

NEVADA STATE BOARD of DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

WEDNESDAY, JULY 10, 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

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time

Wednesday, July 10th, 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#: 898 4773 4820

Zoom Webinar/Meeting Passcode: 171109

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form and Live Public Comment 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, July 9, 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 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, July 9, 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. 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) Board Meeting – 6/12/2024

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

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

b. Regulatory Update (For Informational Purposes Only)

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

- (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) Review Panel 1
- (ii) Review Panel 2
- (iii) Review Panel 3

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

NRS 631.3635; NRS 622A.170; NRS 622.330 (For Possible Action)

- (1) Deep Dhillon, DDS

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

- (1) Dr. X – The Board received information alleging Dr. X may have breached the standard of care, thereby potentially violating NRS 631.3475 and NRS 631.349.
- (2) Dr. Y - The Board received information alleging Dr. Y may have breached the standard of care, thereby potentially violating NRS 631.3475 and NRS 631.349.
- (3) Dr. Z - The Board received information alleging Dr. Z may have breached the standard of care, thereby potentially violating NRS 631.3475 and NRS 631.349.

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

***a. Review, consider and discuss proposed budget for Fiscal Year Ending (FYE) June 30th, 2025 for approval/rejection of the proposed budget for FYE June 30th, 2025 – NRS 631.190** (For Possible Action)

(1) Rich, Wightman & Co. – Tyler Frigaard, CPA

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

- (1) Guadalupe Gutierrez, DMD – Moderate Sedation
- (2) Robinpreet Singh Pannu, DDS – General Anesthesia
- (3) Rajan K. Sheth, DMD – Moderate Sedation
- (4) Romulo Guideng, DMD – Moderate Sedation
- (5) Kenneth L., Reed, DMD – General Anesthesia

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

- (1) Joseph L. Weber, DMD – Moderate Sedation
- (2) Charles Ki Cheol Lee, DDS – Moderate Sedation
- (3) Terry Meads, DMD – Moderate Sedation
- (4) Nathan Antoine, DMD – Moderate Sedation
- (5) Creed Smith Haymond, DDS – General Anesthesia
- (6) Edward Gray, DMD – General Anesthesia
- (7) Thomas Patrick Myatt, DDS – General Anesthesia
- (8) Greg A. Roberts, DDS – General Anesthesia

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

- (1) safeTALK – Suicide Awareness for everyone Tell, Ask, Listen, Keep Safe – (3 Units) – Richard Egan
- (2) Special Care Dentistry and the Dental Team: A look at each team member on the dental team and why everyone is important – (4 Units) – Keith Benson, DMD

***e Approval Rejection of Voluntary Surrender of License – NAC 631.160; NRS 631.190** (For Possible Action)

- (1) Denise L. Fox, RDH

***7. Public Comment (Live public comment 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, July 9, 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 speakers.

***8. Announcements**

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

PUBLIC NOTICE POSTING LOCATIONS

Office of the NSBDE 2651 N GREEN VALLEY PKWY, Ste 104, Henderson, Nevada 89014
Nevada State Board of Dental Examiners Website: www.dental.nv.gov
Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 4(a):

Approval/Rejection on Minutes
(For Possible Action)

Agenda Item 4(a)(1):
Board Meeting 6-12-24

Agenda Item 5(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*)**

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](#))

Agenda Item 5(c)(1)(i):

Review Panel 1

Agenda Item 5(c)(1)(ii):

Review Panel 2

Agenda Item 5(c)(1)(iii):

Review Panel 3

Agenda Item 5(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](#))

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Agenda Item 5(e):

Authorized Investigative Complaints - NRS 631.360
(For Possible Action)

NRS 631.360 Investigation, notice and hearing; subpoena; search warrant; continuances; retention of complaints; regulations. [Effective January 1, 2020.]

1. Except as otherwise provided in [NRS 631.364](#), the Board may, upon its own motion, and shall, upon the verified complaint in writing of any person setting forth facts which, if proven, would constitute grounds for initiating disciplinary action, investigate the actions of any person who practices dentistry, dental hygiene or dental therapy in this State. A complaint may be filed anonymously. If a complaint is filed anonymously, the Board may accept the complaint but may refuse to consider the complaint if anonymity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. The Board shall, before initiating disciplinary action, at least 10 days before the date set for the hearing, notify the accused person in writing of any charges made. The notice may be served by delivery of it personally to the accused person or by mailing it by registered or certified mail to the place of business last specified by the accused person, as registered with the Board.

3. At the time and place fixed in the notice, the Board shall proceed to hear the charges. If the Board receives a report pursuant to subsection 5 of [NRS 228.420](#), a hearing must be held within 30 days after receiving the report.

4. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may adopt regulations that set forth a procedure pursuant to which the Executive Director may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

5. The Board may obtain a search warrant from a magistrate upon a showing that the warrant is needed for an investigation or hearing being conducted by the Board and that reasonable cause exists to issue the warrant.

6. If the Board is not sitting at the time and place fixed in the notice, or at the time and place to which the hearing has been continued, the Board shall continue the hearing for a period not to exceed 30 days.

7. The Board shall retain all complaints received by the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

[Part 11:152:1951] — (NRS A [1969, 95](#); [1981, 99](#); [1983, 1114](#); [1993, 784](#); [2007, 508](#); [2009, 883](#); [2013, 2219](#); [2017, 4415](#), effective January 1, 2020)

Agenda Item 5(e)(1):

Dr. X– The Board received information alleging Dr. X may have breached the standard of care, thereby potentially violating NRS 631.3475 & NRS 631.349

NRS 631.3475 Malpractice; professional incompetence; disciplinary action in another state; substandard care; procurement or administration of controlled substance or dangerous drug; alcohol or other substance use disorder; gross immorality; conviction of certain crimes; failure to comply with certain provisions relating to controlled substances; inappropriate administration of botulinum toxin or dermal or soft tissue fillers; failure to obtain certain training; violations related to pelvic examinations; certain operation of medical facility. The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
2. Professional incompetence;
3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;
4. More than one act by the dentist, dental hygienist or dental therapist constituting substandard care in the practice of dentistry, dental hygiene or dental therapy;
5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, if it is not required to treat the dentist's patient;
6. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in [chapter 454](#) of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:
 - (a) Was procured through a retail pharmacy licensed pursuant to [chapter 639](#) of NRS;
 - (b) Was procured through a Canadian pharmacy which is licensed pursuant to [chapter 639](#) of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of [NRS 639.2328](#); or
 - (c) Is cannabis being used for medical purposes in accordance with [chapter 678C](#) of NRS;
7. Having an alcohol or other substance use disorder to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;
8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;
9. Conviction of violating any of the provisions of [NRS 616D.200](#), [616D.220](#), [616D.240](#) or [616D.300](#) to [616D.440](#), inclusive;
10. Failure to comply with the provisions of [NRS 453.163](#), [453.164](#), [453.226](#), [639.23507](#), [639.23535](#) and [639.2391](#) to [639.23916](#), inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;
12. Failure to comply with the provisions of [NRS 454.217](#) or [629.086](#);
13. Failure to obtain any training required by the Board pursuant to [NRS 631.344](#);
14. The performance or supervision of the performance of a pelvic examination in violation of [NRS 629.085](#); or
15. Operation of a medical facility, as defined in [NRS 449.0151](#), at any time during which:
 - (a) The license of the facility is suspended or revoked; or
 - (b) An act or omission occurs which results in the suspension or revocation of the license pursuant to [NRS 449.160](#).

↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

(Added to NRS by [1983, 1107](#); A [1987, 1556](#); [1993, 784](#); [2009, 882](#); [2011, 258, 849](#); [2015, 117, 1171](#); [2017, 1256, 4414](#); [2019, 2202, 3218, 3886](#); [2021, 1573](#))

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](#))

Agenda Item 5(e)(2):

Dr. Y– The Board received information alleging Dr. Y may have breached the standard of care, thereby potentially violating NRS 631.3475 & NRS 631.349

NRS 631.3475 Malpractice; professional incompetence; disciplinary action in another state; substandard care; procurement or administration of controlled substance or dangerous drug; alcohol or other substance use disorder; gross immorality; conviction of certain crimes; failure to comply with certain provisions relating to controlled substances; inappropriate administration of botulinum toxin or dermal or soft tissue fillers; failure to obtain certain training; violations related to pelvic examinations; certain operation of medical facility. The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
2. Professional incompetence;
3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;
4. More than one act by the dentist, dental hygienist or dental therapist constituting substandard care in the practice of dentistry, dental hygiene or dental therapy;
5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, if it is not required to treat the dentist's patient;
6. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in [chapter 454](#) of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:
 - (a) Was procured through a retail pharmacy licensed pursuant to [chapter 639](#) of NRS;
 - (b) Was procured through a Canadian pharmacy which is licensed pursuant to [chapter 639](#) of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of [NRS 639.2328](#); or
 - (c) Is cannabis being used for medical purposes in accordance with [chapter 678C](#) of NRS;
7. Having an alcohol or other substance use disorder to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;
8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;
9. Conviction of violating any of the provisions of [NRS 616D.200](#), [616D.220](#), [616D.240](#) or [616D.300](#) to [616D.440](#), inclusive;
10. Failure to comply with the provisions of [NRS 453.163](#), [453.164](#), [453.226](#), [639.23507](#), [639.23535](#) and [639.2391](#) to [639.23916](#), inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;
12. Failure to comply with the provisions of [NRS 454.217](#) or [629.086](#);
13. Failure to obtain any training required by the Board pursuant to [NRS 631.344](#);
14. The performance or supervision of the performance of a pelvic examination in violation of [NRS 629.085](#); or
15. Operation of a medical facility, as defined in [NRS 449.0151](#), at any time during which:
 - (a) The license of the facility is suspended or revoked; or
 - (b) An act or omission occurs which results in the suspension or revocation of the license pursuant to [NRS 449.160](#).

↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

(Added to NRS by [1983, 1107](#); A [1987, 1556](#); [1993, 784](#); [2009, 882](#); [2011, 258, 849](#); [2015, 117, 1171](#); [2017, 1256, 4414](#); [2019, 2202, 3218, 3886](#); [2021, 1573](#))

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](#))

Agenda Item 5(e)(3):

Dr. Z– The Board received information alleging Dr. Z may have breached the standard of care, thereby potentially violating NRS 631.3475 & NRS 631.349

NRS 631.3475 Malpractice; professional incompetence; disciplinary action in another state; substandard care; procurement or administration of controlled substance or dangerous drug; alcohol or other substance use disorder; gross immorality; conviction of certain crimes; failure to comply with certain provisions relating to controlled substances; inappropriate administration of botulinum toxin or dermal or soft tissue fillers; failure to obtain certain training; violations related to pelvic examinations; certain operation of medical facility. The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
2. Professional incompetence;
3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;
4. More than one act by the dentist, dental hygienist or dental therapist constituting substandard care in the practice of dentistry, dental hygiene or dental therapy;
5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, if it is not required to treat the dentist's patient;
6. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in [chapter 454](#) of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:
 - (a) Was procured through a retail pharmacy licensed pursuant to [chapter 639](#) of NRS;
 - (b) Was procured through a Canadian pharmacy which is licensed pursuant to [chapter 639](#) of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of [NRS 639.2328](#); or
 - (c) Is cannabis being used for medical purposes in accordance with [chapter 678C](#) of NRS;
7. Having an alcohol or other substance use disorder to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;
8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;
9. Conviction of violating any of the provisions of [NRS 616D.200](#), [616D.220](#), [616D.240](#) or [616D.300](#) to [616D.440](#), inclusive;
10. Failure to comply with the provisions of [NRS 453.163](#), [453.164](#), [453.226](#), [639.23507](#), [639.23535](#) and [639.2391](#) to [639.23916](#), inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;
12. Failure to comply with the provisions of [NRS 454.217](#) or [629.086](#);
13. Failure to obtain any training required by the Board pursuant to [NRS 631.344](#);
14. The performance or supervision of the performance of a pelvic examination in violation of [NRS 629.085](#); or
15. Operation of a medical facility, as defined in [NRS 449.0151](#), at any time during which:
 - (a) The license of the facility is suspended or revoked; or
 - (b) An act or omission occurs which results in the suspension or revocation of the license pursuant to [NRS 449.160](#).

↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

(Added to NRS by [1983, 1107](#); A [1987, 1556](#); [1993, 784](#); [2009, 882](#); [2011, 258, 849](#); [2015, 117, 1171](#); [2017, 1256, 4414](#); [2019, 2202, 3218, 3886](#); [2021, 1573](#))

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

Agenda Item 6(a):

**Review, Consider and Discuss Proposed Budget for
Fiscal Year Ending (FYE) June 30th, 2025 for Approval/
Rejection of the Proposed Budget for FYE
June 30th, 2025
NRS 631.190 (*For Possible Action*)**

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

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

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

Agenda Item 6(a)(1):

**Review, Consider and Discuss Proposed Budget for
Fiscal Year Ending (FYE) June 30th, 2025 for Approval/
Rejection of the Proposed Budget for FYE
June 30th, 2025
NRS 631.190 (*For Possible Action*)**

Rich, Wightman & Co. - Frigaard, CPA

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Nevada State Board of Dental Examiners
Profit & Loss
July 2023 through April 2024

NEVADA STATE BOARD OF DENTAL EXAMINERS					
PROPOSED BUDGET					
FYE 6/30/2024					
	ACTUAL Jul '23 - Apr 24	ESTIMATE May '24 - Jun 24	TOTAL BUDGET Jul '23 - Jun 24	Increase Decrease %	PROPOSED BUDGET FYE 2025
Ordinary Income/Expense					
Income					
Uncategorized Revenue	128,235.33	25,647.07	153,882.40		
401894 · temp unrestricted lic	250.00	50.00	300.00		
401893 · 5 Year General Anesthesia Admin	4,500.00	900.00	5,400.00		
401892 · 5 Year Pediatric Sedation Admin	150.00	30.00	180.00		
401890 · 5 year Moderate Sedation Admin	3,850.00	770.00	4,620.00		
401899 · 5 year site permit	6,300.00	1,260.00	7,560.00		
40000 · Dentist Licenses & Fees					
40181 · Site Permit Pro Rate	3,950.00	790.00	4,740.00		
40191 · Activation Site Permit pro rate	200.00	40.00	240.00		
40178 · Renewal Site Sedation	2,150.00	430.00	2,580.00		
40177 · Renewal Moderate Sedation	200.00	40.00	240.00		
40176 · Renewal General Anesthisa	700.00	140.00	840.00		
40320 · Lic Reactivation DDS	1,350.00	270.00	1,620.00		
40118 · Geographically Restricted App	600.00	120.00	720.00		
40141 · Lic App Specialty NV DDS	875.00	175.00	1,050.00		
40216 · Lic App Fee Military DDS	2,400.00	480.00	2,880.00		
40117 · Activation Lim Lic DDS Pro Rate	200.00	40.00	240.00		
40108 · Renewal Inactive	400.00	80.00	480.00		
40101 · Renewal Active DDS	1,800.00	360.00	2,160.00		
40104 · Renewal DDS Retired/Disabled	500.00	100.00	600.00		
40100 · DDS Active License Pro Rated	223,488.47	44,697.69	268,186.16		
40102 · DDS Inactive License Pro Rated	6,250.00	1,250.00	7,500.00		
40135 · DDS Suspended License	32,100.00	6,420.00	38,520.00		
40136 · DDS Revoked License	1,000.00	200.00	1,200.00		
40140 · Specialty Lic App-Credential	7,825.00	1,565.00	9,390.00		
40145 · Limited License App Faculty/res	1,100.00	220.00	1,320.00		
40115 · Limited License Renewal Fee	2,056.00	411.20	2,467.20		
40116 · Limit LicSupervise Renewal Fee	550.00	110.00	660.00		
40150 · Geograph/Restrictive Pro Rate	600.00	120.00	720.00		
40180 · Site Permit Application	11,900.00	2,380.00	14,280.00		
40182 · GA Permit activation pro rated	11,300.00	2,260.00	13,560.00		
40183 · Mod/Sed activation pro rated	5,050.00	1,010.00	6,060.00		
40175 · Peds/MS activation fee pro rate	4,550.00	910.00	5,460.00		
40170 · Application GA Permit Fee	3,900.00	780.00	4,680.00		
40155 · Application MS Permit Fee	5,750.00	1,150.00	6,900.00		
40186 · Applicaion Peds Moderate Sed	1,500.00	300.00	1,800.00		
40184 · Infection Control Inspection	13,250.00	2,650.00	15,900.00		
40212 · DDS ADEX License Application	105,756.00	21,151.20	126,907.20		
40205 · DDS Credential Appl Fee-Spcity	1,325.00	265.00	1,590.00		
40211 · DDS WREB License Application	24,600.00	4,920.00	29,520.00		
40214 · DDS License by Endorsement	34,800.00	6,960.00	41,760.00		
40000 · Dentist Licenses & Fees - Other	700.00	140.00	840.00		
50000 · Dental Hygiene Licenses & Fees					
10321 · Reactivation RDH AFTER inact	1,400.00	280.00	1,680.00		
40560 · Inial Retired/Disable pro rate	50.00	10.00	60.00		
40250 · Application Militay RDH	600.00	120.00	720.00		
40109 · Renewal Active RDH	1,500.00	300.00	1,800.00		
40111 · RDH N2O Permit Fee	675.00	135.00	810.00		
40105 · RDH Active Lic Fee pro rate	30,465.86	6,093.17	36,559.03		
40106 · Renewal Inactive RDH License	425.00	85.00	510.00		
40130 · RDH Activate/Inactive/Suspend	1,500.00	300.00	1,800.00		

Nevada State Board of Dental Examiners
Profit & Loss
July 2023 through April 2024

	ACTUAL Jul '23 - Apr 24	ESTIMATE May '24 - Jun 24	TOTAL BUDGET Jul '23 - Jun 24	Increase Decrease %	PROPOSED BUDGET FYE 2025
40110 · RDH Local Anesthesia Permit Fee	2,975.00	595.00	3,570.00		
40224 · RDH ADEX License Application	17,700.00	3,540.00	21,240.00		
40222 · RDH WREB License Application	3,600.00	720.00	4,320.00		
40226 · RDH License by Endorsement	11,400.00	2,280.00	13,680.00		
50000 · Dental Hygiene Licenses & Fees - Other	450.00	90.00	540.00		
50750 · Other Licenses & Fees					
401789 · Site Re-inspection fee 5yr	2,400.00	480.00	2,880.00		
40189 · re-inspection admin 5 yr	2,200.00	440.00	2,640.00		
40616 · Request Duplicat DH local Anes	25.00	5.00	30.00		
40613 · DUPLICATE RDH PERMIT	50.00	10.00	60.00		
40612 · Name Change fee	25.00	5.00	30.00		
40611 · List of Permit Holders	52.00	10.40	62.40		
40610 · Duplication Wall Certification	275.00	55.00	330.00		
40260 · List of Current RDH/DDS	200.00	40.00	240.00		
40291 · NAC Booklets	70.00	14.00	84.00		
40290 · NRS Booklet	67.00	13.40	80.40		
43650 · Reimbursed Investigation Costs	1,725.00	345.00	2,070.00		
40229 · CE Course Income	2,950.00	590.00	3,540.00		
40220 · License Verification Fee	7,725.00	1,545.00	9,270.00		
40227 · CEU Provider Fee	500.00	100.00	600.00		
40225 · Duplicate License Fee	75.00	15.00	90.00		
40185 · Lists/Labels Printed	60.00	12.00	72.00		
40600 · Miscellaneous Income	1,684.82	336.96	2,021.78		
50750 · Other Licenses & Fees - Other	58.00	11.60	69.60		
Total Income	750,843.48	150,168.70	901,012.18		
Expense					
Uncategorized expense	38,443.30	7,688.66	46,131.96		
60500-1 · Bank Service Fees	6,876.85	1,375.37	8,252.22		
60500-2 · Merchant Fees	7,108.77	1,421.75	8,530.52		
68000 · Conferences & Seminars	8,105.00	1,621.00	9,726.00		
63000 · Dues & Subscriptions	77.90	15.58	93.48		
66520-1 · Licensing Software	27,766.23	5,553.25	33,319.48		
66520-3 · Internet Services	4,662.38	932.48	5,594.86		
73500 · Information Technology					
73500-1 · Computer Repair/Upgrade	5,963.34	1,192.67	7,156.01		
73500 · Information Technology - Other	10,572.05	2,114.41	12,686.46		
66600 · Office Supplies	32,154.16	6,430.83	38,584.99		
68710 · Miscellaneous Expenses					
refund	875.00	175.00	1,050.00		
68700-1 · Janitorial	9,750.00	1,950.00	11,700.00		
68700-2 · Copier Maintenance	1,541.49	308.30	1,849.79		
68700 · Repairs & Maintenance - Other	1,132.50	226.50	1,359.00		
68725 · Security	1,389.53	277.91	1,667.44		
68715 · Shredding Services	4,595.69	919.14	5,514.83		
66650 · Office Expense - Other	297.77	59.55	357.32		
67000 · Printing	1,390.26	278.05	1,668.31		
67500 · Postage & Delivery	9,063.91	1,812.78	10,876.69		
68500-1 · Equipment Lease	2,477.20	495.44	2,972.64		
68500-2 · Office	32.50	6.50	39.00		
68500-4 · Storage Warehouse	197.31	39.46	236.77		
68500 · Rent/Lease Expense - Other	56,981.49	11,396.30	68,377.79		
75000-1 · Telephone-Office	507.71	101.54	609.25		
75100 · Travel (Staff)	-1,300.30	-260.06	-1,560.36		
73550 · Per Diem (Staff)	3,900.00	780.00	4,680.00		

Nevada State Board of Dental Examiners
Profit & Loss
July 2023 through April 2024

	ACTUAL Jul '23 - Apr 24	ESTIMATE May '24 - Jun 24	TOTAL BUDGET Jul '23 - Jun 24	Increase Decrease %	PROPOSED BUDGET FYE 2025
736005 · Auditor	39,735.00	7,947.00	47,682.00		
73600-1 · Accounting/Bookkeeping	12,653.82	2,530.76	15,184.58		
73600-4 · Legislative Services	27,653.15	5,530.63	33,183.78		
73600-2 · Legal-General	197,999.43	39,599.89	237,599.32		
73600 · Professional Fee - Other	28,651.69	5,730.34	34,382.03		
73700 · Verification Services	12,151.65	2,430.33	14,581.98		
72851 · Anesthesia Evaluator-Wages	20,257.65	4,051.53	24,309.18		
72850 · Anesthesia Evaluator - Other	429.16	85.83	514.99		
72801 · IC Inspector-Wages	45,079.29	9,015.86	54,095.15		
72800 · Infection Control Inspector - Other	24.17	4.83	29.00		
72146 · Receptionist-Wages	42,088.75	8,417.75	50,506.50		
72101 · Executive Director-Wages	124,149.33	24,829.87	148,979.20		
72301 · Licensing Specialist-Wages	67,406.06	13,481.21	80,887.27		
72133 · Site Inspect & CE Coord-Wages	51,510.75	10,302.15	61,812.90		
72161 · Legal Counsel-Wages	252,418.46	50,483.69	302,902.15		
72166 · Legal Asst - Wages	52,906.20	10,581.24	63,487.44		
72141 · Administrative Assistant-Wages	79,534.22	15,906.84	95,441.06		
72901 · PSC-Wages	31,084.38	6,216.88	37,301.26		
72010 · Payroll Service Fees	8,723.35	1,744.67	10,468.02		
72005 · Payroll Tax Expense	50,737.47	10,147.49	60,884.96		
72600 · Retirement Fund Expense (PERS)	264,271.92	52,854.38	317,126.30		
65525 · Health Insurance	69,538.62	13,907.72	83,446.34		
72000 · Employee Wages & Benefits - Other	6,900.78	1,380.16	8,280.94		
73650-5 · BOD Hearing Stipend	700.00	140.00	840.00		
72400-1 · Director Stipends	15,728.72	3,145.74	18,874.46		
72400-2 · Committee Mtgs-Stipends	7,859.74	1,571.95	9,431.69		
72400-3 · Director Travel Expenses	957.44	191.49	1,148.93		
72400-9 · Refreshments - Board Meetings	463.02	92.60	555.62		
72400 · Board of Directors Expense - Other	175.00	35.00	210.00		
60001-4 · Travel/Misc. Expense	4,264.16	852.83	5,116.99		
60001 · Anesthesia Eval Committee - Other	26.40	5.28	31.68		
73651-1 · Review Panel Fee	2,185.00	437.00	2,622.00		
60002-1 · Initial Inspection Expense	47.87	9.57	57.44		
60002-3 · Random Inspection Expense	-300.00	-60.00	-360.00		
60002-4 · Travel/Misc. Expense	2,613.90	522.78	3,136.68		
60002 · Infection Control Inspection - Other	-381.85	-76.37	-458.22		
Total Expense	1,754,806.74	350,961.35	2,105,768.09		
Other Income					
40800 · Interest Income	8,567.79	1,713.56	10,281.35		
Net Income	-995,395.47	-199,079.09	-1,194,474.56		

Agenda Item 6(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 6(b)(1)

Guadalupe Gutierrez, DMD - Moderate Sedation

Nevada State Board of Dental Examiners



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

(TEMPORARY)

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

QUALIFICATIONS OF APPLICANTS

Guadalupe Gutierrez, DMD

APPLICANT NAME (Lic. #7888 – licensed 07/13/2023)

Yes

No

COMPLETED APPLICATION

Yes

No

PAYMENT RECEIVED (Check#767 / \$ 750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

Program: Oregon Academy of General Dentistry

SEE ATTACHED

CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM
OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY
THE APPLICANT

Location: Oregon Academy of General Dentistry

Yes

No

Specialty:

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Yes

No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **02/07/2024 – 02/2026**

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S
LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY
BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: Guadalupe Gutierrez, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES ☒ NO

IF NO,

Reasons/Concerns: _____


Josh Branco DMD (Jun 28, 2024 14:27 PDT)

28/06/24

Joshua Branco, DMD
Interim Anesthesia Chair

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES ☒ NO

IF REJECTED, Na

Reasons/Concerns: _____
Na

Na


tej.jahl (Jun 28, 2024 14:42 PDT)

28/06/24

Tejpaul Jahl, DDS
Secretary-Treasurer

Date



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: Guadalupe Gutierrez License Number: D7888

Dental Practice Name: Day 1 Dental

Office Address: [REDACTED]

[REDACTED]

Office Telephone: TBD

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: University of Kentucky

Location: Lexington, KY

Dates
attended: 06/01/2011 to 05/31/2015 Degree Earned: DMD

BOARD APPROVED PROGRAM

Name/
Instructor: Oregon AGD/Dr. Ken Reed

Location: [REDACTED]

Dates
attended: 01/25/24 to 03/24/24 Certificate
Granted: Moderate IV 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
'JUN 18 2024
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

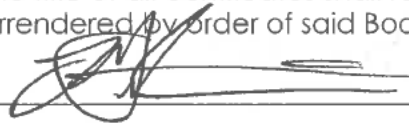
I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age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


6/12/2024

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

Agenda Item 6(b)(2):

Robinpreet Singh Pannu, DDS - General Anesthesia

Nevada State Board of Dental Examiners



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(TEMPORARY) GENERAL ANESTHESIA PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

APPLICANT NAME:	ROBINPREET SINGH PANNU, DDS
NEVADA LICENSE:	#7982
COMPLETED APPLICATION:	YES
PAYMENT RECEIVED:	YES (c/c \$750.00 CC)
CERTIFICATION OF MINIMUM OF 60 HOURS OF APPROVED COURSE STUDY (ACCREDITED INSTITUTION)	N/A
CERTIFICATION OF ADMINISTRATION OF MINIMUM OF 20 CASES SUCCESSFULLY MANAGED BY APPLICANT (ACCREDITED INSTITUTION)	N/A
CERTIFICATION OF SPECIALTY PROGRAM COMPLETION APPROVED BY ADA CODA WHICH INCLUDES EDUCATION/TRAINING IN GA ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)	ORAL & MAXILLOFACIAL SURGERY UNIVERSITY OF INDIANA COMPLETION DATE – 06/30/2024
ACLS CERTIFICATION	03/06/2024 – 03/31/2026
EVALUATION DATE SCHEDULED:	TBD

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: ROBINPREET SINGH PANNU, DDS

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES ☒ NO

IF NO, Reasons/Concerns: _____


Josh Branco, DMD (Jun 28, 2024 14:28 PDT)
Joshua Branco, DMD
Chair of Anesthesia Committee

28/06/24


Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES ☒ NO

IF REJECTED, Na
Reasons/Concerns: _____
Na

Na


tej johl, DDS (Jun 28, 2024 14:40 PDT)
Tejpal Juhl, DDS
Secretary-Treasurer

28/06/24

Date



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. Ryan Falke
holds site permit
#S2-136

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: Robinpreet Singh Pannu License Number: 7982

Dental Practice Name: Sierra Oral and Facial Surgery

Office Address: [REDACTED] Office Telephone: 775 284 2500

Office Fax: 775 329 2425

DENTAL EDUCATION

University/ College: University of Minnesota
School of Dentistry

Location: 515 Delaware St SE
Minneapolis, MN 55455

Dates attended: 08/04 /2014 to 05/18 /2018
Degree Earned: D.D.S.

SPECIALTY EDUCATION

University / College: Indiana University
Oral and Maxillofacial Surgery

Location: 550 N University Blvd
Indianapolis, IN 46202

Dates attended: 07/01 /2020 to 06/21 /2024
Degree Earned:

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 ☒ 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: _____

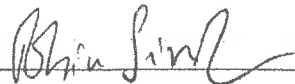
3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? ☒ Yes ____ No

Where: Indiana University When: 07/01/2020 - 06/21/2024
Oral and Maxillofacial Surgery

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

05/09/2024

Agenda Item 6(b)(3):

Rajan K. Sheth, DMD - Moderate Sedation

Nevada State Board of Dental Examiners



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(TEMPORARY)

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

QUALIFICATIONS OF APPLICANTS

Rajan K. Sheth, DMD

APPLICANT NAME (Lic. #8026 – licensed 05/24/2024)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (C [REDACTED] / \$750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

Program: The Ohio State University College of Dentistry

SEE ATTACHED

CERTIFICATION IN THE FORM OF LETTER FROM
PROGRAM DIRECTOR ON INSTITUTION'S LETTERHEAD
(W/SEAL)

Location: The Ohio State University College of Dentistry

Yes No

Specialty:

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Yes No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **05/11/2024 – 05/2026**

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S
LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY
BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: Rajan K. Sheth, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES ☒ NO ☐

IF NO,

Reasons/Concerns: _____


Josh Branco, DMD (Jun 28, 2024 14:26 PDT)

Joshua Branco, DMD
Interim Anesthesia Chair

28/06/24

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES ☒ NO ☐

IF REJECTED, Na

Reasons/Concerns: _____

Na

Na


tej johi (Jun 28, 2024 14:46 PDT)

Tejpal Johi, DDS
Secretary-Treasurer

28/06/24

Date



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

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Michael Kanna, DDS

holds site permit

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Rajan Kanti Sheth License Number: _____

Dental Practice Name Bionic Smile Khanna PLLC

Office Address: 4416 S Eastern Ave

Las Vegas, NV 89119

Office Telephone: [REDACTED]

Office Fax: 702-369-6980

Office Site Permit

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

DENTAL EDUCATION

University/

College: The Ohio State University College of
Dentistry

Location: 305 W 12th Ave

Columbus, OH 43210

Dates attended: 06 / 01 / 06 Degree Earned: DDS
to
07 / 01 / 10

BOARD APPROVED PROGRAM

Name/

Instructor: The Ohio State University College of
Dentistry

Location: 305 W 12th Ave

Columbus, OH 43210

Dates attended: 07 / 01 / 10 Certificate Granted: YES
to
06 / 30 / 11

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

MAY 24 2011

NSBDE

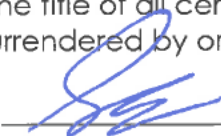
- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

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

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

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

Signature of Applicant



Date

04/11/2024

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

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

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

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received
MAY 24 2024
NSBDE

Agenda Item 6(b)(4):

Romulo Guideng, DMD - Moderate Sedation

Nevada State Board of Dental Examiners



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(TEMPORARY)

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

QUALIFICATIONS OF APPLICANTS

Romulo Guideng, DMD

APPLICANT NAME (Lic. #6063 – licensed 08/20/2010)

Yes

No

COMPLETED APPLICATION

Yes

No

PAYMENT RECEIVED (CC [REDACTED] \$ 750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

Program: Oregon Academy of General Dentistry

SEE ATTACHED

CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM
OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY
THE APPLICANT

Location: Oregon Academy of General Dentistry

Yes

No

Specialty:

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Yes

No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **6/8/2023 – 06/2025**

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S
LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY
BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: Romulo Guideng, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES ☒ NO ☐

IF NO, ☐

Reasons/Concerns: _____


Josh Branco DMD (Jun 28, 2024 14:26 PDT)

Joshua Branco, DMD
Interim Anesthesia Chair

28/06/24

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES ☒ NO ☐

IF REJECTED, ☐ Na

Reasons/Concerns: _____

Na

Na


tej johl (Jun 28, 2024 14:44 PDT)

Tejpal Juhl, DDS
Secretary-Treasurer

28/06/24

Date



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

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Saeid Mohtashami,

3059 DDS holds

Site permit

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Romulo Guidong License Number: 6063

Dental Practice Name 4M Dental Implant Center

Office Address: [REDACTED]

[REDACTED]

Office Telephone [REDACTED]

Office Fax: 702 220 8050

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 School of Dental Medicine

Location: 1700 W. Charleston Blvd.
Las Vegas, NV 89106

Dates attended:

08 / 2006 /
to
05 / 2010 /

Degree Earned:

DMID

BOARD APPROVED PROGRAM

Comprehensive Training in Parenteral Moderate Sedation

Name/ Instructor: [REDACTED]

Location: Oregon AGD, 13333 SW 68th Pkwy
Tigard, Oregon 97223

Dates attended:

07 / 13 / 23
to
09 / 17 / 23

Certificate Granted:

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

MAY 31 2024

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

05/20/24

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

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

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

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Received
MAY 31 2024
NSBDE

Agenda Item 6(b)(5):

Kenneth L. Reed, DMD - General Anesthesia

Nevada State Board of Dental Examiners



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(TEMPORARY) GENERAL ANESTHESIA PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

APPLICANT NAME:	KENNETH L. REED. DMD
NEVADA LICENSE:	#6842
COMPLETED APPLICATION:	YES
PAYMENT RECEIVED:	YES (c/c \$750.00 CC)
CERTIFICATION OF MINIMUM OF 60 HOURS OF APPROVED COURSE STUDY (ACCREDITED INSTITUTION)	N/A
CERTIFICATION OF ADMINISTRATION OF MINIMUM OF 20 CASES SUCCESSFULLY MANAGED BY APPLICANT (ACCREDITED INSTITUTION)	N/A
CERTIFICATION OF SPECIALTY PROGRAM COMPLETION APPROVED BY ADA CODA WHICH INCLUDES EDUCATION/TRAINING IN GA ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)	YES
ACLS CERTIFICATION	02/15/2024 – 02/2026
EVALUATION DATE SCHEDULED:	TBD

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: KENNETH L. REED. DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO, Reasons/Concerns: _____

Joshua Branco, DMD
Chair of Anesthesia Committee

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns: _____



Tejpal Johi, DDS
Secretary-Treasurer

7-3-2024

Date



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

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: **Kenneth L. Reed, DMD** License Number: **6842**

Dental Practice Name: **UNLV School of Dental Medicine**

Office Address: **1001 Shadow Lane**

Office Telephone: **[REDACTED]**

Las Vegas, NV 89106

Office Fax: **None**

DENTAL EDUCATION

University/
College: **Oregon Health and Science
University School of Dentistry**

Location: **Portland, OR**

Dates attended: **9/ 3 / 1985** to **6/ 9 / 1989** Degree Earned:
DMD

SPECIALTY EDUCATION

University /
College: **Lutheran Medical Center**

Location: **Brooklyn, NY**

Dates attended: **11/ 1 / 2011** to **10 / 31 / 2013** Degree Earned:
Certificate, Dental Anesthesiology

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

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

QUESTION SECTION:

HAVE YOU:

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

Where: Lutheran Medical Center When: 2011-2013

- 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: _____ When: _____

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

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

Signature of Applicant



Date

June 23, 2024

Agenda Item 6(c):

**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 6(c)(1):

Joseph L Weber, DMD - Moderate Sedation

Nevada State Board of Dental Examiners



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

(TEMPORARY)

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

QUALIFICATIONS OF APPLICANTS

Joseph L Weber, DMD

APPLICANT NAME (Lic. #7236 – licensed 06/14/2019)

Yes,

No

COMPLETED APPLICATION

Yes

No

PAYMENT RECEIVED (CHECK #1024 / \$ 750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

Program: Oregon Academy of General Dentistry

SEE ATTACHED

CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM
OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY
THE APPLICANT

Location: Oregon Academy of General Dentistry

Yes

No

Specialty:

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Yes

No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **08/25/2023-08/2025**

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S
LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY
BOARD PURSUANT TO NAC 631.190.


REVIEW CONTINUED – APPLICANT: Joseph L Weber, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,

Reasons/Concerns: _____


Josh Branco DMD (Dec 26, 2023 12:11 PST)
Joshua Branco, DMD
Interim Anesthesia Chair

Dec 26, 2023

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,

Reasons/Concerns: _____


Tejpal Jhali, DDS
Secretary-Treasurer

1-2-24
Date



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

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Dr. David Diehl holds

site permit SPM5368

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Joseph L Weber DMD License Number: 7236

Dental Practice Name Marina Hills Dental

Office Address: [REDACTED]

[REDACTED]

Office Telephone [REDACTED]

Office Fax: [REDACTED]

Office Site Permit

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

DENTAL EDUCATION

University/
College: University of Nevada Las Vegas

Location: 1001 Shadow Lane
Las Vegas, Nevada 89106-4124

Dates attended: 09. / 01. / 14 to 05. / 01. / 17 Degree Earned:
Doctorate of Dental Medicine

BOARD APPROVED PROGRAM

Name/
Instructor: Oregon Academy of General Dentistry
Dr. Kenneth L. Reed, DMD

Location: Oregon AGD
13333 SW 68th Pkwy. Ste. 010
Tigard, Oregon 97223

Dates attended: 07. / 13. / 23 to 10. / 15. / 23 Certificate
Granted:
comprehensive
training in parenteral
moderate sedation
certificate

The following information and documentation must be received by the Board of Dental Examiners for 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

DEC 22 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

11/1/2023

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

DEC 22 2023

NSBDE

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

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

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

Agenda Item 6(c)(2):

Charles Ki Cheol Lee, DDS - Moderate Sedation

Nevada State Board of Dental Examiners



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

(TEMPORARY)

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

QUALIFICATIONS OF APPLICANTS

Charles Ki Cheol Lee, DDS

APPLICANT NAME (Lic. #6813 – licensed 06/29/2016)

Yes, No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (Check #707 / \$ 750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

Program: Oregon Academy of General Dentistry

SEE ATTACHED

CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM
OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY
THE APPLICANT

Location: Oregon Academy of General Dentistry

Yes No

Specialty:

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Yes No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **04/06/2024 – 04/06/2026**

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S
LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY
BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: Charles Ki Cheol Lee, DDS


Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

YES

IF NO,

Reasons/Concerns: _____


Josh Branco, DMD (Apr 23, 2024 09:49 PDT)
Joshua Branco, DMD
Interim Anesthesia Chair

Apr 23, 2024

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

Yes

IF REJECTED,

Reasons/Concerns: _____


tej juhl (Apr 23, 2024 12:21 PDT)
Tejpal Juhl, DDS
Secretary-Treasurer

Apr 23, 2024

Date



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: DR. CHARLES ^{KC} LEE, DDS License Number: 6813

Dental Practice Name: HYORIO DENTAL

Office Address: [REDACTED]

[REDACTED]

Office Telephone: [REDACTED]

Office Fax: 702-778-2962

Office Site Permit

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

DENTAL EDUCATION

University/
College: Creighton University

Location: Omaha, NE

Dates attended: 8/2005 to 5/2010
Degree Earned: DDS

BOARD APPROVED PROGRAM

Name/ Oregon Academy of Gen. Dentistry
Instructor: [REDACTED]

Location: [REDACTED]

Dates attended: 2/2024 to 4/2024
Certificate Granted: Comprehensive Training in Parenteral Moderate Sedation Certification

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 22 2024

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

4/15/24

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 22 2024

NSBDE

Revised 06/2018

Agenda Item 6(c)(3):

Terry Meads, DMD - 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

MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> ON-SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Practitioner: <i>Terry Meads</i>	Proposed Dates:
Location to be Inspected: <i>1750 Wheeler Peak LV NV 89108</i>	Telephone Number: <i>[REDACTED]</i>
Date of Evaluation: <i>5/17/24</i>	Email Address: <i>nfo@charging5miles.org</i>
	Time of Evaluation/Inspection: Start Time: <i>0730</i> Finish Time: <i>1100</i>

Evaluators

1. <i>Burr</i>
2. <i>Chen</i>
3.

INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within **72 hours** after evaluation has been completed.

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
1. Operating Room		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
2. Operating Chair or Table		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
3. Lighting System		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
4. Suction Equipment		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
5. Oxygen Delivery System		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
6. Recovery Area (Recovery area can be operating room)		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
7. Ancillary Equipment in Good Operating Condition?		
a. Are there oral pathways? <i>airways</i>	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	EPI	2/25	✓	
2. Corticosteroid drug available?	Solu Med	5/26	✓	
3. Bronchodilator drug available?	VENTILIN	3/25	✓	
4. Appropriate drug antagonists available?	FLUMARZ NALOX	1/26 6/25	✓	
5. Antihistaminic drug available?	DPH	6/25	✓	
6. Anticholinergic drug available?	ATROPINE	8/25	✓	
7. Coronary artery vasodilator drug available?	MTG	2/26	✓	
8. Anticonvulsant drug available?	MIDAZ	11/24	✓	
9. Oxygen available?			✓	

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show patient's vital signs?	✓	
4. Includes American Society of Anesthesiologists physical status classification?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?	✓	

SITE INSPECTION

	YES	NO
Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)	✓	
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks	✓	
2. Appropriate size blood pressure cuffs	✓	
3. Appropriate size oral and nasal airways		
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	✓	
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	

Evaluator Overall Recommendation of Site Inspection



Pass



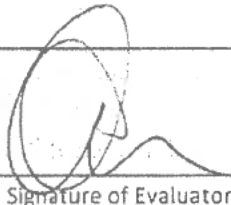
Fail



Pass Pending*

**If Pass Pending, please list all deficiencies*

Comments: _____



 Signature of Evaluator

5/17/24

 Date

THIS CONCLUDES THE SITE INSPECTION REPORT.

FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION

EVALUATION

DEMONSTRATION OF MODERATE SEDATION	YES	NO
1. Who administered moderate sedation? Dentist's Name: <u>Terry Meeds</u>	✓	
2. Was sedation case demonstrated within the definition of moderate sedation?	✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter? If not, what type of monitoring was utilized? _____	✓	
4. Was the patient monitored while recovering from sedation? Monitored by whom: <u>Dr Meeds / staff</u> Title: _____	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?	✓	
6. Were personnel competent?	✓	
7. Are <u>all</u> personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? _____		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	

SITE INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:

YES NO

9. Allergic reaction?	✓	
10. Convulsions?	✓	
11. Hypoglycemia?	✓	
12. Asthma?	✓	
13. Respiratory depression?	✓	
14. Local anesthesia overdose?	✓	
15. Hyperventilation syndrome?	✓	
16. Syncope?	✓	

Evaluator Overall Recommendation of Site Inspection

☒ Pass

☐ Fail

Comments:



Signature of Evaluator

5/17/24

Date



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

MODERATE SEDATION INSPECTION AND EVALUATION REPORT

Evaluator:

1. *Attila Chen*

☒ ON-SITE/ADMINISTRATOR EVALUATION

☐ SITE ONLY INSPECTION

Name of Practitioner: *Terry Meads*

Proposed Dates: *5/17/2024*

Location to be Inspected:
*1750 Wheeler Park Dr.
Las Vegas, NV 89116*

Telephone Number: [REDACTED]

Email Address:

Date of Evaluation:
5/17/2024

Time of Evaluation/Inspection:

Start Time: *8 am*

Finish Time:

on report independently by

Evaluators

1. *Attila Chen*

2. *Dan Orr*

3.

INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within **72 hours** after evaluation has been completed.

2. Operating Chair

a. Does operating chair permit the patient to be positioned so the operating team can maintain the airway?

b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?

c. Does the operating room permit the team to quickly alter the patient's position in an emergency?

d. Does the operating room provide a firm platform for the management of cardiopulmonary resuscitation?

SITE INSPECTION

3. Lighting System

OFFICE FACILITIES AND EQUIPMENT

YES

NO

1. Operating Room

a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?

b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?

2. Operating Chair or Table

a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?

b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?

c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?

3. Lighting System

a. Does lighting system permit evaluation of the patient's skin and mucosal color?

b. Is there a battery powered backup lighting system?

c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?

4. Suction Equipment

a. Does suction equipment permit aspiration of the oral & pharyngeal cavities?

b. Is there a backup suction device available which can operate at the time of general power failure?

5. Oxygen Delivery System

a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?

b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?

6. Recovery Area (Recovery area can be operating room)

a. Does recovery area have available oxygen?

b. Does recovery area have available adequate suction?

c. Does recovery area have adequate lighting?

d. Does recovery area have available adequate electrical outlets?

Page 2 of 6

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT		YES	NO
7. Ancillary Equipment in Good Operating Condition?		✓	
a. Are there oral pathways?		✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?		✓	
c. Is there a sphygmomanometer and stethoscope?		✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?		✓	
e. Is there a pulse oximeter?		✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	Adrenalin	2/25	✓	
2. Corticosteroid drug available?	Solu Medrol	5/26	✓	
3. Bronchodilator drug available?	Ventolin	3/25	✓	
4. Appropriate drug antagonists available?	Flumazenil Naloxone	1/26 6/25	✓	
5. Antihistaminic drug available?	Dip	6/25	✓	
6. Anticholinergic drug available?	Atropine	8/25	✓	
7. Coronary artery vasodilator drug available?	Nitroglycerin	2/26	✓	
8. Anticonvulsant drug available?	Midazolam	11/24	✓	
9. Oxygen available?			✓	

RECORDS – Are the following records maintained?		YES	NO
1. An adequate medical history of the patient?		✓	
2. An adequate physical evaluation of the patient?		✓	
3. Sedation records show patient's vital signs?		✓	
4. Includes American Society of Anesthesiologists physical status classification?		✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?		✓	
6. Sedation records reflecting the length of the procedure?		✓	
7. Sedation records reflecting complications of the procedure, if any?		✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?		✓	

SITE INSPECTION

	YES	NO
Is there moderate sedation administered at the dentist office to a patient of 12-years of age or younger? (If yes, complete the section below)	<input checked="" type="checkbox"/>	
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks	<input checked="" type="checkbox"/>	
2. Appropriate size blood pressure cuffs	<input checked="" type="checkbox"/>	
3. Appropriate size oral and nasal airways	<input checked="" type="checkbox"/>	
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	<input checked="" type="checkbox"/>	
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	<input checked="" type="checkbox"/>	

Evaluator Overall Recommendation of Site Inspection

☒ Pass
 ☐ Fail
 ☐ Pass Pending*

*If Pass Pending, please list all deficiencies

Comments: _____

Page 4 of 6

Signature of Evaluator

Date

THIS CONCLUDES THE SITE INSPECTION REPORT.

FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION

Page 4 of 6

EVALUATION

DEMONSTRATION OF MODERATE SEDATION	YES	NO
1. Who administered moderate sedation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentist's Name: <u>Dr. Meads</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was sedation case demonstrated within the definition of moderate sedation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, what type of monitoring was utilized? <u>pulse ox, BP</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Was the patient monitored while recovering from sedation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitored by whom: <u>Dr. Meads / Staff</u> Title: <u>Dental Assist</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Were personnel competent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. What was the length of the case demonstrated? <u>30 min</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SIMULATED EMERGENCIES - Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Bronchospasm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Emesis and aspiration of foreign material under anesthesia?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Angina pectoris?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Myocardial infarction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Hypotension?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Hypertension?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Cardiac arrest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Is there modification of age or young adult?

13. Allergic reaction?
14. Local anesthesia overdose?
15. Hyperventilation syndrome?
16. Syncope?

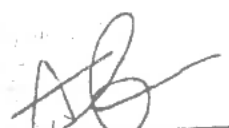
SITE INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
9. Allergic reaction?		✓	
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?		✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

Evaluator Overall Recommendation of Site Inspection

☒ Pass
 ☐ Fail

Comments: _____



 Signature of Evaluator

5/19/2024

 Date

Agenda Item 6(c)(4):

Nathan Antoine, DMD - 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

MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> ON-SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Practitioner: <i>NATHAN ANTOINE</i>	Proposed Dates: <i>5-15-24</i>
Location to be Inspected: <i>855 W 7th ST, SUITE 130 RENO, NV 89503</i>	Telephone Number: [REDACTED]
	Email Address:
Date of Evaluation: <i>5-15-24</i>	Time of Evaluation/Inspection: Start Time: <i>08:45</i> Finish Time: <i>12:45 PM</i>

Evaluators

1.	<i>EDWARD GRAY</i>
2.	<i>THOMAS MYATT</i>
3.	

INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within 72 hours after evaluation has been completed.

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
1. Operating Room		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
2. Operating Chair or Table		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
3. Lighting System		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
4. Suction Equipment		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
5. Oxygen Delivery System		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
6. Recovery Area (Recovery area can be operating room)		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
7. Ancillary Equipment in Good Operating Condition?		
a. Are there oral pathways?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	EPI SYRINGE	6-30	✓	
2. Corticosteroid drug available?	DEXAMETHASONE	5-25	✓	
3. Bronchodilator drug available?	ALBUTEROL MDI	12-25	✓	
4. Appropriate drug antagonists available?	FLUMAZENIL NALOXONE	3-25 2-25	✓ ✓	
5. Antihistaminic drug available?	BENADAYL	6-25	✓	
6. Anticholinergic drug available?	ATROPINE	7-25	✓	
7. Coronary artery vasodilator drug available?	NTG	9-24	✓	
8. Anticonvulsant drug available?	MIDAZOLAM	10-25	✓	
9. Oxygen available?	✓	✓	✓	

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show patient's vital signs?	✓	
4. Includes American Society of Anesthesiologists physical status classification?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?	✓	

SITE INSPECTION

	YES	NO
Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)		<input checked="" type="checkbox"/>
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks		<input checked="" type="checkbox"/>
2. Appropriate size blood pressure cuffs		<input checked="" type="checkbox"/>
3. Appropriate size oral and nasal airways		<input checked="" type="checkbox"/>
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector		<input checked="" type="checkbox"/>
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry		<input checked="" type="checkbox"/>

Evaluator Overall Recommendation of Site Inspection

☒ Pass
 ☐ Fail
 ☐ Pass Pending*

**If Pass Pending, please list all deficiencies*

Comments: _____

Page 4 of 6

Signature of Evaluator

Date

5-15-25

THIS CONCLUDES THE SITE INSPECTION REPORT.

FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION

Page 4 of 6

EVALUATION

DEMONSTRATION OF MODERATE SEDATION		YES	NO
1. Who administered moderate sedation?			
Dentist's Name: <u>NATHAN ANTOINE</u>		✓	
2. Was sedation case demonstrated within the definition of moderate sedation?		✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter?		✓	
If not, what type of monitoring was utilized? <u>CAPITAL CARE</u>		✓	
4. Was the patient monitored while recovering from sedation?			
Monitored by whom: <u>SARA / EMMA</u> Title: <u>SURV ASSISTANT</u>		✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?		✓	
6. Were personnel competent?		✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?		✓	
9. What was the length of the case demonstrated? <u>1 HR</u>		✓	

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
1. Laryngospasm?		✓	
2. Bronchospasm?		✓	
3. Emesis and aspiration of foreign material under anesthesia?		✓	
4. Angina pectoris?		✓	
5. Myocardial infarction?		✓	
6. Hypotension?		✓	
7. Hypertension?		✓	
8. Cardiac arrest?		✓	

12. Asthma?
13. Respiratory depression?
14. Local anesthesia overdose?
15. Hyperventilation syndrome?
16. Syncope?

SITE INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
9. Allergic reaction?		✓	
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?		✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

Evaluator Overall Recommendation of Site Inspection



Pass



Fail

Comments: _____ Date: _____

Signature of Evaluator

Date

Agenda Item 6(c)(5):

Creed Smith Haymond, DDS - 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

Permit # _____

GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Licensee: <i>Creed Raymond</i>	PERMIT #:
Location to be Inspected: <i>2575 N. Clark St. Ste A Elko NV 89801</i>	Proposed Dates: <i>18 MAY 24</i>
Date of Evaluation: <i>18 MAY 24</i>	Telep: [REDACTED]
	Time of Evaluation/Inspection:
	Start Time: <i>1225</i> Finish Time: <i>1335</i>

Evaluators

1.	<i>Charles Cordone</i>
2.	<i>Thomas Myatt</i>
3.	

INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM

1. Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the inspection/evaluation report and return to the Board office within 72 hours after inspection/evaluation has been completed.

EVALUATIONS INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>		YES	NO
1. Operating Room			
a. Is the operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓		
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓		
2. Operating Chair or Table			
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓		
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓		
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓		
3. Lighting System			
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓		
b. Is there a battery powered backup lighting system?	✓		
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓		
4. Suction Equipment			
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?	✓		
b. Is there a backup suction device available which can operate at the time of general power failure?	✓		
5. Oxygen Delivery System			
a. Does oxygen delivery system have adequate full-face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓		
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓		
6. Recovery Area (Recovery area can be operating room)			
a. Does recovery area have available oxygen?	✓		
b. Does recovery area have available adequate suction?	✓		
c. Does recovery area have adequate lighting?	✓		
d. Does recovery area have available adequate electrical outlets?	✓		

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>		YES	NO
7. Ancillary Equipment <i>Must</i> be In Good Operating Condition			
a. Are there oral pathways?		✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?		✓	
c. Is there a sphygmomanometer and stethoscope?		✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?		✓	
e. Is there a pulse oximeter?		✓	
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?		✓	
g. Endotracheal tubes and appropriate connectors?		✓	
h. An endotracheal tube type forcep?		✓	
i. An electrocardioscope and defibrillator?		✓	
j. A capnography monitor		✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	<i>epletone</i>	<i>5-25</i>		
2. Corticosteroid drug available?	<i>Solusartat 100/1250</i>	<i>5-26 / 7-25</i>		
3. Bronchodilator drug available?	<i>albuterol</i>	<i>6-25</i>		
4. Appropriate drug antagonists available?	<i>flumazenil</i> <i>naloxone</i>	<i>6-24</i> <i>2-25</i>		
5. Antihistaminic drug available?	<i>benedryl</i>	<i>12-24</i>		
6. Anticholinergic drug available?	<i>atropine</i>	<i>6-24</i>		
7. Coronary artery vasodilator drug available?	<i>nitroglycerine</i>	<i>5-25</i>		
8. Anticonvulsant drug available?	<i>m. Zolam</i>	<i>10-25</i>		
9. Oxygen available?	<i>-</i>	<i>-</i>		
10. Muscle relaxant?	<i>S-camp choline</i>	<i>9-25</i>		
11. Antiarrhythmic?	<i>adenosine</i>	<i>3-25</i>		
12. Antihypertensive?	<i>labetalol</i>	<i>2-25</i>		
13. Intravenous medication for the treatment of cardiopulmonary arrest?	<i>epinephrine</i>	<i>10-24</i>		
	<i>amiodarone</i>	<i>8-24</i>		

EVALUATIONS INSPECTION

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?		
2. An adequate physical evaluation of the patient?		
3. Includes American Society of Anesthesiologists physical status classification?		
4. Anesthesia records show patient's vital signs?		
5. Anesthesia records listing the drugs administered, amounts administered, and time administered.		
6. Anesthesia records reflecting the length of the procedure?		
7. Anesthesia records reflecting complications of the procedure, if any?		
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?		
	YES	NO
Is there a general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)		
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks	✓	
2. Appropriate size blood pressure cuffs	✓	
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger	✓	
4. Appropriately sized endotracheal tubes and appropriate connectors	✓	
5. Appropriate pads for use with an electrocardioscope and defibrillator	✓	
6. Small oral and nasal airways	✓	
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	✓	
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	

SITE INSPECTION RESULTS

Evaluator Overall Recommendation of Site Inspection



Pass



Fail



Pass Pending*

**If Pass Pending, please list all deficiencies*

Comments:

Site paperwork includes a Dr Myatt's
report

CM

Signature of Evaluator

18 MAY 24

Date

THIS CONCLUDES THE SITE INSPECTION REPORT

FOR AN EVALUATION OF AN ADMINISTERING PERMIT CONTINUT TO THE NEXT SECTION

EVALUATION INSPECTION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION	YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>Chad Haymond</u>		
2. Was case demonstrated within the definition of general anesthesia?	✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?	✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>Chad Haymond</u> Title: <u>54204</u> <u>Adv.</u> <u>Assisted</u>	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?	✓	
6. Were personnel competent and knowledgeable of equipment operation and location?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? <u>30 min</u>		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	
9. Allergic reaction?	✓	

EVALUATIONS INSPECTION

SIMULATED EMERGENCIES -- Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?		✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

Evaluator Overall Recommendation of Site Inspection



Pass



Fall

Comments: _____



Signature of Evaluator

18 MAY 27

Date

Agenda Item 6(c)(6):

Edward Gray, 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

(TEMPORARY) GENERAL ANESTHESIA PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

APPLICANT NAME: **Greg A Roberts, DDS**

NEVADA LICENSE: **#S2-210C** (specialty license granted 11/12/2023)

COMPLETED APPLICATION: **YES**

PAYMENT RECEIVED: **YES** (c/c \$750.00 CC)

**CERTIFICATION OF MINIMUM
OF 60 HOURS OF APPROVED COURSE STUDY
(ACCREDITED INSTITUTION)** **N/A**

**CERTIFICATION OF ADMINISTRATION
OF MINIMUM OF 20 CASES
SUCCESSFULLY MANAGED BY APPLICANT
(ACCREDITED INSTITUTION)** **N/A**

**CERTIFICATION OF SPECIALTY
PROGRAM COMPLETION APPROVED
BY ADA CODA WHICH INCLUDES
EDUCATION/TRAINING IN GA
ADMINISTRATION
(EQUIVALENT TO 60 HOURS/20 CASES)** **ORAL & MAXILLOFACIAL SURGERY
UNIVERSITY OF MEDSTAR GEORGETOWN
UNIVERSITY HOSPITAL
COMPLETION DATE – 06/30/1991**

***** PLEASE BE AWARE OMS RESIDENCY DOES NOT EXIST ANYMORE *****

ACLS CERTIFICATION **02/06/2024 – 02/2026**

EVALUATION DATE SCHEDULED: **TBD**


CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: ROBERTS, GREG A

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO, Reasons/Concerns: _____


Joshua Branco DMD (Mar 4, 2024 09:56 PST)
Joshua M Branco, DMD
Chair of Anesthesia Committee

Mar 4, 2024

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns: _____


Tejpal Juhl DDS (Mar 4, 2024 11:05 PST)
Tejpal Juhl, DDS
Secretary-Treasurer

Mar 4, 2024

Date



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

Dr. Travis Kirkland
holds Anesthesia site
permit SPG393-AA

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Name: DR. Greg Roberts License Number: S2-210C
Dental Practice Name: 7 DAY DENTAL

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

Office Address: [REDACTED] Office Telephone: [REDACTED]
[REDACTED] Office Fax: 775-738-6815

DENTAL EDUCATION

University /
College: MEDICAL College of
Virginia School of
Dentistry
Location: Richmond, Virginia

Dates attended: July 1984 to May 1988
Degree Earned: DDS

SPECIALTY EDUCATION

University /
College: George Town
Location: Washington DC
District of Columbia

Dates attended: August 1988 to July 1991
Degree Earned: Oral & 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) 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

JAN 08 2024

NSBDE

Revised 1/2014

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 _____ No

Where: Georgetown When: July 1991

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

Dr. Amy Roberts

Date

2/6/24

Received

JAN 08 2024

NSBDE



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

Permit # _____

GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Licensee: <u>Grey Roberts</u>	PERMIT #:
Location to be Inspected: <u>2575 N 5TH ST STE A</u> <u>ELKO NV 89801</u>	Proposed Dates: <u>18 MAY 24</u>
Date of Evaluation: <u>18 MAY 24</u>	Telephone Number: <u>[REDACTED]</u>
	Time of Evaluation/Inspection:
	Start Time: <u>1335</u> Finish Time: <u>1500</u>

Evaluators

1.	<u>Charles Cadore</u>
2.	<u>Thomas Myatt</u>
3.	

INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM

1. Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the inspection/evaluation report and return to the Board office within 72 hours after inspection/evaluation has been completed.

EVALUATIONS INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>		YES	NO
1. Operating Room			
a. Is the operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓		
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓		
2. Operating Chair or Table			
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓		
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓		
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓		
3. Lighting System			
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓		
b. Is there a battery powered backup lighting system?	✓		
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓		
4. Suction Equipment			
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?	✓		
b. Is there a backup suction device available which can operate at the time of general power failure?	✓		
5. Oxygen Delivery System			
a. Does oxygen delivery system have adequate full-face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓		
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓		
6. Recovery Area (Recovery area can be operating room)			
a. Does recovery area have available oxygen?	✓		
b. Does recovery area have available adequate suction?	✓		
c. Does recovery area have adequate lighting?	✓		
d. Does recovery area have available adequate electrical outlets?	✓		

EVALUATIONS INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>			YES	NO
7. Ancillary Equipment Must be in Good Operating Condition				
a. Are there oral Airways?			✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?			✓	
c. Is there a sphygmomanometer and stethoscope?			✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?			✓	
e. Is there a pulse oximeter?			✓	
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?			✓	
g. Endotracheal tubes and appropriate connectors?			✓	
h. An endotracheal tube type forcep?			✓	
i. An electrocardioscope and defibrillator?			✓	
j. A capnography monitor			✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	ephedrine	5-25		
2. Corticosteroid drug available?	celucortef 100/250	5-20/7-25		
3. Bronchodilator drug available?	albuterol	6-25		
4. Appropriate drug antagonists available?	flumazenil naloxone	6-24 7-25		
5. Antihistaminic drug available?	benzhydrol	12-24		
6. Anticholinergic drug available?	atropine	6-24		
7. Coronary artery vasodilator drug available?	nitroglycerine	5-25		
8. Anticonvulsant drug available?	midazolam	10-25		
9. Oxygen available?	—	—		
10. Muscle relaxant?	succinylcholine	7-25		
11. Antiarrhythmic?	adenosine	3-25		
12. Antihypertensive?	labetalol	2-25		
13. Intravenous medication for the treatment of cardiopulmonary arrest?	epinephrine	10-24		
	ompidone	8-24		

EVALUATIONS INSPECTION

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Includes American Society of Anesthesiologists physical status classification?	✓	
4. Anesthesia records show patient's vital signs?	✓	
5. Anesthesia records listing the drugs administered, amounts administered, and time administered.	✓	
6. Anesthesia records reflecting the length of the procedure?	✓	
7. Anesthesia records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?	✓	
	YES	NO
Is there a general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)		
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks	✓	
2. Appropriate size blood pressure cuffs	✓	
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger	✓	
4. Appropriately sized endotracheal tubes and appropriate connectors	✓	
5. Appropriate pads for use with an electrocardioscope and defibrillator	✓	
6. Small oral and nasal airways	✓	
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	✓	
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	

SITE INSPECTION RESULTS

Evaluator Overall Recommendation of Site Inspection



Pass



Fail



Pass Pending*

**If Pass Pending, please list all deficiencies*

Comments:

Site paperwork included in
Dr. Myatt's report



Signature of Evaluator

18 May 21

Date

THIS CONCLUDES THE SITE INSPECTION REPORT

FOR AN EVALUATION OF AN ADMINISTERING PERMIT CONTINUT TO THE NEXT SECTION

EVALUATION INSPECTION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION	YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>Gary Roberts</u>	✓	
2. Was case demonstrated within the definition of general anesthesia?	✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?	✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>Gary Roberts</u> <u>adv.</u> Title: <u>guyman</u> <u>assistant</u>	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?	✓	
6. Were personnel competent and knowledgeable of equipment operation and location?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? _____		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	
9. Allergic reaction?	✓	

EVALUATIONS INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?		✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

Evaluator Overall Recommendation of Site Inspection

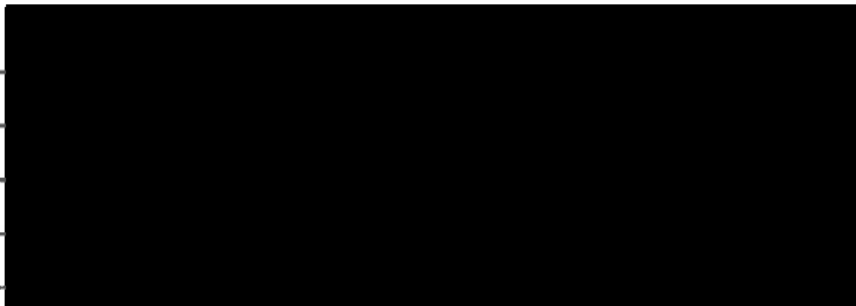


Pass



Fail

Comments:



Signature of Evaluator

18 MAY 24

Date

Agenda Item 6(c)(7):

Thomas Patrick Myatt, DDS - 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

GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Practitioner: <i>Tom Myatt</i>	Proposed Dates: <i>5 JUN 24</i>
Location to be Inspected: <i>4875 Kitcher Lane Ste B Reno NV 89509</i>	Telephone Number:
	Email Address:
Date of Evaluation: <i>5 JUN 24</i>	Time of Evaluation/Inspection: Start Time: Finish Time:

Evaluators

1.	<i>Charles Corbett</i>
2.	<i>Ed Gray</i>
3.	

INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM

1. Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the inspection/evaluation report and return to the Board office within **72 hours** after inspection/evaluation has been completed.

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>			YES	NO
7. Ancillary Equipment Must be in Good Operating Condition				
a. Are there oral pathways?			✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?			✓	
c. Is there a sphygmomanometer and stethoscope?			✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?			✓	
e. Is there a pulse oximeter?			✓	
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?			✓	
g. Endotracheal tubes and appropriate connectors?			✓	
h. An endotracheal tube type forcep?			✓	
i. An electrocardioscope and defibrillator?			✓	
j. A capnography monitor			✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	Epinephrine sulfate	07/2025	✓	
2. Corticosteroid drug available?	dexamethasone	05/2025	✓	
3. Bronchodilator drug available?	Ventolin HFA	03/2025	✓	
4. Appropriate drug antagonists available?	Flumazenil Narcan	11/2025 10/2024	✓	
5. Antihistaminic drug available?	Diphenhydramine	03/2025	✓	
6. Anticholinergic drug available?	atropine	11/2025	✓	
7. Coronary artery vasodilator drug available?	Nitroglycerin sublingual tablets	05/2025	✓	
8. Anticonvulsant drug available?	Versed			
9. Oxygen available?	—	—	✓	
10. Muscle relaxant?	succinylcholine	06/2024	✓	
11. Antiarrhythmic?	Adenosine	01/2025	✓	
12. Antihypertensive?	Labetalol	04/2025	✓	
13. Intravenous medication for the treatment of cardiopulmonary arrest?	Epinephrine	07/2024	✓	
	Amiodarone Hydrochloride	08/2024	✓	

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>		YES	NO
1. Operating Room			
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓		
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓		
2. Operating Chair or Table			
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓		
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓		
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓		
3. Lighting System			
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓		
b. Is there a battery powered backup lighting system?	✓		
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓		
4. Suction Equipment			
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?	✓		
b. Is there a backup suction device available which can operate at the time of general power failure?	✓		
5. Oxygen Delivery System			
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓		
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓		
6. Recovery Area (Recovery area can be operating room)			
a. Does recovery area have available oxygen?	✓		
b. Does recovery area have available adequate suction?	✓		
c. Does recovery area have adequate lighting?	✓		
d. Does recovery area have available adequate electrical outlets?	✓		

SITE INSPECTION

RECORDS – Are the following records maintained?		YES	NO
1. An adequate medical history of the patient?		✓	
2. An adequate physical evaluation of the patient?		✓	
3. Includes American Society of Anesthesiologists physical status classification?		✓	
4. Anesthesia records show patient's vital signs?		✓	
5. Anesthesia records listing the drugs administered, amounts administered, and time administered?		✓	
6. Anesthesia records reflecting the length of the procedure?		✓	
7. Anesthesia records reflecting complications of the procedure, if any?		✓	
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?		✓	
		YES	NO
Is there a general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)			
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER		YES	NO
1. Bag valve mask with appropriate size masks			
2. Appropriate size blood pressure cuffs			
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger			
4. Appropriately sized endotracheal tubes and appropriate connectors			
5. Appropriate pads for use with an electrocardioscope and defibrillator			
6. Small oral and nasal airways			
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER		YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector			
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER		YES	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry			

SITE INSPECTION RESULTS

Evaluator Overall Recommendation of Site Inspection		
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass Pending*

**If Pass Pending, please list all deficiencies*

Comments:

*documents included in report
of Dr. Gray*

CG

Signature of Evaluator

5 JUN 24

Date

THIS CONCLUDES THE SITE INSPECTION REPORT
FOR AN EVALUATION OF AN ADMINISTERING PERMIT CONTINUT TO THE NEXT SECTION

EVALUATION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION		YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>Tom Myatt</u>			
2. Was case demonstrated within the definition of general anesthesia?		✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?		✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>Levitt</u> Title: <u>asst</u>		✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?		✓	
6. Were personnel competent and knowledgeable of equipment operation and location?		✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?		✓	
9. What was the length of the case demonstrated? <u>1 hr</u>			

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
1. Laryngospasm?		✓	
2. Bronchospasm?		✓	
3. Emesis and aspiration of foreign material under anesthesia?		✓	
4. Angina pectoris?		✓	
5. Myocardial infarction?		✓	
6. Hypotension?		✓	
7. Hypertension?		✓	
8. Cardiac arrest?		✓	
9. Allergic reaction?		✓	

SITE INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:			YES	NO
10. Convulsions?			✓	
11. Hypoglycemia?			✓	
12. Asthma?			✓	
13. Respiratory depression?			✓	
14. Local anesthesia overdose?			✓	
15. Hyperventilation syndrome?			✓	
16. Syncope?			✓	

Evaluator Overall Recommendation of Site Inspection

☒ Pass

☐ Fail

Comments: _____

CLM

Signature of Evaluator

5 Jun 24

Date



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

GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

<input type="checkbox"/> SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Practitioner: THOMAS MYATT	Proposed Dates: 6-5-24
Location to be Inspected: 4875 KITZKE LN, B RENO, NV, 89509	Telephone Number: [REDACTED]
	Email Address: [REDACTED]
Date of Evaluation: 6-5-24	Time of Evaluation/Inspection: Start Time: 10:00 Finish Time: 12:00

Evaluators

1.	EDWARD GRAY
2.	CHARLES GONDOBA
3.	

INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM

1. Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the inspection/evaluation report and return to the Board office within **72 hours** after inspection/evaluation has been completed.

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>		YES	NO
1. Operating Room			
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓		
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓		
2. Operating Chair or Table			
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓		
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓		
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓		
3. Lighting System			
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓		
b. Is there a battery powered backup lighting system?	✓		
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓		
4. Suction Equipment			
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?	✓		
b. Is there a backup suction device available which can operate at the time of general power failure?	✓		
5. Oxygen Delivery System			
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓		
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓		
6. Recovery Area (Recovery area can be operating room)			
a. Does recovery area have available oxygen?	✓		
b. Does recovery area have available adequate suction?	✓		
c. Does recovery area have adequate lighting?	✓		
d. Does recovery area have available adequate electrical outlets?	✓		

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>	YES	NO
7. Ancillary Equipment <i>Must be in Good Operating Condition</i>		
a. Are there oral pathways?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?	✓	
g. Endotracheal tubes and appropriate connectors?	✓	
h. An endotracheal tube type forcep?	✓	
i. An electrocardioscope and defibrillator?	✓	
j. A capnography monitor	✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	EPHEDRINE	7-25	✓	
2. Corticosteroid drug available?	DEXAMETHASONE	5-25	✓	
3. Bronchodilator drug available?	VENTOLIN HA	3-25	✓	
4. Appropriate drug antagonists available?	FLUMAZENIL NARCAN	11-25 10-24	✓ ✓	
5. Antihistaminic drug available?	DIPHENHYDRAMINE	3-25	✓	
6. Anticholinergic drug available?	ATROPINE	11-25	✓	
7. Coronary artery vasodilator drug available?	NTG	5-25	✓	
8. Anticonvulsant drug available?	VEESEA	12-24	✓	
9. Oxygen available?			✓	
10. Muscle relaxant?	SUCCINYL CHOLINE	6-24	✓	
11. Antiarrhythmic?	ADENOSINE	1-25	✓	
12. Antihypertensive?	LABETOLOL	4-25	✓	
13. Intravenous medication for the treatment of cardiopulmonary arrest?	EPINEPHRINE	7-24	✓	
	AMIODARONE	8-24	✓	

SITE INSPECTION

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Includes American Society of Anesthesiologists physical status classification?	✓	
4. Anesthesia records show patient's vital signs?	✓	
5. Anesthesia records listing the drugs administered, amounts administered, and time administered?	✓	
6. Anesthesia records reflecting the length of the procedure?	✓	
7. Anesthesia records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?	✓	
	YES	NO
Is there a general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)		✓
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks		
2. Appropriate size blood pressure cuffs		
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger		
4. Appropriately sized endotracheal tubes and appropriate connectors		
5. Appropriate pads for use with an electrocardioscope and defibrillator		
6. Small oral and nasal airways		
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector		
ADDITIONAL RECPRDS FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry		

SITE INSPECTION RESULTS

Evaluator Overall Recommendation of Site Inspection



Pass



Fail



Pass Pending*

**If Pass Pending, please list all deficiencies*

Comments: _____

Signature of Evaluator

Date

6-5-24

THIS CONCLUDES THE SITE INSPECTION REPORT

FOR AN EVALUATION OF AN ADMINISTERING PERMIT CONTINUT TO THE NEXT SECTION

EVALUATION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION	YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>THOMAS HYATT</u>	✓	
2. Was case demonstrated within the definition of general anesthesia?	✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?	✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>CHRISTIN BLOOM</u> Title: <u>SURGEY ASSISTANT</u>	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?	✓	
6. Were personnel competent and knowledgeable of equipment operation and location?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? <u>30 min</u>	✓	

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	
9. Allergic reaction?	✓	

SITE INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?		✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

Evaluator Overall Recommendation of Site Inspection



Pass



Fail

Comments:

GREAT DOCTOR ☒

Signature of Evaluator

Date

6-5-25

Agenda Item 6(c)(8):

Greg A. Roberts, DDS - 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

(TEMPORARY) GENERAL ANESTHESIA PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

APPLICANT NAME: **Greg A Roberts, DDS**

NEVADA LICENSE: **#S2-210C** (specialty license granted 11/12/2023)

COMPLETED APPLICATION: **YES**

PAYMENT RECEIVED: **YES** (c/c \$750.00 CC)

**CERTIFICATION OF MINIMUM
OF 60 HOURS OF APPROVED COURSE STUDY
(ACCREDITED INSTITUTION)** **N/A**

**CERTIFICATION OF ADMINISTRATION
OF MINIMUM OF 20 CASES
SUCCESSFULLY MANAGED BY APPLICANT
(ACCREDITED INSTITUTION)** **N/A**

**CERTIFICATION OF SPECIALTY
PROGRAM COMPLETION APPROVED
BY ADA CODA WHICH INCLUDES
EDUCATION/TRAINING IN GA
ADMINISTRATION
(EQUIVALENT TO 60 HOURS/20 CASES)** **ORAL & MAXILLOFACIAL SURGERY
UNIVERSITY OF MEDSTAR GEORGETOWN
UNIVERSITY HOSPITAL
COMPLETION DATE – 06/30/1991**

***** PLEASE BE AWARE OMS RESIDENCY DOES NOT EXIST ANYMORE *****

ACLS CERTIFICATION **02/06/2024 – 02/2026**

EVALUATION DATE SCHEDULED: **TBD**


CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: ROBERTS, GREG A

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO, Reasons/Concerns: _____


Joshua Branco DMD (Mar 4, 2024 09:56 PST)
Joshua M Branco, DMD
Chair of Anesthesia Committee

Mar 4, 2024

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns: _____


Tejpal Juhl DDS (Mar 4, 2024 11:05 PST)
Tejpal Juhl, DDS
Secretary-Treasurer

Mar 4, 2024

Date



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

Dr. Travis Kirkland
holds Anesthesia site
permit SPG393-AA

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Name: DR. Greg Roberts License Number: S2-210C

Dental Practice Name: 7 DAY DENTAL

Office Site Permit ☐

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

Office Address: [REDACTED]

Office Telephone: [REDACTED]

Office Fax: 775-738-6815

DENTAL EDUCATION

University/
College: MEDICAL College of
Virginia School of
Dentistry
Location: Richmond, Virginia

Dates
attended: July 1984
to
May 1988
Degree Earned:
DDS

SPECIALTY EDUCATION

University /
College: George Town
Location: Washington DC
District of Columbia

Dates
attended: August 1988
to
July 1991
Degree Earned:
Oral & 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) 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

JAN 08 2024

NSBDE

Revised 1/2014

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 _____ No

Where: Georgetown When: July 1991

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

Dr. Amy Roberts

Date

2/6/24

Received

JAN 08 2024

NSBDE



Nevada State Board of Dental Examiners

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(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

Permit # _____

GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Licensee: <u>Gary Roberts</u>	PERMIT #:
Location to be Inspected: <u>2575 N 5TH ST STE A</u> <u>ELKO NV 89801</u>	Proposed Dates: <u>18 MAY 24</u>
Date of Evaluation: <u>18 MAY 24</u>	Telephone Number: <u>[REDACTED]</u>
	Time of Evaluation/Inspection:
	Start Time: <u>1335</u> Finish Time: <u>1500</u>

Evaluators

1.	<u>Charles Cadore</u>
2.	<u>Thomas Myatt</u>
3.	

INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM

1. Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the inspection/evaluation report and return to the Board office within 72 hours after inspection/evaluation has been completed.

EVALUATIONS INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>		YES	NO
1. Operating Room			
a. Is the operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓		
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓		
2. Operating Chair or Table			
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓		
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓		
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓		
3. Lighting System			
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓		
b. Is there a battery powered backup lighting system?	✓		
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓		
4. Suction Equipment			
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?	✓		
b. Is there a backup suction device available which can operate at the time of general power failure?	✓		
5. Oxygen Delivery System			
a. Does oxygen delivery system have adequate full-face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓		
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓		
6. Recovery Area (Recovery area can be operating room)			
a. Does recovery area have available oxygen?	✓		
b. Does recovery area have available adequate suction?	✓		
c. Does recovery area have adequate lighting?	✓		
d. Does recovery area have available adequate electrical outlets?	✓		

EVALUATIONS INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>			YES	NO
7. Ancillary Equipment Must be in Good Operating Condition				
a. Are there oral Airways?			✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?			✓	
c. Is there a sphygmomanometer and stethoscope?			✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?			✓	
e. Is there a pulse oximeter?			✓	
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?			✓	
g. Endotracheal tubes and appropriate connectors?			✓	
h. An endotracheal tube type forcep?			✓	
i. An electrocardioscope and defibrillator?			✓	
j. A capnography monitor			✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	ephedrine	5-25		
2. Corticosteroid drug available?	celucortef 100/250	5-26/7-25		
3. Bronchodilator drug available?	albuterol	6-25		
4. Appropriate drug antagonists available?	flumazenil naloxone	6-24 7-25		
5. Antihistaminic drug available?	benzhydrol	12-24		
6. Anticholinergic drug available?	atropine	6-24		
7. Coronary artery vasodilator drug available?	nitroglycerine	5-25		
8. Anticonvulsant drug available?	midazolam	10-25		
9. Oxygen available?	—	—		
10. Muscle relaxant?	succinylcholine	7-25		
11. Antiarrhythmic?	adenosine	3-25		
12. Antihypertensive?	labetalol	2-25		
13. Intravenous medication for the treatment of cardiopulmonary arrest?	epinephrine	10-24		
	amiodarone	8-24		

EVALUATIONS INSPECTION

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Includes American Society of Anesthesiologists physical status classification?	✓	
4. Anesthesia records show patient's vital signs?	✓	
5. Anesthesia records listing the drugs administered, amounts administered, and time administered.	✓	
6. Anesthesia records reflecting the length of the procedure?	✓	
7. Anesthesia records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?	✓	
	YES	NO
Is there a general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)		
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks	✓	
2. Appropriate size blood pressure cuffs	✓	
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger	✓	
4. Appropriately sized endotracheal tubes and appropriate connectors	✓	
5. Appropriate pads for use with an electrocardioscope and defibrillator	✓	
6. Small oral and nasal airways	✓	
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	✓	
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	

SITE INSPECTION RESULTS

Evaluator Overall Recommendation of Site Inspection



Pass



Fail



Pass Pending*

**If Pass Pending, please list all deficiencies*

Comments:

*Site paperwork included in
Dr. Myatt's report*

CM

Signature of Evaluator

18 May 21

Date

THIS CONCLUDES THE SITE INSPECTION REPORT

FOR AN EVALUATION OF AN ADMINISTERING PERMIT CONTINUT TO THE NEXT SECTION

EVALUATION INSPECTION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION	YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>Gary Roberts</u>	✓	
2. Was case demonstrated within the definition of general anesthesia?	✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?	✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>Gary Roberts</u> Title: <u>Assist</u>	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?	✓	
6. Were personnel competent and knowledgeable of equipment operation and location?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? _____		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	
9. Allergic reaction?	✓	

EVALUATIONS INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?		✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

Evaluator Overall Recommendation of Site Inspection

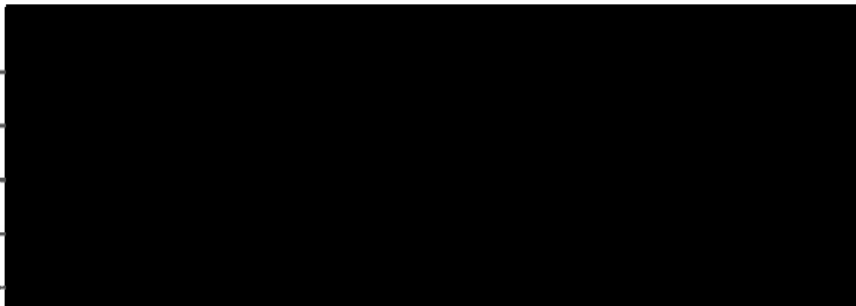


Pass



Fail

Comments:



Signature of Evaluator

18 MAY 24

Date

Agenda Item 6(d):

**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 6(d)(1):

**SafeTALK - Suicide Awareness for Everyone Tell,
Ask, Listen, Keep Safe - (3 units) - Richard Egan**



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 APPROVAL REQUEST SUBMISSION GUIDELINES

Please comply with the following:

I certify that continuing education courses granted Board approval will be conducted as education programs and meet the following requirements:

- 1) Instruction shall be conducted on the same education standards of scholarship and teaching as that required of a true university discipline.
- 2) The course or topic of instruction shall conform to the purpose and method of higher education.
- 3) The provider of a course of study or topic of conversation shall be able to demonstrate to the Board that an opportunity to enroll in such courses of study is available to ALL dental and dental hygiene licensees.

Home study and/or correspondence courses **must** submit with this application all material (i.e., study manuals, worksheets, audio and video) used in the completion of the course. The Nevada State Board of Dental Examiners reserves the right to monitor any and all courses being conducted by an approved provider of continuing education.

In accordance with Nevada Administrative Code (NAC) 631.177(2), each approved continuing education provider **must** furnish a certificate of completion to all Nevada dental and dental hygiene licensees who complete the course. The records concerning Nevada dental and dental hygiene licensees must be kept on file by the provider for a period of at least three (3) years.

We NOSPD state office request a fee waiver

FEE: \$150.00 FOR THE FIRST CREDIT HOUR REQUESTED, \$50.00 FOR EACH ADDITIONAL CREDIT HOUR. THIS FEE IS FOR THE PROCESSING AND REVIEW OF YOUR REQUEST FOR PROVIDER APPROVAL AND MUST ACCOMPANY THIS FORM UPON SUBMISSION OF THE REQUEST.

ALL PROVIDER APPROVAL REQUESTS MUST BE SUBMITTED TO THE BOARD FOR REVIEW NO LATER THAN 45 DAYS PRIOR TO THE BEGINNING DATE OF THE COURSE.



Nevada State Board of Dental Examiners

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(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

APPLICATION FOR CONTINUING EDUCATION CREDIT

Sponsor Information:

Name:	Richard Egan		
Business Address:	[REDACTED]		
City:	Las Vegas	State:	NV
		Zip code:	89102
Business Telephone:	[REDACTED]		
Email Address:	[REDACTED]		
Number of Attendees:			
Hours of Actual Instruction:	3.0		
Facility Name:	Nevada Office of Suicide Prevention		
Facility Address:	[REDACTED]		
Date(s) of Course:	Varies		
Date of Request:	Varise		

Sponsor Signature (Digital)

Speaker(s) Information:

Biographical Sketch:	Please see documents attached
----------------------	-------------------------------

Course Title: safeTALK--suicide awareness for everyone Tell, Ask, Listen, Keep safe

Course Description:

1. Challenge attitudes that inhibit open talk about suicide.
2. Recognize a person who might be having thoughts of suicide.
3. Engage them in direct and open talk about suicide
4. Listen to the person's feelings about suicide and show that they are taken seriously.
5. Move quickly to connect them with someone trained in suicide intervention.

Learning Objectives: Please see documents attached

Outline of Course: Please see documents attached

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Approved by:

Number of Hours Approved:

Effective Date or Approval:

Disapproved [Explanation]:

Joe Lombardo
Governor

Richard Whitley,
MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

February 28, 2024

Nevada State Board of Dental Examiners
2651 N. Green Valley Parkway ST 14
Henderson, NV 89014

RE: Continuing Education Units for safeTALK suicide prevention training

To Whom It May Concern:

The Office of Suicide Prevention is pleased to provide education regarding **safeTALK**. Please find attached the Continuing Education Application Form and back up documents supporting safeTALK. We request approval to allow your licensees to earn continuing education units for attending safeTALK.

The following lists the trainers currently providing safeTALK trainings for the Office of Suicide Prevention.

Allen, Misty
Basanez, Skyler
Cruz-Nanez, Rebecca
Davis, Richard
Desroche, Kimberly A.
Dough, RJ
Egan, Richa

Fogg, Carl
Frye, Cathy
Hilton, Jennifer
Holybee, Stacy
Massolo, Janett
Mendenhall, Thomas
Morgan, Taylor

Nye (Kliwer-Nye), Alaine
Salla-Smith, Pauline
Tom, Mageena
White, Emma
Williams, Vanessa
Wood, Cherylyn

If you have any concerns, please do not hesitate to contact me. I may be reached at [REDACTED] or by email at [REDACTED]. Thank you for your assistance in this matter.

Sincerely,

Elizabeth Willis

Elizabeth Willis
Administrative Assistant IV

TITLE OF TRAINING

safeTALK (suicide alertness for everyone – Tell, Ask, Listen, Keepsafe)

PROPOSED SCHEDULE

Please include dates, times and training session duration

safeTALK takes approximately 3.0 hours.

GEARED TO AND CAPACITY OF CLASS

Anyone within a community can take safeTALK. safeTALK is limited to 40 participants (with two instructors)

TRAINING LEADER(S)

Please include title, credentials and affiliation

Each safeTALK Trainer has to be trained in suicide intervention and has attended a two day or a one day with extensive pre-study on-site safeTALK Training for Trainer class conducted by one of our LivingWorks certified instructors.

TRAINING DESCRIPTION

Summarize training objectives (what will participants be able to do upon completion) and methodology.

safeTALK teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. safeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The safeTALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK step actions to move past these three barriers. Six 60-90 second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential referents for the participants.

Program Goals include:

1. Challenge attitudes that inhibit open talk about suicide.
2. Recognize a person who might be having thoughts of suicide.
3. Engage them in direct and open talk about suicide
4. Listen to the person's feelings about suicide and show that they are taken seriously.
5. Move quickly to connect them with someone trained in suicide intervention.

TRAINING AGENDA

List or attach the agenda for the training.

safeTALK is divided into two main sections, each with numerous sub-sections:

Time schedule for first section = 1.5 hours (ie: 9:00 am to 10:30 am)

- 1.1 Community Reasons for safeTALK
- 1.2 Personal Reasons for safeTALK
- 1.3 Introduction of safeTALK
- 1.4 Tell step
- 1.5 Ask step
- 1.6 Listen step
- 1.7 KeepSafe step
- 1.8 Conclusion/Summary of Part 1

Break (15 minutes) (ie: 10:30 am to 10:45 am)

Time schedule for second section = 1.5 hours (ie: 10:45 am to 12:15 pm)

- 2.1 Introduction of Part 2
- 2.2 Activate Your Willingness
- 2.3 The Importance of Being Nosey and Limits to the Suicide Alert Role
- 2.4 Preparing for Practice
- 2.5 Creating the Practice Scene
- 2.6 Practice
- 2.7 Close

AUDIO/VISUAL EQUIPMENT AND/OR SUPPLIES NEEDED

safeTALK incorporates training slides and videos which can be presented via PowerPoint using a computer and LCD projector, or using a DVD player and TV. The presentation can be customized for groups utilizing video clips from an extensive library.

Each safeTALK participant receives a 24-page Resource Book, a small prompter card, two safeTALK Stickers and a certificate. These participant kits are ordered by the safeTALK Trainer and distributed during the training.

Continuing Education Template safeTALK

Course description

safeTALK teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. safeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The safeTALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants age 15 or older to monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK steps to move past these three barriers. Six 60-90 second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential referents for the participants.

Course content

safeTALK has two sections. The first section begins with reasons why the community wants the participants to become alert but quickly shifts to personal reasons for becoming alert. The bulk of the first section is used to present the TALK steps to initiate suicide alert helping. The second section has two main activities. First is a focus on the effects of misinformation about and fear of suicide with the aim of controlling these fears and marshalling motivation to help prevent suicide. The second activity is practice at being a suicide alert helper.

Course outline including contact hours

safeTALK is divided into two main sections, each with numerous sub-sections:

Part 1 – approximately 90 minutes

1.1 Community Reasons for safeTALK

1.2 Personal Reasons for safeTALK

1.3 Introduction of safeTALK

1.4 Tell step

1.5 Ask step

1.6 Listen step

1.7 KeepSafe step

1.8 Conclusion/Summary of Part 1

Short Break

Part 2 – approximately 90 minutes

2.1 Introduction of Part 2

2.2 Activate Your Willingness

2.3 The Importance of Being Nosey and Limits to the Suicide Alert Role

2.4 Preparing for Practice

2.5 Creating the Practice Scene

2.6 Practice

2.7 Close

Course Learning Objectives & Course Outcomes

Participants will be able to:

1. Challenge attitudes that inhibit open talk about suicide
2. Recognize a person who might be having thoughts of suicide
3. Engage persons with thoughts of suicide in direct and open talk about suicide
4. Listen to the person's feelings about suicide and show that they are taken seriously
5. Move quickly to connect them with someone trained in suicide first aid intervention.

Evaluation

Participants will:

1. Demonstrate that they can participate in a didactic role play between a suicide alert helper and person with thoughts of suicide using the *TALK* steps.
2. Complete a feedback evaluation that reveals information about their ability to be willing, ready, and able suicide alert helpers. Additionally, participants provide important quality assurance information.

Additionally:

3. Completed trainer report is read by designated quality assurance and development staff.
4. safeTALK uses on-going evaluation and program improvement. safeTALK was developed using the Rothman Research and Development framework (Rothman, 1980). The Rothman framework posits four stages of program development and dissemination, which form a continuing process of program improvement. Using Rothman's framework and based upon feedback from participants, trainers' evaluation reports, and research studies, the safeTALK program is under on-going development and revision (first disseminated in 2006, most recent update in 2011). The Rothman framework has also allowed for adaption of the safeTALK program to meet local needs, customizing certain aspects of dissemination and implementation to best fit those needs, while holding constant those components that make safeTALK effective.

Texts and Instructional Resources

safeTALK has been developed using the principles of adult-learning. Here is a list of the core training processes and activities used in safeTALK.

Mini-presentations or lectures are information pieces that take only a few minutes to present.

Socratic questioning Socratic questions are used to help the participants appreciate the value of their individual and collective understanding of suicide.

Practice Role-playing Participants have the opportunity to help a person with thoughts of suicide using the *TALK* steps using didactic role-playing

Commenting through restatements and summaries Comments can be helpful to add to the learning process. The purpose of the restatements and summaries is to help participants integrate learning.

Required Texts, Readings, and Instructional Resources

1. *64 slide PowerPoint with embedded video clips*
2. *24-page Participant Resource Book*
3. *TALK steps on quick reference card and sticker*

4. *Trainers attend a 2 day Training for Trainers and use a 100 page standardized evidence-based trainer manual to provide fidelity and quality assurance. Additionally, the trainer materials include an extensive library of video clips to customize for groups including First Nations, Native Americans, First Responders, Military, and others.*

References

Alberta Centre for Injury Control & Research. (2013). Brief report on suicide prevention in the school setting. Retrieved from http://acicr.ca/Upload/Suicide_Prevention_In_School_Settings2012_FINAL.pdf

Gullestrup, J., Lequertier, B., & Martin, G. (2011). MATES in Construction: Impact of a multimodal, community-based program for suicide prevention in the construction industry. *International Journal of Environmental Research & Public Health*, 8, 4180-4196. doi:10.3390/ijerph8114180

Mellanby, R.J., Hudson, N.P.H., Allister, R., et al. (2010). Evaluation of suicide awareness programmes delivered to veterinary undergraduates and academic staff *Veterinary Record* 167: 730-734. doi: 10.1136/vr.c5427

McKay, K., Hawgood, J., Kavalidou, K., Kolves, K., O'Gorman, J., & De Leo, D. (2012). *A review of the Operation Life suicide awareness workshops. Report to the Department of Veterans' Affairs*. Brisbane, QLD: Australian Institute for Suicide Research and Prevention. Retrieved from http://www.dva.gov.au/health_and_wellbeing/research/Documents/OpLife_workshops_final_report.pdf

McLean, Joanne, Schinkel, Marguerite, Woodhouse, Amy, McBryde (June, 2007) Evaluation of the Scottish SafeTALK Pilot. Edinburgh: Scottish Development Centre for Mental Health

NHS Scotland (August, 2010). safeTALK delivered at a distance: An approach to training using Video Conferencing. NHS Scotland: Remote and Rural Healthcare Educational Alliance

safeTALK: suicide alertness for everyone

safeTALK is a half-day training in suicide alertness. It helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live. Participants don't need any formal preparation to attend the training—anyone age 15 or older who wants to make a difference can learn the safeTALK steps.

FOCUS: Suicide alertness training for the community

DURATION: 3 hours–4 hours (half a day)

LANGUAGES: English and French

PARTICIPANTS: Anyone 15 or older

TRAINERS: One trainer and one community resource person per 15–30 participants

How safeTALK works

Most people with thoughts of suicide don't want to die—instead, they are looking for a way to work through the pain in their lives. Through their words and actions, they usually invite others to help them in making a choice for life. safeTALK teaches participants to recognize these invitations, engage with the person with thoughts of suicide, and connect them with resources to help them be safer from suicide. These resources could include health care professionals, first responders, or crisis line workers—among many others who have suicide intervention training.

Training process

safeTALK features both presentations and interactive elements. Trainers will facilitate participants' involvement through:

- Trainer presentations
- Diverse selection of audiovisuals
- Interactive discussion and questions
- TALK steps practice
- TALK wallet card
- "You can TALK to Me" stickers
- Downloadable TALK App

Goals and objectives

safeTALK helps participants become alert to suicide. Suicide-alert people are better prepared to connect persons with thoughts of suicide with life-affirming help. Over the course of their training, safeTALK participants will learn to:

- Notice and respond to situations where suicide thoughts may be present,
- Recognize that invitations for help are often overlooked,
- Move beyond the common tendency to miss, dismiss, and avoid suicide,
- Apply the TALK steps: Tell, Ask, Listen, KeepSafe, and
- Know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.

“As a taxi driver, I speak to a surprising number of people who have thoughts of suicide. **safeTALK has given me and other drivers in Kilkenny a way to help them stay safe.**”

—Derek Devoy, Taxi Driver, Kilkenny, Ireland

Who should take safeTALK?

safeTALK is designed for anyone age 15 or older, including many in more formal helping roles. The steps learned in safeTALK have helped participants from all walks of life be alert to situations where suicide thoughts may be present.

Who provides safeTALK?

safeTALK is a training developed by LivingWorks Education, a leading world provider of suicide intervention training. Each safeTALK is facilitated by a trainer who has completed the two-day safeTALK *Training for Trainers (T4T)* course. Trainers use internationally standardized learning materials, including a diverse selection of paired alert and non-alert vignettes.

A listing of registered trainers can be found at www.livingworks.net under Find a Trainer. In order to maintain registered status, trainers must deliver the workshop at least three times a year and submit quality control reports to LivingWorks.

safeTALK and ASIST

safeTALK is designed to complement *ASIST (Applied Suicide Intervention Skills Training)*, LivingWorks' two-day suicide intervention skills workshop. safeTALK is consistent with LivingWorks' view that the training needs of a suicide-safer community require a comprehensive approach. Both safeTALK and ASIST participants have an important role to play in helping to achieve this goal.

safeTALK training focuses on using the *TALK* steps—*Tell, Ask, Listen, KeepSafe*—to engage persons with thoughts of suicide and help to connect them with life-affirming resources, while using ASIST skills helps these resources provide safety from suicide for now. In effect, safeTALK and ASIST-trained helpers work together with individuals to help them keep safe from suicide.

ASIST's intervention model involves establishing a collaborative relationship to work through suicide to a place of safety. Many training participants include safeTALK and ASIST in their suicide prevention toolkit.

**12**

countries have
onsite Trainers

**2,500+**

safeTALK Trainers
worldwide

**273,000+**

safeTALK participants
trained since 2006



safeTALK is
listed in the
Suicide Prevention
Resource Center
Best Practices
Registry (USA)

*Statistics current as of July 2015.

About LivingWorks: LivingWorks is dedicated to saving lives through the creation, development, and delivery of innovative training experiences that empower individuals, organizations, and communities to be safer from suicide. To learn more, visit www.livingworks.net.

**LivingWorks**



safeTALK

suicide alertness for everyone

DATE

LOCATION

TRAINER(S)

Your feedback is important—thank you. Please use the back of this form to note any additional comments.

1. My trainer was prepared and familiar with the material: ☐ Strongly agree ☐ Agree ☐ Partly agree ☐ Disagree
2. My trainer encouraged participation and respected all responses: ☐ Strongly agree ☐ Agree ☐ Partly agree ☐ Disagree
3. I intend to tell others that they will benefit from this training: ☐ Yes ☐ No

My trainer can contact me for information about who to speak with to provide this training to others in my organization or community. My contact information is:

4. How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?
☐ Well prepared ☐ Mostly prepared ☐ Partly prepared ☐ Not prepared

5. On a scale of 1 (very bad) to 10 (very good), how would you rate this training?
Comments:

RATING

6. How could this training be improved to make it more effective in preparing suicide alert helpers?

7. My comments may be quoted anonymously to promote safeTALK: ☐ Yes ☐ No

If you would like to talk to your trainer further about your own or another's thoughts of suicide, please indicate your name and contact information:



safeTALK

suicide alertness for everyone

[Participant Name]

has completed training in suicide alertness

Date: [Date]

Location: [Location]

Hours: [Hours]



LivingWorks

suicide safer communities • saving lives for tomorrow
www.livingworks.net

SIGNATURE _____

MISTY VAUGHAN ALLEN

1590 Canyonlands Court

Reno, NV 89521

OBJECTIVE

To augment my work in a challenging and meaningful way where I can utilize my knowledge of suicide prevention and crisis intervention, my experience in running a statewide entity and my ability to bring diverse groups together to accomplish common goals.

PROFESSIONAL EXPERIENCE

Office of Suicide Prevention

2005-Present

Child, Family, and Community Wellness

Division of Public and Behavioral Health, State of Nevada

Suicide Prevention Coordinator

Facilitate the development of the Statewide Suicide Prevention Plan to include the development of public awareness campaigns, local advisory groups and enhance crisis intervention services. Provide education to the public and those that have regular contact with people at risk for suicide. Sustain suicide prevention programs through grant writing and management. Supervise the Suicide Prevention Training and Outreach Facilitators North and South, YMHFA Program Coordinator for Project AWARE, OSP Program Assistant and the Youth Suicide Prevention Program Assistant.

Key Achievements:

- ❖ Development, implementation and evaluation of the first Nevada Suicide Prevention Plan.
- ❖ Awarded two state Garrett Lee Smith Youth Suicide Prevention grant and collaborated in the development of two successfully funded tribal GLS grants.
- ❖ Co-authored *Suicide Trends and Prevention in Nevada*, 2011
- ❖ Master Trainer with LivingWorks for Applied Suicide Intervention Skills Training (ASIST) and Suicide Alertness for Everyone (safeTALK) trainer.
- ❖ Facilitates the statewide Committee to Review Suicide Fatalities.
- ❖ Participated in SAMHSA Policy and Implementation Academies to develop first Suicide Prevention Plan for Service Members, Veterans and their Families for Nevada.
- ❖ Co-chaired Veterans' Suicide Prevention Task Force, 2013
- ❖ Certified as trainer for Youth Mental Health First Aid, June, 2013.

Crisis Call Center

1998-2003

PO Box 8016, Reno, NV 89507 (775) 784-8085

Crisis Lines Coordinator

Oversaw all operations of Crisis Call Center as co-coordinator of management team. Responsibilities included supervision of the hotlines, board/staff relations, budgets, grant writing and grant administration, training and education, public awareness and networking. Left the Center due to relocation. Final salary was \$35,000.

Key Achievements:

- ❖ Recruited, trained and supervised 14 staff and 70 volunteers to answer the statewide, 24-hour suicide prevention and crisis intervention hotline.
- ❖ Established first certified statewide suicide prevention hotline in Nevada. Enhanced this service by becoming a member of the National Suicide Prevention Hopeline Network.
- ❖ Bridged communication gap regarding suicide prevention between Northern and Southern Nevada.

- ❖ Advocated at the Nevada State Legislature toward successful passage of SCR11 in 1999 and SCR3 in 2001.
- ❖ Consulted with the Nevada Legislative Subcommittee to Study Suicide Prevention 2001-2002.
- ❖ Supervised compilation and publication of the Community Resource Directory.
- ❖ Expanded access of crisis intervention services to diverse groups of people by making available bilingual services and materials.
- ❖ Increased accessibility to and awareness of the Suicide Prevention Hotline, leading to an increase in call volume of 60%.
- ❖ Educated public and professional groups in all aspects of suicide prevention and crisis intervention.
- ❖ Facilitated the Survivors of Sexual Assault support group for five years.

University of Nevada

1996-1998

Counseling and Educational Psychology, Reno, NV 89557 (775) 784-6637

Graduate Assistant—Dr. Cynthia Baldwin, Head of Marriage and Family Therapy

Assisted professors with research, publications, and class presentations and organization. Presented lectures to students and classmates. Graduated.

Key Achievements:

- ❖ Invited to train Crisis Call Center volunteers and parent groups on issues related to diversity, sexuality and communication skills.

United States Peace Corps

1992-1994

Washington DC 20526 (800) 424-8580

Peace Corps Volunteer—Gary Thompson, Regional Supervisor Honduras, Central America

Key Achievements:

- ❖ Planned and facilitated training workshops for volunteers in the immediate care of people in crisis.

EDUCATION

Master of Arts in Counseling and Educational Psychology

1995-1998

University of Nevada—Reno, Nevada

Bachelor of Arts in Zoology

1985-1989

University of California—Santa Barbara, California

COMMUNITY INVOLVEMENT

- ❖ Nevada Coalition for Suicide Prevention—2005 to present
- ❖ Humans Services Network—2006 to present; President, 2008 to present
- ❖ Crisis Call Center volunteer—sporadically in 2011
- ❖ American Foundation for Suicide Prevention, Nevada Chapter—Board Secretary 2003-2005
- ❖ Crisis Call Center--Sexual Assault Support Services Advocate, 1997-1998

REFERENCES

Beth Handler, Deputy Bureau Chief
Child, Family, and Community Wellness
Division of Public and Behavioral Health
775-684-5902

Caleb Cage, Director
Office of Military and
Veterans Policy
775-684-5670

Skyler Basanez, MSN, BSN, RN, BC



NV license #- RN71033

Objective: Experienced, hardworking, dedicated RN looking to expand my role in suicide prevention

Education and Training

Western Governors University

December 2017

Master of Science in Nursing- Leadership and Management

Great Basin College

May 2014

Elko, Nevada

Bachelors in the Science of Nursing (BSN)

College of Southern Idaho-

December 2011

Twin Falls, Idaho

Associate Degree of Nursing (AAS)

Related Professional Experience

Elko County School District

RN

October 2015- present

A1 Alcohol & Drug Collections LLC

RN Consultant

November 2014- present

Highland Manor – Elko, NV

Restorative Nurse support

September 2018-present

Interim MDS Coordinator

January 2018- August 2018

Per Diem RN

October 2015- March 2016

Assistant Director of Nursing

March 2013- October 2015

Staff RN

March 2012- March 2013

CNA

November 2007-July 2008

River Ridge Care and Rehab – Twin Falls, Idaho

CNA

September 2008 - February 2010

Skill Highlights

Nursing Process	Critical thinking
Microsoft Office 2010/2013	Self-starter/motivator
Medical terminology	Teamwork
EMAR organization, training and entry	Strong communication
Safe body mechanics	Appropriate delegation
Quality Assessment/ PI	ATOP
New hire training	Apprentice Nurse Trainer
Care Plan Team	Interdisciplinary Team

Accomplishments

2016 WGU Excellence Award for submission of Professional Presence and Influence
2013 CMS Outstanding Achievement Award
2011 Idaho Student Nurses Association Leadership Award
2011 Nursing Resolution Co-author- Educating Parents on Proper Nutrition for
Preschool Aged Children to Prevent Obesity.

Certifications

Certified Nurse Assistant Instructor- September 2018
Board Certified in Nurse Gerontology- August 2014
BLS for Healthcare Professionals- valid through 09/2018
AHA BLS Instructor -valid through 09/2018
Suicide SafeTalk Trainer
Suicide ASSIST training- December 2014
SafeTalk Suicide prevention training
American Red Cross- Sheltering and Disaster Health
American Red Cross- Disaster Services
Suicide Prevention & Ethics Training- August 2011

Activities

American Nurses Association Member February 2012- present
Nevada Nurses Association Member February 2012- present
National Student Nurses Association (NSNA) January 2010- May 2014
Idaho Student Nursing Association (ISNA) January 2010- December 2011
State Chair Board position: Breakthrough to Nursing October 2010- October 2011
American Red Cross Northeastern Nevada/Utah
Assists in planning and volunteering with multiple fundraiser and volunteer activities

Cover Letter from Rebecca Cruz-Nañez

To Whom It May Concern,

Please consider my application as a safeTALK trainer for the NV Coalition for Suicide Prevention (NCSP). I completed the master's program in Social Work from Western New Mexico University and am a licensed Social Worker for the State of Nevada. I graduated from Texas Tech University with a Bachelor of Arts. My areas of concentration were Psychology, History, and English.

As my résumé shows I currently am working as a Health Educator for Southern Nevada Health District. I can successfully demonstrate excellent communication (written and oral) and have excellent interpersonal skills. I have the ability to prioritize multiple projects/workflow and manage time efficiently in order to meet established timelines. I pay attention to detail, have good problem solving and analytical skills. I am confident in my skills in presentation and group facilitation.

All my past experiences have provided me opportunities to learn computer programs and applications to assist the clients I have worked with in the past and currently. I have had the opportunity to establish great relationships with staff and community partners since joining SNHD.

I have numerous skills in social services, and I have acquired supervisory, communication, and management skills. I am confident in my computer and organizational abilities. I am fluent in English and Spanish and am very comfortable working with all types of cultures. I have a strong work ethic and am ready to take on a new challenge to continue my professional development. I am anxious to gain additional experience in different areas of Injury and Violence Prevention.

I have enclosed my résumé to detail my education and experience in the work environment. I appreciate your time and consideration. I am appreciative for this opportunity and am committed to providing excellent service to our community.

Very Respectfully,

Rebecca Cruz-Nañez
Enclosure: résumé

Rebecca Cruz-Nañez

E-mail: [REDACTED]

Objective: To maintain outreach efforts with clients to build positive relationships and encouragement through goal setting thereby improving public safety through implementation of proven health initiatives.

Professional Experience:

Health Educator

January 2019-Present

Southern Nevada Health District-Clark County, Las Vegas, NV

As a Health Educator I am responsible for promoting, maintaining, and improving the Injury and Violence program through community health trainings. I work with community partners to assess individual and community needs and work towards planning, implementing, and evaluating effective health education and promotional programs.

Program Officer II

July 2017-January 2019

Department of Corrections-State of Nevada, Las Vegas, NV

As a Program Officer I am responsible for implementing Behavior Modification classes to inmates as a part of a Re-Entry Program as they transition from being institutionalized to being on parole, probation, and/or expiration into society.

Adjudicator II

August 2016-June 2017

DETR-State of Nevada, Las Vegas, NV

As a disability worker for the State of Nevada it was my responsibility to obtain relevant medical records to make determination regarding medical allegations of disability. I maintained hundreds of ongoing applications that were processed through evaluations made by me and the doctors on staff.

Training Specialist II

February 2015-August 2016

Center for Learning and Organizational Excellence-State of Texas, Lubbock, TX

As a Training Specialist for the State of Texas it was my responsibility to train new employees in the field of Child Protective Services. I trained Supervisors, Program directors, Investigators, Family Based Safety Service Workers, and Permanency Caseworkers in a classroom setting. I was responsible for development and delivery of learning technologies to enable measure and ensure the effectiveness of development solutions including learning curriculum, blended learning projects, and initiatives. I would design an overall blended learning strategy by utilizing existing curriculum. I was responsible for recording and ensuring individual progress for promotional reasons as well as for evaluation purposes.

Education

Western New Mexico University, Silver City, NM
GPA: 4.0

Master of Social Work, 2016-2019

Texas Tech University, Lubbock, TX
GPA: 3.0

Bachelor of Arts in General Studies, 2005
Areas of Concentration: English, History, and Psychology

Intern

January 2019-present

Nevada Department of Corrections, Indian Springs, NV

Successfully completing a 225-hour internship in a correctional facility with social and mental services.

Intern

August 2018-December 2018

Volunteers in Medicine of Southern Nevada, Las Vegas, NV

Successfully completed a 225-hour internship in a non-profit organization as a care coordinator for mental health services.

Intern

May 2018-August 2018

Nevada Department of Corrections, Indian Springs, NV

Successfully completed a 225-hour internship in a correctional facility with social and mental services.

Intern

January 2018-May 2018

Volunteers in Medicine of Southern Nevada, Las Vegas, NV

Successfully completed a 225-hour internship in a non-profit organization as a care coordinator for mental health services.

Trainings

Training with Nevada Department of Corrections:

Moral Reconciliation Therapy (MRT), Personal Safety for Non-Custody Staff, Nevada Risk Assessment System (NRAS), Evidence Based Correctional Program Checklist (CPC), Equal Employment Opportunity for Managers and Supervisors, Equal Opportunity & Respect: Workers Rights & Responsibilities, Sexual Harassment Prevention, Nevada Information Security Awareness, NDOC Basic First, NDOC Blood borne Pathogens, NDOC CPR Skills Assessment, NDOC Crime Scene Preservation and Investigation, NDOC Fire Safety, NDOC Handling Prisoner Grievances, NDOC Hazardous Communication, NDOC Prison Rape Elimination Act, NDOC Special Needs Inmates, NDOC Suicide Prevention, Emotional Intelligence, Valuing Diversity, Working with You is Killing Me, Communication Breakdown, Dealing Effectively with Difficult Behavior & Interpersonal Relationships, Nevada Department of Corrections Basic Academy

Training in Social Work and Prevention: Applied Suicide Intervention Skills Training (ASIST); safe TALK Training; Health Policy 101; Suicide Prevention Awareness-Recognizing Signs; Trauma-Informed Suicide Prevention for Educators: Stories, Science, and Strategies; Mental Health Issues in Older Latinos in the US; Suicide Prevention in Schools; Conducting Mental Health Assessments: A Trauma-Informed Cultural Humility Framework Reminder; Mental Health First Aid for Adults Assisting Young People; Mental Health First Aid for Adults; Enhanced Prevention Learning Series (EPLS): *Prevention Ethics*; Train the Trainer-safeTALK Certification; Cultural Humility United Aids Foundation; The Center Advocacy Network Training (CAN)-50 hrs of Training in LGBTQ+ Victims of Crime Advocacy; Substance Abuse Prevention Training (SAPST)

Additional Skills

Computer Skills: Microsoft (Word, Excel, PowerPoint, Works, Office, Outlook, Project, Access) Acrobat, NOTIS, NEATS, OSM, eClinicals, Dentrix, Softdent, MSDOS, CalWIN, IMPACT

Supervisory Skills: Supervised contract Program Officers at High Desert State Prison, Casa Grande Transitional Housing Job Development, and Southern Desert Correctional Center. Mentored Child Protective Service Personnel as acting supervisor, Lead Intern at practicum site VMSN, Developed and led advertising and marketing for dental office; managed dental office; conducted interviews for all positions in dental office; maintained employee's payroll and work schedules

Communication Skills: Bilingual in Spanish; Facilitator for behavior modification classes including Getting it Right and Moral Reconnection Therapy programs; Trained contract Program Officer staff; Communicate with non-custody and custody staff at facilities throughout the state of Nevada for Re-Entry initiative via email, phone, face-to-face; Conduct meetings with community partners for ongoing relationships and facilitation of inmate population.

Organizational Skills: Coordinate class schedules and trainings; Implement effective communication techniques for Re-Entry and NDOC staff; maintain statistical information regarding staff, completion of programs, and inventory.

RICHARD DAVIS

North Las Vegas, NV 89081-5255

PROFESSIONAL EXPERIENCE:

Community Health Worker
Dignity Health – St. Rose Dominican
November 2015 – Present—Mark Domingo

I am a certified master trainer and workshop leader for the community health self-management programs for chronic disease, chronic pain, diabetes, HIV and cancer. These workshops are evidence-based programs originally developed by Stanford University School of Medicine.

I am a certified trainer and facilitator for Mental Health First Aid USA's Adult Mental Health First Aid Training.

I am a certified trainer and facilitator for LifeWorks' safeTALK and ASSIST Suicide Prevention Trainings.

I am a certified fitness trainer for Enhanced Fitness, an evidence-based exercise program developed by the University of Washington, and Stepping On Fall Prevention Program, developed by the Wisconsin Institute for Healthy Aging.

I am a certified facilitator for the American Lung Association's Better Breathers Club, an educational and social support program for people living with chronic lung health disease.

I am a certified facilitator and trainer for the American Lung Association's Freedom From Smoking Group Clinic. I also provide tobacco prevention and intervention trainings as a certified tobacco treatment and instructional specialist with Healthcare Partners through the University of Arizona.

I am a certified trainer for Screening, Brief Intervention and Referral for Treatment (SBIRT) for substance use by UNLV Lincy Institute's Southern Nevada Addictive Disorders Training Institute. I am a certified trainer in harm reduction for substance users by the Southern Nevada Harm Reduction Alliance at the Southern Nevada Health District.

I assist in the promotion, implementation and delivery of all health self-management workshops and trainings in association with community partner organizations, such as the Osher Life Long Learning Institute at University of Nevada Las Vegas.

I am certified with the State of Nevada Division of Insurance as an Affordable Care Act health insurance exchange enrollment facilitator and I assist with enrollment information and applications through our grant from Nevada Health Link.

I am certified to assist with the Division of Welfare and Social Services Supplemental Nutrition Assistance Program (SNAP) enrollment and I assist our Womens Children and Infant (WIC) clients with SNAP enrollment.

I provide a warm hand-off for continuity of care for Dignity Health patients at discharge to our health self-management programs to help them to maintain their health and avoid repeat hospitalizations. I am also experienced in the State of Nevada's Ryan White Part A and B programs' CAREWare system for patient referral to HIV-related services.

I am an expert community liaison, participating in diverse community coalitions, associations and programs. I am a community outreach specialist, staffing hundreds of community health fairs and events throughout the year.

Health Program Manager
American Lung Association in Nevada
June 2010 – November 2015—Will Rucker

- I managed the grant-funded, community-based Freedom From Smoking program. My experience includes program promotion, implementation, training and evaluation, with direct reports on deliverables to both governmental and corporate granting agencies.
- I coordinated the American Lung Association's participation in up to 50 community health events each year, supervising approximately 400 hours of volunteer time and reaching 25,000 attendees.

Health Information Exchange Trainer
Nevada State Health Division, Immunization Program
November 2008 - February 2010—Amanda Harris

- For a special project for the State of Nevada's Immunization Program I promoted the use of the state's immunization health information exchange, WebIZ.
- I trained provider practices and health care organizations, such as St. Rose Dominican Hospitals, UMC and Hospital Corporation of America, on the use of WebIZ. Post-training, I evaluated system utilization by provider practices and health care organizations to ensure meaningful use.
- In addition, as a community liaison for the state's H1N1 Vaccination Program, I assisted in the training of some 500 individual provider offices on the proper handling, storage and administration of the H1N1 vaccine.

Health Education Manager
Anthem Blue Cross Blue Shield
February 2006 - July 2009—David Blackman

- I was responsible for the development, implementation, management and evaluation of member health education programs to promote healthy lifestyles and to impact key preventative health metrics for our 54,000 members statewide.
- As the community outreach specialist for Anthem Blue Cross Blue Shield's Nevada Medicaid business, I assisted potential members to understand our plan benefits at major community health fairs and events.
- I designed a multi-channel access in English and Spanish for wellness education for our plan members at our Community Resource Center.

- I evaluated the impact of all member programs on key preventative metrics in collaboration with nursing and quality control staff during HEDIS evaluations. I reported on outcomes to both corporate and government agencies. My assessments were based upon data accessed through contracted facilities' EHR systems in full compliance with all federal and state HIPAA laws and regulations.
- I served as a provider support specialist working with our Las Vegas and Reno contracted provider networks.

VOLUNTEER EXPERIENCE:

Pastoral Minister
Catholic Religious Service
Nevada Department of Corrections
December 2018 – Present—Chaplain Dana Everage

I provide a communion service each Saturday for 25 inmates at Southern Desert Men's Correctional Center in Indian Springs, NV.

Community Health Worker Mentor
Nevada Community Health Worker Association
November 2016 – Present—Quinn Cartwright

I mentor newly certified community health workers.

Mentor, Prisoner Re-Entry Program
HOPE For Prisoners
March 2016 – Present—Jon Ponder

I am a certified mentor working with newly released inmates to help them to successfully re-integrate with their families and community.

EDUCATION:

- Bachelors of Arts, Liberal Arts, University of San Francisco, San Francisco, CA, May 1981, 3.79 GPA, *cum laude*
- Associate of Science, City College of San Francisco, San Francisco, CA, June 1978, 3.64 GPA, Dean's List
- 14 credit hours Spanish language instruction, College of Southern Nevada, 2003-2004, 3.35 GPA

PROFESSIONAL AFFILIATIONS:

- AIDS Provider Group
- American Public Health Association
- American Association for Respiratory Care
- Association for the Treatment of Tobacco Use and Dependence
- CARE Coalition
- Community Partners for Better Health
- Immunize Nevada

- Lambda Business Association
- National Alliance on Mental Illness
- National Community Health Workers Association
- Nevada Minority Health and Equity Coalition
- Nevada Cancer Coalition
- Nevada Coalition for Suicide Prevention
- Nevada Community Health Workers Association
- Nevada Health Link
- Nevada Public Health Association
- Nevada Tobacco Prevention Coalition
- Nevada State Asthma Coalition
- Osher Life Long Learning Institute at UNLV
- PACT Coalition
- Southern Nevada Harm Reduction Alliance
- Southern Nevada HIV/AIDS Awareness Consortium

PROFESSIONAL AWARDS:

- *Humankindness* Award, Dignity Health – St. Rose Dominican Hospitals, June 2019
- American Lung Association’s 2019 LUNG FORCE Hero Award, May 2019
- Legacy Award for Work in HIV, Community Counseling Center of Nevada, December 2018
- InFLUencer Award, Immunize Nevada, December 2018
- *Humankindness* Award, Dignity Health – St. Rose Dominican Hospitals, December 2018
- *Humankindness* Award nominee, Dignity Health – St. Rose Dominican Hospitals, November 2017
- *Humankindness* Award, Dignity Health – St. Rose Dominican Hospitals, February 2018
- *Humankindness* Award, Dignity Health – St. Rose Dominican Hospitals, June 2017
- *Humankindness* Award Nominee, Dignity Health – St. Rose Dominican Hospitals, October 2016
- *Humankindness* Award, Dignity Health – St. Rose Dominican Hospitals, February 2016
- Health Advocate Award for 2011 from Community Partners for Better Health
- Nominated for 2011 Nevada Public Health Association Award
- Angels in Action Award from Metropolitan Community Church of Las Vegas for 2010, 2011, 2012 for health outreach to the LGBT community
- National American Lung Association Staff Person of the Week Award, July 2011
- Invited Speaker for the 2010 Nationwide Assembly of the American Lung Association in Colorado Springs on tobacco dependency in LGBT community
- The Nevada WebIZ Program won the 2009 Nevada Public Health Association Public Health Program of the Year Award
- 2008 and 2007 Silver Syringe Awards, Nevada Immunization Coalitions
- 2008 Anthem Blue Cross Blue Shield Community Champion Award
- 2008 Anthem Blue Cross Blue Shield Associate of the Month Award
- 2007 Anthem Blue Cross Blue Shield Community Impact Award

PROFESSIONAL PUBLICATIONS (partial listing):

- “Youth Vaping in the LGBTQ Community,” Las Vegas Spectrum, 1/2020

- “Taking Her Breath Away: Women and COPD,” Las Vegas Spectrum Magazine, 5/2019
- “LGBT Community and Vaping,” Las Vegas Pride, 8/2016
- “Pulmonary Function Rehabilitation,” The Urban Voice, 5/2015
- “Tobacco Use in the LGBT Community,” Las Vegas PRIDE Magazine, 2/2015
- “Pets and Second Hand Smoke,” Las Vegas Pet Scene, 7/2014
- “CT Scans for Early Detection of Lung Cancer in the African American Community,” The Urban Voice, 10/2013
- “HIV and Tuberculosis,” QVegas Magazine, 5/2011
- “How to Have a Conversation About Tobacco Use” (English/Spanish), ALA, 2011
- “Guide to State Immunization Requirements for Child-Care Providers,” Southern Nevada Immunization Coalition, co-author, 2010
- “Facts About Childhood Lead Poisoning Prevention,” Anthem, 2007

PROFESSIONAL SKILLS:

I excel in community outreach. I am a certified master wellness trainer and expert workshop leader. I am a certified Community Health Worker. I am certified by the American Heart Association in BLS assistance. I am certified in Adult Mental Health First Aid. I am a certified tobacco treatment specialist. I am experienced in patient-centered continuum of care using HER-based systems such as NaviHealth and CAREWare. I am a certified affordable care insurance navigator. I am a requested conference speaker and a published writer on community health care issues. I am an experienced grant program manager. I am proficient in all Microsoft Office applications, such as Word, Excel, PowerPoint, Paint, Publisher and Outlook.

KIMBERLY A. DESROCHES

20 Arbor Court
Dayton, NV 89403

EDUCATION:

2014 Masters of Arts

American Military University/American Public University, West Virginia

- MA Military History
- Concentration: Cold War History 1945 to the Present

2008 Professional Licensure

State of Nevada Secondary Education (7-12)

- Endorsement: History of the US and World
- Expires 2019

1994 Doctor of Philosophy Candidate /ABD

Kent State University, Ohio

- ABD in Political Science
- Concentrations: Comparative Politics, International Relations, Latin American Politics and Development

1989 Baccalaureate

Gonzaga University, Washington

- Bachelor of Arts, History
- Secondary Education Certification, History

TEACHING FIELDS:

- American History: Pre-Columbian-Present
- American National Government
- US and Nevada Constitutional History
- Core Humanities
- European History
- History of the Mexican Nation
- World History
- EPY 150 Student Success

TEACHING EXPERIENCE:

Western Nevada College

2010-2014

(Adjunct 2010-2014 6-9 credits per semester; Emergency full-time hire F' 2014)

- Development and successful implementation of course curriculum in History, Political Science and Core Humanities
- Development and teaching of QM certified online History 111 course
- Development and successful implementation of History curriculum for the WNC JumpStart Program on WNC Fallon Campus and Silver Stage High School (2014)
- Development and delivery of Core Humanities 201 and 202 curriculum delivered through a blended traditional/Interactive Video environment (2011-present)
- Development and delivery of flex course incorporating Mediasite Lecture Capture Spring 2014

- Incorporation of Canvas Learning Management System to enhance History and Core Humanities courses taught in both face-to-face and IAV environments
- Schedule and maintain office hours on campus (WNC Carson)
- Provide tutoring and academic advising to students on an ad-hoc basis
- Participated in Summer Bridge Program (2013) teaching EPY 150
- Teach summer courses (History, Political Science, EPY 150 as requested)
- Regularly attend and participate in professional development workshops

Pyramid Lake Jr/Sr High School

2005-2010

- Full-time instructor
- Developed curriculum for 9-12 English courses, 7th and 8th grade Language Arts, World History, US History, American Government, and Advanced Reading (9-12)
- Maintained student attendance and performance records
- Collaborated in IEP development and parent/student/teacher conferences
- Instructor in after-school 21st Century Program
- Served as Class Advisor; organized and participated in: fund-raising, graduation programs, academic advising, and college exploration
- Organized and chaperoned field trips
- Developed and successfully implemented daily and weekly lesson plans
- Implemented differentiated instruction to serve diverse student needs and learning styles
- Maintained safe, engaged, and well managed classroom
- Collaborated with community members, administration, staff, parents, and student leaders to improve programs and instruction
- Utilized a variety of methodologies and strategies to foster student success, adapted curriculum to cultural interests and needs of students, and created learning environments that encouraged physical, social, intellectual, and emotional development of students

Career College of Northern Nevada

1998-2004

- Full-time instructor of US/Nevada Constitution, Student Success, and Business Communications
- Developed and updated General Education Curriculum (US/Nevada and Communications courses) to meet accreditation standards (ACCSC)
- Developed and updated General Business Curriculum to meet accreditation standards
- Member of business advisory board committee
- Assisted in Electronics Technology and Medical Technician program development and adoption
- Served as Business Department Chair from 2000-2004
- Collaborated with other Department Chairs and Directors in staffing and scheduling
- Developed and presented professional development workshops on teaching methodologies, classroom management, student engagement, and learning styles
- Mentored new instructors
- Provided academic counseling and tutoring to students

ADJUNCT/LOA (3-6 credits per semester): 1992-2010

Western Nevada Community College

- European Civilization to 1648 (HIST 105) Summer 2006-2010
- European Civilization 1648 to the Present (HIST 106) Summer 2006-2010
- US History from 1865 to Present (HIST 102), Fall 1996-Fall 2003
- History of the Mexican Nation, (HIST 247) Fall 1996-Fall 2003

- US History to 1865 (HIST 101), Fall 1998
- American Constitutional History, (HIST 111) Spring 1997

Truckee Meadows Community College

- American Government, (PSC 103) Fall 1995 through Spring 1998
- US History to 1865 (HIST 101), Fall 1994

University of Nevada-Reno

- Western Traditions 202, Summer 1995 and 1996

College of the Siskiyous, Yreka, California

- Principles of American Government: Summer 1994

Kent State University, Kent

- International Relations, Fall 1992-Fall 1993

ADDITIONAL CERTIFICATIONS/TRAINING :

- Quality Matters: Applying the QM Rubric Workshop (Oct. 2012)
- Certified safeTALK Trainer (2014)
- Provisional ASIST Trainer (2015)

PROFESSIONAL ORGANIZATIONS:

- American Historical Association
- Society for Military History

LEADERSHIP AND SERVICE POSITIONS:

Western Nevada College

- Search Committee, Instructional Specialist, Adult Language and Literacy Program, Fall 2014
- Search Committee, Construction Technology Instructor, Fall 2014
- Ad-hoc Student Evaluations Committee 2014-2015
- Ad-hoc Veterans Benefit Appeals Committee 2014-2015
- JumpStart Advisory Board 2015
- Faculty volunteer, Student Veterans Club (2011-2014)
- History/Political Science/Core Humanities tutor for WNC Veterans Resource Center

Suicide Awareness and Prevention

- safeTALK trainer since 2013; Certified 2014 (25 workshops as of 11/16)
- Provisional ASIST Trainer since 2015 (6 workshops as of 10/16)
- Pyramid Lake Suicide Prevention Task Force Member 2006-2010
- Keynote speaker, BIA Injury Prevention Conference, Sacramento, 2009
- Conference Presenter, BIA Injury Prevention Conference, Phoenix, 2008

Patriot Guard Riders of Nevada and Veterans service

- Active rider and flag line member since 2009
- Attend military funerals, memorial services, airport welcomes, Vietnam Wall security
- Participate as a rider in Veterans Day, Memorial Day, 4th of July, and Nevada Day parades
- Volunteer labor for Veterans Hands Up House restoration, Fernley
- American Legion Speech Competition Judge 2014 and 2015

Career College of Northern Nevada

- Business Department Chair, Career College of Northern Nevada, 2000-2004

Kent State University

- Student Representative, Graduate Studies Committee, 1993

- Student Representative, Faculty Advisory Committee, 1992-1993
- Graduate Student Representative, Search Committee, 1992

Amigos de las Americas

- Cultural Director, 1992-1994
- Co-director Spanish/Portuguese Retreat 1992-1994
- Recruitment Director, 1991-1993
- Amigos/Ohio Board of Directors, 1991-1994
- Ohio Chapter Volunteer of the Year, 1991
- Volunteer, Community Sanitation Project, Dominican Republic, 1991

Rural Opportunities of Ohio

- Volunteer ESL instructor, 1992
- Volunteer ESL and GED instructor, 1993

HONORS AND AWARDS:

American Military University/American Public University

- Summa Cum Laude
- President's List

Career College of Northern Nevada

- Outstanding Teacher Award 2004

Kent State University

- Graduate Senate Teaching Award, Spring 1994
- University Fellowship, Spring 1994
- Summer Doctoral Award, 1993
- Teaching Fellowship, 1992-1994
- Graduate Research Assistant, Fall 1989-1992

Gonzaga University

- Cum Laude
- Phi Alpha Theta Award, May 1989
- Dean's List, 1987-1989

R. J. Dough

- Enlisted in the US Air Force August 1972.
- Selected for Airman Scholarship and commissioning Program August 1974.
- Graduated from Southern Illinois University with a BS in Mass Communications and commissioned as USAF officer June 1978.
- Graduate USAF flight school (helicopters) and fully mission qualified May 1980.
- Numerous positions during my Air Force career including instructor pilot, airport manager, flight safety officer and air operations staff officer.
- Retired from the military in 1995.
- Worked in the civil aviation community as an internal evaluation analyst, management pilot, and ground school instructor.
- Recruited to co-host radio show Veterans Talk/The Forgotten Promise in August 2010.
- Took on the role of writer and tech director for the radio show and continue in the same capacity today.
- Co-founder, Veterans Care Foundation 2013.
- Concerned with alarming suicide rate in the veteran community, trained to be a safeTALK and ASIST instructor (2015-2016).



BIOGRAPHY



State of Nevada Department of Health and Human Services **SENIOR MASTER SERGEANT RICHARD EGAN (Retired)**

Richard Egan is the Southern Nevada Suicide Prevention Training and Outreach Facilitator for Department of Health and Human Services. He brings to his position experience in administered leadership, supervision, and suicide prevention. Over 26 years in US Air Force Munitions Systems Technology Career Field, AMMO. Thirty-six years' experience and certified in facilitating training objectives. Thirty years' experience preventing suicides utilizing awareness, prevention, and intervention certifications. Two years' experience facilitating training objectives to the public for Clark County Department of Family Services. Richard Egan was born Oct 15, 1965 on Travis AFB, California and graduated from Oak Ridge High School in Eldorado Hills, California in 1984. He enlisted in the Air Force and reported to Lackland AFB, TX for basic military training in July 1986. Mr. Egan retired from the United States Air Force on 1 August 2012. Sergeant Egan was reassigned to Las Vegas Nevada in August of 1998 where he and most of his children (daughters) Kymberlie (and First Grand Daughter Ry), Emaleigh (NC), Ciara, Alyssa, and (son) Joseph reside.



Richard Egan has directly supported or deployed in support of operations DESERT SHIELD/STORM, OPERATION IRAQI FREEDOM, OPERATION ENDURING FREEDOM, CORAL RELIEF, and NOBLE EAGLE.

PROFESSIONAL TRAINING and EDUCATION

1988, Train the Trainer Course, United States Air Force
1989, 2002 OJT Trainer/Supervisor Course, United States Air Force
1989, 2003 Technical Publications Course, United States Air Force
1989, NCO Preparatory School, Misawa AB, Japan
2000, NCO Academy, Kirtland AFB, NM
2005, Associates Munitions Technologies, Community College of the Air Force
2006, USAF First Sergeants Additional Duty Certification, Air University
2009, Senior Enlisted Joint Professional Military Education, National Defense University
2010, Communications/Leadership Management III courses complete--Air University
2009, Certified Foster Care Parent, current Foster parent
2012, Certified Facilitator in Partnering for Safety/Permanence Model Approach to Partnerships in Parenting hours - 48
2012, Sexual Abuse Awareness 101, Adoption Assistance Education, Infant and Early Childhood
2012, Mental Health, 3-5-7 Model Training, Attachment Issues of Childhood, General Infant and Child Mental Health, Social Worker CEU Hours - 17
2013, Certified Applied Suicide intervention Skills Training (ASIST) Facilitator- 40 (2015 Master Trainer)
2013, Certified Suicide Talk Facilitator- 40
2013, Certified safeTALK Facilitator- 16
2014, Certified Shield of Care Facilitator- 16 (2016 certifying instructor)
2014, Certified Youth Mental Health First Aid Facilitator- 40
2017, Attended Psychological Autopsy Training- 16
2017, Collaborative Assessment and Management of Suicidality (CAMS) Certified- 8
2019, Certified Adult Mental Health First Aid Facilitator- 40

CAREER HISTORY

1. December 1986 to August 1990: various duty positions, Misawa AB, Japan
2. August 1990 to June 1994: Munitions Inspector Supervisor, Castle AFB, CA
3. October 1994 to Aug 1998: Munitions Storage Asst Element Chief, Misawa AB, Japan
4. August 1998 to September 2000: EMS Lead Quality Assurance (QA) Inspector, Nellis AFB, NV
5. September 2000 to September 2001: Munitions Lead QA Inspector, Kunsan AB, Korea
6. September 2001 to November 2002: Munitions Storage Element Chief, Nellis AFB, NV
7. November 2002 to June 2004: Precision Guided Munitions Element Chief, Nellis AFB, NV
8. July 2004 to January 2006: Precision Guided Munitions Element Chief, Misawa AB, Japan
9. January 2006 to September 2006: Munitions Control Element Chief, Misawa AB, Japan
10. September 2006 to July 2007: EMS Assistant First Sergeant, Misawa AB, Japan
11. July 2007 to July 2008: Superintendent, Munitions Production/Systems, Misawa AB, Japan
12. August 2008 to August 2010: Superintendent, Munitions Materiel Section, Nellis AFB, NV
13. August 2009 – 2019: Foster Father
14. August 2010 to April 2011: Munitions Flight Chief, Nellis AFB, NV
15. December 2011 to November 2013: Clark County Nevada Department of Family Services Kinship/PS-MAPP Foster Parent Training Facilitator
16. April 2011 to August 2012: Superintendent, Munitions Production Section, Nellis AFB, NV
17. January 2013 - Present: Nevada State Office of Suicide Prevention Training and Outreach Facilitator
18. January 2013 - November 2020: NV Coalition for Suicide Prevention Board Member South OSP Rep
19. November 2013 - Present: Member Veterans of Foreign Wars, Post 12093
20. December 2013 – March 2017: Trauma Intervention Program (TIP) Volunteer
21. January 2014 – Present: Committee to Review Suicide Fatalities Staff Member
22. January 2014 - Present: Child Death Review (CDR) Core Team Member (Co-Chair 2016, Chair 2017, Chair 2023)
23. September 2014 – Present: Southern Nevada FBI Crisis Negotiation Team Member and Trainer
24. March 2015 – Present: Clark County Children's Mental Health Consortium Board Community Member
25. September 2016 – Present: Certifying Instructor, Shield of Care Juvenile Justice Suicide Interventions

MAJOR AWARDS AND DECORATIONS

Meritorious Service Medal, Three Oak Leaf Clusters...**Air Force Commendation Medal**, six Oak Leaf Clusters...**Air Force Achievement Medal**...**Air Force Outstanding Unit Award**, seven Oak Leaf Clusters...**Air Force Good Conduct Medal**, seven Oak Leaf Clusters...**National Defense Service Medal**, Bronze Star...**Southwest Asia Service Medal**, Bronze Star...**Global War on Terrorism (GWOT) Expeditionary Medal**...**Korean Defense Service Medal (KDSM)**...**Air Force Expeditionary service Ribbon**, Gold Boarder...**Small Arms Expert Marksmanship Ribbon**...**Kuwait Liberation Medal Kingdom of Saudi Arabia and the Government of Kuwait**

OTHER ACCOMPLISHMENTS

2002 Outstanding Performer LSET, Nellis AFB, NV
2006 SNCO of the Year for the 35 Maintenance Squadron, Misawa AB, Japan
2006 Asst First Sergeant of the Year for the 35 Fighter Wing, Misawa AB, Japan
2007 35 FW AFSA Pitsenbarger Award Nominee, Suicide Prevention, Misawa AB, Japan
2009 57 MXS Lance P. Sijan USAF Leadership Award Winner, Nellis AFB, NV
2009 ACC Outstanding Munitions Manager of the year, 57 WG nominee
2013 Seven Seals Award, Employer Support of the National Guard and Reserve

MAJOR MILSTONES

Entered US Air Force	23 July 1986
Airman First Class	23 May 1987
Senior Airman (BTZ):	23 January 1989
Sergeant:	1 February 1990
Staff Sergeant:	1 December 1991
Technical Sergeant:	1 February 1999
Master Sergeant:	1 May 2002
Senior Master Sergeant:	1 June 2008
Certified Foster Parent	31 August 2009
Clark County NV DFS Facilitator	9 Jan 2012
Retired from US Air Force	1 August 2012
State of Nevada DHHS/OSP	22 January 2013
Trauma Intervention Program (TIP) Volunteer	1 December 2013
Child Death Review (CDR) Core Team Member	21 January 2013, (Committee Chair 2017/2023)
Crisis Negotiation Team Member	1 September 2014

BIOGRAPHY

Rev. Carlton Rand Fogg Jr.

Rev. Carlton R. Fogg Jr. is the State Chaplain for the VFW Department of Nevada as well as the Suicide Prevention Coordinator. He brings to his position being an Ordained Minister, for approx. 20 years giving guidance to many Veterans needing to vent/talk and give moral and spiritual support. He has over 10 years in Suicide Prevention starting when the VFW Dept. of Nevada began having a program for this valuable matter. Rev. Fogg is a 10 year United State Navy Veteran serving from 1978 to 1988, he was a Hospital Corpsman and served as a Fleet Marine Forces Corpsman with the 6th and 10th Marine Regiments at Camp Lejune NC, He then attended Aerospace Medical Technician school in Pensacola Florida then was assigned to various California based squadrons including being on the Ambulance Team for then President Ronald Regan when he would come to the “Western White House” on Santa Barbara Ca. He was born in Bridgeport Connecticut in 1959 and has lived in Las Vegas NV since 2004. Rev. Fogg is a SafeTALK instructor and ASIST facilitator with the Office of Suicide Prevention in Las Vegas Nevada. He is married to Andrea Fogg and lives in Las Vegas, NV.

Rev. Carlton R. Fogg Jr. served during the Coldwar

Professional Training and Education.

1979, United States Navy Hospital Corpsman “A” School Great Lakes IL.

1979, Fleet Medical Service School Camp Johnson, NC

1982, Aerospace Medical Technician School, Pensacola FL.

1983, U.S. Navy Audiometric Technician

1983, EMT School, Camp Pendleton Ca.

1987, ACLS, Misawa AFB Japan.

2012, VFW Nevada State Chaplain

2019, Contract Chaplain Naval Reserve Center Las Vegas

2021, State Chaplain VFW NV.

2021, ASIST Training Las Vegas NV

2022, SafeTALK T4T Henderson NV

2023, ASIST T4T Henderson NV

2024, SMR Team Member Nevada

Major Awards

March 2020 Nevada Veteran of the Month.

VFW Dept. of Nevada Veteran of the Year 2023-2024

United States Navy Good Conduct Medal

Navy Expedition Medal

Navy Sea Service Ribbon with 3 Bronze Stars

Navy Meritorious Citation Award

Navy Unit Commendation award

Navy Pistol Sharpshooter Ribbon

Other Accomplishments

SafeTALK Instructor

ASIST Facilitator

Cathy M. Fry, BSN RN

Registered Nurse Nevada RN #73439

Very passionate to see people enriched in body, mind, and spirit for themselves, their loved ones, and their community. I collaborate with community organizations, providing health and safety education, services, and resources to organizations, groups, and individuals.

Community health nursing focus areas are:

- Seniors coping with aging, health, and Medicare / Medicaid insurance issues
- Suicide prevention; mental health support and resources
- Health screening and wellness coaching for construction workers
- Evidence-based approach with encouragement and kindness

<i>Experience</i>	Dignity Health WomensCare & Outreach Centers	Dec. 2016-present
	Laborers Health & Safety Fund of North America	Oct. 2013-present

Training & Certifications

Applied Suicide Intervention Skills Training Certificate	livingworks.net
Basic Life Support (BLS/AED) Certificate	American Heart Association
Better Breathers Club; Co-facilitator	American Lung Association
CERT (Community Emergency Response Team) trained	ready.gov/cert
Gerontology Nursing Certificate	Nevada AHEC/Allegra
MAP Benefits Counselor / Medicare Assistance Program	Dignity Health / SHIP NV
Mental Health First Aid Certificate	mentalhealthfirstaid.org
Powerful Tools for Caregivers; trainer	powerfultoolsforcaregivers.org
safeTALK; trainer #n43132	livingworks.net
Senior Peer Counselor; WomensCare/Outreach Centers	Dignity Health
Stop the Bleed; trainer	stopthebleed.org
Youth Mental Health First Aid Certificate	mentalhealthfirstaid.org

Professional Affiliations

Nevada Coalition for Suicide Prevention; Nevada Nurses Association; Sigma International Honor Society of Nursing; National Nurses in Business Association; Notary Public, Nevada

<i>Education</i>	Bachelor of Science, Nursing (BSN) 2012	Minor, Psychology
	Nevada State College, Henderson, NV; graduated summa cum laude	

Volunteer Activities

Medical Reserve Corps (MRC) - Southern Nevada Health District / SERV-NV
Presenter & Planning Committee member – Lung Force events; American Lung Association
Neighborhood Watch Captain & Community Health/Safety Advocate



Education	Bachelor of Arts in Psychology	<i>1995-2011</i>
	University of Nevada Las Vegas (UNLV), Las Vegas, NV	

Experience	WestCare Foundation	<i>December 2013 to Present</i>
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Director of Training and Technology Transfer

- Oversight of WestCare Foundation Technical Assistance Grant funding and Training Programs
 - Agency subject matter expert in Therapeutic Communities (TC), adolescent care, suicide prevention/invention, Veterans, Service Members, and their families, as well as Law Enforcement members and their family members
 - Coordinate the completion of and consult on the content of Training Plans for WestCare Foundations affiliates including regions in over 18 U.S. states and 3 U.S. territories
 - Oversee EBP implementation of training programs throughout Foundation and all affiliates; i.e Mental Health First Aid (MHFA), safeTALK, ASIST, and Seeking Safety
 - Provide training directly and to assist regions in finding resources for training. Act as point person for scheduling ongoing webinars finding subject matter experts for training across WestCare.
 - Work on specific clinical projects, which enhance client care throughout the WestCare system of care. Work on standardizing clinical practices across WestCare system of care.
 - Craft fidelity instruments and monitor programs using those instruments. Provide analytical reports outlining the strengths and challenges of the programs utilizing the fidelity instruments.
 - Assist other WestCare staff as needed in a collaborative manner to promote and portray a professional image to the community.
 - Learning Management System (LMS) Administrator managing training system and training compliance for over 1200 staff.
 - Review and approve all trainings provided by agency for applicable CEU's as a NAADAC approved CEU provider – Provider #104991
-

WestCare Nevada; Harris Springs Ranch

July 2008 to November 2013

Director of Men and Adolescent Treatment Services

- Director of two gender and age specific programs over 56 bed residential therapeutic community substance abuse treatment facility, with 40 adult men, 16 adolescent boys.
 - Facilitated Marketing, Budgets, Partner Contracts, and work with Community Partners i.e. Cirque Du Monde and Grace Ranch (equine therapy).
 - Develop, train, and ensure fidelity of standard operating procedures and policies.
 - Work with Board of Director and Local Community Counsel to improve programming.
 - Search out and help write grants and contract to expand and improve programming.
-

WestCare Nevada; Women's and Children's Campus

January 2004 to March 2009

Coordinator of Adolescent Female Treatment Services

- Directed gender/age specific programming for a level III.3 Adolescent Female Residential facility with 18 beds and 10 staff. The program maintained 2 year Substance Abuse Prevention and Treatment Agency (State of NV) certification status throughout this time period.
 - Supervised a 21 bed GIRLS residential correctional alternative program, contracted through Clark County Department of Juvenile Justice Services.
 - Designed, received federal funding for, and implemented a 16 to 21 year old pregnant and parenting transitional living program for girls, the program was funded by Federal Bureau of Youth Services. The program services young women who are homeless. The residential program housed up to 8 young women and their children, with 3 additional offsite 3 bedroom apartments in the second and third phase of the program.
-

WestCare Nevada; Martin Luther King Campus

February 2001 to December 2003

Supervisor Adolescent Services

- Help to supervisor a level III.3 adolescent co-ed residential program for 16 boys and 8 girls.
 - Supervised 4 staff and was on call for any emergency calls.
-

**Training
&
Certification**

WestCare Nevada

January 2006 to June 2012

Chair of the Training Committee

- Facilitate annual training calendar with over 370 hours of training a year scheduled.
- Supervisor all agency trainers to ensure meeting agency training standards and facilitate without side agency to ensure training is application for CEU application.
- Provide supervisory review over all 158 WestCare Nevada staff to ensure remain in training compliance with agency. Also including annual 40 hours of online training for all staff dependent on job position and title.

Crisis Prevention Institute, Inc.

January 2005 to Present

Certified Crisis Intervention Instructor – NPI #04-PE-AOO1290

- Instructing Nonviolent Crisis Intervention for over 200 individuals a year. Class size ranging from 5 to 25 individuals at a time, each class a minimum of 6 hours.
- Instructing Key Point Refresher for Nonviolent Crisis intervention for up to 100 individuals a year. Class size 5 to 15, minimum of 4 hours.
- Instructing Art of Setting Limits, a specialized refresher course for nonviolent crisis intervention for up to 25 a year. Class size average 5 minimum of 4 hours.

National Resource Center for Youth Services NRCYS (University of Oklahoma Out Reach)

February 2007 to Present

Certified Trainer of Residential Child and Youth Care Professional Curriculum

- This is a 42 hour training class focusing on topics of Developing a Culture of Care, Understanding Development, Building Relationships, and Teaching Discipline.
- Instructing Curriculum twice a year for a total of 84 hours, with average class size of 15.

Certified Mental Health First Aid Instructor (Adult)

August 2014 to Present

Certified Trainer of Mental Health First Aid – Adult Curriculum

*Special Certification in Veterans, Public Safety, EMS/Fire Safety, Opioid Response

- This is an 8 hour training that teaches individuals how to help someone who is developing or experiencing a mental health crisis. MHFA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices.
- To become a certified instructor you must be complete an application process and a 5-day competency based training program.

Certified Youth Mental Health First Aid Instructor

October 2017 to Present

Certified Trainer of Mental Health First Aid – Youth Curriculum

- This is an 8 hour training that teaches individuals how to help someone working with youth who is developing or experiencing a mental health crisis. YMHA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices.
- To become a certified instructor you must be complete an application process and a 5-day competency based training program.

Certified safeTALK Instructor

April 2019 to Present

Certified Trainer safeTALK – suicide awareness curriculum

- This is a 3 to 4 hour suicide awareness class that teaches individuals how to how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support.

ASIST Certified

May 2018 to Present

Applied Suicide Intervention Skills Trained

- This is a 2 day EBP suicide intervention first aid training program, evidence based

Certified BLS American Heart Association Instructor

August 2014 to Present

American Heart Association CPR and First Aid Instructor

Teaching Hands Only, HeartSaver, Basic Life Saver, and First Aid certification class to help save lives.

Experience

Mental Health First Aid

NatCon16

As part of the Help Make Mental Health First Aid 1 Million Strong #1in1m co-instructor Adult Mental Health First Aid on the last day of NatCon16, at Caesar's Places, Las Vegas, NV.

Presentation on Social Anxiety

*Southern Texas 2017 Annual
Mental Health & Substance Abuse
Symposium*

Mental Health First Aid (Adult)

*Nevada Suicide Prevention
Conference 2019*

Crisis Intervention Training

Henderson Police Department (NV)

During the summer of 2018 assisted the Henderson Police Department's Training Division in establishing, coordinating other local connections, and participating in their first inaugural CIT class. The first course was completed July 25th 2018 and with the CIT course now being held biannually. This new program is allowing new officers to be trained within 6 months out of the academy. Previous to that they would partner with other larger local law enforcement agencies (Las Vegas Metropolitan Police Department LVMPD) and often officers would have to wait up to 2 to 3 years for room in a class.

Stacy Holybee, LCSW

Summary of Qualifications

- Master's degree in Social Work
- Twelve years of professional Social Work experience, six years specifically in suicide prevention roles

Experience

September 2012-Present VA Medical Center Reno, NV

Suicide Behavior Specialist

- Manage a caseload of Veterans at risk of suicide to ensure access to care
- Provide group and individual therapy to Veterans admitted to inpatient psychiatry
- Provide training and consultation to medical center staff regarding assessment and management of suicide risk
- Provide training and outreach to military and veteran populations to promote "suicide first aid" skills
- Participate with VA national suicide prevention team to promote use of best practices and improve care for Veterans at risk of suicide

June 2010-August 2012 Office of Suicide Prevention Reno, NV

Youth Suicide Prevention Program Coordinator

- Managing all aspects of federal grant funds allocated to advance youth suicide prevention practices and policies throughout Nevada.
- Researching best practices for suicide prevention, intervention and postvention in youth populations.
- Collaborate with national suicide prevention research and advocacy groups to advance the causes of children's mental health care and suicide prevention

2007-2010 Hospice of Sacred Heart Eugene, OR

Medical Social Worker

- Managed a caseload of terminally ill patients, which involved initial assessments and continuation of care throughout their dying process.
- Provided supportive counseling to patients and families.
- Coordinated hospice and/or community resources to ensure that the tangible needs of the patient were met.
- Advocated for patients' rights and wishes at weekly team meetings.
- Worked closely with holistic care team to improve quality of care.

2004-2007 Saint Mary's Hospice Reno, NV

Social Worker II

- Managed a caseload of terminally ill patients, which involved initial assessments and continuation of care throughout their dying process.
- Provided supportive counseling to patients and families.
- Coordinated hospice and/or community resources to ensure that the tangible

needs of the patient were met.

- Advocated for patients' rights and wishes at weekly team meetings.
- Worked closely with holistic care team to improve quality of care.

2003-2004 Crisis Call Center, Inc. Reno, NV

Crisis Lines Coordinator

- Oversaw general operations of statewide crisis hotline, including training, supervision, and ensuring compliance with grantors and accrediting bodies.
- Developed and conducted quarterly training courses that addressed a wide range of social issues.
- Produced quarterly reports for grantors, which included statistical information and narrative updates on agency services and progress toward agency goals.

2003-2004 VA Medical Center Reno, NV

Social Work Intern

- Administered comprehensive assessments of new admits to the inpatient acute psychiatric unit and the outpatient day-treatment program.
- Conducted psychoeducational and support groups for inpatients and outpatients on issues related to mental and physical wellness.
- Participated in daily/weekly team meetings to address client needs and treatment plans.

1999-2003 Crisis Call Center Inc. Reno, NV

Crisis Lines Assistant

- Co-produced a statewide community resource book featuring information on over 300 public service agencies, which continues to sell to agencies throughout the state.
- Provided crisis intervention services to agency clients regarding issues of mental health, suicide, substance abuse, domestic violence, sexual assault, child and elder abuse, family problems and financial difficulties.
- Created curriculum and marketing materials for a Suicide Prevention Youth Outreach Program that was implemented in the local school district.
- Developed and delivered training programs to public schools, university classes, and law enforcement on crisis intervention, suicide prevention, and agency and community services.

Education

2002-2004 University of Nevada, Reno Reno, NV

- M.S.W., Master's in Social Work

1995-2000 University of Nevada, Reno Reno, NV

- B.A., English Literature

Licensure &
Certification

- Licensed Clinical Social Worker, Nevada
- Registered trainer for LivingWorks suicide prevention curricula (ASIST, safeTALK)

Janett K. Massolo

10800 BLVD - 16 - D

Phone: 775-879-6639

Cell: [REDACTED]

Fax: [REDACTED]

E-mail: [REDACTED]

Objective

Seeking a challenging and rewarding position in a career oriented organization with an opportunity for growth based upon professional performance.

Qualifications

Volunteer for the suicide hotline (Crisis Call Center) 1997-current
Chair for Reno Walk in Memory, Walk for Hope (Nevada Coalition for Suicide Prevention)
ASIST Trainer (Applied Suicide Intervention Skills Training) 2009-current
safeTALK Trainer (Suicide Awareness for Everyone) 2011-current
Crisis Intervention Training/Suicide Prevention Training-Head Trainer-Crisis Call Center
Youth Mental Health First Aid Instructor 6/2013-current

Work History

8/2011-current Office of Suicide Prevention Reno, Nevada

Youth Suicide Prevention Program Assistant 8/2011-6/30/2013

Training and Programs Facilitator 7/1/2013-current

Training-coordinate, market and deliver
ASIST, safeTALK, Gatekeeper, Crisis Intervention, YMHFA
Grant Administration-grantee communication, audit & inspect grant funds requests
Work multiple projects under pressure & meet strict deadline & budget requirements
Assisted with Teen Screenings-scoring & debriefing
Washoe & Lyon County School District, Healthy Communities Coalition
Maintain budget allowances & projections-prepare reports
Responsible for staff travel/fleet service arrangements
Managed Text Today Program-pursue new school contacts, research supply needs

8/2002-current Crisis Call Center Reno, Nevada

Facilitator for the Survivors of Suicide Loss Support Group

Lead weekly support group meetings
Contact and triage new survivors-encouragement to join support group
Produce monthly SOSL "Lifelink" newsletter
Facilitate Annual Survivor Candlelight Vigil

10/1988-6/27/2011 Bramco Construction Corp. Sparks, Nevada

Construction Office Manager

Coordinate & Prioritize General Office & bookkeeping duties
Payroll, A/R, A/P, payroll quarterlies, W-2, 1099's
Administer personnel & payroll procedures, policies & systems to meet management and employee needs
Maintained Sales Tax reporting -Nevada and California
Vehicle & Fleet registration ; Managed all Motor Carrier reporting
(Quarterly, Annual) (Nevada, California, Federal)
Responsible for the General Liability, auto & health insurance

Janett K. Massolo

Education

1972-1975 Reno High School Reno, NV
1985-1987 Truckee Meadows Community College Reno, NV

References

Kathy Jacobs	Executive Director	Crisis Call Center	775-785-8085
Debbie Gant-Reed	Crisis Lines Director	Crisis Call Center	775-784-8085
Liza Chapen	Survivor and Minister		775-323-6784
Rosie Mann	Survivor & Colleague at Crisis Call Center		530-412-3340

Awards Received

Volunteer of the Year (1998 & 2005) Crisis Call Center
Outstanding Volunteer Advocate 2008 (Bring Respect & Honor to Victims)
Jefferson Award 2008
Staff Member of the Year (Human Services Network) 2012

Volunteer Experience

Crisis Call Center-Crisis/Suicide Hotlines
Crisis Call Center-Head trainer for volunteers
Nevada Coalition for Suicide Prevention-Board Secretary & State Walk Coordinator

Computer Skills

Quick Books
Excel
Powerpoint
Publisher
Word

Licenses and Certificates

Rapport Institute—Power Communications 1997
Livingworks—ASIST Trainer 2009
Livingworks—safeTALK Trainer 2011
Youth Mental Health First Aid Instructor 6/2013

Thomas H. Mendenhall

Chateau Calais

Cell Phone: [REDACTED] email: [REDACTED]

Education: Bachelor of Fine Arts in Drama - Technical Production

Carnegie Mellon University - Pittsburgh, Pennsylvania

Union Affiliation: IATSE Local 9 – Stagehands, United Scenic Artists, Local 829 - Lighting Design
Actors Equity Association – Stage Management.

Professional Experience:

1993-2016 - Production Management, Inc. Technical direction and event management. Corporate Industrial shows and special events.

1989-1993 CEO FM Production, Florida. Orlando, Florida.

1986-1990 I served on the Board of Directors of the San Francisco Visitor and Convention Bureau. I also served on the Hotel Marketing committee for conventions.

1980-1993 - Chairman and CEO of FM Productions. San Francisco.
Averaging 400 Productions a year. (See Productions list.)

1978-1980 - Mendenhall & Associates, Inc. San Francisco. Providing lighting design, technical direction, and management for industrials, exhibits, concerts, and special events.

1976-1978 - Holzmueeller. San Francisco. Provided management and supervised the production execution for events.

1974-1982 - Werner Erhard & Associates, (EST) San Francisco.
Provided lighting design and technical direction for all of their major events. Cow Palace, Los Angeles Sports Arena, Felt Forum NYC, Constitution Hall Washington DC, Moscone Center SF, Madison Square Gardens NYC, And many EST facilities in North America.

1973-1976 - Corbett Foundation. Cincinnati, Ohio. Lighting design for sponsored regional operas throughout North America. Seattle, Memphis, Omaha, San Diego, New York City, Hawaii, Houston, San Antonio, Cincinnati, Portland, West Palm Beach, and Tulsa.

1976-1977 - Toronto Opera Company. Lighting Design. 12 Operas.

1973-1976 - Cincinnati Opera Company. Lighting Design. 18 Operas.

1972-1973 - IATSE Local 16. Worked as a carpenter for ACT. An electrician, welder, and rigger on events in all areas of entertainment. Movies, Television, Stage Productions, Nightclubs, and Special events.

1971-1972 - Ice Follies. National Touring Company North America / Canada.
Production Electrician.

FM Productions

San Francisco, working out of a 100,000 square foot facility with 125 full time employees. Provided a broad range of theatrical production services for the entertainment industry in North America and around the World.

The following is a partial list of clients and events.

Corporate:

American Institute of Architects
American Society of Assn. Execs.
Anheuser Busch
Apple Computer Corporation
AT&T
Buick
Bill Graham Presents
Caesars Palace -Las Vegas
Coca-Cola
Cartier
CBS Sports
Chrysler Corporation
City of San Francisco
Computerland
Frito-Lay
Hewlett-Packard
Home Box Office
IBM
Jeep Eagle

J. I. Case Company
Johnson & Johnson
Kawasaki Motors Corporation
Levi Strauss
Lucas Film Ltd.
NBC Sports
Nissan
Caesars Palace-Lake Tahoe
North American Van Lines
Pacific Bell
Pacific Coast Builders
Pepsi Cola Company
Pontiac
Prudential Real Estate
Radio & Records
Shaklee Corporation
Six Flags Park
Sun Microsystems
Toyota

Entertainment and Special Events

Alabama
Bammie Awards
Billy Joel
Black Sabbath
Black & White Ball - SF
David Bowie
Democratic National Convention - SF
Diana Ross
Don Henley
Duran Duran
Farm Aid
Foreigner
Houston Livestock & Rodeo
Huey Lewis & The News
Jefferson Starship
Journey
Kool & The Gang
The Grateful Dead
Ziegfried and Roy – Tokyo, Asaka, NYC

Live Aid
Los Angeles Olympics
Opening & Closing Ceremonies
Men At Work
Neil Diamond
Neil Young
Pat Benetar
Prince
Pink Floyd-World Tour
Pope John Paul II - SF
Rolling Stones-World Tour 81 & 89
Simon & Garfunkel
Statue of Liberty-NYC
Closing Ceremonies
Superbowl XIX
Ted Nugent
U-2 - World Tour
ZZ Top

continued

Permanent Installations

Busch Gardens
Plane Crazy-Disneyland
Indiana Jones-Disneyworld
Espirit
Harrah's Reno
Hillside Mall
Splash – Riviera Las Vegas and Reno

Metropolitan Streets-Universal LA
Miami Vice-Universal LA
Liberty Torch-Universal ORL
Sesame Street - Stores/Oscar
Star Trek-Universal LA
Enter The Night-Stardust Las Vegas

CURRENT

Safe Direction Firearms Training – www.safedirectionfirearmstraining.com

Firearms instructor

NRA ratings in Basic Pistol, Basic Rifle, Basic Shotgun, Protection Inside the Home, Protection Outside the Home, and Home Firearm Safety. Instructor ratings in all of these classes. Also I am a Chief Range Safety Officer.

I have earned the top NRA marksmanship ratings in Basic Pistol, Defensive Pistol 1 and Defensive Pistol 2. "Distinguished Expert."

I am licensed by Nevada County Sheriffs Association and Las Vegas Metropolitan Police Department to teach their Concealed Firearms Permit course.

I am licensed by the Bureau of Criminal Identification in Utah to teach the Utah Concealed Firearms Permit Course.

I am also licensed as an instructor to sign off on Arizona and Florida for their Concealed Firearms Courses.

I have permits that allow me to Conceal Carry a firearm in 39 states.

Gun Safety and properly securing a firearm are most important to me.

Nevada Coalition for Suicide Prevention and Office of Suicide Prevention.

Living Works – www.livingworks.net

I have completed the "Safe Talk" and "ASIST" trainings.

I am a "Safe Talk" Instructor.

In addition I have written a PowerPoint lecture under the direction of Richard Egan on "Parents and Gun Safety." This will soon be posted on a website for use by teachers and counselors in Nevada. The FBI is interested in placing this lecture into agent training for the FBI.

I am involved with "Signs of Suicide," working with Private and Charter Middle Schools and High Schools on suicide awareness and screening with students.

Trauma Intervention Program – TIP – www.tipoflasvegas.org

I am on the crisis intervention team.

In addition to my three days a month to be on call I add on extra shifts whenever my schedule allows me to assist by covering someone else's shifts or calls.

Taylor Morgan

SUMMARY OF QUALIFICATIONS

Accomplished professional with over 18 years of experience working in a 501c3 non-profit agency. Skilled and knowledgeable instructor on subjects pertaining to mental health and suicide prevention. Experience in creating and leading programs serving at-risk youth and low-income families. Proven success in developing relationships with community partners, key stakeholders and in working with the public at large, and ability to prioritize a heavy workload with regular interruptions while always maintaining a smile and sense of humor.

PROFESSIONAL EXPERIENCE

Children's Cabinet Program Manager

Reno, NV

2003 – Present

- Certified Instructor for Youth Mental Health First Aid (2015) and Mental Health First Aid (2020). Recipient of Community Impact Award and was named 2021 National Instructor of the Year by National Council for Mental Wellbeing. Extensive experience in facilitating both in-person and virtual trainings.
- Project Manager currently overseeing SAMHSA Mental Health Awareness Training (MHAT) grant. Successfully certified over 400 persons in Youth Mental Health First Aid since inception of grant in 2020. Responsible for implementation and supervision of grant, recruiting and training participants, creation of policies and procedures, and collecting and reporting data reported to SAMHSA. Served as a mentor multiple times in assistance of other MHAT grantees at request from our Federal Project Officer.
- Vastly expanded awareness of Mental Health First Aid throughout Washoe County and statewide in Nevada, through multiple media interviews, social media posts, and attendance at networking events.
- Certified SafeTALK Instructor, another internationally recognized training designed to teach participants how to recognize signs of suicide in a person and how to connect them to an intervention resource for further support. Successfully facilitated and completed 33 trainings and counting, as an instructor.
- Served as Project Coordinator for Signs of Suicide (SOS), a SAMHSA recognized program designed to educate and identify youth at risk for suicide or other mental health issues. Created the training and screening procedures from the ground up into a program now mandated at all middle schools within the Washoe County School District.
- Previous case management experience, working with families and youth from diverse backgrounds. Conduct intake interviews to determine best needs for families and youth served.
- Extensive contact with clients and the public while providing excellent customer service. Conduct intake and case management for families and youth in crisis to determine appropriate services and resources in order to better serve clients.

Public Address Announcer**Reno, NV****-University of Nevada Wolf Pack Athletics****2003 – Present****-Reno Aces AAA Level Professional Baseball****2015 – Present**

- As the stadium Public Address Announcer at multiple venues and sporting events, I am responsible for delivering announcements to live audiences relevant to the sporting event occurring. Read copy and prepared marketing statements throughout the game, as well as ad-libbing announcements on the spot as needed. Make entertaining public address announcements and presentations. Provide leadership for event contests.
- Work with event sponsors to ensure sponsorship goals were communicated and achieved.
- Served multiple times as Master of Ceremonies for fundraising and Hall of Fame events.
- Utilized voice talent in recording of voice over spots, commercials, and public service announcements (PSAs).

Adult Basic Education Professor, Truckee Meadows Community College**Reno, NV****2021-2022**

- Instructor for Math 3-4 level class for adult students working to achieve either their GED, HiSet, or Adult High School Diploma.
- Employed educational strategies and techniques in order to help student achieve success.

EDUCATION**University of Nevada, Reno****Reno, NV****Bachelor of Arts in Criminal Justice****1998****University of Rochester Study Abroad Program****London, England****1997**

CERTIFICATION/TRAINING AND COMMUNITY INVOLVEMENT

- **Instructor, Mental Health First Aid**
- **Instructor, Youth Mental Health First Aid**
- **Instructor, SafeTALK**
- **Trained in ASIST (Applied Suicide Intervention and Skills Training)**– a more in-depth suicide intervention training teaching participants how to intervene and help prevent the immediate risk of suicide. This suicide intervention training develops the skills and teaches the methods to help reduce suicidal feelings for those at risk.
- **Volunteer, “Walk in Memory, Walk for Hope”** - (2016-2019): Served as Emcee for annual suicide awareness and remembrance walk, hosted by Nevada Office of Suicide Prevention. Event was discontinued in 2020 following pandemic shutdowns.
- **Volunteer, “Out of the Darkness”**- (2017-2021): Served as Emcee for annual event hosted by American Foundation for Suicide Prevention Nevada Chapter, in support of their efforts to bring education and support programs
- **Volunteer, Washoe County Domestic Violence Task Force “Race to End Domestic Violence” (2009 – 2016)**: Volunteered in various roles as Race Director, Emcee, and music DJ for annual 5K race to bring awareness and resources surrounding the topic of domestic violence.

Alaine Nye

Objective

I want to succeed in a stimulating and challenging environment, building the success of the company while I experience advancement opportunities.

Professional Experience

Program Director 4/2013-Present Frontier Community Action Agency, Winnemucca, NV

Humboldt Program Coordinator 7/2009-4/2013

- Coordinating Agencies funds in scheduling for the Miles for Smiles Dental Mobile, VITA site, Summer Food Service Program, Back Pack Kids Program, Hope Tree, & HUD Housing Program.
 - One-on-one case management with employment assistance, college enrollment, & financing application assistance.
 - Conduct and develop trainings: P&P at FCAA, Summer Food Service Training, Financial Literacy Training, & Building Resume's.
 - Attend community meetings in promoting the services and programs of the Frontier Community Action Agency.
-

Humboldt Coordinator 4/2007-7/2009 Frontier Community Coalition, Winnemucca, NV

- Worked as a unified & effective team in the tri-county area, communicating openly in seeking partnerships.
 - Shared with the community the mission and vision of the Frontier Community Coalition through various health, career, and youth fairs.
 - Conducted Town Hall Meetings, Beverage Server Trainings, & Youth Presentations.
 - Scheduled & facilitated the monthly Local Community Coalition Meeting.
 - Attended all trainings and meetings as directed by Board and Supervisor.
-

Campus Support & Training Supervisor 8/1999-3/2005 Devereux Cleo Wallace, Westminster, CO

- Developed and supervised a team of eight in providing campus support to 7 units of a residential facility serving children ages 3-21 years old.
 - Developed training in how to respond to crisis situations with the children and adolescents in this residential treatment program.
 - Lead Trainer in training all staff initially upon hire, as well as re-certifications and updates on De-escalation Techniques, Counseling steps, Crisis Prevention/Intervention, and Cultural Diversity on a yearly basis.
-

Mental Health Assistant, 8/1998-6/1999 Parthenon Pavilion, Nashville, TN

- Worked on the intense program for adult's floor of this Psychiatric Hospital, also floated when needed to the Memory Disorder, Geriatrics, Adult Detoxification, and Adolescents floors ensuring a safe environment.
-

Education

Graduated **B.S. in Psychology, 1999** Trevecca Nazarene University, Murfreesboro, TN

Graduated **High School Diploma, 1995** Albert M. Lowry High School, Winnemucca, NV

**References Furnished Upon Request*

Pauline Salla-Smith

Juvenile Justice/ Addictions/ Co-occurring Disorders

Professional experience in program management, curriculum design, and supervision of staff with evidence of strong leadership skills and the ability to form positive relations with youth and parents. Experienced in mental health and substance use treatment in adolescents, adults, and families.

Relevant Experience

Director of Juvenile Services

06/28/15- Current

6th Judicial District Court

Winnemucca Nevada

Provide oversight and management of 21 full and part-time employees, including Juvenile Probation and Juvenile Detention and non-secure transitional housing

Implement evidence-informed and evidence-based programming for prevention and intervention

Conduct SWOT Analysis annually with community leaders and stakeholders

Implement evidence-based programming to fill the gaps and needs of the community

Obtain and manage Federal, State, and local grant resources for juvenile justice programming

Create and manage a 2.5-million-dollar budget

Ensure juvenile rights are protected

Maintain federal and state compliance with juvenile laws, rights, and standards

Maintains safeguards to increase community protection

Suicide Prevention programming for youth ages 10-18 years

State of Nevada Juvenile Justice Specialist

04/15/2005- 6/28/15

State of Nevada

Carson City, Nevada

Provide oversight of Federal and State funding of 3.1 million

Ensure statewide compliance with Federal Juvenile Justice and Delinquency Prevention Act (JJDPa) and the Prison Rape Elimination Act(PREA)

Implement evidence-based programming at a local and state level

Conduct Use of Force Investigations

Implement Gender-Specific programming statewide

Collect and analyze statewide data and create 3- Year Strategic Plan

Provide testimony at State Legislature

Developed and ensure compliance with Statewide Juvenile Justice Policy and Procedures

Clinical Director of Alternative Services

1990-2004

SageWind

1725 S. McCarran Reno, Nevada 89502

SageWind was a not-for-profit adolescent treatment center for comorbid disorders. SageWind offered every treatment level, including prevention, outpatient, intensive outpatient, residential, and transitional housing. Previously known as Oikos at its inception, it changed its name to Adolescent Care & Treatment and, in 2005, was renamed SageWind.

Clinically supervise 9 CADC interns and 2 LADC interns

Provided group counseling

Provided individual counseling

Urinalysis Testing

Co-facilitated family sessions with MFTs

Obtained over 750,000 in state and federal funding for substance misuse treatment

Provided training to community members, personnel, and law enforcement on alcohol and drug use among adolescents

Academic Background

The University of Nevada, Reno Bachelors in Social Work 2015

Purdue Global Master in Psychology with Addiction Emphasis, Graduated in May of 2019

Special Honors/accomplishments

Governor's Juvenile Justice Oversight Commission 2017- Present
State Advisory Group for JJOC Chair
Nevada Association of Juvenile Justice Administrators Past Chair
Silver State Detention Association
Substance Abuse Prevention and Technical Assistance State Epidemiology Workgroup
China Spring Youth Camp Advisory Board
Appointed to the Coalition for Sexually Exploited Children Voting
Appointed to the Advisory Commission for a Resilient Nevada
Red Cross Community Leader Inspiration Award 2012
Humboldt Connections Suicide Prevention Officer 2019- present
Grant Reviewer for the State of Nevada Department of Public and Behavioral Health 2021-Present
Humboldt County Opioid Needs Assessment Committee
Nevada Coalition for Suicide Prevention Board of Directors -Secretary

Certifications

Previously Certified Auditor for the Prison Rape Elimination Act
Social Skills Training and Aggression Replacement Training (START) Facilitator
Certified Trainer in Forward Thinking Interactive Journals
MANDT Certification
MAGEN Medication Management Trainer
Multi-Dimensional Family Treatment Certified Therapist
Licensed Alcohol and Drug Counselor, LADC # 01891-L
Licensed Supervisor of Alcohol and Drug Counselor Interns #00608-S
Applied Suicide Interventions Skills Training (ASIST)
Mental Health Training for Juvenile Justice Trainer (MHT-JJ)
Master Trainer for Youth Level of Service/Case Management 2.0 Risk and Need Assessment
safeTALK Trainer #47516

References available upon request

Mageena Tom, LCSW

Cell Phone: [REDACTED] • Email: [REDACTED] • SW License # 7400-C •

NPI #1073858585 • Website: Mageenatom.com • NASW Member #886572827 •

Legal Hold Decertification License # LH-0029

PERSONAL STATEMENT

I became completely enamored with educational instruction after working in various high schools and becoming an AFI for college social work students. Academia has always been a stimulating familiar home to me. For the last decade I have specialized in both direct practice, and teaching others the imperative skills to perform ethically sound social work. My sensitive, trauma informed care approach to all interactions with my clients and students has been a critical aspect of my success. My practice is eclectic, collaborative, and respectful. Partnerships with hospital interdisciplinary care teams have afforded me strong communication skills and medical knowledge. My time spent with other specialists has unequivocally demonstrated the benefits of integrated medicine. Detailed biopsychosocial assessments, use of evidence-based interventions, and meticulous evaluation of psychometric tools set my work apart. I aspire to empower others with knowledge through practical application, modeling professionalism, passion for suicide prevention, and by my authentic belief in the human capacity for recovery, achievement, and reinvention.

Culturally aware practice has enhanced my ability to explain lesser known aspects of care by infusing lessons of diversity, demonstrating sound clinical judgment with consideration to multiculturalism, by highlighting an imperative understanding of psychopharmacology aspects within case conceptualization, and by determining differential/co-occurring diagnoses in unique populations. Being attune to the beauty of our differences drastically improves outcomes for clients and students. The next generation of helping professionals need a strengths based, culturally aware approach demonstrated in real time. My duty as a helper, educator, and clinician, is to come alongside every person I meet to assist in any way possible without judgment. To that point, the Office of Suicide Prevention has enabled me to combine my two primary passions – teaching social work values and training others in lifesaving suicide prevention methods.

CORE SKILLS

Talented Diagnostician, Quality Assurance, Research & Collaboration, Individualized Supervision, Crisis Intervention, Psychoeducation, Suicide Risk Assessment, Program Evaluation, Teaching Clinical Interventions and Social Science Classes, Policy Development, Cross Training Staff, Clinical Documentation, Team/Student Mentor, Flexible, & I take Direction Well with Clear Understanding of Chain of Command System

CAREER SUMMARY

ABI Private Girls High School in Summerlin, NV

8/2022 - 6/2023

Human Development & Psychology Instructor

- Teaching the senior class human development throughout the lifespan
- Skilled at creating relatable, creative, differentiated lesson plans
- Developed original curriculum, substituted for younger grades, taught psychology 101
- Collaborative instruction incorporating and reinforcing many themes from other subjects

State of Nevada Department of Public & Behavioral Health

6/2014 - 3/2022

Clinical Social Worker II (LMSW, LCSW) SNAMHS, Las Vegas, NV

- EBP individual psychotherapy sessions in various settings to diverse groups/individuals suffering from SMI and co-occurring substance use disorders
- Facilitated therapeutic & psycho-educational groups enhancing knowledge & insight to illness. Targeted symptom reduction of anxiety and depression. Groups: *CBT, Stress Management, Understanding Your Diagnosis, Substance Abuse & Mental Illness, Medication Compliance & Psychopharmacology, Grief & Bereavement, Suicide Prevention, Social Skills, & Anger Management.*
- Co-facilitated DBT groups inpatient with staff psychologist
- Provided timely detailed documentation, in compliance with TJC/CMS
- Developed treatment plans with clients to achieve individual therapeutic goals
- Assessed client needs for med management, high-risk behaviors, & discharge planning
- Conduct comprehensive records review, clinical interviews, violence risk assessments, and mental status exams for initial diagnostic evaluations on the psychiatric triage unit
- State of NV Adult Mobile Crisis Team deployed to all local area ERs for evaluation, determining legal criteria is met and/or clinical appropriateness for IP transfer
- Collaborated with LEOs (HPD, LVMPD, US Marshals, & Homeland Security)
- Participated in team meetings, departmental meetings, and individual supervision to present cases and engage in consultation for recommended treatment interventions
- Assisted student training officer by mentoring/teaching BSW/MSW students, acting AFI & preceptor for social work schools such as UNLV, UNR, Penn State, Nevada State College, ASU, and Wurzweiler School of Social Work.
- Conduct student orientation to biopsychosocial assessments in rapid stabilization unit
- Employee training developed for proper forensic evaluation at Maury Stein Forensic Hospital, testified in mental health court programs & AOT (court ordered program)
- Quality Assurance audits for state, civil, & forensic hospital social work charts, developed policies and procedures for IP and MCT hospital social work departments
- Created “Clinical Social Workers in Action” learning series for staff: *Recognizing Signs of Abuse & Neglect – A Mandated Reporter Training.*

Psychiatric Social Work Case Manager (LSW, LMSW)**2014-2016***Spring Mountain Treatment Center, Las Vegas, NV*

- Conducted psychosocial assessments for acute patients (dual diagnosed, geriatric, adult, adolescent, & child populations)
- Facilitated psycho-educational groups, assisted other social workers with case management, resource referrals, discharge planning, communications with DCFS/CPS
- Wrote weekly progress notes, group notes documenting sessions, discharge plans, & provided evidence based (solution focused) interventions
- Conducted family sessions, team meetings, at times involving DCFS case managers.

Skilled Rehabilitation Center Case Worker (LMSW)**2013-2014***Life Care Center of Paradise Valley, Las Vegas, NV*

- Assessments, & social service needs of short-term care rehab patients, ensured all medical, emotional, & social needs of residents were met in accordance with current laws & regulations
- Assisted director of social services in admission & discharge process while advocating for the best resident care possible
- Experienced in Elder Justice Act, MDS, Medicaid, Person Centered Care, Culture Change, and Aging & Disability Services in Southern Nevada

School Social Worker (Paid Internship)**2010-2012***OHS Program, A Division of Areivim, Ramapo, NY*

- Provided focused eclectic therapy for adolescents & families in crisis & transition
- Utilized behavioral therapy techniques (Contingency Management/Token Economy)
Developed school programs & courses reinforcing desired behaviors with intermittent rewards earned on a consistent, structured schedule throughout the year
- Facilitated solution-focused, task-centered therapy with groups & individuals
- Utilized psychoeducational counseling, methods of modeling, as therapeutic tools fostering team approach to complete tasks, engaged conflict resolution therapy techniques
- Crisis intervention – debriefing after traumatic events; referrals provided to supports
- Developed course content; taught psychology, public speaking, and self-improvement
- Responded to mental illness & medical/behavioral crisis at schools and homes of clients
- Provided clinical reports to long-term treatment programs for SUDs & eating disorders
- Coordinated community resources for students & families in need of enhanced support
- Developed policies, procedures, safety protocols, rules, and regulations
- Created a quality assurance program & led professional training workshops for staff
- Gave supportive services to diverse students with IEPs & atypical learning/social needs
- Researched/addressed employment needs & volunteer opportunities with students
- Coordination & presentation of available resources to director

Student Social Work (Paid Intern) Columbia University Hospital
Center for Women's Reproductive Care, New York, NY

2010

- Provided support to the head program admissions counselor
- Screened patients, educated & advised on services, state grants, emotional support services, & insurance coverage information
- Assisted Fertility Preservation Program; gave brief supportive counseling to clients after unsuccessful IVF treatment, cancer diagnosis, infertility, & financial burden
- Educated patients about Fertile Hope oncology program, conducted 30-day follow up calls, collected qualitative data, then documented personal experiences
- Contributed to assigned research projects directed by head social worker
- Acknowledged client concerns making referrals to the patient relations coordinator
- Data collection, tracking patient success rates, mailed info packets after consultation
- Led bi-weekly supervisory meetings with the social work department direct supervisor

Ostar Family Services (Paid Student Social Work Intern)
Preschool & Disability Agency, Brooklyn, NY

2008 - 2009

- Provided case management services to children/adults with intellectual & developmental disabilities, recertifying clients for Medicaid Waiver program
- Trained certified as a Medicaid Service Coordinator & Reshab worker
- Provided task-oriented family/adolescent CBT-focused counseling during home visits
- Led Individualized Service Plan (ISP) meetings, kept paperwork in compliance
- Instituted professional supervision program, including training sessions for staff
- Participated in play therapy sessions, completed case notes, & psychosocial evaluations

Student Social Work Intern, MSW Program
Perkins School for the Blind, Watertown, MA

2006 - 2007

- Aided blind students in ADL, counseled students with personal/emotional issues
- Assisted blind & deaf children in the classroom
- Liaison between teacher & direct support staff
- Performed Service Coordination & Referrals

Bunker Hill Community College, Disability Accommodation Facilitator
Office for Students with disabilities, Boston, MA

2007

- Tutoring, note taking, data entry, provided emotional support/encouragement to students with disabilities while also assisting the director in student treatment planning, documentation, data entry, research, reports, and resource acquisition strategies

Volunteers of America, Undergraduate Practicum
Shelter for adolescent females at risk, Jamaica Plains, MA

2006

- Taught art therapy, counseled homeless youth involved in prostitution, taught the importance of protecting sexual health, hygiene, domestic partner violence, personal safety, realities of substance abuse, defining abuse (emotional, physical, sexual), healthy relationships goals

VOLUNTEER EXPERIENCE _____

Nevada Office of Suicide Prevention

2019 – Current

Clinical consultant for Southern NV OSP, safeTALK Trainor

- LivingWorks trained safeTALK trainer, regularly providing suicide prevention/awareness trainings to the community, contribute to research, data, & psychological autopsy
- Gatekeeper (Suicide 101), safeTALK, & ASIST Trained community partner
- Weekly meetings with the director of the Southern Nevada OSP
- Worked in collaboration with the Nevada State Zero Suicide Project Coordinator (UNR)
- Presenter at the Nevada Suicide Prevention Conference – Topic: Reducing Access to Lethal Means When Counselling Acute Individuals at Risk for Suicide (November 2021)
- Community Support Volunteer – Soul Shop: Ministering to Suicidal Desperation (2021)
- Collaborative Assessment & Management of Suicidality (CAMS) Trained (2020)
- Engaged in close communication with field liaisons by creating realistic, measurable goals/objectives with students while providing a safe, connective learning environment
- Helped Students develop social policy, analyze/perform original suicide prevention/Hispanic culture specific research.
- Consistently provided clinical learning opportunities & consults to students & director
- Agency Field Instructor (AFI) at OSP practicum site for UNLV BSW/MSW students where I assisted OSP director with veteran students, writing learning contracts, approving journal entries, assigned current suicide prevention peer-reviewed literature, encouraged achieving measurable, realistic learning goals, oversaw research methods, encouraged advocating for policy changes & encouraged original creative thinking, co-facilitation of debriefing sessions with the director, taught trauma informed care & healthy processing, taught conflict resolution

Life Aid Research Institute

2021

- Volunteer clinical consultant, assisted research for increased suicide prevention for veterans with traumatic brain injuries (as a high risk group).

Clinical Social Work Intern Supervisor

2020 - Current

- Supervised Assisted Outpatient Treatment (AOT) Manager
- Tracking 75 treatment resistant clients, court ordered to comply in 6-month program
- Supervised clinical intern in conjunction with Eagle Quest & DCFS

- Supervision provided to former police/FD student social worker
- Supervision provided to intern at Theravada OP clinic CSW-Intern

TRAININGS & DEVELOPMENT ---

Tom, M., (2023) Developed Motivational Interviewing/CAGE-AID Training & a Trauma Informed Care/ACEs Training for Rural Nevadans at Nye Communities Coalition

Tom, M., Mufson, B., Guzzetta, K., (2020 – 2021) Collaborated in forming a new state department in Southern NV Adult Mental Health Services called the '*Adult Mobile Crisis Team, Community Courts, & Jails.*' Developed policies and procedures addressing the reduction of harm in ERs, courts, and standards for transfer. Topics included increased training and awareness of suicide risk assessment, improving current violence risk assessment use, providing remediation training to employees when needed, completed random audits of clinical notes and assessments for improved chart documentation and smooth continuation of care plans. The department aimed to improve safety measures, narrow down essential job performance duty definitions, and we developed the official work performance standards for new employees

Tom, M., (2019) Developed Social Services Department "*Hand off Communication*" Procedures. Collaboration and approval by the department director.

Tom, M., (2018) Antisocial Personality Disorder (ASPD). *How does this apply to those who work in Law Enforcement?* Presented by Bruce Mufson, LCSW to the Metropolitan Police Department during CIT courses.

Tom, M., (2018) Recognizing Signs of Abuse & Neglect. *A Mandated Reporter Training.* Southern Nevada Adult Mental Health Services with assistance from EPS/APS

Flores, P., & Tom., M. (2018) Behavior Health & Recovery Model. Interdepartmental collaboration for new employees at state orientation. Education Steering Committee approved.

Tom, M. (2016) Forensic Clinical Assessment & Documentation. Murray Stein Forensic Hospital Social Services Department.

Tom, M., (2014 - 2016) Treatment Mall Development Team. Joined in development and implementation of social work psychotherapeutic and psychoeducational groups provided at the state civil psychiatric hospital to ensure active treatment was occurring. Wrote materials used by Rawson Neal Social Services Department. Additionally, developed a "*Social Services Group Survey*" for measuring patient satisfaction data

Tom, M., (2016) Psychosocial Documentation Training, *Documentation Acceptable for the Joint Commission, and other Audits (CMS).* Rawson Neal Psychiatric Hospital

Tom, M., (2015) Social Services Department Training Guidelines/Orientation for New SW Employees, Students, and Volunteers. *Developed the current training protocols for social service department orientation, including associated procedures for the onboarding of CSW-IIs, CSW-Is, & MSW Students.* Reviewed and updated in 2020.

Bomer, A., Mufson, B., Burwell, A, Brennan-Garcia, L., Tom, M., (2014) Social Work Leadership. *State of Nevada Division of Public and Behavioral Health.* NASW Nevada Chapter Annual Conference Presenter.

Tom, M., (2017) Proper Utilization & Documentation of Continuation of Care Plan. Worked in conjunction with medical records depart. training all staff on discharge documentation protocol. Ensured understanding of corrective action plan/documentation standards being met.

RESEARCH & LITERATURE REVIEWS

Tom, M., (2021) Reducing Access to Lethal Means: *When Counseling Acute Individuals at Risk for Suicide*. Presented at the Nevada Suicide Prevention Conference in conjunction with OSP.

Tom, W. L., & Tom, M., (2021) Dentistry & Mental Health a PowerPoint Research Presentation. *Assisted in gathering research for presentation to UNLV Dental School.*

Mufson, B., Tom., M., Brennon-Garcia, L., Campbell, L., Potter, J. (2016) Juvenile Forensic Hospital Research Plan. Principal Investigator for a state clinical team tasked with designing a youth forensic hospital for Southern NV. Project could not gain funding consensus from state leadership. This prevented it from continuing on to the peer review process. Produced for internal use only. *This research is property of the State of Nevada.*

Tom, M., (2010). Areivim Capacity Building. *A Grant Proposal for Increased Professional Training*. Advanced Social Welfare Policy. New York University, Silver School of Social Work.

Tom, M., (2009). Otsar Family Services: *Residential Habilitation, A Program Evaluation Proposal*. New York University, Silver School of Social Work.

EDUCATION

Master of Social Work Degree, Clinical Services Concentration

*GPA 3.676 * May, 2011 (LMSW State of New York)

New York University - The Silver School of Social Work, New York, NY

Bachelor of Science Degree in Human Services, Child & Family Concentration

*GPA 4.0 * Summa Cum Laude *Valedictorian, June 2008 (Graduation Speaker)

Touro College, School of Career & Applied Studies (SCAS), New York, NY

Associate of Science Degree in Human Services, Child & Family Concentration

*GPA 3.8 * Summa Cum Laude, May 2007

Bunker Hill Community College, Boston, MA

Family Development Credential

Tufts University, Malden, MA (2007)

CV Training Extension

9/2023	<u>Trauma Informed Care – Before, During, and After Critical Incidents</u> <i>Developing Resilience in Victims & Responders</i> – 4 hours (PESI)
8/14-8/15 8/16/23	<u>CIT 2023 Live International Conference (Licensed Clinicians)</u> Detroit, MI Awarded CEUs – 12.50 hours
	<u>Infancy to Implementation</u> : Building Success in our Crisis Outreach Team – 1 hour <u>Force Considerations and Documentation on Crisis Contacts</u> – 1 hour <u>Law Enforcement 101</u> – Understanding Police Culture for Non-Law Enforcement – 1.5 hours <u>Nevada Caring Contacts</u> : Suicide and Hospitalization Prevention/Postvention/Diversion – 1 hour <u>Rural Mobile Outreach safety Team (MOST)</u> Crisis Response and innovative case management – 1 hour <u>Crisis Response Program Dispositions</u> : Variations in Models Across Five Sites – 1 hour <u>Combative Resolutions</u> : Keynote Address <i>Mike Malpass, Officer, Instructor, Author</i> – 2 hours <u>Cops and Clinicians Bridging the Gap</u> – 1 hour <u>Silent Partners</u> : First Responders and their therapists – 1 hour <u>Crisis Intervention Training</u> : Working with Deaf, Hard of Hearing, & the Deafblind Community – 1.5 hours <u>Hoarding II</u> : Beyond the Basics – 1 hour
7/26/23	<u>Supervision Training (Board of Examiners for Social Workers)</u> Zoom Presentation CEUs – 4 hours (Ethics approved)
4/2023	<u>Countering Active Threat Training (CATT)</u> Secure Community Network and the FBI – 1 hour
3/1/23	<u>Integrated Strategies for Co-Occurring Disorders</u> NASW-CA Online CE Program – 4 hours
2/26/23	<u>Drugs, Brains, and Behavior: The Science of Addiction</u> NASW-CA Online CE Program – 2 hours
2/26/23	<u>Cognitive Behavioral Therapy (CBT) in Brief</u> NASW-CA Online CE Program – 1 hour
2/26/23	<u>A Brief Introduction to Motivational Interviewing</u> NASW-CA Online CE Program – 3 hours
2/24/23 2/23/23	<u>ASIST (LivingWorks) Applied Suicide Intervention Skills Training</u> Army National Guard, LVRC Base – 13 hours
1/30/23	<u>The Standard of Care for Treating Suicidal Clients</u> NASW-CA Online Law & Ethics Coursework – 3 hours
1/30/23	<u>Social Work Today: Cutting-Edge Ethical Issues in the Digital Age</u> NASW-CA Online Law & Ethics Coursework – 2 hours
1/30/23	<u>Exposure Therapy (ET) in Brief</u> NASW-CA Online CE Program – 1 hour

1/26/23	<u>Trauma Informed Care (TIC) in Brief</u> NASW-CA Online CE Program – 2 hours
5/31/22	<u>LivingWorks Trainer Endorsement Recertification</u> – 1 hour
8/22/22	<u>The Suicide Prevention & Resilience Event</u> – <i>Mental Health Workshop</i> Charleston Library, LV NV – 1.5 hours
11/4/21	<u>2021 Nevada Suicide Prevention Conference</u>
11/5/21	American Foundation for Suicide Prevention – 16.5 hours
9/24/21	<u>Soul Shop: For Community Faith Leaders</u> American Foundation for Suicide Prevention, LV NV – 8 hours
7/28/21	<u>Module 2: Suicide Risk Assessment and Intervention</u> NASW-CA Online CE Program – 3 hours
5/11/21	<u>CPI</u> Refresher Course – 8 hours
4/26/21	<u>CPR & Basic Life Support Skills</u> – 4 hours
12/15/20	<u>CAMS Role-Play Training for Assessing and Treating Suicidal Risk</u> Nevada Zero Suicide Program – 7 hours
12/14/20	<u>CAMS Online Video Course Training for Assessing and Treating Suicide</u> Nevada Zero Suicide Program – 3 hours
2/14/20	<u>Civil Commitments and the Court Process</u> Eighth Judicial District Court, Clark County NV
2/19/20	<u>Supervision Training Approved for Ethics</u> Nevada Board of Examiners for Social Workers – 3.5 hours
11/13/19	<u>SafeTALK Training for Trainers Course</u>
11/14/19	LivingWorks Approved Trainer of SafeTALK Workshop – 16 hours
10/17/19	<u>Nevada Suicide Prevention Conference 2019</u> Las Vegas, Nevada – 6 hours
9/26/19	<u>CPI</u> -Initial Training at SNAMHS – 8 hours
7/22/19	<u>Agency Field Instructor Training</u> UNLV School of Social Work, Field Education Program – 6 hours
6/4/19	<u>Grief – Southern Nevada Adult Mental Health Services</u> Psychology Department – 1 hour

5/7/19	<u>Narcissistic Personality Disorder – SNAMHS</u> Psychology Department – 1 hour
4/10/19 4/11/19	<u>ASIST (LivingWorks) Applied Suicide Intervention Skills Training</u> Army National Guard, North Las Vegas City Hall – 13 hours
4/2/19	<u>Motivational Interviewing at SNAMHS</u> Psychology Department – 1 hour
3/26/19	<u>Module 1: Suicide Risk Assessment and Intervention</u> NASW-CA Online CE Program – 3 hours
3/5/19	<u>Antisocial Personality Disorder at SNAMHS</u> Psychology Department – 1 hour
2/20/19	<u>Nevada Suicide Prevention Gatekeeper Workshop</u> NV Office of Suicide Prevention, Enterprise Library – 2 hours
2/5/19	<u>Borderline Personality Disorder at SNAMHS</u> Psychology Department – 1 hour
2019	<u>Active Shooter Awareness and Preparedness Training at Charleston Library</u> State Capitol Police, NEATS, State of Nevada – 1 hour
2018	<u>Psychiatric Advanced Directives</u> SNAMHS Medical Director - 1 hour
2018	<u>Trauma Informed Care Services, SNAMHS</u> – 1 hour
6/2018	<u>Behavioral Health Recovery</u> SNAMHS – 1 hour
12/4/18	<u>Schizotypal Personality Disorder at SNAMHS</u> Psychology Department – 1 hour
11/6/18	<u>Crisis Intervention at Southern NV Adult Mental Health Services</u> Psychology Department – 1 hour
9/4/18	<u>Behavioral Interventions for Pain Management at SNAMHS</u> Psychology Department – 1 hour
8/7/18	<u>Mindfulness and Self Compassion at SNAMHS</u> Psychology Department – 1 hour
8/29/18	<u>Treating Insomnia: Evidence Based Strategies to Help Your Clients Sleep (CBT-I) PESI, Las Vegas, Nevada</u> – 6.25 hours
7/23/18	<u>Agency Field Instructor Orientation</u> <i>Ethics Approved Training</i>

UNLV School of Social Work, Field Education Program – 5.5 hours

5/1/18 Treatment of Psychosis: An Evidence Based Approach – SNAMHS Psychology Department – 1 hour

4/3/18 Group Interventions in an Inpatient Setting: Methods to Increase their Effectiveness – SNAMHS Psychology Department – 1 hour

3/6/18 Complex Post Traumatic Stress Disorder: Diagnosis and Treatment SNAMHS Psychology Department – 1 hour

2/6/18 Disordered Eating: Implications for an Inpatient Population SNAMHS Psychology Department – 1 hour

1/2/18 Mindfulness in the Workplace – Southern NV Adult Mental Health Services Psychology Department – 1 hour

11/7/17 Practical Behavior Changes - Southern NV Adult Mental Health Services Psychology Department – 1 hour

10/1/17 18th Annual NCRG Conference on Gambling and Addiction
10/2/17 Las Vegas Sands Convention Center – 13.75 hours

10/18/17 Caregivers Be Heard: ASDO, NV EPS
United Health Care. Las Vegas, Nevada - 5 hours

9/27/17 Nevada Suicide Prevention Gatekeeper Workshop
NV Office of Suicide Prevention, Government Center – 2 hours

6/6/17 Taking Care of Me: How to Deal with Compassion Fatigue/Burnout
SNAMHS Psychology Department – 1 hour

5/2/17 Transitional Care: Bridging the Gap from Inpatient to Outpatient Services
SNAMHS Psychology Department – 1 hour

4/4/17 Improving Communication with Clients: Using Social Learning to Make Every Interaction Therapeutic. SNAMHS Psychology Department – 1 hour

2/7/17 Working Effectively with Members of the LGBTQIA Community
SNAMHS Psychology Department – 1 hour

2/15/17 Social Work Ethics Training
SNAMHS Social Services Department – 3 hours

1/3/17 I'm Not Crazy: How Lack of Insight Impacts Treatment
SNAMHS Psychology Department – 1 hour

2/25/16 Innovations and Regulations for Residential Care: Caregiver Conference

Nevada Geriatric Education Center (Ethics Approved) – 7 hours

5/4/16	<u>Social Work Ethics Training</u> at Southern NV Adult Mental Health Services Social Services Department – 3 hours
5/6/16	<u>10th Annual Nevada State Conference on Problem Gambling NV Counsel on Problem Gambling.</u> Suncoast Hotel, Las Vegas, Nevada – 12 hours
7/28/16 7/29/16	<u>ASIST (LivingWorks) Applied Suicide Intervention Skills Training</u> NV Coalition for Suicide Prevention – 12.5 hours
2/11/15	<u>Elder Abuse Training</u> at Southern NV Adult Mental Health Services State of Nevada EPS – 1.5 hours
3/23/15	<u>Positive Behavioral Supports Training Treatment Mall</u> SNAMHS Psychology Department – 2 hours
3/26/16 3/27/16	<u>Introduction to Motivational Interviewing</u> Green Valley High School, Henderson, NV – 16 hours
4/22/15	<u>Basic Group Facilitation Strategies Training</u> SNAMHS Psychology Department – 2 hours
6/4/15	<u>Forensics Training</u> – Legal Process SNAMHS – 2 hours
12/10/14	<u>Positive Behavioral Supports Training 1</u> SNAMHS Psychology Department – 1 hours
10/22/14	<u>Sexual Harassment Prevention</u> SNAMHS Department of Personnel – 3 hours (Renewed 1/31/19 & 2/25/21)
9/24/14	<u>SafeTALK LivingWorks Developed Training</u> SNAMHS Training Room, Delivered by OSP – 3 hours
8/8/14	<u>GOVCHA Training</u> at Southern NV Adult Mental Health Services Presented by the Governors Office – 1 hour
8/2014	<u>Introduction to DBT Group Therapy</u> SNAMHS Psychology Department – 6 hours
7/23/14	<u>Medical Records Standards/Progress Notation</u> SNAMHS Social Services Department – 3 hours
7/23/14	<u>HIPAA Awareness</u> – 1 hour (Renewed on 4/21/21)
7/11/14	<u>National Patient Safety Goals</u> – 1 hour
7/11/14	<u>Workplace Violence/Dealing with Difficult Situations</u> -2 hours

7/10/14	<u>CPART (A & B)</u> SNAMHS Training Department - 8 hours
7/9/14	<u>Suicide and Risk Assessment</u> SNAMHS Training Department – 1 hour
7/9/14	<u>Seclusion and Restraint</u> SNAMHS Training Department – 1 hour
7/8/14	<u>Treatment Planning</u> at SNAMHS – 1 hour
7/8/14	<u>Positive Behavioral Support Training</u> SNAMHS - 2 hours
6/23/14	<u>Confidentiality</u> SNAMHS - 1 hour
2014	<u>Handle With Care</u> <i>Spring Mountain Treatment Center</i> – 8 hours
2008	<u>Domestic Violence Seminar</u> State of New York – 2 hours
2008	<u>Substance and Alcohol Abuse Seminar</u> State of New York – 2 hours
2007	<u>Developmental Disabilities, Medicaid Waiver Services and Individualized Service Plans</u> , NY State OPWDD – 8 hours
7/15/07	<u>Massachusetts Family Development Credential</u> (FDC) Boston, MA - 1 year course completion

EMMA WHITE

PROFESSIONAL SPEAKER, MENTAL HEALTH
ADVOCATE, AUTHOR



BRIEF BIOGRAPHY

Emma White is a Mental Health Advocate, Educator, Author and Speaker whose passion is in suicide prevention. With her lived experience as a suicide survivor, she advocates for youth mental health and education while specializing in national collaborative efforts to develop, implement and evaluate prevention strategies through communication and safe messaging.

EDUCATION

Truckee Meadows Community College
Associate's in Psychology
Obtained 2021

University of Nevada, Reno
Bachelor's in Business Marketing,
Communications, and Entrepreneurship
Obtained 2018

CAREER EXPERIENCE

Safe Messaging Specialist and Project Manager
NV Office of Suicide Prevention
Current Position

Executive Assistant
Molina Healthcare
2021-2022

Executive Assistant
Renown Health Corporate Offices
2019-2021

Administrative Community Liaison
Renown Health Social Services
2018-2019

Office and Marketing Supervisor
Creative Specialty Apparel
2015-2018

Paralegal
Law Office of Curtis Coulter
2013-2015

RECENT ACCOMPLISHMENTS

- Ted X Reno 2022 Speaker
- Jersey Mike's 2021 Sub Abover Winner
- Finalist, Influential Women of Northern Nevada Award
- Founder, LifelsWorthIt.Org
- Author, *It's Not OK, but It Will Be*

EMMA WHITE

RECENT PROFESSIONAL SPEAKING EXPERIENCE

- United Healthcare: Help, Hope, and Action Town Hall 2022
- TedxReno Speaker 2022
- McQueen High School Mental Health Fair Featured Speaker 2022
- About Town Deb Mental Health Awareness Podcast, 2021
- #ICanHelp May Mental Health Awareness Month Panel 2021
- Truckee Meadows Tomorrow Youth Mental Health Panel 2021
- CharityU My Soul University Hour Podcast 2021
- KTVN Channel 2 Someone 2 Know 2020
- NASC Let's Talk Tuesday Suicide Awareness Month 2020
- Nevada Coalition for Suicide Prevention Walk in Memory, Walk for Hope Keynote Speaker 2019
- Dodge for a Cause Keynote Speaker 2019

PROFESSIONAL TRAINING

Certified safeTalk Trainer

Certified Youth Mental Health First Aid
Trainer

Question, Persuade, Refer Training (QPR)

Suicide 101 Training

Life Is Worth It Aware & Alert Training

Life Is Worth It Curriculum Training

RECENT VOLUNTEER EXPERIENCE

Mentor, Big Brothers Big Sisters, 2022 to Current

Awana Director, 2021 to Current

CONTACT INFORMATION

Cell: [REDACTED]

Email: [REDACTED]

Website: LifelsWorthIt.Org

Vanessa Williams

EDUCATION

B.S. Community Health Sciences
University of Nevada, Reno, December 2012

Certified Personal Trainer
Native American Fitness Council, November 2017

Certificate, NVLEND Trainee
University of Nevada Reno

CPR/BLS Provider
Reno-Sparks Tribal Health Center, December 2021

Certificate, Airman Leadership School
USAF, Eielson Air Force Base, Alaska

safe Talk, Suicide Alertness for Everyone
Office of Suicide Prevention, Jan 2017, May 2019

ASIST, Applied Suicide Intervention Skills Training
Office of Suicide Prevention, August 2019

EXPERIENCE

Prevention Outreach Coordinator- Reno Sparks Tribal Health Center

Developed and conducted prevention and outreach programs appropriate for the prevention of, but not limited to, suicide, alcohol and substance misuse, and domestic violence for children, adolescents, adults, and families under Methamphetamine Suicide Prevention Initiative. The prevention and treatment programs are modeled on evidence-based, best-practice, and promising-practice targeted for Native American communities. Provided identification of clients or potential clients who are at-risk for services needed and coordinated enhanced care for patients utilizing the behavioral health program. Provided and disseminated prevention outreach and education to individuals, families, and communities on risk factors, warning signs, and treatment options. Participated with State and local mental health consortia such as: Inter-Tribal Council of Nevada, Nevada Coalition for Suicide Prevention, Washoe County School District, Join Together Northern Nevada, and Truckee Meadows Mayor's Challenge Team. Attended and actively participated in health fairs, community events, and health projects for outreach and prevention efforts.

Diabetes Exercise Assistant/Certified Personal Trainer-Reno-Sparks Tribal Health Center

Provided individual and group exercise instruction to Reno Sparks Indian Colony (RSIC) enrolled members, community members, and patients of the Reno Sparks Tribal Health Clinic (RSTHC). Developed individual and group exercise programs for Diabetes (Type 1, Type 2, and prevention) patients in coordination with individual, health care providers, and diabetes team. Lead and coordinated exercise program and events with RSIC Senior Center, RSIC Head Start, RSIC Community, and RSTHC patients.

Menu Coordinator-Life Skills Center of Reno

Coordinated daily with residents to complete menu choices based on individual preferences and dietary needs. Conducted education on different diet types and diet textures with residents and family members upon admission to the facility. Conducted food preferences within guidelines set

forth by the State and the facility. Handled questions and complaints in a timely manner pertaining to meals, diets, and processes as needed. Coordinated with other departments depending on the needs of the residents and their families.

Enterprise Manager- Pyramid Lake Paiute Tribe

Managed personnel, business, programs, and daily tasks associated with keeping accurate records for revenue and expense data for I-80 Smoke Shop and Nixon Store. Focused the store on a certain clientele to increase profit margins. Organized management and counseled on better management skills to increase production of clerks and supporting staff.

NvLEND- University of Nevada Reno

Completed 300 hours of didactic, clinical, and leadership project training to improve the health of infants, children, and adolescents with autism and other disabilities with a focus on the interdisciplinary approach to providing services. Clinical hours were completed participating in interdisciplinary services such as: University Center for Autism and Neurodevelopment Assessment Team, Washoe County School District, and Nevada Early Intervention Services. Leadership project required organizing 3rd Annual Learn the Signs, Act Early Summit, participating in research, and evaluating current public awareness of the Statewide Learn the Signs, Act Early Campaign.

Nevada Urban Indians Inc. (Internship)

100 hours dedicated to public health awareness. Updated needs assessment survey for program and went out into the community to have the surveys completed by the target population. Once surveys were collected I took all data and out into a report present to the Nevada Urban Indians Inc. board.

United States Air Force

Inventory Control Manager: Responsible for the purchase of new equipment, recycling of old equipment, quality assurance of all tool kits, and scheduled inspections of calibrated equipment. Quality assurance of Hazmat program, Lock-Out Tag Out program, Bench stock program, and Shelf Life program all located within Inventory Control room.

Trainer: Obtained instructor certification for Adult CPR/AED training. Conducted annual training for base-wide personnel monthly to keep in compliance with Department of Defense policies and procedures. Obtained instructor certification for Self-Aide Buddy Care training. Conducted annual training as needed for Maintenance Squadron personnel to keep training in compliance with Department of Defense policies and procedures.

Shift Leader: Responsible for prioritizing daily maintenance tasks, assigning workloads, inspecting critical areas on aircraft, and documenting maintenance in core automated maintenance program. Flexibility to shift people to new work assignments due to priority status throughout shift as maintenance was going on 24 hours a day.

PERSONAL

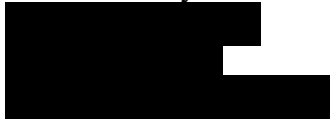
I am a hardworking, task oriented, and disciplined individual. I have no problem taking direction, or giving direction. I pride myself on being an outstanding team member, and recognizing the strengths of each team member to get goals met in the most efficient manner. I am also a self-motivated, dependent, planning and problem-solving person who can work with minimal supervision and direction to meet job and/or department goals when needed. When conflict arises I use good judgment to find the best solution without losing the integrity of the job at hand.

REFERENCES

Cherylyn Wood



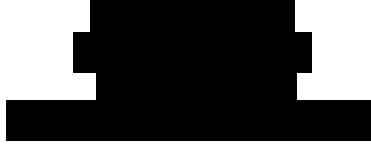
Michelle Jim-Katenay



Shane Whitecloud



Cherylyn Rahr-Wood MSW



Specialized Skills

- Demonstrated ability to bring together diverse community partners for collaboration
- Open Meeting Laws Training through District Attorney General
- Development and implementation of Education Programs to meet identified community needs
- Grant writing and management for state and foundation funding
- Experience planning and collaborating for significant events such as state conferences, learning series, and clinical training
- Identification of gaps in systems of care, establishing collaborations to find solutions and supporting the implementation of created plan to address the issue
- Strong communication skills with colleagues, partners, and community members
- Website planning and design
- Trained in Treatment Criteria for Substance-Related and Co-Occurring Conditions (ASAM), Collaborative Assessment and Managing Suicidality (CAMS), extensive Ethics training, understanding of Cognitive Behavioral Therapy - SP (CBT-SP), and Dialectical Behavioral Therapy for Special Populations (DBT-SP).

Education

University of Reno Nevada: Social Work – Generalist and Nevada Policy and Procedure Academy

1664 N Virginia St, Reno, NV 89557
(775) 784-1110

August 2015 – May 2017; Bachelor of Social Work
August 2017 – May 2018; Master of Social Work

Professional experience:

Zero Suicide Project Coordinator/Workforce Development – March 2019 | Current

University Nevada Reno CASAT & Nevada's Office of Suicide Prevention

Lead project planning, strategic planning, and project management of Nevada's Zero Suicide Pilot; Supported the development of suicide prevention activities with community partners; Engaged with local/regional health and behavioral health systems in jurisdictions throughout Nevada; Researched best practices and developed materials (white papers, one-pagers, etc.) on strategies for comprehensive suicide prevention within Nevadans health systems; Supported and maintained partnerships with state agencies, local coalitions, and other partners; Maintained situational awareness of research, policies, and practices relevant to Zero Suicide and suicide prevention; Created plans, designs and implemented all activities required to successfully host/support internal and external meetings, trainings and events; Monitored and evaluated pilot project activities to include establishing measures, collecting and analyzing data, and determining areas for continuous improvement; Reported directly to staff at University Nevada Reno/Center for the Application of Substance Abuse Technology and Nevada Office of Suicide Prevention to provide project updates; Created the Level of Care Utilization Systems (LOCUS) 3.5 at the request of Division of Public and Behavioral Health (DPBH), Coordinated statewide Collaborative Assessment and Management of Suicidality (CAMS) for 200 trainees, Data gathering and reporting regarding suicide prevention for DPBH regarding Senate Bill 181; Developed an open Bill Draft Request (BDR) for Zero Suicide - suicide safer care for healthcare

and behavioral healthcare organizations statewide; Appointed to the Crisis Stabilization Standards Development Committee; Developed and designed pathways of care (POC) templates for at risk patients using the Columbia Suicide Severity Rating Scale for first responders, emergency rooms, hospitals and mental health providers; Provide technical assistance to emergency rooms, hospitals and mental health providers for development of policies and procedures for implementation of Zero Suicide; Development of Suicide Prevention Gatekeeper training taught to community partners, UNR School of Social Work, law enforcement and community members; Convened and supported a collaborative team of mental health peers, clinicians, and the OSP that developed Nevada Caring Contact Program for the Nevada Warmline and Nevada Teen Peer Support Text Line; Provided suicide prevention training for Crisis Intervention Training (CIT) for law enforcement and communities in Nevada; Developed and managed annual budget for Zero Suicide for the Statewide Opioid Response (SOR) grant; Created and presented the 16-week Zero Suicide series to over 100 participants nationally; continued involvement of over 50 participants to monthly leadership meetings; developed and maintained relationships with President, VP, CEO, CNO, LCSW, PhD., Department Heads, HR, HQA of hospitals and healthcare organizations statewide; Worked with Medicare/aid to identify and implement billing codes for PSS positions and billing code for multiple suicide screenings for patients at risk; Continually train Community Members on best practices for suicide prevention and Zero Suicide.

Administrator Support – January 2018 | September 2018

Rural Children's Mental Health Consortium

Provide Consortium with professional administrative skills; develop and maintain technology-based platforms; Maintain and structure open public meetings following the law and policies put forth by the State of Nevada; Record and track all information pertaining to the Consortium meetings, worked with community partners to achieve consortiums current goals and worked on a team to develop future goals and objectives; Amend the updated 10-year strategic plan year (2020-2030), assessing and supporting the implementation of System of Care for rural communities; and, Engaged diverse community partners participating in the consortium.

Master of Social Work Intern – August 2017 | May 2018

Nevada Department of Health and Human Services, Division of Child, and Family Services, Planning and Evaluation Unit (Graduate Internship)

Composed summaries of NRS, NAC, and Assembly Bills; Worked successfully as a team auditing Nevada's Unified Nevada Information Technology for Youth (UNITY) system and Together Facing the Challenge – Specialized Foster Care Program; Researched Nevada databases and departments to update data for the 10-year strategic plan for all Nevada's Mental Health Consortiums; Became certified trainer for Together Facing The Challenge (TFTC), Child and Adolescent Needs and Strengths Assessment (CANS), Substance Abuse Prevention and Treatment Agency (SAPTA), Master Livingworks trainer in SafeTALK, ASIST, Suicide Prevention / Screener 101/102; Trauma-Informed Care, LGBTQ+ training; Bridges over Poverty; Audited treatment homes and Foster Care providers, with approved audit tool used by Department of Child and Family Services (DCFS), assessed Systems of Care statewide for foster children; Oversight of LOCUS for appropriate levels of care in the state of Nevada's AVATAR system.

Psychosocial Rehabilitation Specialist – June 2016 | September 2017

Mountain Circle Family Services, Inc.

Excelled at individual assessments and psychotherapy services for individual foster children in our community; Evaluated and provided measurable therapeutic treatment plans; Worked with mindfulness of my client's processing challenges with an understanding of causation and therapy types needed; Recorded progress of patients with comprehensive Qualified Health Provider (QHP) notes, Participated in Systems of Care meetings.

Bachelors Social Work Intern – August 2016 | May 2017

Washoe County Public Defender's Office (Undergraduate Internship)

Evaluated individuals psychosocial to create a personal history for Nevada's prison population who were facing any type of criminal activity; Ethically and professionally assessed people for Mental Health Crisis Hold rights at multiple hospitals and treatment centers; Conducted evidence-based research for litigation and intimate interviews and assessments in the following courts: Family, Criminal, and specialty courts; Worked autonomously within Nevada's Family Court system, supported diverse families for successful reunification; assisted with resource navigation for clients.

Route Manager/Rural Northern Nevada Director – March 2006 | June 2011

Ecolab Corporation

Promoted excellent customer service by communicating with customers, responding quickly to customer concerns and issues, and being knowledgeable of current health and safety standards; Recruited new customer business generating over \$200,000+ in new sustainable growth; accounts payable and receivables monthly; adhered to annual budget and reviewed Profit and Loss statements for accuracy and status.

Plant Manager/Route Manager/Route Relief – September 1989 | June 2005

Mission Industries – Las Vegas & Carson City NV

Teamster negotiations, Created Driver Safety Policies and Procedures, Ensured Occupational Safe and Health Administration standards were met; Directed and managed 300+ employees; defused customer issues, and mediated employee conflicts with empathy and understanding; Created positive relationships with all major accounts, and created new collaborations with other high-profile companies.

Honors:

Undergraduate Student Social Worker Association – President

August 2016 – May 2017

Social Work Graduate Student Association – Vice-President

August 2017 – May 2018

Governor's SMVF Challenge Committee – Member

January 2020 – Current

Truckee Meadows SMVF Mayors Challenge - Member

Dean's List 2015 - 2017

Volunteer Work:

NAMI Western Nevada- Board of Directors Secretary, Committee Chairperson of Education, Nomination and Warmline Committees 2020- present

Suicide Prevention- Instructing and Outreach 2019- present

Parents, Families, and Friends of Lesbians and Gays (PFLAG)- 2019-2020

Nevada Coalition for Suicide Prevention – Secretary 2021-2022

Publications:

The state of Nevada, Department of Health and Human Services, Division of Public and Behavioral Health – Committee to Review Suicide Fatalities - 2019 Edition 3.0

Nevada State Suicide Prevention Strategic Plan Addendum: Action Plan SFY 2022-2025

Agenda Item 6(d)(2):

Special Care Dentistry and the Dental Team: A Look at Each Team Member on the Dental Team and Why Everyone is Important - (4 Units) - Keith Benson, DMD

Agenda Item 6(e):

**Approval/Rejection of
Voluntary Surrender of License
NAC 631.160; NRS 631.190 (*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]

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

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

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

Agenda Item 6(e)(1):

Denise L. Fox, 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, Denise L. Fox, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 2460 on the 11th day of June, 20 24.

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]

Email address: [REDACTED]

Home Phone: () Cell Phone: ()

Denise L. Fox
Licensee Signature

JUNE 11 2024

Date of Signature (must correspond with notary date)

State of NEVADA

County of WASHOE

The statements on this document are subscribed and sworn before me this 11th day of JUNE, 20 24.

[Signature]
Notary Public

11/22/2027

My Commission Expires



Received
JUN 17 2024
NSBDE

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
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Full Name : Fox, Denise L , RDH

Primary Office Address :

City, State Zip :

Office Phone :

License Number : 2460

License Date : 07/08/1988

Status : Active

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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← Close detail