

NEVADA STATE BOARD of DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

WEDNESDAY, OCTOBER 1, 2025

6:00 P.M.

PUBLIC BOOK

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director



PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

A.L. HIGGINBOTHAM
Executive Director

**DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF DENTAL EXAMINERS**

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA
CE Committee Meeting

Meeting Date & Time

Wednesday, October 1, 2025
6:00 p.m.

Meeting Location

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

Video Conferencing/ Teleconferencing Available

To access by phone, +1(646) 568-7788

To access by video webinar,

<https://us06web.zoom.us/j/83512824700>

Webinar/Meeting ID#: 835 1282 4700

Webinar/Meeting Passcode: 316053

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, September 30, 2025, by 12:00 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 table it.

1. **Call to Order**

- a. 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 the 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 to 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, September 30, 2025, at 12:00 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.

1. **Chairperson's Report:** (For Possible Action)

- a. Request to Remove Agenda Item(s) (For Possible Action)
- b. Approve Agenda (For Possible Action)

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

- a. NA

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

- a. Review, Discussion, and Possible Approval/Rejection of the Continuing Education Provider Course Application – NRS 631.342; NRS 631.190 (For Possible Action)

i. Special Smiles, Smarter Care: Optimizing Oral Health for Individuals with Down Syndrome

ii. Team Perio – Perio Bootcamp

4. **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, September 30, 2025, by 12:00 p.m. may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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5. **Announcements:**

6. **Adjournment:** (For Possible Action)

Note: To minimize computer resource and data storage drains, only the copies of the applications (redacted to exclude personal identifying or personal health information) are included with this agenda. However, the Board acknowledges that some records attached to the applications (aside from any included proprietary information, but including such things as permits, licenses, route maps, etc.) are generally public records. The Board will make available copies of the non-confidential documents attached to the applications to any member of the public upon request.



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 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.

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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APPLICATION FOR CONTINUING EDUCATION CREDIT

Sponsor Information:

| | | | |
|---------------------|---------------------------------------|-----------|-------------------|
| Name: | Katerini Zoe Medical Outreach Program | Attn: | Dr. Rebecca Rores |
| Business Address: | 3495 Lakeside Dr. #212 | | |
| City: | Reno | State: | NV |
| | | Zip code: | 89509 |
| Business Telephone: | (775)393-9064 | | |

| | |
|------------------------------|-----------------------------------|
| Number of Attendees: | 30+ |
| Hours of Actual Instruction: | 2 hours |
| Facility Name: | J Resort |
| Facility Address: | 345 Arlington Ave, Reno, NV 89501 |
| Date(s) of Course: | 9.23.2025 |
| Date of Request: | 6.2.2025 |


Sponsor Signature (Digital)

Speaker(s) Information:

Biographical Sketch:

Noemi Spinazzi, MD is the Director of the Down syndrome Center of Excellence at Children's Specialized Hospital in New Jersey. She is also a primary care physician at the special needs primary care clinic. Her previous position as founder and medical director of the Down syndrome clinic at UCSF Benioff Children's Hospital Oakland, where she was an associate professor. Dr Spinazzi has participated in multiple research endeavors focused on Down syndrome, developmental disabilities and equitable care. She was recognized by UCSF by being awarded the Chancellor's Diversity Award for Disability Service in 2022. Dr. Spinazzi was born and raised in Milan, Italy and moved to the United States when she was 15 years old. She received her medical degree from the University of Pennsylvania in Philadelphia, Pennsylvania. She completed her residency at UCSF Benioff Children's Hospital Oakland, where she was the Chief Resident.

Course Title:

Special Smiles, Smarter Care: Optimizing Oral Health Care for Individuals with Down Syndrome

Course Description:

1. Identify and explain the unique anatomical, physiological, and behavioral factors that affect oral health in individuals with Down syndrome.
2. Recognize barriers to patient participation in dental visits among individuals with Down syndrome, including communication, sensory sensitivities, and caregiver involvement.
3. Apply evidence-informed strategies and adaptive techniques to improve cooperation, comfort, and outcomes for patients with Down syndrome during dental procedures.

Learning Objectives:**Desired Results / Outcomes**

At the end of this educational session, participants will:

1. Demonstrate increased clinical awareness of the oral health challenges specific to individuals with Down syndrome.
2. Be able to proactively modify treatment plans, appointment lengths, and communication methods based on the needs of patients with developmental disabilities.
3. Incorporate inclusive behavioral and sensory accommodations into their dental practice to improve patient comfort, cooperation, and oral health outcomes.
4. Feel more confident and competent when providing routine and preventative care to individuals with Down syndrome, potentially reducing the reliance on pharmacological or hospital-based interventions.

Target Audience: Dentists including all specialties, Dental hygienists and auxiliary team

Outline of Course:

Gap #1: Lack of knowledge about oral-systemic conditions specific to Down syndrome

Many clinicians are unfamiliar with the increased prevalence of conditions such as periodontal disease, malocclusion, bruxism, and macroglossia in this population. These conditions are compounded by medical comorbidities (e.g., cardiac anomalies, immune deficiencies) that require modified dental approaches.

Gap #2: Insufficient training on behavioral and communication strategies

Dental professionals often lack the training to address behavioral challenges and communication differences in individuals with intellectual disabilities, leading to increased appointment cancellations, sedation reliance, or referrals without treatment.

Gap #3: Limited use of inclusive practices and environmental accommodations

Clinics often are not equipped or trained to provide sensory-friendly or trauma-informed care tailored to individuals with developmental disabilities, including Down syndrome. There is a need for structured strategies and clinic-level adaptations to facilitate care.

Instructional Methods

1. Didactic lecture with case-based discussion
2. Visual aids illustrating oral health differences and treatment modifications
3. Examples of communication and behavioral techniques
4. Q&A session for application to clinical practice

CanMEDS Roles Addressed

Medical Expert: Enhancing clinical knowledge of Down syndrome-specific oral health conditions.

Communicator: Adapting communication techniques for patients with cognitive and communication differences.

Health Advocate: Promoting equitable access to dental care for a vulnerable population.

Collaborator: Working with caregivers, specialists, and support staff to ensure successful visits.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Approved by:

Number of Hours Approved:

Effective Date or Approval:

Disapproved [Explanation]:



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Phone (702) 486-7044 | (800) DDS-EXAM | Fax (702) 486-7046

OFFICE USE ONLY

Date Received: _____

Payment Amount: _____

Staff Initials: _____

CE PROVIDER APPLICATION

Complete section A-D of the below application to apply to be an approved continuing education provider. Please note that all proposed continuing education credit hours shall be conducted as educational programs and meet the following requirements:

- Instruction shall be conducted on the same education standards of scholarship and teaching as that required of a true university discipline.
- The course or topic of instruction shall conform to the purpose and method of higher education.

OR

- If a nonprofit organization, the volunteer services provided shall conform to the highest standard of care within the scope of the individual's education, training, and experience in accordance with the ethics of the profession and applicable law.

AND

- 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 continuing education credit hours 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.

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 OR SERVICE TO BE CONSIDERED FOR CONTINUING EDUCATION CREDIT.

A. SPONSER INFORMATION

| | | | | |
|--|--------------------|---|-------------------------------|-------------|
| First Name: Eric | Middle Name: M. | Last Name: Blasingame | | |
| Business Name: Team Perio | | Business Address: 384 Hartnell Avenue, Suite A | | |
| City: Redding | State: CA | Zip Code: 96002 | Office Phone: 530.241.3302 | Office Fax: |
| Email Address: <div style="background-color: black; height: 1.2em; width: 100%;"></div> | | | | |
| <input checked="" type="checkbox"/> Business Address is the same as Facility Address | | | | |
| Facility Address: | | Apt/Ste: | Email Address: | |
| City: | State: | Zip Code: | | |

B. CONTINUING EDUCATION HOURS INFORMATION

| | | |
|---|--|---|
| Course/Service Title: Perio Bootcamp Session 1 | Number of Credit Hours Requested: 3 | Est Number of Attendees (if applicable): 30-50 |
| Date(s)/Duration of Course/Credit Hour Services: August 22, 2025, 9am-12pm | | |
| Course Outline/Learning Objectives: <p>We will provide dental hygienists with the knowledge and practical skills to screen for, treat periodontal and peri-implant problems, with non-surgical and adjunctive therapies.</p> <ul style="list-style-type: none">- Review the diagnostic criteria for periodontal disease, and peri-implant disease.- Review strategies for the non-surgical treatment of periodontal disease- Review the strategies for the non-surgical treatment of peri-implantitis | | |
| Describe How Proposed Activity Relates to Dental Practice: <p>Diagnosis and treatment of periodontal disease is a daily activity for dentists and dental hygienists. Everyone benefits from up to date, evidence based treatment strategies.</p> | | |
| Instructor Qualifications (if applicable): *Resume is also attached with this form* Adjunct Associate Professor Department of Periodontology, University of the Pacific School of Dentistry; Board certification in Periodontology and Dental Implant Surgery: 2016; Veterans Administration Hospital, Birmingham Alabama: 2015; University of Alabama at Birmingham Periodontology Residency: class of 2015; University of the Pacific Arthur A. Dugoni School of Dentistry: DDS class of 2012. Dr. Blasingame has served on the executive board of the Northern California Dental Society in several positions, including as president. He serves as a delegate for the California Dental Association, and the American Dental Association. He is the director for the Redding Advanced Dental Studies Forum (RADSF) and is also an adjunct faculty at University of the Pacific School of Dentistry in the department of Periodontics. Dr. Blasingame is a presenter at dental continuing education events and speaks nationally on various topics in periodontics, dental implants, and creating great experiences for patients. | | |
| Describe your method to track and verify attendance: <p>All attendees must register via online form before receiving the webinar link. Attendance will be tracked through the webinar platform. After verifying attendance report, CE certificates will be emailed to all attendees and records will be kept for audit purposes.</p> | | |
| <input checked="" type="checkbox"/> By selecting this box, I attest I have attached a certificate of completion from Course or Services | | |

C. FEES

THIS FEE MUST ACCOMPANY THE FORM UPON SUBMISSION OF THE REQUEST

| | | | | |
|---|----------|--|---------|-------------|
| <input checked="" type="checkbox"/> First Credit Hour | \$150.00 | <input checked="" type="checkbox"/> Subsequent Hour(s) | \$50.00 | Quantity: 2 |
|---|----------|--|---------|-------------|

D. AFFIDAVIT

By signing below, I hereby affirm and attest, that I have answered the above questions truthfully, accurately, and so stating, under penalties of perjury, that all answers provided herein are provided willfully. I further state that I authorize and empower the Nevada State Board of Dental Examiners or its agents, staff, or appointed authority to contact any person, firm, service, agency, entity, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in this provider application and affidavit.

Sponsor Signature:



Date:

6-10-25

