

NEVADA STATE BOARD
of
DENTAL EXAMINERS



DENTAL HYGIENE & DENTAL THERAPY
COMMITTEE MEETING

WEDNESDAY, JANUARY 31ST, 2024

6:00 P.M.

PUBLIC BOOK

Nevada State Board of Dental Examiners



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

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE DENTAL HYGIENE-DENTAL THERAPY COMMITTEE MEETING

Meeting Date & Time

Wednesday, January 31st, 2024

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#: **816 7408 8205**

Zoom Webinar/Meeting Passcode: **034551**

PUBLIC NOTICE:

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

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov**. Written submissions received by the Board on or before **Tuesday, January 30th, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

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

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

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

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

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

1. Call to Order

- Roll call/Quorum

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

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

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, January 30th, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

***3. Chairman's Report:** Co-Chair Dr. Branco, DMD & Co-Chair Ms. Yamilka Arias, RDH (For Possible Action)

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

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

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

***a. Discussion, Consideration and Possible Approval/Rejection for Public Health Dental Hygiene Program – NAC 631.210, NAC 631.190, NAC 631.310, NAC 631.313, NAC 631.317**
(For Possible Action)

(1) Jessica Woods, RDH – Dental Hygiene Direct Program Application

***b. Discussion, Consideration and Possible Approval/Rejection for Public Health Endorsement Application. NRS 631.287** (For Possible Action)

(1) Carrie Wucinich, RDH – Dental Hygiene Direct
(2) Marvelyn Navarro, RDH – Dental Hygiene Direct
(3) Elizabeth Met, RDH – Dental Hygiene Direct

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

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 **Tuesday, January 30th, 2024, 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.

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6. Announcements

***7. Adjournment** (For Possible Action)

PUBLIC NOTICE POSTING LOCATIONS

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

Agenda Item 4(a):

**Discussion, Consideration & Possible
Approval/Rejection for Public Health**

Dental Hygiene Program

NAC 631.120, NAC 631.190,

NAC 631.310, NAC 631.313,

NAC 631.317

(For Possible Action)

CONFIDENTIAL

NAC 631.210 Dental hygienists: Authorization to perform certain services; referral of patient to authorizing dentist for certain purposes. ([NRS 631.190](#), [631.310](#), [631.313](#), [631.317](#))

1. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to perform the following acts before a patient is examined by the dentist:

(a) Expose radiographs.

(b) Conduct an assessment of the oral health of the patient through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of the patient.

(c) After conducting an assessment pursuant to paragraph (b), develop a dental hygiene care plan to address the oral health needs and problems of the patient.

(d) Take impressions for the preparation of diagnostic models.

↳ The dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services authorized pursuant to this subsection are to be performed.

2. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to:

(a) Remove stains, deposits and accretions, including dental calculus.

(b) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or bur may be used only to polish a restoration. As used in this paragraph, "oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.

(c) Provide dental hygiene care that includes:

(1) Assessment of the oral health of patients through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients.

(2) Implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1).

(3) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (2) in order to identify the subsequent treatment, continued care and referral needs of the patient.

(d) Take the following types of impressions:

(1) Those used for the preparation of diagnostic models;

(2) Those used for the fabrication of temporary crowns or bridges; and

(3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.

(e) Perform subgingival curettage.

(f) Remove sutures.

(g) Place and remove a periodontal pack.

(h) Remove excess cement from cemented restorations and orthodontic appliances. A dental hygienist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.

- (i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (j) Recement and repair temporary crowns and bridges.
- (k) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.
- (l) Place a temporary restoration with nonpermanent material as a palliative treatment.
- (m) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:
 - (1) Antimicrobial agents;
 - (2) Fluoride preparations;
 - (3) Topical antibiotics;
 - (4) Topical anesthetics; and
 - (5) Topical desensitizing agents.
- (n) Apply pit and fissure sealant to the dentition for the prevention of decay

↳ Before performing any of the services set forth in this subsection, the dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services are to be performed and the patient must have been examined by that dentist not more than 18 months before the services are to be performed. After performing any of the services set forth in this subsection, the dental hygienist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental hygienist is not authorized to perform.

3. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ and under his or her supervision to:

- (a) Place and secure orthodontic ligatures.
- (b) Fabricate and place temporary crown and bridges.
- (c) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental hygienist to perform this procedure.
- (d) Perform nonsurgical cytologic testing.
- (e) Apply and activate gels for bleaching teeth with a light source.
- (f) Use a laser that has been cleared by the Food and Drug Administration to perform intrasulcular periodontal procedures or tooth whitening procedures if:
 - (1) The use of such a laser for those purposes is within the scope of the education, experience and training of the dental hygienist;
 - (2) Before operating the laser, the dental hygienist has provided proof to the supervising dentist that the dental hygienist has successfully completed a course in laser proficiency that:
 - (I) Is at least 6 hours in length; and
 - (II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#); and
 - (3) The supervising dentist has successfully completed a course in laser proficiency that:
 - (I) Is at least 6 hours in length; and

(II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#).

↪ The dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services authorized pursuant to this subsection are to be performed.

4. If a dentist who is licensed in this State has in his or her employ and under his or her supervision a dental hygienist who has:

(a) Successfully completed a course of continuing education in the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, which has been approved by the Board; or

(b) Graduated from an accredited program of dental hygiene which includes the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, in its curriculum,

È the dentist may authorize the dental hygienist to administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if the dental hygienist has received from the Board a certificate or permit certifying the hygienist for this level of administration. The dental hygienist must obtain the authorization from the licensed dentist of the patient on whom the services are to be performed.

5. A dental hygienist in a health care facility may administer local intraoral chemotherapeutic agents and, if he or she has complied with paragraph (a) or (b) of subsection 4, may administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if he or she first:

(a) Obtains written authorization from the licensed dentist of the patient to whom the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are to be administered; and

(b) Submits to the Secretary-Treasurer a written confirmation from the director of the health care facility that the facility has licensed medical personnel and necessary emergency supplies and equipment that will be available when the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are administered.

6. The Board may authorize a dental hygienist to perform the services set forth in subsection 1 and paragraphs (a) to (n), inclusive, of subsection 2 without supervision by a dentist and without authorization from the licensed dentist of the patient on whom the services are to be performed, at a health facility, a school or a place in this State approved by the Board after the Board:

(a) Issues a special endorsement of the dental hygienist's license.

(b) Approves the treatment protocol submitted by the dental hygienist which includes an explanation of the methods that the dental hygienist will use to:

(1) Treat patients; and

(2) Refer patients to a dentist for:

(I) Follow-up care;

(II) Diagnostic services; and

(III) Any service that the dental hygienist is not authorized to perform.

7. The Board may revoke the authorization described in subsection 6 if the:

(a) Dental hygienist fails to renew his or her license or it is cancelled, suspended or revoked;

(b) Board receives a complaint filed against the dental hygienist;

(c) Dental hygienist commits an act which constitutes a cause for disciplinary action; or

(d) Dental hygienist violates any provision of this chapter or [chapter 631](#) of NRS.

NAC 631.190 Specialties. (NRS 631.190, 631.250, 631.255) The only specialties for which the Board will issue licenses are:

1. Oral and maxillofacial pathology;
2. Oral and maxillofacial surgery;
3. Orthodontia;
4. Periodontia;
5. Prosthodontia;
6. Pediatric dentistry;
7. Endodontia;
8. Public health; and
9. Oral and maxillofacial radiology.

[Bd. of Dental Exam'rs, § XXI, eff. 7-21-82] — (NAC A 10-7-85; R158-08, 12-17-2008)

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↪ Nothing in this subsection prohibits a dental hygienist from reapplying for authorization to perform the services described in subsection 6 if the Board revokes the authorization pursuant to this subsection.

8. As used in this section:

(a) “Health care facility” has the meaning ascribed to it in [NRS 162A.740](#).

(b) “Health facility” has the meaning ascribed to it in subsection 6 of [NRS 449.260](#).

(c) “School” means an elementary, secondary or postsecondary educational facility, public or private, in this State.

[Bd. of Dental Exam’rs, § XXIII, eff. 7-21-82] — (NAC A 7-30-84; 4-3-89; 3-11-96; R154-97, 1-14-98; R217-99, 4-3-2000; R231-03, 5-25-2004; R139-05, 12-29-2005; R066-11, 2-15-2012; R119-15, 6-28-2016)

NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene; renewal.

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

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

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

NRS 631.3453 Exemption from requirement to designate actively licensed dentist as dental director of dental office or clinic The provisions of [NRS 631.3452](#) requiring the designation of an actively licensed dentist as a dental director do not apply to a program for the provision of public health dental hygiene or dental therapy if:

1. The program is owned or operated by a dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to [NRS 631.287](#) or a dental therapist licensed pursuant to this chapter; and

2. Each person employed to provide public health dental hygiene pursuant to the program is either a dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to [NRS 631.287](#) or a dental therapist licensed pursuant to this chapter.

(Added to NRS by [2013, 478](#); A [2019, 3217](#))

NAC 631.310 Motions. (NRS 631.190)

1. All motions, unless made during a hearing, must be made in writing. All written motions must set forth the nature of relief sought, the grounds therefor, and the points and authorities relied upon in support of the motion.
2. A party desiring to oppose a motion may serve and file a written response to the motion within 20 days after service of the motion. The moving party may serve and file a written reply to the response within 10 days after service of the response.
3. A decision on the motion will be rendered without oral argument unless oral argument is requested by the Board, in which event the Board will set a date and time for hearing.

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

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Agenda Item 4(a)(1):

Jessica Woods, RDH

Dental Hygiene Direct Program Application

CONFIDENTIAL

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

Application for Proposed Public Health Dental Hygiene Program

Name of Program: Dental Hygiene Direct

Nevada State Business License No: 20232876420

Location(s) of health facility, school, or place in the State of Nevada approved by the Board where the services for this program are intended to be performed (attach additional page if needed):

Address: Various City, State & Zip Various

Will this program be providing professional liability coverage to licensees with a valid Nevada Dental Hygiene Public Health Endorsement who provide services for this program: NO YES *If Yes, provide policy information below:*

Name of Carrier: AMBA

Policy No. AHY-659726012 Effective Date: 7/12/2023 Expiration Date: 7/12/2024

Program Director/Administrator Contact Information:

Name: Jessica Woods NSBDE License No.: 102237

Address: [REDACTED] City, State & Zip Code: [REDACTED]

Telephone: [REDACTED] Email Address: [REDACTED]

Program Protocol Summary:

- 1) Provide a detailed description of the intended population and mission of the proposed program (attach additional pages if needed):

See attached protocol.

- 2) Provide a detailed description of each service intended to be offered in the proposed program (attach additional pages if needed):

See attached protocol.

Cont. Application for Proposed Public Health Dental Hygiene Program

- 3) Provide specific treatment protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use to:

a) Treat patients (attach additional pages if needed)

See attached protocol.

b) Refer patients to a dentist for follow-up care; diagnostic services; and any other service that a dental hygienist is not authorized to perform (attach additional pages if needed)

See attached protocol.

- 4) Provide specific protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use for emergencies:

See attached protocol.

- 5) Provide infection control protocols for clinical and sterilization equipment (attach additional pages if needed):

Note: A program may be subject to an Initial Infection Control Inspection. Fee for inspection is \$250.

See attached protocol.

- 6) Provide a detailed description of how recordkeeping will be maintained on patients as well as services rendered by Nevada licensees with an active Nevada Dental Hygiene Public Health Endorsement for this program (attach additional pages if needed):

See attached protocol.



Signature of Program Director/Administrator

10/6/2023

Date

Agenda Item 4(b):

**Discussion, Consideration & Possible
Approval/Rejection for Public Health
Endorsement Application**

NRS 631.287

(For Possible Action)

CONFIDENTIAL

NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene; renewal.

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

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

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

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Agenda Item 4(b)(1):

**Carrie Wucinich, RDH
Dental Hygiene Direct**

CONFIDENTIAL



Nevada State Board of Dental Examiners
 6010 S. Rainbow Blvd., Bldg. A, Ste. 1
 Las Vegas, NV 89118

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Carrie Wucinich License No: 101473
 Address: [REDACTED] Home Phone: [REDACTED]
 City, State & Zip Code: [REDACTED]
 E-mail: Carriebeerie@lv.com Work Phone: _____
 Agency Affiliation for Endorsement: Dental Hygiene Direct Agency Phone: 714-292-3291
 Agency Address: 1930 Village Center Circle, Suite 3-957, Las Vegas, NV 89134
 Dental Hygiene Education Institution: CSN
 Year of Graduation: 2008 Degree Received: AS

Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.
Included in protocol submitted by the program.

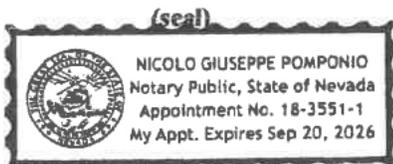
Previous Public Health Dental Hygiene Endorsements: _____

Please sign and have notarized:

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

Signature: [Signature] Date: 10-4-2023

Notary: [Signature] Date: 10/4/23



Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

Nevada State Board of Dental Examiners
 6010 S Rainbow Blvd., Suite A1
 Las Vegas, NV 89118



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

Notification of Additional Program through Special Health Endorsement

Licensee Name: Carrie Wucimel License No. 101473

Licensee's Mailing Address: [REDACTED]
[REDACTED]

Do you have a current special health endorsement? Yes _____ No X

Name of Additional Program: Dental Hygiene Direct

Address for Additional Program: 1930 Village Center Circle, Suite 3-957
Las Vegas, NV 89134

Telephone Number for Additional Program: 714-292-3291

Name of Program Director: Jessica Woods

****Please note**** You may only provide public health dental hygiene after receiving a special health endorsement approved by the Board and you may only provide these services at the following, Board approved programs, health care facility, health facility and schools pursuant to NAC 631.210(7). Please verify with the Board office regarding Board approved programs.

For Office Use:

Verify Program/Facility: _____

Date Licensees additional program information was updated. _____ by _____

Agenda Item 4(b)(2):

**Marvelyn Navarro, RDH
Dental Hygiene Direct**



Nevada State Board of Dental Examiners
 6010 S. Rainbow Blvd., Bldg. A, Ste. 1
 Las Vegas, NV 89118

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Marrelyn Navarro License No: 102195
 Address: [Redacted] Cell Phone: [Redacted]
 City, State & Zip Code: [Redacted] Home Phone: [Redacted]
 E-mail: marrelyn.navarro@gmail.com Work Phone: _____
 Agency Affiliation for Endorsement: Dental Hygiene Direct Agency Phone: 714-292-3291
 Agency Address: 1930 Village Center Circle, Suite 3-957, Las Vegas, NV 89134
 Dental Hygiene Education Institution: College of Southern Nevada
 Year of Graduation: 2016 Degree Received: AS-DH

Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.
 Included in protocol submitted by the program.

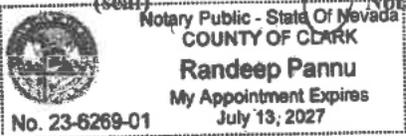
Previous Public Health Dental Hygiene Endorsements: _____

Please sign and have notarized:

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

Signature: Marrelyn Navarro Date: 10/5/23

Notary: [Signature] Date: 10/5/23



Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

Nevada State Board of Dental Examiners
 6010 S Rainbow Blvd., Suite A1
 Las Vegas, NV 89118



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
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Notification of Additional Program through Special Health Endorsement

Licensee Name: Marvelyn Navarro License No. 102195

Licensee's Mailing Address: [REDACTED]

Do you have a current special health endorsement? Yes _____ No X

Name of Additional Program: Dental Hygiene Direct

Address for Additional Program: 1930 Village Center Circle, Suite 3-957
Las Vegas, NV 89134

Telephone Number for Additional Program: 714-292-3291

Name of Program Director: Jessica Woods



****Please note**** You may only provide public health dental hygiene after receiving a special health endorsement approved by the Board and you may only provide these services at the following, Board approved programs, health care facility, health facility and schools pursuant to NAC 631.210(7). Please verify with the Board office regarding Board approved programs.



For Office Use:

Verify Program/Facility: _____

Date Licensees additional program information was updated: _____ by _____

Agenda Item 4(b)(3):

**Elizabeth Metz, RDH
Dental Hygiene Direct**



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

Notification of Additional Program through Special Health Endorsement

Licensee Name: Elizabeth Metz License No. 3160

Licensee's Mailing Address: [REDACTED]

[REDACTED]

Do you have a current special health endorsement? Yes No

Name of Additional Program: Dental Hygiene Direct

Address for Additional Program: 1930 Village Center Circle, Suite 3057

Las Vegas, NV 89134

Telephone Number for Additional Program: 702-333-3565

Name of Program Director: Jessica Woods

.....
Please note You may only provide public health dental hygiene after receiving a special health endorsement approved by the Board and you may only provide these services at the following: Board approved programs, health care facility, health facility and schools pursuant to NAC 631.210(7). Please verify with the Board office regarding Board approved programs.

.....
For Office Use:

Verify Program/Facility: _____

Date Licensees additional program information was updated: _____ by _____

NEVADA STATE BOARD
of
DENTAL EXAMINERS



DENTAL HYGIENE
& DENTAL THERAPY
COMMITTEE MEETING

WEDNESDAY, JANUARY 10TH, 2024

6:00 P.M.

PUBLIC COMMENT BOOK



DENTAL HYGIENE DIRECT

January 28, 2024

Dear NSBDE Dental Hygiene/Dental Therapy Committee,

I am writing in reference to agenda item 4(a)(1) and 4(b)(1-3). I would like to express my heartfelt appreciation for your time and consideration of the Dental Hygiene Direct program application. Based on the feedback from the members of this Committee on 10/31/2023 and the NSBDE Executive Director, I have made all requested changes and included all requested supplemental information to the Program protocol. Additionally, I have had the Program protocol reviewed by various subject matter experts at the American Mobile and Teledentistry Alliance (AMTA) to ensure that the Program aligns with NRS and NAC as well as other industry best practices. AMTA has provided this Committee with a letter of support for the Program via a separate submission.

As a practicing public health dental hygienist in Nevada (among other states) and an active member of AMTA for many years, I take great pride in following and upholding the highest level of ethics in the field of public health and portable/mobile dentistry. To further demonstrate that commitment, I would like to share the AMTA Professional Pledge (attached) that I took when becoming a member. While it's difficult to capture all the intricacies of the Program within one central document, I can assure the members of the Dental Hygiene/Dental Therapy Committee that with the approval of the Dental Hygiene Direct program, this same level of ethics will be maintained by both myself and other public health endorsed hygienists working for the Program.

I would respectfully ask the Committee to provide approval to the Program and requested hygienists, so that we can begin providing much needed oral hygiene services to the underserved residents of the state, that have been eagerly awaiting this approval. Again, thank you for your time and consideration.

Sincerely,

Jessica L. Woods, MPH, RDH



Professional Pledge American Mobile & Teledentistry Alliance

As a member of the American Mobile & Teledentistry Alliance (AMTA) and as a health care professional, I pledge to follow and uphold the following principles and values:

1. To remain accountable to patients and the public to which I serve. I will seek to provide safe, appropriate non-prejudice treatment for my patients, allowing my patients to make informed decisions regarding their health and treatment opportunities.
2. To consistently provide the highest quality care for my patients by using evidence to inform my practice, remaining committed to the ethical standards of my profession, whether as one providing patient care or as an ally of health care professionals. I will exhibit the highest level of professional excellence.
3. To strive for complete trust, respect and transparency in the delivery of oral care as either a oral care provider or allied health care professional.
4. To remain informed on best practices and seek opportunities for continuing education and growth through evidence based research as the mobile and teledentistry model of delivery of care grows.
5. To treat fellow members with courtesy and respect and embrace a collaborative approach that will further our organization as AMTA strives to be the leading voice in dentistry.

I will hold these principles and values for my fellow members, professional peers, patients, the public as a whole and myself.

Name & credentials

Signature

Date

**To receive your official AMTA Professional Pledge badge,
please return signed pledges to americanmda@gmail.com.*



American Mobile & Teledentistry Alliance (AMTA)

www.amda.net

americanmda@gmail.com

December 27, 2023

Dear Nevada State Board of Dental Examiners,

The American Mobile & Teledentistry Alliance (AMTA) is designated a 501(c)4 nonprofit organization and is the only professional association focused on the future of Alternative Care Delivery Models. AMTA is designed to support the dental professionals, dental practices and brands around the world who are utilizing mobile, virtual and other non-traditional care delivery methods.

We would like to express our support for the program protocol that was submitted by Dental Hygiene Direct. The protocols submitted were reviewed by subject matter experts within our organization and we confirm that the program is aligned with industry-leading best practices. Jessica Woods, the founder, is an active member of AMTA in good standing.

Additionally, we understand that NSBDE will soon be implementing teledentistry regulations based on recent legislation that was passed in Nevada. We would like to offer our support during the rulemaking process and are available to provide resources to ensure an efficient implementation. We have various updated resources, white papers, and standards of care documents available to the public and members. We've included one example in the link below. Our leadership is also available to provide educational webinars, roundtables and consultation regarding virtual care implementation, standards and operating procedures. You are also cordially invited to attend our annual conference taking place on March 1-2, 2024 in Dallas, Texas. More information can be found at www.nmdconference.com.

AMTA Comprehensive Policy Statement on Teledentistry:

<https://www.amda.net/resources/Documents/AMTA%20Comprehensive%20Policy%20Statement%20on%20Teledentistry.pdf>

Sincerely,

Melissa Turner, BASDH, RDHEP, EFDA

Founding Board Member, American Mobile & Teledentistry Alliance

717-682-2419