Strategies to Protect the Teeth and Soft Tissues	Crest Oral B	April 2020	1.5	AGD 730
The Synergistic Interplay Between Dental Sleep Medicine and General Dentistry. Should Your Practice Be Concerned? Why?	Crest Oral B	April 2020	1.5	AGD 010
Waiting to Inhale Will Cannabis Challenge the Dental Profession as Tobacco Has in the Past?	ZOOM Education	April 2020	1.5	AGD 158
I Have Become Comfortably Numb	ZOOM Education	April 2020	1	AGD 340
Vape is Not Safe!	ZOOM Education	April 2020	1	AGD 730
Oral Health for People With Special Needs	CAMBRA Coalition	February 2020	4	03-5866-20001
SMART Restorations Using Silver Diamine Fluoride (SDF) and Glass Ionomer Cement (GIC)	California Northstate University	July 2019	2	AGD 010 Verification Code 201901
Infection Control for Dental Professionals; The California Requirement	Net CE	July 2019	2	AGD PACE 5852
Scan Only Training	Planmeca Digital Academy	December 2018	3	ADA CERP
Invisalign- The Good, The Bad and The Ugly	Riverside Oral and Maxillofacial Surgery	November 2018	2	02-4997-18004
Stericycle: Annual Bloodborne Pathogens Training	Stericycle	July 2018	1	
IIP-Program- A Cal/OSHA Requirement	Osha Review Inc.	July 2018	2	02-2964-18104
Mandatory Biennial California Dental Practice Act Training	Osha Review Inc.	May 2018	2	02-2964-18103
The New Wellness Exam: Maximizing the Expertise of Dental Hygienist	CDHA	May 2018	3	02-2099-18028
When Dementia Affects a Patient	CDHA	May 2018	2	02-2099-18028
Seasonal Flu and Other ATDs What are Cal/OSHA's Requirements?	Osha Review Inc.	March 2018	2	02-2964-18102
8 Hours of Hands-On Instrumentation Teaching Methodology Workshop	Anna Pattison	February 2018	8	
7 Hours of Teaching Methodology and Strategies Workshop	Eduvation Design Group	February 2018	7	
CDHA: Teaching Methodologies That Work: Mindful Instructional Strategies To Help Dental Hygiene Students Learn	CDHEA	January 2018	7	07-5593-18001

Curriculum Vitae – 2023

Course Name	Sponsor	Date of Course	CE Units	CE Number
3 Hours Local Anesthesia & Nitrous Oxide-Oxygen Sedation: Hands on Workshop	Moreno Valley College	December 2017	3	
3 Hours of Local Anesthesia and Pharmacology and Techniques	Moreno Valley College	December 2017	3	
Western Society of Periodontology: Prognosis for the Periodontally Compromised Tooth	Western Society of Periodontology	December 2017	1.5	12-02-2017-001
Improve Your Quality of Hygiene Care	Western Society of Periodontology	December 2017	1.5	12-02-2017-002
From Risk to Results: Periodontal Instrumentation for the Advanced Practitioner	Western Society of Periodontology	December 2017	3	12-02-2017-003
Practice Management	Jameson	May 2017	8	AGD210932
Non-Surgical Therapeutic Management	Jameson	May 2017	4	AG03192017
First Impressions	3M Oral Care	April 2017	1	01-3655-17015
Latest Trends in Dentistry: What You Need to Know	3M Oral Care	April 2017	1	01-3655-17023
You Already Know That About Infection Control, But Do You Know This?	CADAT	April 2017	2	02-3655-17019
Tracking Clinical Requirements for the RDA Students	CADAT	April 2017	1	01-3655-17016
Teaching Oral Radiology Theory: Classroom Strategies for Today's Students	CADAT	April 2017	2	02-3655-17014
Integrating Cultural Diversity: Shaping a Student's Professional Identity for Humanistic Health Care	ADEA	May 2017	1	E1-008
Beyond Boundaries: Introducing an Interactive, Fun Game Show to Facilitate Student Learning	ADEA	May 2017	1	T1-011
Preparing our Graduates for CAD/CAM Technology	ADEA	May 2017	1.5	T1-005
Renaissance in Local Anesthesia	Stanley Malamed, DDS	October 2016	7	07-2929-16005 210595
Mandatory Reporter	FADE	April 2016	2	02-5222-16006
Street Drugs and Dental Implications	FADE	April 2016	2	02-5222-16007
The New Spin on Polishing	FADE	April 2016	2	02-5222-16008
Sex and Oral Health: What's the Connection	FADE	April 2016	2	02-5222-16009
OSHA and Infection Control Compliance: Checklists + Resources	CADAT	April 2016	4	04-5222-16011
Sr. Radiation Protection Specialist LA County Dept of Public Health	CADAT	April 2016	1.5	1.5-5222-16013
Preventive Enforcement Education	CADAT	April 2016	1	01-5222-16015
Train-the-Trainer: ITR Interim Therapeutic Restoration Techniques for the Dental Hygiene Educator	University of the Pacific, Paul Glassman DDS	March 2016	30	030.0-2125-16062
Mandatory Reporter	Healthy Smiles for Kids of Orange County	March 2016	1	

Curriculum Vitae

Personal

Name: Michael K. Koceja DDS

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Education

Marquette University, Milwaukee WI
Undergraduate studies 1978-1982
Marquette University School of Dentistry
Dental Studies 1982-1986
Degree received, DDS

Professional Licensure

Washington: WA State Department of Health #DE00009967
Oregon: Oregon Board of Dentistry
California: California Board of Dentistry
Wisconsin: Wisconsin Board of Dentistry

Honors and Awards

Navy Commendation Medal 1999
Periodontal Fellowship Certificate 2002, US Navy, San Diego , CA

Professional and Clinical Experience

Received Commission following Dental School as a Lieutenant in the United States

Navy

1986-1989 Naval Training Center, Orlando FL
Two year General Dentistry Rotation Program
1989-1991 USS Canopus - Ships Dental Officer
1991 Received Navy Commendation Medal for Outstanding Service
1991-1992 Periodontal Fellowship Program, San Diego CA
1992-1994 Dental Officer with 1st F556, Camp Pendleton CA
Dental Clinic Director Camp Horno Dental Clinic
1994-2004 Private Practice, San Marcos CA
2000-Present, Worldwide Lecturer on Dental Lasers
2004-Present, Private Practice, Vancouver WA

Laser Certifications and Positions

ALD Proficiency 2001

WCLI Fellowship 2001

Mastership 2003

Beta test site for Waterlase MD Laser 2003

Member Certification Committee WCLI

Affiliations

AAP Member 1991-1994

AGD Continuing Education Provider 2011-Present

Dental Schools Affiliations and past courses held

Jacksonville College Adjunct Professor

Dental Hygiene Dept 1989-1991

Visiting Laser Instructor

University of Colorado, Denver CO

University of Puerto Rico, San Juan

OHSU

Creighton University

University of Mexico DF, Teaching Hospital

University of Mexico

University of Queensland, Brisbane AU

Countries presenting Lectures;

Canada

England

Germany

Italy

Brazil

Mexico

Costa Rica

El Salvador

Vietnam

Malaysia

Indonesia

Taiwan

South Korea

India

Thailand

Hong Kong

Laser Product Development and Training/Consultation Relationships

1990-Present

Biolase-Beta test site for YSGG and Diode lasers. Office used as Primary Hands On training site of Sales Staff for Waterlase MD laser, involved in Waterlase MD launch. Involved in Product Development of iPlus YSGG and Waterlase Express lasers

Discus Dental- Created training/Clinical videos for NV Microlaser Diode laser. Diode laser trainer/consultant

Phillips-Diode laser trainer/consultant

Zila Dental-Diode Laser trainer/Consultant

Denmat-KOL for Diode laser sales/training

CAO-Product Development of LTM and SHP Diode Lasers, created Clinical training Videos. Consultant/Laser expert for laser users. Laser Webcast/Webinar Host for quarterly Laser training seminars

Henry Schein-National consultant/Advisor to EPS positions to support Laser sales and Clinical support

Center for Dental Laser Education-website created to provide training courses for Diode Laser users (centerlasered.com)

Articles Published

- Time to Consider Lasers
 - Dental Side Kick, Spring 2011
- Back to Basics: What do you need in a laser?
 - Dental Side Kick, Winter 2013
- Atraumatic Tooth Extraction Utilizing Modern Dental Laser Technology
 - Dental Practice, March-2014
- Laser Dentistry 101 - The Laser helps us do Better Dentistry
 - Dental Economics, August 2007
- Atraumatic Laser Excision and Ablation of Mandibular Tori
 - Dentistry Today, June 2010
- The Value of Lasers in Dentistry
 - Dental Economics, March 2012
- So Who Needs a Laser?
 - Dental Products Shopper, August 2011
- Dermatological Applications of a Dental Laser
 - Device in a General Practice
 - Oral Health, March 2009
- Dental Lasers: How to Differentiate your Practice
 - Dental Product Shopper, June 2010
- Laser Technology 101
 - Dental Side Kick, Spring 2012
- Dentalcompare Online April 2011
 - A Day in the Life of a Laser Dentist
- Lasers; It's time to Start Lighting it up and Learning
 - Dental Side Kick, Winter 2012
- Atraumatic Removal Of Mandibular Exostosis
 - October, 2015 Dentistry Today
- Photocoagulation of a Lingual Hemangioma
 - June 2016, Inside Dentistry (Peer Reviewed)

Notable Accomplishments and Lectures

Flying Samaritans - Mexico Volunteer Missions 1991-present

Dental Mission to Honduras 1993

Yankee Dental Conference, Speaker, 2105, 2017, 2019 , 2020

Trained 1000s of Dental Professionals to incorporate Laser technology into their

Practices

Presently employed (Staring Date, 8-12-2021) with Biolase Inc. as Director of Practice
Integration

Curriculum Vitae

Cindy Basile RDH

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

College Education:

1990 Onondaga Community College, Syracuse, NY- Associate in Science Degree, Dental Hygiene Degree
1995 Pasadena College- Expanded Functions for Nitrous Oxide, Local Anesthesia, and Soft Tissue Management

Professional License & Certification:

1990 National Board Dental Hygiene Certification, North East Regional Board Certification
1995 California State License
2006 Certificate of Laser Proficiency for Hygienists through Lumenis
2006 Advanced Laser Training –Advanced Laser Hands On
2012 Picasso 810 nm Diode Laser Certification Program through ICLE
2012 Updated Advanced Laser Training Certificate – Perio Laser Institute
2012 Dental Board of California Continuing Education Registered Provider #5183
2013 Standard Proficiency Laser Certification
2013 One-Day WCLI Seminar in coursework and clinical simulations
2015 Hard and Soft Tissue Laser Certification on Iplus laser-ALD

Professional Membership

WCLI –World Clinical Laser Institute
ALD- Academy of Laser Dentistry
AGD- Pace Provider ID # 356318 - current to 12-31-2018 - Productive Laser Hygiene Services Inc.

Other Certificates:

1995 Outstanding contributions as a Distinguished Lecturer in continuing education program in Preventive Dentistry for Dental Technicians

Employment Experience:

2022-Present Clinical Integration Specialist for BIOLASE
2012 - Present Self Employed-Productive Laser Hygiene Services Inc.
2020-2022 DR. SUZANNE POPP | DDS FICOI (PART-TIME)
2012 - 2020 Dr. Ralph Gagliani, Dr. Alexandros Reizian, San Diego, CA
2012 - 2013 Dr. Roya Niakiani, San Diego, CA
2010 - 2012 Dr. Thomas Olinger, La Mesa, CA (Dental Board Examiner for Dentists)

2007 - 2009 Dr. Javad Aghaloo, Bankers Hill, CA
2005 - 2007 Dr. Carlos Espania, Chula Vista, CA
2004 - 2006 Dr. Nicholas Addario, Chula Vista, CA
1999 - 2002 Dr. Bradley Silva, Santee, CA
1996 - 1999 Dr. Renae Wilson, El Cajon, CA
1990 - 1995 Dr. John Liang, Utica, NY

I been a dental hygienist for 32 years graduating from Onondaga College in New York. I have been using the diode laser in my daily hygiene regimen for the past 19 years and have become proficient using multiple diode lasers. I have many certifications including advanced laser training & is currently a member of ALD (Academy of Laser Dentistry) and WCLI (World Clinical Laser Institute). I offer a pace approved course for Laser Training/Standard Proficiency nationwide via custom in office training as well as hands on seminar classes. Last year I took a position in the education department for BIOLASE as their Clinical Integration Specialist.

DR BRAD LABRECQUE DMD MSc [Aachen]

Dr. Brad Labrecque is a general dentist whose focus is incorporating Laser Technology in the modern dental practice . He is passionate about training dental practitioners in the use of Dental Lasers in all clinical procedures . Dr. Labrecque implemented lasers early in his clinical practice being one of the first dentists in Canada . He has taken hundreds of hours of continuing education and his practical experience makes him a global authority on Laser Dentistry and is sought after by dental practitioners worldwide to train them in successful implementation of this technology to improve their clinical outcomes from the traditional dental protocols.

University of Saskatchewan Biochemistry BSc [hon]
 University of Saskatchewan Dentistry DMD 1983
 World Congress of Microdentistry .. founding member 2001
 WCLI fellowship 2006
 Expert practice management consultant
 Luminary Biolase technology 2008
 WCLI mastership 2010
 WCLI accreditation examiner 2012
 Transitions Hygiene consultant
 Aachen University Laser Mastership 2014
 Associate Clinical Professor Univ of Sask 2016
 Academy of Laser Dentistry Fellowship 2016
 Fotona Clinical trainer 2016
 Mastership LAHA 2019

Since 1995 Dr. Labrecque has lectured globally on this technology in many conferences includingCanada /USA/ Australia/ New Zealand /Iceland / Slovenia / Germany. This is due to his extensive knowledge in all wavelengths of dental lasers . Dr. Labrecque maintained a general group practice at Cedar Dental Centre in Kamloops BC Canada since 1984 - 2019 where it is focused on minimally invasive dentistry.

He currently is employed by Biolase INC where he is the Director of Practice Integration .

Received
 AUG 21 2023
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Agenda Item 7(e)(2):

Ariana Loera

Webinar

**A Culture of Safety in the Dental Practice:
Where to Start & How to Make it Stick
(Dental Learning Systems, LLC)**



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

CONTINUING EDUCATION PROVIDER APPLICATION

Instructor Name: Ariana Loera

Business Address: 2101 S Jones Blvd

City, State & Zip: Las Vegas NV 89146

Business Telephone: _____

Course Title and Objectives [Must relate directly to the practice of dentistry and/or dental hygiene]:

Title: Safety and Infection Control Training

Objective: To train staff members in the fundamental safety and infection control policies and procedures in the company. Instruct, update and overview OSHA's and CDC's compliance guidelines and regulations.

Number of Participants: 8-15

Hours of Actual Instruction: 3 hrs

Location/Facility Name and Address: Refer to the attached "Office Directory" sheet.

Date(s) of Course: January-December

Individual Submitting Request: Ariana Loera

Business Address: BDG Dental Services 2101 S Jones Blvd

City, State & Zip: Las Vegas, NV, 89146

Business Telephone: (702)990-8866

Date of Request: _____


 Signature of Person Authorized to Represent Course Provider

PLEASE ATTACH NAMES AND BRIEF BIOGRAPHICAL SKETCHES OF INSTRUCTORS AND OUTLINE OF COURSE, INCLUDING METHOD OF PRESENTATION TO THIS FORM.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE.

Approved by: _____

Number of Hours Approved: _____

Effective Date of Approval: _____

Disapproved [Explanation]: _____

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Revised 01/2014

Biographical Sketch

Ariana Loera



OSHA and Infection Control Director

Experience

Ariana Loera has 9 years dental assisting experience, 2 years as Clinical Coach and currently, 7 years as OSHA and Infection Control Director.

Education

Highschool Diploma.

Attended the Nevada Workplace Safety and Health Training classes at Nevada Consultation and Training Section Center and part of Safety and Health Practitioner Certificate Program.

October 8, 2016 attended the UNLV School of Dental Medicine course on Infection Control in the Dental Care Settings I-2016.

April 24, 2017 attended the Fred Pryor seminar for OSHA Compliance and October 20, 2020 attended the Bloodborne Pathogens Awareness SCATS online training.

More recently completed the Understanding CDC's Summary of Infection Prevention Practices in Dental Settings, October 6, 2022, the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program and the OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook, November 8, 2022. On January 23-25, 2023, attended the OSAP Dental Infection Control Boot Camp.

Affiliations

Nevada SCATS

OSAP and DALE member

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JUL 13 2023
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Agenda Item 7(e)(3):

**Saul Z Wasserman
Infection Control for Dental Professionals
(Laboratory Consultation Services, INC)**



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 CONTINUING EDUCATION CREDIT

Sponsor Information:

Name: LABORATORY CONSULTATION SERVICES, INC		
Business Address: 64 ENCLAVE BOULEVARD		
City: LAKEWOOD	State: NJ	Zip code: 08701
Business Telephone: (646) 812 - 0441		
Email Address: gdubin@laboratoryconsultationservices.com		
Number of Attendees: unlimited		
Hours of Actual Instruction: 4 hours		
Facility Name: Same as Above		
Facility Address: Course is online, self-study		
Date(s) of Course: Available 24/7		
Date of Request: 07/26/2023		

V.P.

Sponsor Signature (Digital)

Speaker(s) Information:

Biographical Sketch:

See Attachment 'A'

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Course Title: Infection Control for Dental Professionals

Course Description:

See Attachment 'B'

Learning Objectives:

See Attachment 'B'

Outline of Course:

See Attachment 'C'

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Approved by:

Number of Hours Approved:

Effective Date or Approval:

Disapproved [Explanation]:

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AUG 07 2023

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A

SAUL Z. WASSERMAN

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

EDUCATION:

St. John's University Queens, N.Y.
M.S. 1978, Clinical Laboratory Medicine / Education

Richmond College - CUNY Staten Island, N.Y.
B.S. 1970, Biology

New York City Community College - Brooklyn, N.Y.
A.A.S. 1969, Medical Technology

HONORS:

Phi Theta Kappa National Honor Society, 1968
Dean's List 1968, 1969

CERTIFICATION:

New York State Education Department - Office of the Professions
Clinical Laboratory Technologist # 010949-1

New York City Department of Health
Clinical Laboratory Supervisor # 55 017170

California Department of Health Service
Clinical Chemist # 00420

State of New York Department of Health
Emergency Medical Technician - Defibrillation # 114731

Approved to provide mandated Infection Control seminars, live and online
to licensed healthcare practitioners (MD, PA, RN, DDS, RDH, LPN, DO, DCH,
etc.).

NYS Provider # IC029 / NJ Provider 23-142 / Maryland / Iowa / California
Provider RP-5926.

SKILLS:
spectrum

Performed progressively more responsible functions over a diverse
of clinical laboratory science, management and teaching skills including:

- Conducting seminars for continuing education and Infection Control
- Performance of tests
- Quality control/ Quality Assurance performance and documentation
- Research and Development of new procedures
- Personnel orientation and training
- Regulatory compliance - OSHA, CLIA, State licensures
- Accreditation application - JCAHO and CAP
- Troubleshooting equipment
- Purchasing / Cost analysis

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Designing LIS (technical, billing and statistical)
 Designing lab facilities and work flow
 Evaluating new procedures and systems
 Total Laboratory Management
 Writing technical manuals to conform to NCCLS specifications
 Writing employee SOP manuals
 Teaching (lecture and practical)
 Writing curriculae and course outlines
 MS Word / MS Excel / MS PowerPoint
 Inventory Control
 Client Service

EXPERIENCE:

1976 - present

Laboratory Consultation Services, Inc.
 1291 Dickerson Road
 Teaneck, NJ 07666
 Vice President, Senior technical and management consultant.

Provided in-person and online mandated courses in Infection Control and Barrier Precautions to thousands of medical and dental healthcare professionals (New York, New Jersey, California, Maryland, Iowa).

Set-up new laboratories and new procedures. Write technical manuals and safety manuals. Provide orientation and training to testing personnel. Advise on optimal instrumentation, methodologies and Laboratory Information Systems for use in testing, billing, QC monitoring and statistical analyses. Advise on efficiency in purchasing. Performing cost analysis. Ensure regulatory compliance by writing policy manuals for safety against exposure to Blood Borne pathogens, Air Borne pathogens and Chemical Hazards. Licensed instructor for Infection Control Seminars required by various state Departments of Health / Education for licensed healthcare workers.

2015 -2017

Quality Laboratory Service
 2124 Morris Avenue
 Union, NJ 07083

Chief Compliance and Safety Officer
 Obtained Federal CLIA and DEA licensing
 Obtained licensing for several states
 Reviewed and updated all procedures
 Wrote Quality Management Manual
 Provided continuing education to staff

1993 - 2015

Shiel Medical Laboratory, Inc.
 63 Flushing Avenue
 Brooklyn, NY 11205
 Coordinator of Quality Assurance; Associate laboratory manager

Responsibilities include: Quality control for Hematology, Chemistry and Special Hematology. Arrange and conduct continuing education sessions. Develop employee and facility safety and health plan as well as ensure regulatory and safety compliance. Troubleshoot technical problems. Assess employee competence. Provide in-service education to physician and nursing home clients for infection control, specimen integrity and laboratory procedures.

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Client relations. Apply for and maintain accreditation from Joint Commission and CAP. Represent laboratory services at medical board meetings at over 50 nursing home facilities. Established satellite laboratories.

1995 - 1997

Syrit College
Brooklyn, NY 11219
Safety Consultant, Curriculum/Course outline-Medical Technology.

Ensure regulatory compliance by writing policy manuals for safety against exposure to Blood Borne pathogens, Air Borne pathogens and Chemical Hazards. Write curriculae and course outlines for technical courses to be approved by the Department of Education. Lecture classes. Ensure regulatory compliance by writing policy manuals for safety against exposure to Blood Borne pathogens, Air Borne pathogens and Chemical Hazards. Provide personnel training for OSHA compliance.

1991 - 1995

Mandl School for Allied Health Careers
New York, NY
Teacher / Lecturer, Medical Laboratory Technology, Medical Assistant

Taught all lecture and laboratory courses in departments of Medical Technology and Medical Assisting. Ensure regulatory compliance by writing policy manuals for safety against exposure to Blood Borne pathogens, Air Borne pathogens and Chemical Hazards. Provide personnel training for OSHA compliance.

1983 - 1993

Wadsworth Medical Laboratory, Inc.
New York, NY
General Manager and Technical Supervisor.

Was responsible for all phases of operation of the laboratory as part owner.

1969 - 1980

Universal Diagnostic Laboratories, Inc.
Brooklyn, NY
General Manager and Technical Supervisor

Performed routine and esoteric testing in Chemistry and Special Chemistry. In charge of quality control performance and documentation. Developed new methodologies and performed field research for manufacturers of products prior to FDA approval.

1968 - 1970

Maimonides Medical Center
Brooklyn, NY
Technologist, Hematology and Chemistry.

Performed phlebotomy procedures and testing in routine Hematology and Chemistry.

MEMBERSHIPS:

American Association of Bioanalysts (AAB)
Association of Practitioners in Infection Control (APIC)
NCCLS

REFERENCES:

available upon request

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AUG 07 2023
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Agenda Item 7(f):

Approval/Rejection of Voluntary Surrender of License NAC 631.160 (For Possible Action)

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

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

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

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

Agenda Item 7(f)(1):

John L. Krumpotich, 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, John W. Krumpalich, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 1055 on the 16th day of August, 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.

[REDACTED]

[Signature]
 Licensee Signature

8/16/23
 Date of Signature (must correspond with notary date)

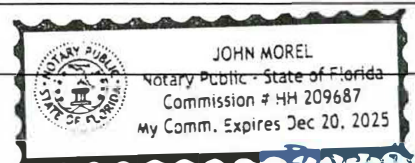
State of Florida

County of Lee

The statements on this document are subscribed and sworn before me this 16 day of August, 2023.

[Signature]
 Notary Public

■ Commission Expires



Received

AUG 23 2023
 06/2019

NSBDE



Nevada State Board of Dental Examiners

VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number : 1055

Search

Reset

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : 10 entries

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
Dentist	John Krumpotich Lewis, DDS			Suspended-Non Renewal		

Full Name : Krumpotich, John Lewis, DDS

Primary Office Address :

City, State Zip :

Office Phone :

License Number : 1055

License Date : 03/01/1980

Status : Suspended-Non Renewal

Expiration Date : 06/30/2023

Graduated From : Georgetown University

Graduation Date : 06/01/1978

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 ()

08/25/23
SC

Agenda Item 7(f)(2):

Samuel E. Pick, 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, Samuel E. Pick, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 608 on the 18th day of August, 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:



Samuel E. Pick
 Licensee Signature

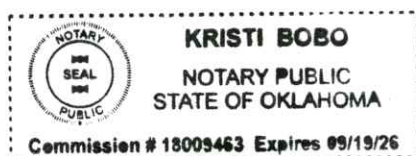
August 18, 2023
 Date of Signature (must correspond with notary date)

State of Oklahoma
 County of Oklahoma

The statements on this document are subscribed and sworn before me this 18th day of August, 2023.

Km
 Notary Public
9-19-26

My Commission Expires



Received
 AUG 22 2023
 NSBDE

06/2019



Nevada State Board of Dental Examiners

VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number : 608

Search

Reset

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : 10 entries

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Dentist	Samuel Pick E , DDS			Suspended-Non Renewal		

Full Name : Pick, Samuel E , DDS

Primary Office Address : 1000 N Green Valley Pkwy, Suite 440-132

City, State Zip : Henderson, NV 89074

Office Phone : (702) 498-8606

License Number : 0608

License Date : 01/01/1969

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From : Washington University

Graduation Date : 06/01/1966

Permits :

Permit	Permit Number	Issue Date	Exp Date
General Anesthesia Site Permit	SPG24	02/21/2002	06/30/2007

Board Action / Malpractice :

	Action Type	Date	Document Link
		← Close detail	
Dental Hygienist	Kira Tedesco Beth , RDH	Severna Park MD 21146	Revoked-Non Renewal
Dental Hygienist	Destinee Rain Caves	Reno NV 89523	Active
Dental Hygienist	Christine Garrick Jolynn , RDH		Revoked-Non Renewal
Dental Hygienist	Denise M Okagaki , RDH	San Jose CA 95129	Revoked-Non Renewal
Dentist	Andrew K Matsunaga , DDS	Thousand Oaks CA 91362	Revoked-Non Renewal
Dentist	Tiffany Jackson Jan'Nelle , DDS	Henderson NV 89074	Active
Dentist	Anupama Adusumilli Valluru , DDS	Reno NV 89502	Active
Dentist	Ravi K Partamian , DDS		Revoked-Non Renewal
Dentist	Kaveh K Kohanof , DDS	tarzana CA 91335	Revoked-Non Renewal

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

8/28/23
SC

Agenda Item 7(f)(3):

Richard D. Occhialino, 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, RICHARD D. OCCHIALINO, hereby surrender my Dental // Dental Hygiene (circle one)
Print name

License number 3690 on the 15th day of August, 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]

[Signature]

Licensee Signature

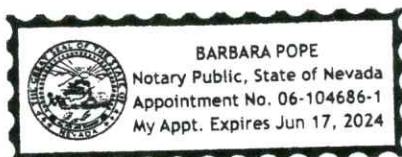
15 August 2023

Date of Signature (must correspond with notary date)

State of NEVADA

County of CLARK

The statements on this document are subscribed and sworn before me this 15TH day of AUGUST, 20 23.



Barbara Pope
 Notary Public

6/17/2024

My Commission Expires

Received
 AUG 21 2023
 06/2019
 NSBDE

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Occhialino, Richard David , DMD

Primary Office Address : 1485 W Warm Springs Rd, Ste. 101

City, State Zip : Henderson, NV 89014

Office Phone :

License Number : 3690

License Date : 07/03/2000

Status : Suspended-Non Renewal

Expiration Date : 06/30/2023

Graduated From : University of Pennsylvania

Graduation Date : 05/15/1973

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 ()
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Agenda Item 7(f)(4):

Carolina Esteves, 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, CAROLINA ESTEVES, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 7715 on the 14 day of AUGUST, 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:



[Signature]
 Licensee Signature

AUGUST 14, 2023
 Date of Signature (must correspond with notary date)

State of Florida

County of Orange

The statements on this document are subscribed and sworn before me this 14 day of August, 2023.

[Signature]
 Notary Public

08/02/2025
 My Commission Expires



Received

AUG 18 2023

NSBDE ⁰⁶⁻²⁰¹⁹ [Signature]

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Esteves, Carolina Brasil

Primary Office Address : ,

City, State Zip : ,

Office Phone :

License Number : 7715

License Date : 09/16/2022

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From :

Graduation Date :

0.21.23
SC

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 ()
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Agenda Item 7(f)(5):

Joshua Corcran, 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, JOSHUA CORCRAN, DMD, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 7377 on the 8TH day of AUGUST, 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]

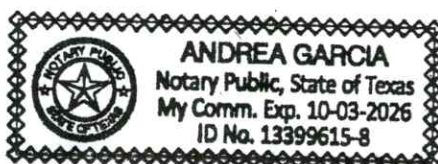
[Signature]
 Licensee Signature

8/11/23

Date of Signature (must correspond with notary date)

State of Texas
 County of Midland

The statements on this document are subscribed and sworn before me this 11 day of August, 20 23.



[Signature]
 Notary Public

My Commission Expires 10-03-26

Received

AUG 18 2023

06/2019
 NSBDE

[Signature]

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Corcran, Joshua Michael , DMD

Primary Office Address : 2455 East 11th St,

City, State Zip : Odessa, TX 79761

Office Phone : (432) 337-6165

License Number : 7377

License Date : 08/04/2020

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From :

Graduation Date :

8.21.23
SCJ

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 ()
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Agenda Item 7(f)(6):

Steven Aste, 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, Steven Aste, hereby surrender my Dental / Dental Hygiene (circle one)
Print name
 License number #2629 on the 1st day of August, 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]

Steven Aste
 I licensee Signature

8-16-23

Date of Signature (must correspond with notary date)

State of UTAH

County of SALT LAKE

The statements on this document are subscribed and sworn before me this 16 day of AUGUST, 20 23.

Michael Holley
 Notary Public

10-18-25

My Commission Expires



Received
 AUG 17 2023
06/2019
 NSBDE

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Aste, Steven Keith , DMD

Primary Office Address : 4885 South 900 East, #106

City, State Zip : Salt Lake City, UT 84117

Office Phone :

License Number : 2629

License Date : 03/27/1991

Status : Suspended-Non Renewal

Expiration Date : 06/30/2023

Graduated From : University of South Carolina

Graduation Date : 06/01/1990

8.21.23
SC ✓

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 ()
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Agenda Item 7(f)(7):

Nischal Natha, 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

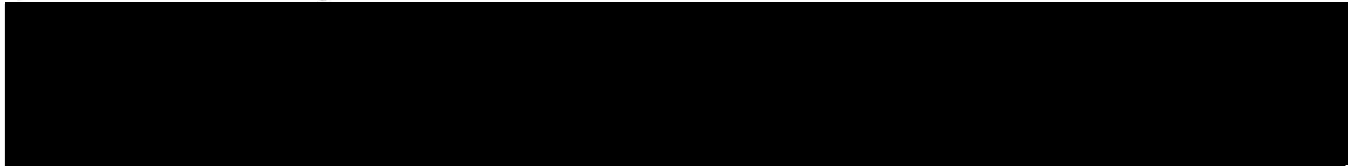
VOLUNTARY SURRENDER OF LICENSE

I, NISCHAL NATHA, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 6697 on the 11 day of AUGUST, 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:



[Signature]
 Licensee Signature

8/11/2023
 Date of Signature (must correspond with notary date)

State of North Carolina

County of Mecklenburg

The statements on this document are subscribed and sworn before me this 11 day of August, 2023.

[Signature]
 Notary Public
Oct 8 2025
 My Commission Expires



Received

AUG 17 2023

NSBDE

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Natha, Nischal , DMD

Primary Office Address : 2250 S Rancho Dr, #205

City, State Zip : Las Vegas, NV 89102

Office Phone :

License Number : 6697

License Date : 07/31/2015

Status : Suspended-Non Renewal

Expiration Date : 06/30/2023

Graduated From : Massachusetts-Boston University Goldman School of Dental Medicine

Graduation Date : 05/18/2008

06/21/23
SC

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 ()
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Agenda Item 7(f)(8):

Cesar Acosta, 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, Cesar Aróstegui, hereby surrender my Dental Dental Hygiene (circle one)
Print name

License number 5050 on the 15 day of Aug., 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]

[Signature]
 Licensee Signature

8/15/23
 Date of Signature (must correspond with notary date)

State of _____

County of _____

See notary Attachment

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

 Notary Public

 My Commission Expires

Received

AUG 17 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.

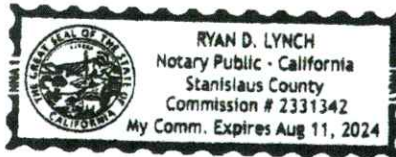
State of California

County of Stanislaus

Subscribed and sworn to (or affirmed) before me on
this 15 day of August, 2023, by
Date Month Year

(1) Cesar Acosta(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.



Place Notary Seal and/or Stamp Above

Signature Ryan D. Lynch
Signature of Notary Public

OPTIONAL

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

Description of Attached DocumentTitle or Type of Document: Voluntary Surrender of LicenseDocument Date: 8/15/2023 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Acosta, Cesar , DMD

Primary Office Address : 1065 Colorado Ave, Ste 3

City, State Zip : Turlock, CA 95380

Office Phone : (209) 613-5267

License Number : 5050

License Date : 07/20/2006

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From : University of Nevada Las Vegas

Graduation Date : 05/13/2006

06/21/23
SC ✓

Permits :

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

Action Type	Date	Document Link
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Agenda Item 7(f)(9):

Fanny Ip, DMD

Nevada State Board of Dental Examiners



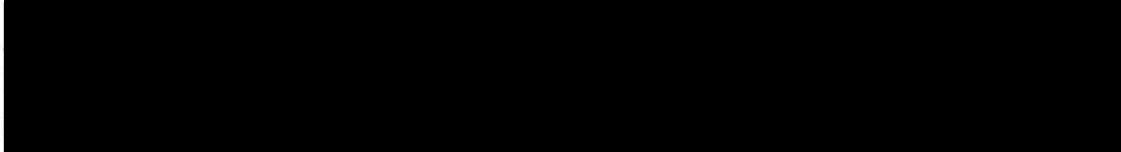
2651 N Green Valley Parkway, Ste.104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

VOLUNTARY SURRENDER OF LICENSE

I, Fanny Ip, hereby surrender my Dental Dental Hygiene (circle one)
Print name
 License number 5444 on the 9th day of August, 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:



[Signature]
 Licensee Signature

Aug 10, 2023
 Date of Signature (must correspond with notary date)

Province
 State of ONTARIO

County of MARKHAM
 City

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



[Signature]
 Notary Public

DDS NOT EXPIRE

My Commission Expires

KHALIL LAW P.C.
 Fezan Khalil
 Barrister, Solicitor & Notary Public
 7191 Yonge St. Unit 604
 Thornhill, ON L3T 0C4

- No Legal Advice -

Received
06/2019
AUG 10 2023
NSBDE

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
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Full Name : Ip, Fanny Chou Ngar

Primary Office Address : 18 - 443 The Queensway S,

City, State Zip : Keswick ON Canada, ON L4P 2C9

Office Phone : (905) 476-8285

License Number : 5444

License Date : 01/20/2007

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From :

Graduation Date :

8.21.23
SC ✓

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 ()
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Agenda Item 7(f)(10):

Mark Wittchow, DMD

Nevada State Board of Dental Examiners



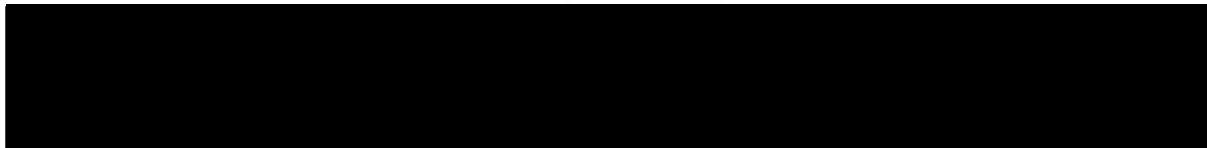
2451 N Green Valley Parkway, Ste 114 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

VOLUNTARY SURRENDER OF LICENSE

I, Mark W. Hitchcock, hereby surrender my Dental / Dental Hygiene (circle one)
 License number 1194 on the 16th day of August, 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

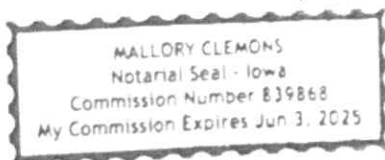


Mark W. Hitchcock
 Licensee Signature

8/16/2023
 Date of Signature (must correspond with notary date)

State of Idaho
 County of Lincoln

The statements on this document are subscribed and sworn before me this 16th day of August, 2023.



Mallory Clemons
 Notary Public
June 3, 2025
 My Commission Expires

Received

AUG 17 2023 06 2019

NSBDE

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Wittchow, Mark Richard , DMD

Primary Office Address : 1700 W Charleston Blvd,

City, State Zip : Las Vegas, NV 89102

Office Phone : (702) 774-2690

License Number : 7194

License Date : 06/04/2019

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From :

Graduation Date :

06-21-23 ✓
SC

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 ()
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Agenda Item 7(f)(11):

Frederick Young, 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, Frederick T Young DMD, hereby surrender my Dental / Dental Hygiene (circle one)
Print name
 License number 1011 on the Ninth day of August, 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 block]

Frederick T Young DMD
 Licensee Signature
8/9/2023
 Date of Signature (must correspond with notary date)

State of Nevada
 County of Douglas

The statements on this document are subscribed and sworn before me this 9 day of August, 2023.



J. Myneer
 Notary Public
08/04/2026
 My Commission Expires

Received
 AUG 14 2023
 NSBDE

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Young, Frederick Thomas , DMD

Primary Office Address : 804 E Robinson St,

City, State Zip : Carson City, NV 89701

Office Phone : (775) 883-7773

License Number : 1011

License Date : 03/01/1979

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From : OR Health Sciences University

Graduation Date : 06/01/1978

06/21/23 ✓
SC

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

Dental Hygienist	Meghan L McClenny , RDH		Revoked-Non Renewal	View Details
Dental Hygienist	Sandra Eskew Leslie , RDH	Las Vegas NV 89129	Active	View Details
Dental Hygienist	Debra L Murphy , RDH		Expired	View Details
Dental Hygienist	Edeltraut Sitton Marianne , RDH	Fallon NV 89406	Active	View Details

Agenda Item 7(f)(12):

Riki Lambert, DDS

Nevada State Board of Dental Examiners

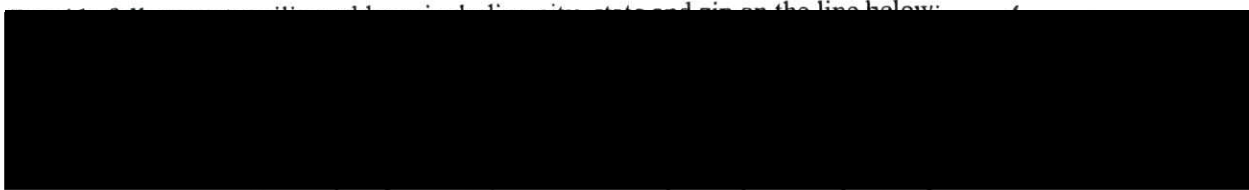


2651 N Green Valley Parkway, Ste.104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

VOLUNTARY SURRENDER OF LICENSE

I, Piki Lambert, hereby surrender my Dental / Dental Hygiene (circle one)
License number 6961 on the 18th day of August, 20 23.

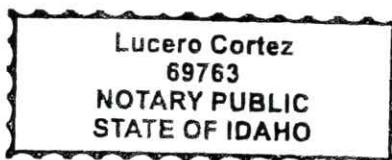
By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action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



Piki Lambert
Licensee Signature
Aug. 18, 2023
Date of Signature (must correspond with notary date)

State of Idaho
County of Ada

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



Lucero Cortez
Notary Public
04/17/2029
My Commission Expires

Received
06/2019
AUG 18 2023
NSBDE

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Lambert, Riki Ryan , DDS

Primary Office Address : 5737 Fairview Ave,

City, State Zip : Boise, ID 83706

Office Phone :

License Number : 5651

License Date : 04/30/1970

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From : Texas-Baylor College of Dentistry Component of Texas A & M Health Sci Ctr

Graduation Date : 05/21/2005

Permits :

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

Action Type	Date	Document Link
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8.21.23 ✓
SC

Agenda Item 7(f)(13):

Thomas Gonzales, 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, Thomas Gonzales, hereby surrender my Dental Dental Hygiene (circle one)
Print name

License number 2427 on the 21 day of August, 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]

Thomas Gonzales
 Licensee Signature

8-21-2023
 Date of Signature (must correspond with notary date)

See Attachment

State of _____

County of _____

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

 Notary Public

 My Commission Expires

Received
 AUG 21 2023
 NSBDE



Jurat Certificate California only

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 _____

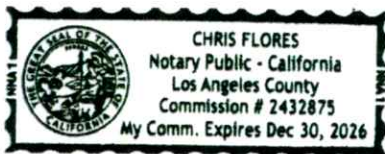
Subscribed and sworn to (or affirmed) before me on this 21st

day of August, 2023, by Thomas Gonzalez

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

Place Seal Here

Signature Chris Flores



Description of Attached Document

Type or Title of Document

Nevada State Board of Dental Examiners

Document Date

08/21/23

Number of Pages

1

Signer(s) Other Than Named Above

Received
AUG 21 2023
NSBDE

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
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Full Name : Gonzales, Thomas R , DDS

Primary Office Address : 1825 E Flamingo Rd,

City, State Zip : Las Vegas, NV 89119

Office Phone : (702) 798-7203

License Number : 2427

License Date : 03/20/1988

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

Graduated From : USC

Graduation Date : 06/01/1977

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Permits :

Permit	Permit Number	Issue Date	Exp Date
Conscious Sedation Administering Permit	CS053	08/27/2004	06/30/2017
Conscious Sedation Site Permit	SPC131	05/17/2007	06/30/2017
Conscious Sedation Administering Permit	CS053	08/27/2004	06/30/2015
Conscious Sedation Site Permit	SPC131	05/17/2007	06/30/2015
Conscious Sedation Site Permit	SPC131	05/17/2007	06/30/2013
Conscious Sedation Administering Permit	CS053	08/27/2004	06/30/2013
Conscious Sedation Administering Permit	CS053	08/27/2004	06/30/2009
Conscious Sedation Administering Permit	CS053	08/27/2004	06/30/2007
Conscious Sedation Site Permit	SPC10	08/27/2004	05/17/2007
Conscious Sedation Site Permit	SPC131	05/17/2007	06/30/2009
Conscious Sedation Administering Permit	CS053	08/27/2004	06/30/2011
Conscious Sedation Site Permit	SPC131	05/17/2007	06/30/2011
Conscious Sedation Administering Permit	CS053	08/27/2004	10/21/2018
Conscious Sedation Site Permit	SPC131	05/17/2007	10/21/2018

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Permit				Permit Number	Issue Date	Exp Date
Moderate Sedation Administering Permit (13 years of age & older)				MS053	01/01/0001	06/30/2019
Moderate Sedation Site Permit (13 years of age & older)				SPMS131	01/01/0001	06/30/2019
Moderate Sedation Site Permit (13 years of age & older)				SPMS131	01/01/0001	06/30/2021
Moderate Sedation Administering Permit (13 years of age & older)				MS053	01/01/0001	06/30/2021
Moderate Sedation Administering Permit (13 years of age & older)				MS053	01/01/0001	08/16/2021
Moderate Sedation Site Permit (13 years of age & older)				SPMS131	01/01/0001	06/30/2023

Board Action / Malpractice :

Action Type	Date	Document Link
Board Action	06/11/2004	
Board Action	05/20/2016	
Board Action	06/01/2001	
Board Action	05/18/1998	

← Close detail

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Agenda Item 7(f)(14):

Sunny Lee, 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, SUNNY LEE, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 7271 on the 17th day of August, 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]

[Signature]
 Licensee Signature

8/17/2023

Date of Signature (must correspond with notary date)

State of WISCONSIN

County of DALWYN

The statements on this document are subscribed and sworn before me this 17th day of AUGUST, 2023.



[Signature]
 Notary Public

08/07/2024
 My Commission Expires

06/2019



Nevada State Board of Dental Examiners

VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number : 7271

Search

Reset

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : 10 entries

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Dentist	Sunny Lee Jisun , DDS			Suspended-Non Renewal		

Full Name : Lee, Sunny Jisun , DDS

Primary Office Address :

City, State Zip :

Office Phone :

License Number : 7271

License Date : 07/16/2019

Status : Suspended-Non Renewal

Expiration Date : 06/30/2023

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

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8.28.23 SC

Agenda Item 7(f)(15):

Allyson M. Sailer, 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, Allyson Michael Sailer, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 3760 on the 26 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:



Allyson Michael Sailer
 Licensee Signature

07-26-23
 Date of Signature (must correspond with notary date)

State of Arizona
 County of Maricopa

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



Michelle J. Hannan
 Notary Public

June 20, 2025
 My Commission Expires

Received
 AUG 03 2023
 NSBDE
06/2019

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Sailer, Allyson Michael , RDH

Primary Office Address : ,

City, State Zip : ,

Office Phone :

License Number : 3760

License Date : 02/03/2001

Status : Revoked-Non Renewal

Expiration Date : 06/30/2022

Graduated From :

Graduation Date :

8.21.23
SC ✓

Permits :

Permit	Permit Number	Issue Date	Exp Date
Local Anesthesia	3760	01/01/0001	06/30/2018

Board Action / Malpractice :

Action Type	Date	Document Link

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Agenda Item 7(f)(16):

Tricia Mae Cueva, 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, TRINA MAC GUERRA, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 7052 on the 24 day of August, 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]

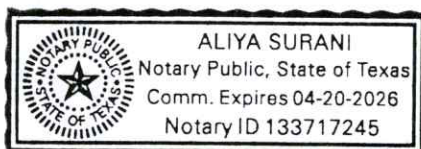
[Signature]
 Licensee Signature

Aug 24, 2023
 Date of Signature (must correspond with notary date)

State of Texas

County of Collin

The statements on this document are subscribed and sworn before me this 24th day of August, 20 23.



[Signature]
 Notary Public

04/20/2026
 My Commission Expires

Received

AUG 28 2023

NSBDE 06/2019

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
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Full Name : Cueva, Tricia Mae Aquino , DMD

Primary Office Address : 7181 N Hualapai Way, Ste 105

City, State Zip : Las Vegas, NV 89166

Office Phone : (702) 852-2244

License Number : 7052

License Date : 05/18/2018

Status : Suspended-Non Renewal

Expiration Date : 06/30/2024

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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Agenda Item 7(f)(17):

Dae Hahm, 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, Dae D. Hahn, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 7242 on the 28th day of August, 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]

[Signature]
 Licensee Signature

28 Aug 2023
 Date of Signature (must correspond with notary date)

State of New Jersey

County of Hudson

The statements on this document are subscribed and sworn before me this 28 day of August, 2023.

JORGE MORENO
 Notary Public, State of New Jersey
 Comm. # 50105235
 My Commission Expires 02/10/2027

[Signature]
 Notary Public

02/10/2027
 My Commission Expires

Received
 AUG 28 2023
 NSBDE

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Hahm, Dae Descartes , DMD

Primary Office Address : ,

City, State Zip : ,

Office Phone :

License Number : 7242

License Date : 06/14/2019

Status : Suspended-Non Renewal

Expiration Date : 06/30/2023

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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8/30/23
SC.

Agenda Item 7(g):

Discussion, Consideration, Review & Possible Approval/Rejections of Application for Dental Hygienist Application. The Board May Go Into Closed Session Pursuant to NRS 241.030 and/or Consider the Character, Alleged Misconduct, or Professional Competence of Dental Hygienist
NRS 241.033(4); NRS 631.190; NRS 631.215; NRS 631.260; NRS 631.290; NRS 631.330; NRS 631.349; NAC 631.050 (For Possible Action)

NRS 241.033 Meeting to consider character, misconduct, competence or health of person or to consider appeal of results of examination: Written notice to person required; exception; public body required to allow person whose character, misconduct, competence or health is to be considered to attend with representative and to present evidence; attendance of additional persons; copy of record.

1. Except as otherwise provided in subsection 7, a public body shall not hold a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person or to consider an appeal by a person of the results of an examination conducted by or on behalf of the public body unless it has:
 - (a) Given written notice to that person of the time and place of the meeting; and
 - (b) Received proof of service of the notice.
2. The written notice required pursuant to subsection 1:
 - (a) Except as otherwise provided in subsection 3, must be:
 - (1) Delivered personally to that person at least 5 working days before the meeting; or
 - (2) Sent by certified mail to the last known address of that person at least 21 working days before the meeting.
 - (b) May, with respect to a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of a person, include an informational statement setting forth that the public body may, without further notice, take administrative action against the person if the public body determines that such administrative action is warranted after considering the character, alleged misconduct, professional competence, or physical or mental health of the person.
 - (c) Must include:
 - (1) A list of the general topics concerning the person that will be considered by the public body during the closed meeting; and
 - (2) A statement of the provisions of subsection 4, if applicable.
3. The Nevada Athletic Commission is exempt from the requirements of subparagraphs (1) and (2) of paragraph (a) of subsection 2, but must give written notice of the time and place of the meeting and must receive proof of service of the notice before the meeting may be held.
4. If a public body holds a closed meeting or closes a portion of a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of a person, the public body must allow that person to:

- (a) Attend the closed meeting or that portion of the closed meeting during which the character, alleged misconduct, professional competence, or physical or mental health of the person is considered;
 - (b) Have an attorney or other representative of the person's choosing present with the person during the closed meeting; and
 - (c) Present written evidence, provide testimony and present witnesses relating to the character, alleged misconduct, professional competence, or physical or mental health of the person to the public body during the closed meeting.
- 5. Except as otherwise provided in subsection 4, with regard to the attendance of persons other than members of the public body and the person whose character, alleged misconduct, professional competence, physical or mental health or appeal of the results of an examination is considered, the chair of the public body may at any time before or during a closed meeting:
 - (a) Determine which additional persons, if any, are allowed to attend the closed meeting or portion thereof; or
 - (b) Allow the members of the public body to determine, by majority vote, which additional persons, if any, are allowed to attend the closed meeting or portion thereof.
- 6. A public body shall provide a copy of any record of a closed meeting prepared pursuant to [NRS 241.035](#), upon the request of any person who received written notice of the closed meeting pursuant to subsection 1.
- 7. For the purposes of this section:
 - (a) A meeting held to consider an applicant for employment is not subject to the notice requirements otherwise imposed by this section.
 - (b) Casual or tangential references to a person or the name of a person during a meeting do not constitute consideration of the character, alleged misconduct, professional competence, or physical or mental health of the person.
 - (c) A meeting held to recognize or award positive achievements of a person, including, without limitation, honors, awards, tenure and commendations, is not subject to the notice requirements otherwise imposed by this section.

(Added to NRS by [1993, 2636](#); A [2005, 977, 2246, 2248](#); [2011, 2388](#); [2019, 3624](#))

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

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

NRS 631.215 Persons deemed to be practicing dentistry; regulations regarding clinical practice of dentistry.

1. Any person shall be deemed to be practicing dentistry who:
 - (a) Uses words or any letters or title in connection with his or her name which in any way represents the person as engaged in the practice of dentistry, or any branch thereof;
 - (b) Advertises or permits to be advertised by any medium that the person can or will attempt to perform dental operations of any kind;
 - (c) Evaluates or diagnoses, professes to evaluate or diagnose or treats or professes to treat, surgically or nonsurgically, any of the diseases, disorders, conditions or lesions of the oral cavity, maxillofacial area or the adjacent and associated structures and their impact on the human body;
 - (d) Extracts teeth;
 - (e) Corrects malpositions of the teeth or jaws;
 - (f) Takes impressions of the teeth, mouth or gums, unless the person is authorized by the regulations of the Board to engage in such activities without being a licensed dentist;
 - (g) Examines a person for, or supplies artificial teeth as substitutes for natural teeth;
 - (h) Places in the mouth and adjusts or alters artificial teeth;
 - (i) Does any practice included in the clinical dental curricula of accredited dental colleges or a residency program for those colleges;
 - (j) Administers or prescribes such remedies, medicinal or otherwise, as are needed in the treatment of dental or oral diseases;
 - (k) Uses X-ray radiation or laser radiation for dental treatment or dental diagnostic purposes, unless the person is authorized by the regulations of the Board to engage in such activities without being a licensed dentist;
 - (l) Determines:
 - (1) Whether a particular treatment is necessary or advisable; or
 - (2) Which particular treatment is necessary or advisable; or
 - (m) Dispenses tooth whitening agents or undertakes to whiten or bleach teeth by any means or method, unless the person is:
 - (1) Dispensing or using a product that may be purchased over the counter for a person's own use; or
 - (2) Authorized by the regulations of the Board to engage in such activities without being a licensed dentist.
2. Nothing in this section:
 - (a) Prevents a dental assistant, dental hygienist, dental therapist or qualified technician from making radiograms or X-ray exposures for dental treatment or dental diagnostic purposes upon the direction of a licensed dentist.
 - (b) Prevents a dental hygienist or dental therapist from administering local anesthesia for pain management during treatment or using X-ray radiation or laser radiation for dental treatment or dental diagnostic purposes, upon authorization of a licensed dentist.
 - (c) Prohibits the performance of mechanical work, on inanimate objects only, by any person employed in or operating a dental laboratory upon the written work authorization of a licensed dentist.
 - (d) Prevents students from performing dental procedures that are part of the curricula of an accredited dental school or college or an accredited school of dental hygiene or an accredited school of dental therapy or an accredited school of dental assisting.
 - (e) Prevents a licensed dentist or dental hygienist from another state or country from appearing as a clinician for demonstrating certain methods of technical procedures before a dental society or organization, convention or dental college or an accredited school of dental hygiene or an accredited school of dental assisting.
 - (f) Prohibits the manufacturing of artificial teeth upon receipt of a written authorization from a licensed dentist if the manufacturing does not require direct contact with the patient.
 - (g) Prohibits the following entities from owning or operating a dental office or clinic if the entity complies with the provisions of [NRS 631.3452](#):
 - (1) A nonprofit corporation organized pursuant to the provisions of [chapter 82](#) of NRS to provide dental services to rural areas and medically underserved populations of migrant or homeless persons or persons in rural communities pursuant to the provisions of 42 U.S.C. § 254b or 254c.
 - (2) A federally-qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B) operating in compliance with other applicable state and federal law.
 - (3) A nonprofit charitable corporation as described in section 501(c)(3) of the Internal Revenue Code and determined by the Board to be providing dental services by volunteer licensed dentists at no charge or at a substantially reduced charge to populations with limited access to dental care.
 - (h) Prevents a person who is actively licensed as a dentist in another jurisdiction from treating a patient if:
 - (1) The patient has previously been treated by the dentist in the jurisdiction in which the dentist is licensed;

- (2) The dentist treats the patient only during a course of continuing education involving live patients which:
 - (I) Is conducted at an institute or organization with a permanent facility registered with the Board for the sole purpose of providing postgraduate continuing education in dentistry; and
 - (II) Meets all applicable requirements for approval as a course of continuing education; and
 - (3) The dentist treats the patient only under the supervision of a person licensed pursuant to [NRS 631.2715](#).
 - (i) Prohibits a person from providing goods or services for the support of the business of a dental practice, office or clinic owned or operated by a licensed dentist or any entity not prohibited from owning or operating a dental practice, office or clinic if the person does not:
 - (1) Provide such goods or services in exchange for payments based on a percentage or share of revenues or profits of the dental practice, office or clinic; or
 - (2) Exercise any authority or control over the clinical practice of dentistry.
 - 3. The Board shall adopt regulations identifying activities that constitute the exercise of authority or control over the clinical practice of dentistry, including, without limitation, activities which:
 - (a) Exert authority or control over the clinical judgment of a licensed dentist; or
 - (b) Relieve a licensed dentist of responsibility for the clinical aspects of the dental practice.
 - Such regulations must not prohibit or regulate aspects of the business relationship, other than the clinical practice of dentistry, between a licensed dentist or professional entity organized pursuant to the provisions of [chapter 89](#) of NRS and the person or entity providing goods or services for the support of the business of a dental practice, office or clinic owned or operated by the licensed dentist or professional entity.
- [Part 2:152:1951]—(NRS A [1967, 864; 1971, 532; 1981, 1971; 1983, 1111; 1987, 858; 1995, 275; 2005, 271; 2009, 1093, 1526, 3003; 2013, 995; 2019, 3206](#))

NRS 631.260 Issuance of licenses by Board. Except as otherwise provided in subsection 3 of [NRS 631.220](#), as soon as possible after the examination has been given, the Board, under rules and regulations adopted by it, shall determine the qualifications of the applicant and shall issue to each person found by the Board to have the qualifications therefor a license which will entitle the person to practice dental hygiene, dental therapy or dentistry, or any special branch of dentistry, as in such license defined, subject to the provisions of this chapter.

[Part 5:152:1951]—(NRS A [2015, 3876](#); [2019, 3209](#))

NAC 631.290 Service of process on attorney. (NRS 631.190) Following the entry of an appearance by an attorney for a party, all notices, pleadings and orders to be served on that party must be served upon the attorney, and that service is valid for all purposes upon the party represented.

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

NAC 631.330 Service of process. (NRS 631.190) Any document required to be served by a party, other than a notice of a hearing, complaint, adverse decision or order of the Board, may be served by mail. The service shall be deemed complete when a true copy of the document, properly addressed and stamped, is deposited in the United States mail.

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

NRS 631.349 Examples of unprofessional conduct not complete list or authorization of other acts; Board may hold similar acts unprofessional conduct. The acts described in [NRS 631.346](#) to [631.3485](#), inclusive, must not be construed as a complete list of dishonorable or unprofessional conduct, or as authorizing or permitting the performance of other and similar acts, or as limiting or restricting the Board from holding that other or similar acts constitute unprofessional or dishonorable conduct.

(Added to NRS by [1983, 1108](#))

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

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

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

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

Agenda Item 7(g)(1):

Lori Wilson, RDH

Agenda Item 7(h):

**Discussion, Consideration, Review & Possible Approval/
Rejection of Using LiveScan to Supplant Fingerprint
Cards for Submission to Law Enforcement for
Verification of Background Information
NRS 631.190; NRS 631.220; NAC 631.020; NAC 631.030;
NAC 631.050**

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

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

NRS 631.220 Application for license: Filing; contents; approval or rejection without Board review; regulations.

1. Every applicant for a license to practice dental hygiene, dental therapy or dentistry, or any of its special branches, must:

(a) File an application with the Board.

(b) Accompany the application with a recent photograph of the applicant together with the required fee and such other documentation as the Board may require by regulation.

(c) Submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

(d) If the applicant is required to take an examination pursuant to NRS 631.240, 631.300 or 631.3121, submit with the application proof satisfactory that the applicant passed the examination.

2. An application must include all information required to complete the application.

3. The Secretary-Treasurer may, in accordance with regulations adopted by the Board and if the Secretary-Treasurer determines that an application is:

(a) Sufficient, advise the Executive Director of the sufficiency of the application. Upon the advice of the Secretary-Treasurer, the Executive Director may issue a license to the applicant without further review by the Board.

(b) Insufficient, reject the application by sending written notice of the rejection to the applicant.

[Part 5:152:1951]—(NRS A 1967, 865; 1987, 858; 1989, 1739; 1995, 276; 1997, 2124; 2003, 2860; 2005, 2717, 2807; 2007, 505; 2015, 3875; 2019, 3208)

NAC 631.020 Secretary-Treasurer: Duties; bond. (NRS 631.160, 631.190)

1. The Secretary-Treasurer shall attend all meetings and hearings of the Board and ensure that minutes of the proceedings are taken.
2. The Secretary-Treasurer shall:
 - (a) Examine all applications for licensure and require that the approved forms are properly executed;
 - (b) Ensure that the provisions of this chapter which relate to licensure are observed by applicants and licensees; and
 - (c) Perform such other duties as the Board may direct.
3. The Secretary-Treasurer must have a bond executed in the amount of \$1,000 to indemnify the Board for any loss of its money which is caused by his or her actions. The premium for the bond must be paid from the money of the Board.

[Bd. of Dental Exam'rs, § II, eff. 7-21-82] — (NAC A 12-15-87; R169-01, 4-5-2002)

NAC 631.030 Provision of certain information and documentation by applicant for licensure; provision of certain additional information for licensure by endorsement; requirements for use of laser radiation in practice. (NRS 622.530, 631.190, 631.220, 631.230, 631.255, 631.272, 631.274, 631.290)

1. An applicant for licensure must provide the following information and documentation in his or her application:

(a) The date and place of his or her birth;

(b) Certification of graduation from an accredited dental school or college or from an accredited school or college of dental hygiene, whichever is applicable;

(c) Whether he or she has applied for similar licensure in another state or a territory of the United States or the District of Columbia and, if so, the name of the state or territory of the United States or the District of Columbia, the date and the result of his or her application;

(d) If he or she has practiced dentistry or dental hygiene in another state or a territory of the United States or the District of Columbia, certification from the licensing authority of each state or territory of the United States or the District of Columbia in which he or she has practiced or is practicing that he or she is in good standing and that there are not any disciplinary proceedings affecting his or her standing pending against him or her in the other state or territory of the United States or the District of Columbia;

(e) Whether he or she has terminated or attempted to terminate a license from another state or territory of the United States or the District of Columbia and, if so, the reasons for doing so;

(f) If he or she is not a natural born citizen of the United States, a copy of his or her certificate of naturalization or other document attesting that he or she is legally eligible to reside and work in the United States;

(g) All scores obtained on the examination in which he or she was granted a certificate by the Joint Commission on National Dental Examinations and the date it was issued;

(h) Whether he or she has ever been convicted of a crime involving moral turpitude or has entered a plea of nolo contendere to a charge of such a crime and, if so, the date and place of the conviction or plea and the sentence, if any, which was imposed;

(i) Whether he or she has had any misdemeanor or felony convictions and, if so, any documents relevant to any misdemeanor or felony convictions;

(j) Whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;

(k) Whether he or she has a history of substance abuse and, if so, any documents relevant to the substance abuse;

(l) Whether he or she has been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia, or any regional testing agency recognized by the Board and, if so, any documents relevant to the refusal;

(m) Whether he or she has been denied licensure by this State, any other state or territory of the United States or the District of Columbia and, if so, any documents relevant to the denial;

(n) Whether he or she has had his or her license to practice dentistry or dental hygiene suspended, revoked or placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry or dental hygiene, including, without limitation, receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the suspension, revocation, probation or other discipline;

(o) A copy of current certification in administering cardiopulmonary resuscitation;

(p) Whether he or she is currently involved in any disciplinary action concerning his or her license to practice dentistry or dental hygiene in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the reprimand or disciplinary action;

(q) Two sets of certified fingerprint cards and an authorization form allowing the Board to submit the fingerprint forms to law enforcement agencies for verification of background information;

(r) Whether he or she has any claims against him or her or has committed any actions that would constitute unprofessional conduct pursuant to NRS 631.3475 or NAC 631.230;

(s) An application form that he or she has completed and signed which:

(1) Is furnished by the Board; and

(2) Includes, without limitation, a properly executed request to release information;

(t) If applicable, the statement and proof required by subsection 3;

(u) Evidence that he or she is eligible to apply for a license to practice:

(1) Dentistry pursuant to NRS 631.230; or

(2) Dental hygiene pursuant to NRS 631.290;

(v) The statement required by NRS 425.520; and

(w) Any other information requested by the Board.

2. An applicant for licensure by endorsement pursuant to NRS 622.530 must provide the following information and documentation with his or her application:

(a) The information and documentation listed in subsection 1;

(b) A certificate granted by a nationally recognized, nationally accredited or nationally certified examination or other examination approved by the Board which proves that the applicant has achieved a passing score on such an examination; and

(c) Proof that the applicant has actively practiced dentistry or dental hygiene for the 5 years immediately preceding the date of submission of the application.

3. An applicant for licensure who wishes to use laser radiation in his or her practice of dentistry or dental hygiene must provide to the Board:

(a) A statement certifying that each laser that will be used by the licensee in the practice of dentistry or dental hygiene has been cleared by the Food and Drug Administration for use in dentistry; and

(b) Proof that he or she has successfully completed a course in laser proficiency that:

(1) Is at least 6 hours in length; and

(2) Is based on the Curriculum Guidelines and Standards for Dental Laser Education, adopted by reference pursuant to NAC 631.035.

[Bd. of Dental Exam'rs, § III, eff. 7-21-82] — (NAC A 10-21-83; 12-15-87; 4-3-89; 9-6-96; R169-01, 4-5-2002; R139-05, 12-29-2005; R159-08, 4-23-2009; R143-17, 5-16-2018)

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

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

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

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