STATE OF NEVADA

JOE LOMBARDO
Governor

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

Meeting Date & Time
Wednesday, November 12, 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/85886226810
Webinar/Meeting ID#: 858 8622 6810
Webinar/Meeting Passcode: 571807

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 Monday, November 10, 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 Monday, November 10, 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.

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 – NRS 631.190 (For Possible Action)

        i. October 15, 2025 – Board Meeting
        ii. October 29, 2025 – CE Committee Meeting
        iii. October 29, 2025 – Infection Control Committee Meeting

b. Review and Discussion of the Initial Licensing and Permitting Report– NRS 631. 190 (For Informational Purposes Only)

i. Dentists, Dental Hygienists, and Dental Therapists

ii. Public Health Programs

5. **<u>Executive Team Report:</u>** (For Possible Action)

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

b. Regulatory Update (For Informational Purposes Only)

i. Emailed Business Impact Statement to All Licensees

c. Review, Discussion and Possible Approval/Rejection of the Revised Proposed Regulations for RO56-24 Teledentistry – NRS 631.190 (For Possible Action)

d. Review, Discussion and Possible Approval/Rejection of Remand(s) for Dismissal – NRS 631.3635; NRS 622A.170; NRS 622.330; NRS 631.190 (For Possible Action)

i. Review Panel 1

1. Case # 2509

ii. Review Panel 2

1. Case # 2438
2. Case # 2473
3. Case # 2479
4. Case # 2489
5. Case # 2500

iii. Review Panel 3

1. Case # 2501
2. Case # 2503

e. Review, Discussion and Possible Approval/Rejection of Remand(s) for Dismissal with Letters of Concern – NRS 631.3635; NRS 622A.170; NRS 622.330; NRS 631.190 (For Possible Action)

**Disclaimer: Please note that older cases will be identified by case numbers, while new and future cases will be redacted and referred to by pseudonym in accordance with updated Board confidentiality policy. **

i. Review Panel 2

1. Dr. A
2. Case #2028
3. Case #1964

ii. Review Panel 3

1. Dr. B

f. Review, Discussion and Possible Approval/Rejection of Authorized Investigation(s) – NRS 631.190 (For Possible Action)

i. Dr. Z
ii. Dr. Y
iii. Dr. X

6. <u>New Business:</u> (For Possible Action)

a. Review, Discussion, and Possible Approval/Rejection of the Revised Disciplinary Case Review and Resolution Matrix - NRS 631.190 (For Possible Action)

b. Review, Discussion, and Possible Approval/Rejection of a $100 Preparation Fee for Review Panel Members to Review Case Files Prior to the Review Panel Discussions- NRS 631.190 (For Possible Action)

c. Review, Discussion, and Possible Approval/Rejection of the Board Bylaws on Board Member and Board Agent Compensation and Reimbursement Rates- NRS 631.190 (For Possible Action)

d. Review, Discussion, and Possible Approval/Rejection of Permanent Anesthesia Permit – NAC 631.2213; NRS 631.190 (For Possible Action)

i. Michael D. Pearson, DMD – Pediatric Moderate Sedation
ii. Tiffany Lu, DMD – Pediatric Moderate Sedation
iii. Brennan Truman, DMD – Pediatric Moderate Sedation
iv. David Lee, DMD – Moderate Sedation

e. Review, Discussion, and Possible Approval/Rejection of Temporary Anesthesia Permit – NAC 631.2213; NAC 631.2254; NRS 631.190 (For Possible Action)

i. Dr. Caitlin M. Caraballo, DDS – Moderate Sedation
ii. Dr. Joseph N. Taylor, DDS – Moderate Sedation
iii. Dr. Robert Rodriguez, DMD – Moderate Sedation

f. Review, Discussion, and Possible Approval/Rejection of 90-Day Extension of Temporary Anesthesia Permit – NAC 631.2213; NAC 631.2254; NRS 631.190 (For Possible Action)

i. Dr. Amir H. Mossadegh, DDS – Moderate Sedation

g. Review, Discussion, and Possible Approval/Rejection of Voluntary Surrender of License –NRS 631.190; NAC 631.160 (For Possible Action)

i. Dr. Nelson Poliran Jr.

h. Review, Discussion, and Possible Approval/Rejection of the Submission of the FY25 Financial Audit Report to the Nevada State Legislative Counsel Bureau – NRS 631. 190 (For Possible Action)

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 Monday, November 10, 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.

   In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chairperson 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)

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 IMMUNIZATON PROGRAM (NSIP) BACKGROUND

Approximately 50,000 adults in the United States die each year from vaccine-preventable diseases or their complications. Immunizations have significantly reduced morbidity and mortality among children and adults in the United States and globally. The Centers for Disease Control and Prevention (CDC) estimates that vaccination of children born between 1994 and 2023 in the U.S. will prevent 508 million illnesses, help avoid 1,129,000 deaths and save nearly $2.7 trillion in total societal costs (that includes $540 billion in direct costs). Immunizations are and continue to be one of the most cost-effective method for improving overall public health.

NV WebIZ

NV WebIZ is Nevada's statewide immunization information system (IIS). IIS are confidential, population-based, online computerized databases that collect vaccination data on individuals in a specific geographic area, such as a state. They are used as a tool to gather vaccination records from multiple healthcare providers and consolidate them in one location.

During the 74th Nevada Legislative Session, Nevada Revised Statutes (NRS) 439.265 was passed into law. This statute, along with Nevada Administrative Code (NAC) 439.870 through 439.897, inclusive, requires any healthcare provider who administers ACIP-recommended vaccines to children and/or adults to record the administration of the immunization(s) in NV WebIZ; patients retain the right to "opt-out" of inclusion in the IIS.
NV WebIZ is an integral part of immunization and public health activities. State law requires reporting of all immunizations administered in Nevada, including certain patient details; patients retain the right to opt-out of inclusion in the IIS. Data stored in NV WebIZ are used to support medical providers' accurate and timely administration of recommended immunizations, to monitor and account for the use of publicly funded vaccine doses, to identify populations at risk in the event of a vaccine-preventable disease outbreak, to support public health investigations, and to drive programmatic planning, such as determining areas of low immunization coverage for targeted intervention. Additionally, the system facilitates ordering of publicly funded vaccines, electronic exchange of data with unlike systems, case management for the Perinatal Hepatitis B Prevention Program, and generation of robust reports for required quality assurance and improvement activities. NV WebIZ supports the successful conduct of required Immunization Program activities. NV WebIZ continues to be the source for all public-facing DPBH vaccination dashboards.

As of January 2025, NV WebIZ has:

- Over 5,600,000 patient records
- Over 60,000,000 vaccination events
- 2,014 organizations representing 3,164 locations, and

- Over 25,500 active users.

Of the over 5,600,000 patient records,

- 19% represent patients 0 through 18 years of age, and
- 81% represent patients 19 years and older.

Of the 3,164 locations accessing the system, over one third of them do so via electronic data exchange, often referred to as an "interface" between NV WebIZ and an authorized healthcare provider's electronic medical/health record system (EMR/EHR). NV WebIZ uses the industry standard Health Level 7 (HL7) version 2.5.1 protocol to report and/or request patient vaccination data, often immediately, or in "real time." In 2024, 85% of patient records and 84% of immunizations were recorded via HL7. As of January 2025,

- 721 locations only report data via HL7 ("unidirectional"),
- 265 locations report *and* request data via HL7 ("bidirectional"), and
- 120 locations only request data via HL7 ("query-only").

Healthcare providers are encouraged to implement bidirectional exchange to take advantage of the immunization history and accurate forecasting data offered by NV WebIZ.

NV WebIZ is also an active participant in the Centers for Disease Control and Prevention's (CDC) IZ Gateway. The IZ Gateway facilitates secure electronic transmission of immunization data in ways that were not available only a few years ago. Nevada's engagement with the IZ Gateway includes exchange of data with ten* (10) other jurisdictions' IIS to support individuals that have moved to another location, secure reporting of deidentified data to CDC in compliance with grant requirements (using Privacy Preserving Record Linkage, or PPRL), bidirectional exchange with all Nevada's Veterans Health Administration vaccinating clinics, and receipt of immunization data for refugees relocating to Nevada. Future planned benefits include exchange of data with Department of Defense locations in Nevada.

**Arkansas, Connecticut, Delaware, Kansas, Kentucky, New Mexico, Philadelphia, Oklahoma, Oregon, and Utah*

Vickie Ives, MA
Bureau Chief, Child, Family, and Community Wellness (CFCW)
Nevada Department of Human Services, DPBH
(775) 684-2201
vives@health.nv.gov

Tami Conn, MPH
Deputy Bureau Chief, CFCW
Nevada Department of Human Services, DPBH
(775) 684-4023
tconn@health.nv.gov

Amanda (Mandy) Harris
IIS Integration Manager, NSIP
Nevada Department of Human Services, DPBH
(775) 684-4258
asharris@health.nv.gov

Outlook

R056-24RP3 (Teledentistry and Vaccination)

From Alice P Chen <alpchen@gmail.com>
Date Fri 11/7/2025 8:02 AM
To Adam Higginbotham <ahigginbotham@dental.nv.gov>
Cc Lily Helzer <lily@nevadacancercoalition.org>

1 attachment (188 KB)
Nevada State Immunization Program.pdf;

Good Morning Adam,

In submitting the following recommendations specific to the vaccination portion of this legislation, I would like to introduce Lily Helzer from Nevada Cancer Coalition. For context, Nevada Cancer Coalition is a statewide non-profit dedicated to cancer prevention, early detection, and survivorship. The collaborative's work has also included the creation of toolkits for medical and dental professionals, such as the HPV Provider Toolkit (https://www.nevadacancercoalition.org/blog/hpv-vaccination-provider-toolkits).
Lily has 15 years of public health experience, including 10 at the Department of Health and Human Services and the past three with the Coalition. I am deeply appreciative of her dedication and support to our community in reviewing the current version of the regulation and proposing the following three areas for improvement.

Section 10(2)
"*A dentist, dental hygienist or dental therapist who holds a special endorsement shall:* ~~*(a) Notify the primary care provider of the patient, if any, of each dose of an immunization that is administered to the patient. (b) Maintain and update at least monthly a log of each immunization administered by the dentist, dental hygienist or dental therapist, as applicable."*~~ *report each dose of immunization administered to the patient's record in the Nevada's Statewide Immunization Information System.*

The concern is this requirement creates a duplication with standing NRS requirements that all providers report to the state Immunization Information System (WebIZ). We have attached a brief on the state IIS to this email and provided links at the end of this section. NRS 631.285(2)9 is written broadly so that a reference to Nevada IIS in regs likely wouldn't be an issue with the statutes. Additionally, healthcare providers (dentists are included in NRS definition) are already required in statutes and regs to report into IIS unless patient opts out of having their records in the system (the brief and links have more information on this). Additionally, the IIS has tools to help generate monthly reports so the functionality of that system should fulfill the requirement of the drafted language 10(2)b above.

Section 8(2)

" A course of training in the administration of immunizations completed by a dentist, dental therapist or dental hygienist to satisfy the requirements of NRS 631.285, must include at least 20 hours of instruction."

If not 20, some hours of instruction should be required for the dentist and not just for hygienists/therapist.

Section 11 (1) and (2)

" *1. A dentist, dental hygienist or dental therapist who holds a special endorsement must ~~annually~~ biennially complete at least ~~3~~ 2 hours of continuing education on the administration of immunizations and public health emergencies. 2. The continuing education completed pursuant to subsection 1 may be used to satisfy the requirements of subsection 6 of NRS 631.342."*

NRS 631.342 specifies 2 hours of CE biennially for all licensees with special endorsement for immunization. Current draft contradicts the NRS.

Thank you in advance for reviewing this proposal. I appreciate you very much for passing these along to the board members prior to the meeting next week. If needed, Lily and I will be happy to be available during the board meeting to help answer questions.

Alice P. Chen, DMD, FAAPD
Lic. S6-91, Pediatric Dentistry
Public Policy Advocate for the American Academy of Pediatric Dentistry

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

MEETING MINUTES

Meeting Date & Time
Wednesday, October 15, 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/88572234048
Webinar/Meeting ID#: 885 7223 4048
Webinar/Meeting Passcode: 522693

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, October 14, 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

Board Members' Present: Dr. Ron West (President), Dr. Daniel Streifel (Secretary-Treasurer), Dr. Joshua Branco, Dr. Lance Kim, Dr. Christopher Hock, Ms. Jana McIntyre, Ms. Yamilka Arias, Ms. Kimberly Petrilla, Dr. Joan Landron, Dr. Ashley Hoban.

Board Members' Absent: Mr. Michael Pontoni, Esq.

Board Staff Present: Executive Director Higginbotham, General Counsel Barraclough, A. Cymerman, L. Chagolla.

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, October 14, 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.

NA

3. **President's Report:** (For Possible Action)

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

NA

   b. Approve Agenda (For Possible Action)

A motion to approve the agenda was made by Dr. Streifel, and it was seconded by Ms. McIntyre.

No discussion.

All members' vote 'AYE.'

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

   a. Approval/Rejection of Minutes – NRS 631.190 (For Possible Action)

      i. August 13, 2025 – Board Meeting Minutes
      ii. August 13, 2025 – Emergency Board Meeting Minutes
      iii. October 1, 2025 – CE Committee Meeting Minutes
      iv. October 1, 2025 – Dental Hygiene, Dental Therapy, and EFDA Committee Meeting Minutes

A motion to group and approve the meeting minutes was made by Ms. McIntyre, and it was seconded by Ms. Arias.

No discussion.

All members' vote 'AYE.'

5. **Executive Team Report:** (For Possible Action)

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

General Counsel Barraclough provided an update on the one active litigation matter. The plaintiff's motion to amend was denied by the federal district court. Depositions are scheduled, and discovery has been extended through December. The plaintiff declined the Board's recent settlement offer. The case continues under the representation of outside counsel, and further updates will be provided following completion of discovery.

   b. Regulatory Update (For Informational Purposes Only)

      i. LCB R058-24 Anesthesia Regulations Update
      ii. LCB R056-24 Teledentistry Regulations Update

General Counsel Barraclough communicated that the anesthesia and teledentistry regulations are currently in progress with the LCB and are expected to be completed and presented to the Board at the November meeting.

   c. Review, Discussion and Possible Approval/Rejection of Remand(s) – NRS 631.3635; NRS 622A.170; NRS 622.330; NRS 631.190 (For Possible Action)

      i. Review Panel 1

         1. Case # 1586
         2. Case # 1731
         3. Case # 1881
         4. Case # 2107

A motion to group and approve Review Panel 1 cases was made by Dr. Streifel, and it was seconded by Ms. Petrilla.

No discussion.

All members' vote 'AYE.'

ii. Review Panel 3

1. Case #1828
2. Case # 2491

A motion to group and approve Review Panel 3 cases was made by Ms. Arias, and it was seconded by Dr. Kim.

No discussion.

All members' vote 'AYE.'

d. Review, Discussion and Possible Approval/Rejection of Authorized Investigation(s) – NRS 631.190 (For Possible Action)

i. Dr. V
ii. Dr. W

General Counsel Barraclough communicated the process for investigating reciprocal violations reported by other boards. Regarding Dr. V and Dr. W, such investigations determine whether a licensee's failure to self-report or pay fines to the Radiation Board reflects issues of moral character or intent. If approved, the investigator's findings are then presented to the Board to decide if further action is warranted.

Dr. West communicated his agreement that Dr. V and Dr. W should have paid their fines to the Radiation Board but voiced his concern about the Dental Board using resources to collect the fine.
General Counsel Barraclough clarified that enforcement of fines rests with the Radiation Board, not the Dental Board. The Dental Board's role is to assess whether a licensee's failure to self-report or pay such fines affects their professional conduct or ability to practice safely. Depending on the investigator's findings, the Board may choose to dismiss the matter or refer it to a review panel for further action.

Dr. Branco expressed his agreement that if the actions by Dr. V and Dr. W are habitual then there is more cause for concern. Stated his support for an investigation at that point.

Ms. Petrilla communicated her support for an investigation.

A motion was made to group and approve authorized investigations for Dr. V and Dr. W by Dr. West, and it was seconded by Ms. Arias.

No discussion.

All members' vote 'AYE.'

iii. Dr. X

Dr. West communicated the circumstances of this case, and asked Dr. Branco for his thoughts.

Dr. Branco communicated his support for opening an investigation.

A motion was made to approve authorized investigation by Dr. Branco, and it was seconded by Dr. West.

No discussion.

All members' vote 'AYE.'

iv. Dr. Y

General Counsel Barraclough noted for the record that the Attorney General's Office is conducting a Medicaid Fraud Control Unit investigation related to Dr Y, which would run concurrently with any Board-authorized investigation.

A motion was made to approve authorized investigation by Dr. West, and it was seconded by Ms. Arias.

No discussion.

All members' vote 'AYE.'

v. Dr. Z

A motion was made to approve authorized investigation by Dr. West, and it was seconded by Ms. Petrilla.

No discussion.

All members' vote 'AYE.'

e. Review, Discussion and Possible Approval/Rejection of Stipulation(s) - NRS 631.3635; NRS 622A.170; NRS 622.330; NRS 631.190 (For Possible Action)

1. Case # 2380
2. Case #2402
3. Case #2490

A motion to group and approve stipulations was made by Dr. Hoban, and it was seconded by Dr. Kim.

No discussion.

All members' vote 'AYE.'

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

a. Review, Discussion, and Possible Approval/Rejection of the CY2026 Board Meeting Agenda - NRS 631.190 (For Possible Action)

i. January 28, 2026 (Wednesday)
ii. February 25, 2026 (Wednesday)
iii. March 25, 2026 (Wednesday)

iv. April 29, 2026 (Wednesday)
v. May 27, 2026 (Wednesday)
vi. July 29, 2026 (Wednesday)
vii. August 26, 2026 (Wednesday)
viii. September 30, 2026 (Wednesday)
ix. October 28, 2026 (Wednesday)
x. November 18, 2026 (Wednesday)
xi. December 11, 2026 (Friday)

Dr. West inquired about the shift of moving 2026 Board meetings to the end of the month.

Director Higginbotham communicated the meeting schedule was adjusted to late in the month to align with monthly work wrap-ups and review panel meetings. The June meeting will be skipped to better accommodate the June–July renewal period and fiscal year closeout.

A motion to approve the CY2026 Board Meeting schedule was made by Dr. Hock, and it was seconded by Ms. McIntyre.

No discussion.

All members' vote 'AYE.'

b. Review, Discussion, and Possible Approval/Rejection of the Disciplinary Case Review and Resolution Matrix - NRS 631.190 (For Possible Action)

General Counsel Barraclough discussed the new comprehensive disciplinary matrix to ensure consistency and compliance with the National Practitioner Data Bank. Non-disciplinary stipulations will no longer be used. Options for handling lesser infractions include non-publication on the Board's website or issuing letters of concern about best practice issues. Board members were asked to consider these options when voting on Section I of the matrix.

Dr. Kim inquired for clarification on the the use for the letter of concern and if those were to be issued for those who are issued remands.

General Counsel Barraclough clarified that letters of concern are used for cases where no violation occurred, but a best practice issue is noted. The letter would be drafted by staff, signed by the Board, and follow the format used by the Medical Board.

Dr. West communicated support for using letters of concern for issues that are not violations but fall short of best practices. He inquired about the draft framework and whether it could be adjusted in the future, confirming that modifications could be made after initial implementation.

General Counsel Barraclough noted that the letter of concern and can be revised based on experience in the future. Letters of concern may be used for non-punitive guidance but cannot include mandatory actions or requirements.

Dr. Hoban inquired about if a letter of concern recipient repeats the same action, if the matter can escalate to punitive action or if it would remain at the level of just the letter of concern.

General Counsel Barraclough clarified that each case is its own case so the Board can proceed with whatever action they wish in each case. However, if the recipient does repeat the same action the previously issued letter of concern can be seen as a potentially aggravating factor under this new disciplinary matrix.

Dr. Landron inquired if letters of concern would apply to stipulations.

General Counsel Barraclough clarified that letters of concern are used solely for best practice issues, not violations of law, and must include no mandatory requirements; any required action would make it a formal stipulation.

Dr. Kim inquired and suggested that the Board track which licensees are issued letters of concerns, for if it would become an aggravating factor for future violations.

General Counsel Barraclough relayed that at this time there is not a way to track this items, and currently it would rely on Board staff and Review panel members

to recognize the licensee but Board staff would be open to implementing a system.

Dr. West inquired about what the National Practitioner Data Bank uses the reported stipulations/disciplinary actions for and what is done when they receive them.

General Counsel Barraclough relayed that it is governed by federal law and their process, including any appeals, is determined by that agency. She will follow up with details on the federal process.

Dr. Landron inquired if the information from the National Practitioner Data Bank is reported to insurances etc.

General Counsel Barraclough confirmed that insurance companies do have access to information on the Data Bank and can review it.

Dr. West expressed a desire to understand how the National Practitioner Data Bank handles submissions before fully supporting the proposed disciplinary processes and requested staff follow up with more information.

Ms. Arias communicated her agreement with Dr. West.

General Counsel Barraclough clarified that reporting to the National Practitioner Data Bank is legally required, not subject to Board vote. For the disciplinary matrix, only Section I (handling of disciplinary vs. non-disciplinary actions, letters of concern, and publication) remains for discussion. The Board may vote on the rest now and address Section I separately after further review.

Dr. Kim vocalized his support for approving the matrix, except for Section I, and asked about a timeline to implement the new matrix.

General Counsel Barraclough stated the disciplinary matrix can be implemented immediately, except for Section I, which may be tabled. The matrix provides guidance but is not mandatory, and Board members can seek counsel guidance for exceptions. The matrix was developed by analyzing three years of past disciplinary cases to establish consistent presumptive, mitigating, and aggravating actions.

Ms. Arias clarified if the vote is limited to choosing whether to implement letters of concern, the non-publication option, or both, since disciplinary versus non-disciplinary stipulations are no longer permitted.

General Counsel Barraclough informed that there are two votes: (1) whether to implement the disciplinary matrix excluding Section I, and (2) guidance on how Section I should be structured after receiving information on the National Practitioner Data Bank.

Ms. Arias and Dr. Kim expressed their gratitude to the Board staff for their work on the disciplinary matrix.

A motion to approve the disciplinary matrix, except for Section I, the letter of concern, and the proposal of publication/non-publication was made by Dr. Kim, and it was seconded by Ms. Arias.

No discussion.

All members' vote 'AYE.'

c. Review, Discussion, and Possible Approval/Rejection of the Board Agents for Anesthesia Evaluations- NRS 631.190 (For Possible Action)

i. Dr. Spencer Armuth (License # S2-172)

A motion to approve was made by Dr. Branco, and it was seconded by Dr. Hoban.

No discussion.

All members' vote 'AYE.'

d. Review, Discussion, and Possible Approval/Rejection of the Board Agents for Infection Control Inspections- NRS 631.190 (For Possible Action)

i. Dr. Christopher LoFrisco (License # 4682)

A motion to approve was made by Dr. West, and it was seconded by Dr. Hock.

No discussion.

All members' vote 'AYE.'

e. Review, Discussion, and Possible Approval/Rejection of Temporary Anesthesia Permit – NAC 631.2234; NRS 631.190 (For Possible Action)

i. Dr. Wilyam F. Abdelmalik, DMD – Moderate Sedation
ii. Dr. Kevin T. Major, DMD – Moderate Sedation
iii. Dr. Khurram Fahim, DMD – Moderate Sedation

A motion to group and approve was made by Dr. Branco, and it was seconded by Dr. West.

No discussion.

All members' vote 'AYE.'

f. Review, Discussion, and Possible Approval/Rejection of the Re-Evaluation of Anesthesia Permit Holder – NAC 631.2234; NRS 631.190 (For Possible Action)

i. Dr. Michael J. Wills, DMD – Moderate Sedation

Dr. Branco communicated that at a new permit holder's moderate sedation evaluation, the applicant did not demonstrate sufficient knowledge and failed. Dr. Branco recommended allowing a second evaluation with the stipulation that he cannot use his temporary permit until the evaluation, and this is the only re-evaluation that will be granted.

Ms. Arias inquired about a time limit for remediation.

Director Higginbotham communicated that the regulation that the licensee cannot re-submit for a re-evaluation after 12 months.

Dr. Kim inquired if the licensee sought CE per the recommendation from the

evaluators.

Dr. Branco communicated that the Board could deny the permit and stipulate that the licensee take additional CE, but if the Board approves a second evaluation that they cannot require that.

General Counsel Barraclough communicated that regulations do not allow an inspector to require CE for re-permitting; the applicant must retake and pass the evaluation. CE requirements would only apply if the Board revokes and considers reinstatement.

Dr. Hock reviewed the evaluator's notes, noting deficiencies in the applicant's oral exam and anesthesia proficiency. Recommended to allow one retake, with a 12-month waiting period if the applicant fails again.

A motion to approve the re-evaluation was made by Dr. Branco, and it was seconded by Dr. West.

No discussion.

All members' vote 'AYE.'

g. Review, Discussion, and Possible Approval/Rejection of Voluntary Surrender of License –NRS 631.190; NAC 631.160 (For Possible Action)

i. Dr. Michael R. Galada, DDS
ii. Dr. Michael J. Susich, DDS

A motion to group and approve was made by Dr. Streifel, and it was seconded by Dr. Hoban.

Dr. Branco inquired about any disciplinary actions pending for either licensee.

General Counsel Barraclough confirmed that there is no outstanding actions.

No further discussion.

All members' vote 'AYE.'

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, October 14, 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.

   In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chairperson 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.

   NA

8. **Announcements:**

Dr. West thanked all participants.

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

A motion to adjourn was made by Ms. McIntyre, and it was seconded by Dr. Landron.

No discussion.

All members' vote 'AYE.'

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

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

MEETING MINUTES

Meeting Date & Time
Wednesday, October 29, 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/81971646204
Webinar/Meeting ID#: 819 7164 6204
Webinar/Meeting Passcode: 066050

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, October 28, 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

Committee Members Present: Dr. Lance Kim (Chair), Ms. Yamilka Arias, Dr. Daniel Streifel, Dr. Ashley Hoban.

Committee Members Absent: NA

Board Staff Present: Director Higginbotham, General Counsel Barraclough, A. Cymerman, M. Kelley, M. Ramirez, L. Chagolla.

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, October 28, 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.

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

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

NA

b. Approve Agenda (For Possible Action)

A motion to approve the agenda was made by Dr. Kim, and it was seconded by Ms. Arias.

No discussion.

All members voted 'AYE'.

4. New Business: (For Possible Action)

a. Review, Discussion, and Possible Approval/Rejection of the Continuing Education Provider Course Application – NRS 631.342, NRS631.90 (For Possible Action)

i. Emergencies in the Dental Office

Dr. Kim communicated that this course is hosted by Dr. Michel Daccache and the course is seeking 2 CE credit hours.

Ms. Arias recommended that the course add the name to the completion certificate.

Dr. Kim invited Dr. Daccache to speak regarding his course.

Dr. Daccache confirmed that he would add the course title to the certificate.

Dr. Hoban asked for clarification on who the target audience of the course is.

Dr. Daccache communicated that this course is intended to be more of an overview for all staff in a dental office. He communicated the course is an overview of scenarios he has encountered in the office and wants to invite all personnel to receive this training to be better prepared.

A motion to approve the agenda was made by Dr. Kim, and it was seconded by Ms. Arias.

No discussion.

All members voted 'AYE'.

5. **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, October 28, 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.

   In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chairperson 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.

NA

6. **Announcements:**

Dr. Kim thanked Dr. Daccache for his participation and answering committee questions about the course.

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

A motion to approve the agenda was made by Dr. Streifel, and it was seconded by Dr. Hoban.

No discussion.

All members voted 'AYE'.

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

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

MEETING MINUTES

Meeting Date & Time
Wednesday, October 29, 2025
6:30 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/82394649247
Webinar/Meeting ID#: 823 9464 9247
Webinar/Meeting Passcode: 305363

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, October 28, 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

Board Members Present: Ms. Kimberly Petrilla (Chair), Dr. Joshua Branco, Dr. Daniel Streifel, Dr. Joan Landron, Dr. Ashley Hoban.

Board Members Absent: NA

Board Staff Present: Director Higginbotham, General Counsel Barraclough, A. Cymerman, M. Kelley, M. Ramirez, L. Chagolla.

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, October 28, 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.

Director Higginbotham noted a late public comment from Tracy Wells of Compliance Alliance, included in the Board packet. The comment raised questions regarding acceptance of hard copy versus electronic copies and other related items where clarification is needed Staff will follow up with Ms. Wells based on the committee's direction.

Samantha Sturges, former Board infection control inspector, provided several suggestions including noting a spelling error, reviewing proposed changes to waterline testing frequency, clarifying terminology for designated clean and dirty

areas, and reconsidering the requirement for daily cleaning logs to avoid excessive burden on offices.

A public comment was received from Kelly Taylor, RDH, expressing concern about mandatory TB testing. She noted her belief that CDC and OSHA guidelines since 2019 recommend event-based testing following potential exposure rather than routine mandatory testing.

Samantha Sturges noted that the current CDC recommendation is that all employees are tested upon hire.

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

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

NA

    b. Approve Agenda (For Possible Action)

A motion to approve the agenda was made by Dr. Branco, and it was seconded by Dr. Streifel.

No discussion.

All members voted 'AYE.'

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

    a. Review, Discussion, and Possible Approval/Rejection of Infection Control Inspection Documents – NAC 631.1785 (For Possible Action)

        i. Infection Control Inspection Application

Director Higginbotham communicated that the new infection control inspection application combines the dental practice management form and the initial inspection request form into one. This change addresses past data gaps during ownership transfers and ensures a streamlined, single-step process without duplicate applications.

Dr. Branco inquired about the section noting services delivered/goods sold in the application and why the Board would need to know this information.

Director Higginbotham communicated that this section previously existed and was redone when merging the two forms into one. This format allows for categorical service listings instead of open-ended responses. While the Board does not currently tailor inspections based on selected services, collecting this information

may be useful for future regulatory requirements or requests from other government entities.

Ms. Petrilla communicated her agreement with Dr. Branco, noting that she likes the 'dental procedures delivered' section but would suggest removing the 'goods sold' section.

Dr. Branco noted that he feels that asking for a list of 'goods sold' is out of the jurisdiction of the dental board, and that he is otherwise fine with the application revisions presented.

General Counsel Barraclough communicated that certain statutes (NRS 630.1.3455 and 3456) govern the provision of goods to dental offices to prevent unlicensed practice of dentistry. She suggested the Board consider whether collecting information on vendors and services is appropriate and whether infection control forms are the correct data point for this information.

A motion to approve the application, with the removal of the question regarding products sold was made by Dr. Branco, and it was seconded by Ms. Petrilla.

No discussion.

All members voted 'AYE.'

ii. Infection Control Inspection Survey Form

Director Higginbotham requested that when discussing the survey form, each speaker reference the question number for tracking purposes.

The committee reviewed the infection control survey form in its entirety, evaluating each of the 79 questions for relevancy, accuracy, and consistency with CDC guidelines as adopted in Nevada regulations. Board staff will further research and clarify specific line items identified during the discussion and provide additional information to the committee for future consideration.

Director Higginbotham communicated what the committee reviewed and proposed the following revisions/clarifications to the Infection Control Inspection Form:

- **Question 1:** Allow digital versions to be acceptable; ensure the form is accessible; remove the "Infection Control Coordinator" name field.
- **Question 2:** Replace the word "training" with "policy."
- **Questions 8 & 10:** Require further research and will be brought back to the committee; Question 10 specifically to determine if there is a regulatory requirement to include TB testing in the checklist.
- **Question 11:** Remove item number six - Meningococcal vaccine to be confirmed.
- **Question 12:** Confirm if the question references the OSHA 300 log.
- **Question 17:** Determine if demonstration of handwashing is required; if not, merge with Question 15.
- **Question 20:** Correct spelling of "performed."
- **Question 24:** Eliminate demonstration requirement.
- **Question 29:** Eliminate demonstration requirement.
- **Question 34:** Condense the four marking sections to two -"clean" or "dirty."
- **Question 40:** Correct spelling for "performed" and "processing."

- **Question 42:** Confirm retention period is two years, not three.
- **Question 48:** Research mail-in versus in-office waterline testing and determine frequency ratios.
- **Question 50:** Verify if loading technique is referenceable; research if event-related monitoring or item tracking is required (possible reference to Question 51).
- **Question 52:** Confirm details with Ms. Sturgis and report findings back to the committee.
- **Questions 62 & 62a:** Research to confirm these are not duplicate items; verify definition of "biological spill kit."
- **Question 64:** Determine if documentation is required.
- **Question 65:** Determine if documentation is required.
- **Question 71:** Confirm requirements for use of sterile water coolant during surgical procedures and whether this question is necessary.
- **Question 75:** Correct spelling of "applicable."
- **Question 77:** Remove the phrase "running water" to read only, "Is there an eyewash station available?"
- **Questions 78 & 79:** Relocate these questions to Section Five.

Director Higginbotham communicated that after the suggested revisions are researched or changes made, another Infection Control Committee meeting will be called to review the revised survey form.

A motion to table the Infection Control Inspection Survey Form was made by Ms. Petrilla, and it was seconded by Dr. Branco.

No discussion.

All members voted 'AYE.'

5. **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, October 28, 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.

   In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chairperson 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.

Samantha Sturges, former Board infection control inspector, thanked the committee for their work and offered assistance in locating specific CDC policy references related to several survey form items previously flagged for further research, including items on TB testing and blood spill kits. The commenter noted extensive experience with CDC infection control guidelines and offered to meet with Board staff to provide page references and clarification to support the committee's review.

6. **Announcements:**

Director Higginbotham thanked the team and industry representatives for their feedback and participation in strengthening the Board's infection control protocols. He noted that all comments and suggestions are being reviewed and considered for incorporation to ensure the final product is comprehensive and something the Board can be proud of.

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

A motion to adjourn was made by Dr. Branco, and it was seconded by Dr. Landron.

No discussion.

All members voted 'AYE.'

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

Dentist License Report

Date of License Approval	Last Name	First Name	MI	Title	License Number
7/18/2025	Duncan	David	L.	DMD	8226
7/18/2025	Duong	Dominique	N.	DDS	8227
7/18/2025	Padda	Karandeep	K.	DMD	8228
7/18/2025	Nalluri	Haripriya		DDS	8229
7/18/2025	Mallavarapu	Lakshmi	H.	DDS	8230
7/18/2025	Shelton	Henny	J.	DDS	8231
7/18/2025	Younger	Tyesha	T.	DMD	8232
7/18/2025	Olaes	Anna Katrina	C.	DDS	8233
7/18/2025	Mucklewicz	Daria	M.	DMD	8234
7/18/2025	Miller	Lucas	A.	DMD	8235
7/18/2025	Tran	An-Vinh	Q.	DMD	8236
7/18/2025	Jilani	Hemna	N.	DMD	8237
7/18/2025	Parra Sanabria	Erika	A.	DDS	8238
7/18/2025	Zapanta	Julianne	B.	DMD	8239
7/18/2025	Bahar	Nastaran		DMD	8240
7/18/2025	Sampson	Jazmyn	T.	DMD	8241
7/18/2025	Dan Udoka	Eteete	G.	DDS	LL-623-25
7/18/2025	Shen	Kristen	A.	DMD	LL-624-25
7/18/2025	McNabb	Elizabeth	G.	DDS	LL-625-26
7/18/2025	Silvestry	Brandon	A.	DMD	LL-626-25
7/18/2025	Perry	John	F.	DMD	8242
8/1/2025	Carrizales Melendez	Andrea	E.	DDS	LL-629-25

Date of License Approval	Last Name	First Name	MI	Title	License Number
8/1/2025	Cuellar	Jeffery	A.	DMD	8243
8/1/2025	Moparthi	Hyma		DMD	8244
8/1/2025	Sukraw	Jill	A.	DMD	8245
8/1/2025	Golod	Samantha		DDS	8246
8/1/2025	Wong	Darren	D.	DDS	8247
8/1/2025	Nam	Daniel		DMD	8248
8/1/2025	Nasir	Amama		DDS	8249
8/1/2025	McCormick	Christopher	J.	DDS	8250
8/1/2025	Eltagunde	Dianne	E.	DMD	8251
8/1/2025	Lee	Beom Young		DMD	8252
8/1/2025	Lin	Summer		DMD	8253
8/1/2025	Cho	Jason	J.	DMD	8254
8/1/2025	Ambesh	Henna		DDS	8255
8/15/2025	Woo	Hwuk Chan		DDS	8256
8/15/2025	Jeng	Chester	C.	DDS	8257
8/15/2025	Chung	Pei Jung		DMD	8258
8/15/2025	Song	Jason	T.	DDS	8259
8/15/2025	Friesen	Philip	J.	DMD	8260
8/15/2025	Olsen	Kelly	J	DDS	LL-628-25
8/15/2025	Mooso	Brett		DDS	S3-405C
9/5/2025	Nguyen	Kieu Diem	G.	DDS	8300
9/5/2025	Oh	Dahoon		DDS	8301
9/5/2025	Nelsen	Michael	B.	DMD	8302
9/5/2025	Dubanski	Robert	D.	DMD	8303

Date of License Approval	Last Name	First Name	MI	Title	License Number
9/5/2025	Regnaert	Todd	R.	DMD	8304
9/5/2025	Lundgren	Allison	A.	DMD	8305
9/5/2025	Sloan	Rochelle	J.	DMD	8306
9/5/2025	Kim	Lilian	H.	DMD	8307
9/5/2025	Kingery	Nathan	S.	DMD	8308
9/5/2025	Blough	Brian	E.	DDS	8309
9/5/2025	Nguyen	Elizabeth		DDS	8310
9/12/2025	Muhammad	Akam		DDS	8311
9/12/2025	Hamedian	Malak	A.	DMD	8312
9/12/2025	Lee	Gundong		DDS	8313
9/12/2025	Padilla	Miguel	A.	DMD	8314
9/12/2025	Scott	Connor	R.	DMD	8315
9/12/2025	Chang	Jin-Hao		DMD	8316
9/26/2025	Tavel Santos	Barbara	S.	DMD	8317
9/26/2025	Cheung	Kenny	K.	DDS	8318
9/26/2025	Smith	Christopher	J.	DDS	8319
10/1/2025	Tungol	Ferdinand	R.	DDS	8320
10/24/2025	Sajid	Rida		DMD	8321
10/24/2025	Barin	Bianca	A.	DMD	8322

License Approvals

Date of License Approval	Last Name	First Name	MI	Title	License Number
7/18/2025	Bruce	Sherry		RDH	103227
7/18/2025	Rhoades	Veronika	A.	RDH	103228
7/18/2025	Cepin	Rose	N.	RDH	103229
7/18/2025	Hummel	Allie	J.	RDH	103230
7/18/2025	Combs	Madison	C.	RDH	103231
7/18/2025	Smith	Jordan	P.	RDH	103232
7/18/2025	Smith	Kiera	M.	RDH	103233
7/18/2025	Delgadillo	Stephanie	K.	RDH	103234
7/18/2025	Breland	Sierra	L.	RDH	103235
7/18/2025	DeMarco	Chelsea	E.	RDH	103236
7/18/2025	Ahles	Makena	A.	RDH	103237
7/18/2025	Felton	Clarissa	L.	RDH	103238
7/18/2025	Henderson	Serena	M.	RDH	103239
7/18/2025	Taylor	Jamie	N.	RDH	103240
7/18/2025	Giganian	Pegah		RDH	103241
7/18/2025	Willson	Brittany	A.	RDH	103242
8/1/2025	Nagra	Prabhjot	K.	RDH	103243
8/1/2025	Estrada	Elizabeth		RDH	103244
8/1/2025	Ferrer	Robin Elaine	D.	RDH	103245
8/1/2025	Herzog	Paige	N.	RDH	103246
8/1/2025	Chavez Berrio	Lisandra		RDH	103247
8/1/2025	Mendenhall	Melissa	M.	RDH	103248

Date of License Approval	Last Name	First Name	MI	Title	License Number
8/1/2025	Remigio	Lizzalin		RDH	103249
8/1/2025	Bracamontes	Italia		RDH	103250
8/1/2025	Rosales	Brenda	E.	RDH	103251
8/1/2025	Rodriguez Garza	Yesenia		RDH	103252
8/1/2025	Murillo Diaz	Nelly		RDH	103253
8/1/2025	Hernandez	Brianna		RDH	103254
8/1/2025	Locquiao	Priscilla	A.	RDH	103255
8/1/2025	Mullins	Hanna	N.	RDH	103256
8/1/2025	Arreguin	Giancarlo	A.	RDH	103257
9/5/2025	Hegne	Erin	E.	RDH	103258
9/5/2025	Wall	Vernina	J.	RDH	103259
9/5/2025	Ramos	Ashley	L.	RDH	103260
9/5/2025	Tran	Valeria	Y.	RDH	103261
9/5/2025	Patterson	Shelby	L.	RDH	103262
9/5/2025	Penhallurick	Christine	A.	RDH	103263
9/12/2025	Harley	Raciel Ann	D.	RDH	103264
9/12/2025	Choi	Hyun Ok		RDH	103265
9/12/2025	Drescher	Callie	L.	RDH	103266
9/12/2025	Tasani	Shayna	M.	RDH	103267
9/12/2025	Rivenes	McKena	R.	RDH	103268
9/12/2025	Barfield	Kaytlin	J.S.	RDH	103269
9/26/2025	Williams	Anitra	N.	RDH	103270
9/26/2025	Moody	Leticia	M.	RDH	103271
10/10/2025	Evans	Regene		RDH	103272

Date of License Approval	Last Name	First Name	MI	Title	License Number
10/10/2025	Standley	Cindi	J.	RDH	103273
10/10/2025	Probert	Elle	R.	RDH	103274
10/10/2025	Barbieri	Alexis	G.	RDH	103275
10/10/2025	Trevino	Ashley	A.	RDH	103276
10/24/2025	Hwang	Paul	S.	RDH	103277
10/24/2025	Cowan	Avery	J.	RDH	103278
10/24/2025	Starling	Tawnee	B.	RDH	103279
10/24/2025	Shaffer	Regina	S.	RDH	103280

Board Meeting Report - Programs Inspected | Approved <45 Days

Program Name | ID	Program Status	Program Service(s) Category	Program Committee Approval Date	Program Inspection Completion Date
Healthy Athletes | 5	Approved	Diagnostic and Preventive Care	10/1/2025	11/5/2025

THIRD REVISED PROPOSED REGULATION OF THE

BOARD OF DENTAL EXAMINERS OF NEVADA

LCB File No. R056-24

November 6, 2025

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[~~omitted material~~]** is material to be omitted.

AUTHORITY: §§ 1 and 3-6, NRS 631.190 and 631.34586; § 2, NRS 631.190, 631.34583 and 631.34586; §§ 7 and 8, NRS 631.190 and 631.285; §§ 9 and 10, NRS 631.190, 631.285 and 631.2851; § 11, NRS 631.190 and 631.342; § 12, NRS 631.190, 631.342, 631.34581 and 631.34586; § 13, NRS 631.190, 631.2851, 631.3105, 631.3124, 631.3125 and 631.3129.

A REGULATION relating to dentistry; defining the term "bona fide relationship" for certain purposes; prescribing various requirements governing the provision of services through teledentistry and the administration of immunizations by certain providers of dental care; prescribing conditions and requirements relating to collaboration between certain providers of health care through teledentistry; requiring a written practice agreement between a dentist and certain dental therapists to include procedures for supervision through teledentistry; prescribing certain required contents of an application for a special endorsement to administer immunizations; prescribing requirements governing training and continuing education for providers of dental care who hold a special endorsement to administer immunizations; prescribing requirements governing the storage of immunizations and medication; requiring the submission of certain attestations with an application for the renewal or reinstatement of certain licenses; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Assembly Bill No. 147 (A.B. 147) of the 2023 Legislative Session enacted provisions to: (1) regulate the practice of teledentistry by dentists, dental hygienists and dental therapists; and (2) provide for the issuance of a special endorsement for a dentist, dental hygienist or dental therapist to administer immunizations. (Assembly Bill No. 147, chapter 513, Statutes of Nevada 2023, at page 3319) A.B. 147 requires the Board of Dental Examiners of Nevada to adopt regulations governing teledentistry. (Section 13 of Assembly Bill No. 147, chapter 513, Statutes of Nevada 2023, at page 3325 (NRS 631.34586))

A.B. 147 requires a dentist, dental hygienist or dental therapist to establish a bona fide relationship, as defined by regulation of the Board, with a patient before providing services to the patient through teledentistry. (Section 10 of Assembly Bill No. 147, chapter 513, Statutes of Nevada 2023, at page 3323 (NRS 631.34583)) **Section 2** of this regulation defines the term "bona fide relationship" for that purpose. **Section 3** of this regulation prescribes: (1) the services

that a dentist, dental hygienist or dental therapist is authorized to provide through teledentistry; and (2) the requirements governing the issuance of a prescription through teledentistry. **Section 3** also requires a dentist, dental hygienist or dental therapist who provides services through teledentistry to maintain a list of dental providers to whom the licensee may refer a patient when in-person care is necessary.

A.B. 147 requires a dentist, dental hygienist or dental therapist to obtain the informed verbal or written consent of a patient or the informed written consent of the parent or guardian of a patient, as applicable, before providing services through teledentistry. A.B. 147: (1) requires a dentist, dental hygienist or dental therapist who is seeking such informed consent to provide certain information to the patient; and (2) authorizes the Board to prescribe by regulation additional information that the licensee is required to provide to the patient. (Section 10 of Assembly Bill No. 147, chapter 513, Statutes of Nevada 2023, at page 3323 (NRS 631.34583)) **Section 4** of this regulation requires such a dentist, dental hygienist or dental therapist to provide to the patient: (1) his or her license and contact information; and (2) certain information concerning the services that the patient may receive through teledentistry and the actions that will be taken in an emergency. **Section 4** also requires a dentist, dental hygienist or dental therapist to obtain from a patient: (1) a signed acknowledgment that the patient received a notice of privacy practices required by federal law; and (2) certain information relating to the medical history of the patient and the manner in which the dentist, dental hygienist or dental therapist will be compensated for the services.

Section 5 of this regulation prescribes the purposes for which a dentist, dental hygienist or dental therapist may use teledentistry to collaborate with: (1) a physician, physician assistant or advanced practice registered nurse; or (2) a dentist, dental hygienist or dental therapist who practices in a different specialty area. **Section 5** also prescribes certain requirements to ensure communication between multiple dentists, dental hygienists and dental therapists who are providing care to the same patient through teledentistry.

Existing law requires a dental therapist to enter into a written practice agreement with his or her authorizing dentist. Existing law prohibits a dental therapist from providing services outside the direct supervision of his or her authorizing dentist until he or she has obtained a certain number of hours of clinical practice as a dental therapist. (NRS 631.3122) **Section 6** of this regulation requires a written practice agreement between an authorizing dentist and a dental therapist who has not obtained those hours of clinical practice to contain certain provisions concerning supervision of the dental therapist through teledentistry.

A.B. 147 provides for the issuance of special endorsements to authorize a dentist, dental hygienist or dental therapist to administer immunizations. (Section 15 of Assembly Bill No. 147, chapter 513, Statutes of Nevada 2023, at page 3325 (NRS 631.285)) **Section 7** of this regulation defines the term "special endorsement" to refer to such a special endorsement. **Section 8** of this regulation requires that an application for such a special endorsement include copies of certain policies, procedures and plans required by existing law relating to the administration of immunizations. (NRS 631.2851)

A.B. 147 requires an applicant for a special endorsement to administer immunizations to have completed a course of training in the administration of immunizations. (Section 15 of Assembly Bill No. 147, chapter 513, Statutes of Nevada 2023, at page 3325 (NRS 631.285)) **Section 8** requires that such a course completed by a dental hygienist or dental therapist include at least 20 hours of instruction.

Section 9 of this regulation requires a dentist who holds a special endorsement to administer immunizations and who administers immunizations, or authorizes a dental hygienist or dental therapist to administer immunizations, to adopt written policies and procedures for the storage of immunizations. **Section 13** of this regulation provides that the failure to ensure that each medication or immunization is returned to a safe, appropriate location at the end of each day constitutes unprofessional conduct for which a dentist, dental therapist, dental hygienist or expanded function dental assistant may be disciplined by the Board.

Section 10 of this regulation authorizes the holder of a special endorsement to administer only immunizations for influenza, COVID-19 and human papillomavirus. **Section 10** also requires the holder of a special endorsement to: (1) notify the primary care provider of a patient to whom the holder of a special endorsement administers an immunization of each dose administered; and (2) maintain a log of each immunization that the holder administers. **Section 10** additionally requires a dentist who holds a special endorsement to ensure the availability and regular inspection of emergency equipment. **Section 10** clarifies that a dental hygienist or dental therapist is prohibited from issuing a standing order for the administration of an immunization.

A.B. 147 requires the holder of a special endorsement to administer immunizations to complete certain continuing education. (NRS 631.342, as amended by section 24 of Assembly Bill No. 147, chapter 513, Statutes of Nevada 2023, at page 3329) **Section 11** of this regulation prescribes additional requirements governing continuing education for a dental hygienist or dental therapist who holds such a special endorsement. **Section 12** of this regulation requires: (1) the holder of a special endorsement to administer immunizations who is requesting the renewal or reinstatement of his or her license to certify that he or she has completed the required continuing education; and (2) a dentist, dental therapist or dental hygienist who provides services through teledentistry to certify that he or she possesses certain professional liability insurance required by A.B. 147. (NRS 631.34581)

Section 1. Chapter 631 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 11, inclusive, of this regulation.

Sec. 2. ***1. Except as otherwise provided in subsections 2 and 3, for the purposes of NRS 631.34583, "bona fide relationship" means a relationship between a patient and a licensee where the licensee has:***

(a) Reviewed any available medical records of the patient, including, without limitation:

(1) Any relevant information concerning a current illness; and

(2) Any diagnostic or radiographic records obtained within the immediately preceding 6 months;

(b) Performed an in-person examination of the patient's oral cavity within the immediately preceding 6 months for the purposes of diagnosing, assessing or determining the current medical condition of the patient or reviewed the medical records of such an examination that was performed within the immediately preceding 6 months by another licensee; and

(c) A reasonable expectation that he or she will provide follow-up care and treatment to the patient.

2. In lieu of the examinations and the review of medical records described in paragraphs (a) and (b) of subsection 1, a licensee who is establishing a bona fide relationship with a patient through teledentistry under the circumstances authorized by subsection 1 of NRS 631.34583 may perform:

(a) If the patient is an adult, a consultation with the patient in which the licensee reviews the dental history of the patient before the licensee examines or treats the patient; or

(b) If the patient is a minor, a review of any notes made by a parent or guardian of the patient on the consent form for the patient before the licensee examines or treats the patient.

3. Except as otherwise provided in this subsection, a bona fide relationship is not required to include the reasonable expectation of providing follow-up care and treatment to a patient as required by paragraph (c) of subsection 1 if the patient receives treatment in connection with a public health program. A dental hygienist who holds a special endorsement to practice public health dental hygiene shall refer a patient that receives services through teledentistry in connection with a public health program to a dentist in accordance with the requirements of subparagraph (2) of paragraph (b) of subsection 6 of NAC 631.210.

Sec. 3. *1. Subject to the provisions of subsection 3, a licensee may only provide the following services through teledentistry:*

(a) Consultation and recommending treatment.

(b) Issuing a prescription that he or she deems necessary to treat an emergent need of the patient.

(c) Providing a limited diagnosis based on information provided by the patient during a visit conducted through teledentistry.

(d) Determining the need for orthodontic corrections to address identifiable problems related to the malposition of teeth.

(e) Correcting the position of teeth using orthodontic appliances.

2. A licensee who provides services through teledentistry shall maintain a list of licensees to whom the licensee may refer a patient to receive services in person when necessary in accordance with subsection 2 of NRS 631.34585.

3. A licensee shall not provide services through teledentistry if the licensee is not authorized to provide those services in person.

4. A licensee who issues a prescription through teledentistry shall:

(a) Comply with the relevant provisions of chapter 639 of NAC; and

(b) Transmit the prescription by telephone or electronic transmission to the pharmacy designated by the patient.

Sec. 4. *1. In addition to the information required by NRS 631.34583, a licensee who is seeking informed consent pursuant to NRS 631.34583, must provide to the patient or his or her parent or guardian, as applicable:*

(a) A copy of the license issued to the licensee by the Board;

(b) The contact information of the licensee and any other licensee providing services to the patient through teledentistry, which:

(1) May include, without limitation, the electronic mail address and telephone number of the licensee and the physical address of the office at which the licensee practices; and

(2) Must include information that may be used to contact the licensee in an emergency;

(c) A list of the services that the patient may receive through teledentistry and the cost of each service; and

(d) The actions that the licensee will take in an emergency, including, without limitation, the contact information for the medical facility to be used in the event of a medical emergency.

2. Before providing services to a patient through teledentistry, a licensee shall obtain from the patient:

(a) A signed acknowledgment that the patient received the notice of privacy practices required by 45 C.F.R. § 164.520;

(b) The relevant medical history of the patient; and

(c) If applicable:

(1) Information concerning the policy of insurance covering the patient; and

(2) A financial agreement for the compensation of the licensee.

3. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

Sec. 5. *1. A licensee may use teledentistry to collaborate with a physician, physician assistant or advanced practice registered nurse, or the designees thereof, for the purposes of:*

(a) Obtaining the relevant medical history of a patient; or

(b) Collaborating on the care of a patient.

2. A licensee may use teledentistry to collaborate with a licensee who does not practice in the same specialty area for the purpose of:

(a) Obtaining the relevant medical history of a patient;

(b) Collaborating on the care of a patient; or

(c) Developing a plan for the treatment of a patient.

3. When more than one licensee provides care to the same patient, any licensee who provides care to the patient through teledentistry shall:

(a) Obtain from the patient, to the extent that the patient is willing to provide such information, the names and contact information of the other licensees providing care to the patient; and

(b) If the patient provides information to the licensee pursuant to paragraph (a):

(1) Communicate with the other licensees concerning the relevant medical history and care of the patient; and

(2) Provide all relevant information and recommendations concerning the care of the patient to the other licensees.

Sec. 6. *In addition to the requirements of NRS 631.3123, the written practice agreement required by NRS 631.3122 between an authorizing dentist and a dental therapist who has not completed the hours of clinical practice under the direct supervision of an authorizing dentist required by subsection 1 of NRS 631.3122 must include, without limitation:*

1. Procedures for the supervision of the dental therapist through teledentistry; or

2. A statement that all supervision of the dental therapist will occur in person.

Sec. 7. *As used in sections 8 to 11, inclusive, of this regulation, unless the context otherwise requires, "special endorsement" means a special endorsement to administer immunizations issued pursuant to NRS 631.285.*

Sec. 8. *1. An application for a special endorsement must include, without limitation, copies of:*

(a) The written policies and procedures for the handling and disposal of used or contaminated equipment required by paragraph (b) of subsection 1 NRS 631.2851; and

(b) The written plan for addressing emergencies required by paragraph (c) of subsection 1 of NRS 631.2851.

2. A course of training in the administration of immunizations completed by a dental therapist or dental hygienist to satisfy the requirements of NRS 631.285, must include at least 20 hours of instruction.

Sec. 9. *1. In addition to complying with the requirements of NRS 631.2851, a dentist who holds a special endorsement and who administers immunizations, or under whose authorization a dental hygienist or dental therapist who holds such an endorsement administers immunizations, shall adopt written policies and procedures for the storage of immunizations.*

2. The written policies, procedures and plans adopted pursuant to this section and NRS 631.2851, must comply with all applicable provisions of chapter 639 of NAC.

Sec. 10. *1. A dentist, dental hygienist or dental therapist who holds a special endorsement may only administer immunizations for influenza, COVID-19 and human papillomavirus.*

2. A dentist, dental hygienist or dental therapist who holds a special endorsement shall:

(a) Notify the primary care provider of the patient, if any, of each dose of an immunization that is administered to the patient.

(b) Maintain and update at least monthly a log of each immunization administered by the dentist, dental hygienist or dental therapist, as applicable.

3. A dentist who holds a special endorsement and who administers immunizations, or under whose authorization a dental hygienist or dental therapist who holds a special endorsement administers immunizations, shall ensure that the equipment that may be needed in an emergency is:

(a) Present at the physical location where an immunization is administered and immediately accessible, as required by paragraph (c) of subsection 1 of NRS 631.2851; and

(b) Inspected at least quarterly to ensure that the equipment remains functional.

4. A dental hygienist or a dental therapist may not issue or obtain a standing order for the administration of an immunization.

5. As used in this section, "COVID-19" means:

(a) The novel coronavirus identified as SARS-CoV-2;

(b) Any mutation of the novel coronavirus identified as SARS-CoV-2; or

(c) A disease or health condition caused by the novel coronavirus identified as SARS-CoV-2.

Sec. 11. *1. A dental hygienist or dental therapist who holds a special endorsement must annually complete at least 3 hours of continuing education on the administration of immunizations and public health emergencies.*

2. The continuing education completed pursuant to subsection 1 may be used to satisfy the requirements of subsection 6 of NRS 631.342.

Sec. 12. NAC 631.177 is hereby amended to read as follows:

631.177 1. When requesting a renewal or reinstatement of his or her license, each:

(a) Dentist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I, ..., hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 20 approved hours of instruction in continuing education during the period July 1, ..., through and including June 30, ... I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this ..... (day) of ..... (month) of ..... (year)

.....

Signature of Dentist

(b) Dental therapist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I, ..., hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 18 approved hours of instruction in continuing education during the period July 1, ..., through and including June 30, ... I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this ..... (day) of ..... (month) of ..... (year)

.....

Signature of Dental Therapist

(c) Dental hygienist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I, ..., hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 15 approved hours of instruction in continuing education during the period July 1, ..., through and including June 30, ... I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this ..... (day) of ..... (month) of ..... (year)

.....

Signature of Dental Hygienist

(d) Dentist, dental therapist or dental hygienist shall submit proof of his or her current certification in administering cardiopulmonary resuscitation or other medically acceptable means of maintaining basic bodily functions which support life.

(e) Dentist who holds a special endorsement issued pursuant to NRS 631.285, shall submit a signed, written statement in substantially the following language for each biennium since his or her last renewal:

I, ..., hereby certify to the Board of Dental Examiners of Nevada that I have obtained the continuing education required by subsection 6 of NRS 631.342, during the period July 1, ..., through and including June 30, ...

Dated this ..... (day) of ..... (month) of ..... (year)

.....

Signature of Dentist

(f) Dental hygienist or dental therapist who holds a special endorsement issued pursuant to NRS 631.285, shall submit a signed, written statement in substantially the following language for each biennium since his or her last renewal:

I, ..., hereby certify to the Board of Dental Examiners of Nevada that I have obtained the continuing education required by subsection 6 of NRS 631.342 and section 11 of this regulation during the period July 1, ..., through and including June 30, ...

Dated this ..... (day) of ..... (month) of ..... (year)

.....

Signature of Dental Hygienist or Dental Therapist

(g) Dentist, dental hygienist or dental therapist who provides dental services through teledentistry shall attest that he or she possesses the policy of professional liability insurance required by NRS 631.34581.

2. Legible copies of all receipts, records of attendance, certificates and other evidence of attendance by a dentist, dental therapist or dental hygienist at an approved course in continuing education must be retained by the dentist, dental therapist or dental hygienist and made available to the Board for inspection or copying for 3 years after attendance at the course is submitted to meet the continuing education requirements of the Board. Proof of attendance and completion of the required credit hours of instruction must be complete enough to enable the Board to verify the attendance and completion of the course by the dentist, dental therapist or dental hygienist and must include at least the following information:

(a) The name and location of the course;

(b) The date of attendance;

(c) The name, address and telephone number of its instructor;

(d) A synopsis of its contents; and

(e) For courses designed for home study, the number assigned to the provider by the Board at the time the course was approved and the name, address and telephone number of the producer or author of the course.

3. The second or subsequent failure of a dentist, dental therapist or dental hygienist to obtain or file proof of completion of the credit hours of instruction required by this section and NAC 631.173 and 631.175 is unprofessional conduct.

4. The Board will conduct random initial audits of dentists, dental therapists or dental hygienists and additional follow-up audits, as necessary, to ensure compliance with the requirements of this section and NAC 631.173 and 631.175.

Sec. 13. NAC 631.230 is hereby amended to read as follows:

631.230 1. In addition to those specified by statute and subsection 3 of NAC 631.177, the following acts constitute unprofessional conduct:

(a) The falsification of records of health care or medical records.

(b) Writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.

(c) The acquisition of any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge.

(d) The failure to report to the Board as required in NAC 631.155.

(e) Employing any person in violation of NAC 631.260 or failing to make the attestation required by that section.

(f) The failure of a dentist who is administering or directly supervising the administration of general anesthesia, deep sedation or moderate sedation to be physically present while a patient is under general anesthesia, deep sedation or moderate sedation.

(g) Administering moderate sedation to more than one patient at a time, unless each patient is directly supervised by a person authorized by the Board to administer moderate sedation.

(h) Administering general anesthesia or deep sedation to more than one patient at a time.

(i) The failure to have any patient who is undergoing general anesthesia, deep sedation or moderate sedation monitored with a pulse oximeter or similar equipment required by the Board.

(j) Allowing a person who is not certified in basic cardiopulmonary resuscitation to care for any patient who is undergoing general anesthesia, deep sedation or moderate sedation.

(k) The failure to obtain a patient's written, informed consent before administering general anesthesia, deep sedation or moderate sedation to the patient or, if the patient is a minor, the failure to obtain his or her parent's or guardian's consent unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient.

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

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

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

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

dentist, dental therapist, dental hygienist or expanded function dental assistant from the obligation to provide records of the patient to the Board.

(p) The failure of a dentist who owns a dental practice to verify the license of a dentist, dental therapist, dental hygienist or expanded function dental assistant before offering employment or contracting for services with the dentist, dental therapist, dental hygienist or expanded function dental assistant as an independent contractor. This paragraph must not be construed to provide that it is unprofessional conduct for a dentist who owns a dental practice to offer employment to, or enter into a contract for services with, a dentist, dental therapist, dental hygienist or expanded function dental assistant who fraudulently misrepresents that he or she is appropriately licensed.

(q) The failure to record the name of the dentist, dental therapist, dental hygienist or expanded function dental assistant who provided the services in the records of a patient each time the services are rendered.

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

(s) The failure to provide records of a patient to an investigator when required by NAC 631.250.

(t) The failure of a dentist, dental therapist, dental hygienist or expanded function dental assistant to ensure that each medication or immunization in his or her control that is used in his or her practice is returned at the end of each day to a specified physical location that is safe and appropriate for the storage of the medication or immunization, as applicable.

2. Conduct relating solely to a dispute over finances does not constitute unprofessional conduct.

STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant, vs. [redacted] Respondent.	Case No. 6092-2509 **REVIEW PANEL FINDINGS AND RECOMMENDATIONS** (These findings are confidential pursuant to NRS 631.368(1). To the extent that Respondent and/or his or her attorney receive a copy of these findings, they are for settlement purposes **only** and are not to be further distributed or made public except as provided in SB 256 NRS 631.355(1), 631.3635 and/or NRS 631.368(2).)

On October 22, 2025, the Nevada State Board of Dental Examiners' Review Panel ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

The Review Panel reviewed and evaluated the Verified Complaint, Respondent's Response to the Verified Complaint, records concerning the Respondent's treatment of the complainant, and the Preliminary Screening Consultant's preliminary findings and recommendations. "Records" as used in these findings and recommendations include any available x-rays or radiographs.

Having reviewed and assessed the above-referenced materials, and following discussion regarding the same, the Review Panel finds and recommends as follows:

> From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand with no further action.

Having found as noted herein, this matter shall be returned to the Executive Director as appropriate based upon the findings herein for remand consistent with NRS Chapter 631, NAC

Chapter 631 and/or any other applicable statutory or administrative provision applicable to the above-captioned matter.

DATED this 03/11/2025

By: Josh Branco DMD (Oct 29, 2025 10:19:02 PDT)

Joshua Branco, DMD
Member, Nevada State Board of Dental Examiners

Jana L McIntyre
Jana L McIntyre (Oct 29, 2025 10:31:54 PDT)

Jana McIntyre, RDH
Member, Nevada State Board of Dental Examiners

Kevin Moore (Nov 3, 2025 07:21:08 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant, vs. [redacted] Respondent.	Case No. 4635-2438 **REVIEW PANEL FINDINGS AND RECOMMENDATIONS** (These findings are confidential pursuant to NRS 631.368(1). To the extent that Respondent and/or his or her attorney receive a copy of these findings, they are for settlement purposes **only** and are not to be further distributed or made public except as provided in SB 256 NRS 631.355(1), 631.3635 and/or NRS 631.368(2).)

On April 15, 2025, the Nevada State Board of Dental Examiners' Review Panel 2 ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

The Review Panel reviewed and evaluated the Verified Complaint, Respondent's Response to the Verified Complaint, records concerning the Respondent's treatment of the complainant, and the Preliminary Screening Consultant's preliminary findings and recommendations. "Records" as used in these findings and recommendations include any available x-rays or radiographs.

Having reviewed and assessed the above-referenced materials, and following discussion regarding the same, the Review Panel finds and recommends as follows:

> From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand with no further action.

Having found as noted herein, this matter shall be returned to the Executive Director as

appropriate based upon the findings herein for remand consistent with NRS Chapter 631, NAC Chapter 631 and/or any other applicable statutory or administrative provision applicable to the above-captioned matter.

DATED this 22/10/2025

By: Ronald West DMD
Ronald West DMD (Oct 22, 2025 10:54:00 PDT)

Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias, RDH
Yamilka Arias, RDH (Oct 29, 2025 00:23:57 PDT)

Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Oct 22, 2025 14:11:14 PDT)

Todd Thomspon, DMD
Member, Review Panel

STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant, vs. [redacted] Respondent.	Case No. 3716-2473 **REVIEW PANEL FINDINGS AND RECOMMENDATIONS** (These findings are confidential pursuant to NRS 631.368(1). To the extent that Respondent and/or his or her attorney receive a copy of these findings, they are for settlement purposes **only** and are not to be further distributed or made public except as provided in SB 256 NRS 631.355(1), 631.3635 and/or NRS 631.368(2).)

On June 17, 2025, the Nevada State Board of Dental Examiners' Review Panel 2 ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

The Review Panel reviewed and evaluated the Verified Complaint, Respondent's Response to the Verified Complaint, records concerning the Respondent's treatment of the complainant, and the Preliminary Screening Consultant's preliminary findings and recommendations. "Records" as used in these findings and recommendations include any available x-rays or radiographs.

Having reviewed and assessed the above-referenced materials, and following discussion regarding the same, the Review Panel finds and recommends as follows:

> From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand with no further action.

Having found as noted herein, this matter shall be returned to the Executive Director as

appropriate based upon the findings herein for remand consistent with NRS Chapter 631, NAC Chapter 631 and/or any other applicable statutory or administrative provision applicable to the above-captioned matter.

DATED this 22/10/2025

By: Ronald West DMD
Ronald West DMD (Oct 22, 2025 10:52:32 PDT)

Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias RDH
Yamilka Arias RDH (Oct 29, 2025 00:21:55 PDT)

Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Oct 22, 2025 14:14:05 PDT)

Todd Thomspon, DMD
Member, Review Panel

STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant, vs. [redacted] Respondent.	Case No. S7-24-2479 **REVIEW PANEL FINDINGS AND RECOMMENDATIONS** (These findings are confidential pursuant to NRS 631.368(1). To the extent that Respondent and/or his or her attorney receive a copy of these findings, they are for settlement purposes **only** and are not to be further distributed or made public except as provided in SB 256 NRS 631.355(1), 631.3635 and/or NRS 631.368(2).)

On June 18, 2025, the Nevada State Board of Dental Examiners' Review Panel 2 ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

The Review Panel reviewed and evaluated the Verified Complaint, Respondent's Response to the Verified Complaint, records concerning the Respondent's treatment of the complainant, and the Preliminary Screening Consultant's preliminary findings and recommendations. "Records" as used in these findings and recommendations include any available x-rays or radiographs.

Having reviewed and assessed the above-referenced materials, and following discussion regarding the same, the Review Panel finds and recommends as follows:

> From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand with no further action.

Having found as noted herein, this matter shall be returned to the Executive Director as

appropriate based upon the findings herein for remand consistent with NRS Chapter 631, NAC Chapter 631 and/or any other applicable statutory or administrative provision applicable to the above-captioned matter.

DATED this 22/10/2025

By: Ronald West DMD
Ronald West DMD (Oct 22, 2025 10:52:03 PDT)

Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias, RDH
Yamilka Arias, RDH (Oct 29, 2025 00:22:41 PDT)

Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Oct 22, 2025 14:13:19 PDT)

Todd Thomspon, DMD
Member, Review Panel

STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant, vs. [redacted] Respondent.	Case No. 7670-2489 **REVIEW PANEL FINDINGS AND RECOMMENDATIONS** (These findings are confidential pursuant to NRS 631.368(1). To the extent that Respondent and/or his or her attorney receive a copy of these findings, they are for settlement purposes **only** and are not to be further distributed or made public except as provided in SB 256 NRS 631.355(1), 631.3635 and/or NRS 631.368(2).)

On June 17, 2025, the Nevada State Board of Dental Examiners' Review Panel 2 ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

The Review Panel reviewed and evaluated the Verified Complaint, Respondent's Response to the Verified Complaint, records concerning the Respondent's treatment of the complainant, and the Preliminary Screening Consultant's preliminary findings and recommendations. "Records" as used in these findings and recommendations include any available x-rays or radiographs.

Having reviewed and assessed the above-referenced materials, and following discussion regarding the same, the Review Panel finds and recommends as follows:

> From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand with no further action.

Having found as noted herein, this matter shall be returned to the Executive Director as

appropriate based upon the findings herein for remand consistent with NRS Chapter 631, NAC Chapter 631 and/or any other applicable statutory or administrative provision applicable to the above-captioned matter.

DATED this 22/10/2025

By: Ronald West DMD
Ronald West DMD (Oct 22, 2025 10:53:07 PDT)

Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias, RDH
Yamilka Arias, RDH (Oct 29, 2025 00:23:06 PDT)

Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Oct 22, 2025 14:12:44 PDT)

Todd Thomspon, DMD
Member, Review Panel

STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant, vs. [redacted] Respondent.	Case No. 7670-2489 **REVIEW PANEL FINDINGS AND RECOMMENDATIONS** (These findings are confidential pursuant to NRS 631.368(1). To the extent that Respondent and/or his or her attorney receive a copy of these findings, they are for settlement purposes **only** and are not to be further distributed or made public except as provided in SB 256 NRS 631.355(1), 631.3635 and/or NRS 631.368(2).)

On June 17, 2025, the Nevada State Board of Dental Examiners' Review Panel 2 ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

The Review Panel reviewed and evaluated the Verified Complaint, Respondent's Response to the Verified Complaint, records concerning the Respondent's treatment of the complainant, and the Preliminary Screening Consultant's preliminary findings and recommendations. "Records" as used in these findings and recommendations include any available x-rays or radiographs.

Having reviewed and assessed the above-referenced materials, and following discussion regarding the same, the Review Panel finds and recommends as follows:

> From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand with no further action.

Having found as noted herein, this matter shall be returned to the Executive Director as

appropriate based upon the findings herein for remand consistent with NRS Chapter 631, NAC Chapter 631 and/or any other applicable statutory or administrative provision applicable to the above-captioned matter.

DATED this 22/10/2025

By: Ronald West DMD
Ronald West DMD (Oct 22, 2025 10:53:07 PDT)

Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias, RDH
Yamilka Arias, RDH (Oct 29, 2025 00:23:06 PDT)

Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Oct 22, 2025 14:12:44 PDT)

Todd Thomspon, DMD
Member, Review Panel

STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant, vs. [redacted] Respondent.	Case No. 5115-2500 **REVIEW PANEL FINDINGS AND RECOMMENDATIONS** (These findings are confidential pursuant to NRS 631.368(1). To the extent that Respondent and/or his or her attorney receive a copy of these findings, they are for settlement purposes **only** and are not to be further distributed or made public except as provided in SB 256 NRS 631.355(1), 631.3635 and/or NRS 631.368(2).)

On June 17, 2025, the Nevada State Board of Dental Examiners' Review Panel 2 ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

The Review Panel reviewed and evaluated the Verified Complaint, Respondent's Response to the Verified Complaint, records concerning the Respondent's treatment of the complainant, and the Preliminary Screening Consultant's preliminary findings and recommendations. "Records" as used in these findings and recommendations include any available x-rays or radiographs.

Having reviewed and assessed the above-referenced materials, and following discussion regarding the same, the Review Panel finds and recommends as follows:

> From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand with no further action.

Having found as noted herein, this matter shall be returned to the Executive Director as

appropriate based upon the findings herein for remand consistent with NRS Chapter 631, NAC Chapter 631 and/or any other applicable statutory or administrative provision applicable to the above-captioned matter.

DATED this 22/10/2025

By: Ronald West DMD
Ronald West DMD (Oct 22, 2025 10:53:34 PDT)

Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias, RDH
Yamilka Arias, RDH (Oct 29, 2025 00:23:33 PDT)

Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Oct 22, 2025 14:12:09 PDT)

Todd Thomspon, DMD
Member, Review Panel

STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant, vs. [redacted] Respondent.	Case No. 5559-2501 **REVIEW PANEL FINDINGS AND RECOMMENDATIONS** (These findings are confidential pursuant to NRS 631.368(1). To the extent that Respondent and/or his or her attorney receive a copy of these findings, they are for settlement purposes **only** and are not to be further distributed or made public except as provided in SB 256 NRS 631.355(1), 631.3635 and/or NRS 631.368(2).)

On October 16, 2025, the Nevada State Board of Dental Examiners' Review Panel Three (3) ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

The Review Panel reviewed and evaluated the Verified Complaint, Respondent's Response to the Verified Complaint, records concerning the Respondent's treatment of the complainant, and the Preliminary Screening Consultant's preliminary findings and recommendations. "Records" as used in these findings and recommendations include any available x-rays or radiographs.

Having reviewed and assessed the above-referenced materials, and following discussion regarding the same, the Review Panel finds and recommends as follows:

> From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand with no further action.

Having found as noted herein, this matter shall be returned to the Executive Director as appropriate based upon the findings herein for remand consistent with NRS Chapter 631, NAC

Chapter 631 and/or any other applicable statutory or administrative provision applicable to the above-captioned matter.

DATED this 29/10/2025

By: LanceJKim
LanceJKim (Oct 31, 2025 20:17:09 PDT)

Lance Kim, DMD
Member, Nevada State Board of Dental Examiners

Kimberly Petrilla
Kimberly Petrilla (Nov 3, 2025 12:14:10 PST)

Kimberly Petrilla, RDH
Member, Nevada State Board of Dental Examiners

John T Gallob,DMD (Oct 29, 2025 23:24:10 PDT)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant, vs. [redacted] Respondent.	Case No. 7372-2503 **REVIEW PANEL FINDINGS AND RECOMMENDATIONS** (These findings are confidential pursuant to NRS 631.368(1). To the extent that Respondent and/or his or her attorney receive a copy of these findings, they are for settlement purposes **only** and are not to be further distributed or made public except as provided in SB 256 NRS 631.355(1), 631.3635 and/or NRS 631.368(2).)

On October 16, 2025, the Nevada State Board of Dental Examiners' Review Panel Three (3) ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

The Review Panel reviewed and evaluated the Verified Complaint, Respondent's Response to the Verified Complaint, records concerning the Respondent's treatment of the complainant, and the Preliminary Screening Consultant's preliminary findings and recommendations. "Records" as used in these findings and recommendations include any available x-rays or radiographs.

Having reviewed and assessed the above-referenced materials, and following discussion regarding the same, the Review Panel finds and recommends as follows:

> From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand with no further action.

Having found as noted herein, this matter shall be returned to the Executive Director as appropriate based upon the findings herein for remand consistent with NRS Chapter 631, NAC

Chapter 631 and/or any other applicable statutory or administrative provision applicable to the above-captioned matter.

DATED this 29/10/2025

By: LanceJKim
LanceJKim (Oct 31, 2025 20:17:44 PDT)

Lance Kim, DMD
Member, Nevada State Board of Dental Examiners

Kimberly Petrilla
Kimberly Petrilla (Nov 3, 2025 12:13:37 PST)

Kimberly Petrilla, RDH
Member, Nevada State Board of Dental Examiners

John Gallob, DMD (Oct 29, 2025 23:22:41 PDT)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

NEVADA STATE BOARD OF DENTAL EXAMINERS

October 30, 2025

[redacted]

Re: NSBDE Case No. [redacted]

Dear [redacted]:

This correspondence regards the above captioned claim before the Nevada State Board of Medical Examiners (the Board), noticed to you on or about January 17, 2024.

Pursuant to the Nevada Administrative Code (NAC), this claim has been reviewed by both a Preliminary Screening Consultant (PSC) and a Review Panel. The Review Panel voted to dismiss this claim and close this case number. Although this claim was ultimately dismissed because the Review Panel did not find by a preponderance of evidence that a violation of the Nevada Revised Statutes (NRS) or the NAC occurred, the Review Panel expressed a concern that best practices may not have been followed. Specifically, the Review Panel felt it may be in your best interest: (1) not to market to or perform dental work on patients residing out of state so that follow-up needs can be better monitored and follow-up care more easily provided; (2) to have better oversight over the entire treatment plan and process, even if work is ultimately performed by colleague dentists in the same practice, so that you cannot be linked to another practitioner's potentially subpar work; and (3) to reconsider patient refund policies to more expediently and wholly reimburse aggrieved patients. Going forward, please be mindful of these best practice tips.

Importantly, this Letter of Concern does not constitute a disciplinary action, and there is no ramification to your license status as a result of this letter being sent. You are also not on any kind of probation, and you do not have to complete any type of requirement to secure this case's dismissal. The Board only wishes to place you on notice that best practices can help you avoid similar claims being made against you in the future.

Keep in mind that, even though this matter is dismissed, you should be aware that the Board is not precluded from considering the events surrounding this matter if subsequent unrelated disciplinary claims are ever made.

If you have any questions or concerns, please do not hesitate to contact the Board.

Sincerely,

Andrea Barraclough, Esq.
General Counsel, NSBDE

CC: [redacted]

STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

NEVADA STATE BOARD OF DENTAL EXAMINERS

October 30, 2025

Thomas Ostler, DDS
4408 S Eastern Ave
Las Vegas, Nevada 89119

Re: NSBDE Case No. 3366-2028

Dear Dr. Ostler:

This correspondence regards the above captioned claim before the Nevada State Board of Medical Examiners (the Board), noticed to you on or about July 1, 2021.

Pursuant to the Nevada Administrative Code (NAC), this claim has been reviewed by both a Preliminary Screening Consultant (PSC) and a Review Panel. The Review Panel voted to dismiss this claim and close this case number. Although this claim was ultimately dismissed because the Review Panel did not find by a preponderance of evidence that a violation of the Nevada Revised Statutes (NRS) or the NAC occurred, the Review Panel expressed a concern that best practices may not have been followed. Specifically, the Review Panel felt it may be in your best interest: (1) to have better oversight over the entire treatment plan and put better thought into how implant and prosthodontic planning will affect future bite performance; and (2) to better document follow-up resolution of patient complaints. Going forward, please be mindful of these best practice tips.

Importantly, this Letter of Concern does not constitute a disciplinary action, and there is no ramification to your license status as a result of this letter being sent. You are also not on any kind of probation, and you do not have to complete any type of requirement to secure this case's dismissal. The Board only

wishes to place you on notice that these best practices can help you avoid similar claims being made against you in the future.

Keep in mind that, even though this matter is dismissed, you should be aware that the Board is not precluded from considering the events surrounding this matter if subsequent unrelated disciplinary claims are ever made.

If you have any questions or concerns, please do not hesitate to contact the Board.

Sincerely,

Andrea Barraclough, Esq.
General Counsel, NSBDE

CC: Adam Garth, Esq.
Quintairos, Prieto, Wood & Boyer, P.A.
2370 Corporate Circle, Suite 160
Henderson, NV 89074

STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

NEVADA STATE BOARD OF DENTAL EXAMINERS

November 13, 2025

Michael Bell, DDS
8068 W Sahara Ave, Ste A
Las Vegas, NV 89117

Re: NSBDE Case No. 2486-1964

Dear Dr. Bell:

This correspondence regards the above captioned claim before the Nevada State Board of Medical Examiners (the Board), noticed to you on or about January 19, 2021.

Pursuant to the Nevada Administrative Code (NAC), this claim has been reviewed by both a Preliminary Screening Consultant (PSC) and a Review Panel. The Review Panel voted to dismiss this claim and close this case number. Although this claim was ultimately dismissed because the Review Panel did not find by a preponderance of evidence that a violation of the Nevada Revised Statutes (NRS) or the NAC occurred, the Review Panel expressed a concern that best practices may not have been followed. Specifically, the Review Panel felt it may be in your best interest to: (1) decline taking patients who are too old to best benefit from myofunctional therapy; and (2) consider future facial bone growth in youth patients when treatment planning. Going forward, please be mindful of these best practice tips.

Importantly, this Letter of Concern does not constitute a disciplinary action, and there is no ramification to your license status as a result of this letter being sent. You are also not on any kind of probation, and you do not have to complete any type of requirement to secure this case's dismissal. The Board only

wishes to place you on notice that these best practices can help you avoid similar claims being made against you in the future.

Keep in mind that, even though this matter is dismissed, you should be aware that the Board is not precluded from considering the events surrounding this matter if subsequent unrelated disciplinary claims are ever made.

If you have any questions or concerns, please do not hesitate to contact the Board.

Sincerely,

Andrea Barraclough, Esq.
General Counsel, NSBDE

STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

NEVADA STATE BOARD OF DENTAL EXAMINERS

October 30, 2025

[redacted]

Re: NSBDE Case No. S7-78-2504

Dear [redacted]:

This correspondence regards the above captioned claim before the Nevada State Board of Medical Examiners (the Board), noticed to you on or about January 2, 2025.

Pursuant to the Nevada Administrative Code (NAC), this claim has been reviewed by both a Preliminary Screening Consultant (PSC) and a Review Panel. The Review Panel voted to dismiss this claim and close this case number. Although this claim was ultimately dismissed because the Review Panel did not find by a preponderance of evidence that a violation of the Nevada Revised Statutes (NRS) or the NAC occurred, the Review Panel expressed a concern that best practices may not have been followed. Specifically, while you did turn over all patient records to the patient as required by law, the Review Panel felt your patient records would have better served you if they were more detailed and signed-off on by you after transcribed by your staff. Going forward, please be mindful of best practices related to recordkeeping.

Importantly, this Letter of Concern does not constitute a disciplinary action, and there is no ramification to your license status as a result of this letter being sent. You are also not on any kind of probation, and you do not have to complete any type of requirement to secure this case's dismissal. The Board only

wishes to place you on notice that best practices can help you avoid similar claims being made against you in the future.

Keep in mind that, even though this matter is dismissed, you should be aware that the Board is not precluded from considering the events surrounding this matter if subsequent unrelated disciplinary claims are ever made.

If you have any questions or concerns, please do not hesitate to contact the Board.

Sincerely,

Andrea Barraclough, Esq.
General Counsel, NSBDE

STATE OF NEVADA

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

COMPLAINT FORM

A. COMPLAINANT INFORMATION

Complainant's First Name*:	Complainant's Middle Name:	Complainant's Last Name*:
Email Address:	Phone Number*:	Alt Phone Number:
Residence Street Address*:		Apt/Ste:
City*:	State*:	Zip Code*:
☐ Mailing Address is the same as Residence Address		
Mailing Address (if different):		Apt/Ste:
City:	State:	Zip Code:

B. DENTAL PRACTITIONER'S INFORMATION

Dental Practitioner's First Name*:	Dental Practitioner's Middle Name*:	Dental Practitioner's Last Name*:
Dental Practice Name:		Dental Practice Phone Number:
Practice Street Address*:		Ste:
City*:	State*:	Zip Code*:
Name of any subsequent treating dentist or second opinion dentist:		

C. COMPLAINT DETAILS

What date(s) was the treatment in question performed?

_____ _____ _____

C. COMPLAINT DETAILS CONTINUED

Provide a detailed summary of the allegations. Please add additional sheets as needed to explain the situation:

Referral to Nevada State Board of Dental Examiners: NV OSHA received a complaint on 10/24/2025 patients are being sedated and then left unattended in the blue room.

UPA 2361399

Steven Anderson
Compliance Safety and Health Officer
Department of Business and Industry
Division of Industrial Relations
Nevada OSHA
Las Vegas: (702) 486-9047
Steve.Anderson@dir.nv.gov

C. COMPLAINT DETAILS CONTINUED

C. COMPLAINT DETAILS CONTINUED

If you have documents relevant to the allegations contained in your complaint, please attach copies of the documents with this Complaint Form.

NOTE: Please complete the Authorization to Release Records Form and Return the Authorization to Release Records Form along with the Complaint Form.

By signing below, I hereby affirm the statements made above are true and accurate consistent with the Verification of Complaint.

Steven Anderson Digitally signed by Steven Anderson Date: 2025.10.28 17:17:18 -07'00'

Signature of Complainant

10/28/2025

Date Signed

ATTESTATION/DECLARATION OF THE EECUTIVE DIRECTOR AND GENERAL COUNSEL FOR THE NEVADA STATE BOARD OF DENTAL EXAMINERS (OWN MOTION INVESTIGATION INITIATION)

In compliance with Nevada Administrative Code (NAC) Chapter 631 requirements, we,

(1) Adam Higginbotham, Executive Director for the Nevada State Board of Dental Examiners (the Board); and

(2) Andrea Barraclough, General Counsel for the Board,

hereby attest and declare based on personal knowledge and/or information and belief, that the following is true and accurate:

1. The Board received information that led both the Executive Director and General Counsel for the Board to conclude that a licensee may have engaged in conduct that is grounds for disciplinary action.

2. Based on this information, we submitted a written recommendation to the Board that the information received be further investigated. The written recommendation supplied by us to the Board included a list of allegations potentially constituting grounds for discipline and evidence supporting the veracity of the information. The written recommendation and all supporting documents had from them the personally identifying information of the subject of the allegations redacted.

3. We each attest that we are aware of the identity of the person who is the subject of the allegations and recommendation, but that we have not and will not disclose the identity of the proposed Respondent to either or both the screening consultant and/or the Review Panel. Any identifying information will be kept confidential until or unless a full Board hearing is requested and/or the allegations are resolved by a stipulated resolution agreement.

We each attests that, in reviewing the redacted Complaint, we had no knowledge of the identity of the person who was the subject of the complaint; we have not communicated with any person concerning the subject matter of the Complaint prior to our review; and we have not been unduly influenced in our decision concerning whether the Complaint establishes jurisdiction.

We each declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct per NRS 53.045.

Adam Higginbotham — Date
Executive Director, NSBDE

Andrea Barraclough 11/03/2025
Andrea Barraclough — Date
General Counsel, NSBDE

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

September 19, 2025

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

To Whom It May Concern:

This correspondence is to inform you of an Initial National Practitioner Data Bank (NPDB) Report that involved [redacted] DMD (License [redacted]). The report filed by the Defense Health Agency (DCN: 5500000300382522) may be accessed at iqrs.npdb.hrsa.gov.

If you need additional information, please contact the DHA Healthcare Risk Management Program at dha.ncr.clinic-qual.mbx.healthcareriskmgmt@health.mil.

Sincerely,

The Healthcare Risk Management Program

ATTESTATION/DECLARATION OF THE EECUTIVE DIRECTOR AND GENERAL COUNSEL FOR THE NEVADA STATE BOARD OF DENTAL EXAMINERS (OWN MOTION INVESTIGATION INITIATION)

In compliance with Nevada Administrative Code (NAC) Chapter 631 requirements, we,

(1) Adam Higginbotham, Executive Director for the Nevada State Board of Dental Examiners (the Board); and

(2) Andrea Barraclough, General Counsel for the Board,

hereby attest and declare based on personal knowledge and/or information and belief, that the following is true and accurate:

1. The Board received information that led both the Executive Director and General Counsel for the Board to conclude that a licensee may have engaged in conduct that is grounds for disciplinary action. (potential failure to supervise, vet staff)
(assist dentist for abuse, not assistant for impairment)

2. Based on this information, we submitted a written recommendation to the Board that the information received be further investigated. The written recommendation supplied by us to the Board included a list of allegations potentially constituting grounds for discipline and evidence supporting the veracity of the information. The written recommendation and all supporting documents had from them the personally identifying information of the subject of the allegations redacted.

3. We each attest that we are aware of the identity of the person who is the subject of the allegations and recommendation, but that we have not and will not disclose the identity of the proposed Respondent to either or both the screening consultant and/or the Review Panel. Any identifying information will be kept confidential until or unless a full Board hearing is requested and/or the allegations are resolved by a stipulated resolution agreement.

We each attests that, in reviewing the redacted Complaint, we had no knowledge of the identity of the person who was the subject of the complaint; we have not communicated with any person concerning the subject matter of the Complaint prior to our review; and we have not been unduly influenced in our decision concerning whether the Complaint establishes jurisdiction.

We each declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct per NRS 53.045.

Adam Higginbotham	11/6/25	Andrea Barraclough	AB 11/6/2025
Executive Director, NSBDE	Date	General Counsel, NSBDE	Date

Shane Barjon

From: Adam Higginbotham
Sent: Wednesday, November 5, 2025 5:13 PM
To: Andrea Barraclough; Shane Barjon
Subject: Fw: Unusual Occurence

FYI

A.L. Higginbotham
Executive Director - Nevada State Board of Dental Examiners
2651 N. Green Valley Parkway, Suite 104
Henderson, Nevada 89014
T: 702.486.7048 | E: ahigginbotham@dental.nv.gov

From: Keith Benson <k.benson@nvha.nv.gov>
Sent: Wednesday, November 5, 2025 5:01 PM
To: Adam Higginbotham <ahigginbotham@dental.nv.gov>
Subject: Unusual Occurence

This is the email I received from Liberty regarding a complaint about the dental office and an allegedly intoxicated dental assistant: [redacted]

Good Afternoon

[redacted] called the office multiple times and asked when a good time would be to speak to the provider. They asked that he call back in 15 minutes, he did, and she still would not take his call. He did advise them that there were serious allegations being made about the office and he needed to speak to her. He also stated that the receptionist seemed very nervous, and he got the feeling the provider doesn't wish to speak to him. The PR team contacted the office with [redacted]. The provider wants to be able to gather details and call us back.

The provider did say there was an employee that came in and the provider thinks they might have been high (this was a couple of days ago)- she ended up sending them home and they did not assist on any members. The provider did hear that there was a complaint from a member, but we have no other details. The provider also confirmed that the "whistleblower" was terminated from the office, however the provider wants to seek legal counsel prior to saying anything as she is not sure what she can or cannot say.

I will be completing the incident report and sending it over to you. We have also started our internal PQI process.

Dr. Keith Benson, DMD
NV State Dental Health Officer
Nevada Health Authority
4070 Silver Sage Dr, Carson City, NV 89701
775-684-7593 | k.benson@dhcfp.nv.gov
nvha.nv.gov | Director's Office

Our agency's name has changed, but our commitment to the work remains the same!
Please update your contacts with my new email address and agency information.

Find help Monday-Friday 9am-9pm by dialing 211; texting 898-211; or visiting www.nevada211.org

Nevada State Board of Dental Examiners

Disciplinary Matrix (effective November 12, 2025)

I. Considerations for Disciplinary Review:

A. Use of this matrix by a Preliminary Screening Consultant (PSC) should be for review and confirmation of violations only. PSCs should not be recommending any specific discipline, but they should consider adding the NRS or NAC citation to their violation findings to better inform the Review Panel (RP) and Board of which infraction they intended to site.

B. A RP and/or the Board cannot consider a Licensee's prior disciplinary history as evidence of a prior bad act more likely than not to prove the existence of a current bad act. In other words, a person is not guilty of an act now just because they previously committed a same or similar act; to that end, prior disciplinary history should not be considered in deciding factually whether the Respondent breached the standard of care or not.

C. However, a Licensee's prior disciplinary history can be considered after a finding is made that the standard of care was breached; specifically, it can be considered as a potentially aggravating factor to a presumptive penalty when recommending or deciding discipline. Factors used to determine whether prior disciplinary history should be considered an aggravating factor include:

- The number of prior disciplinary events;
- The nature and seriousness of the prior event(s);
- Similarities between prior and current acts of misconduct showing a pattern; and
- Any disciplinary history demonstrating an inability or unwillingness to conform to the Board's expectations for continued licensure.

Further, a new act of misconduct that is the same as a prior act of misconduct may result in an increase in the disciplinary penalty for the current violation through the application of progressive discipline.

D. A mitigating factor (or mitigator) is a circumstance which, if proved by a preponderance of evidence (that it more likely than not occurred), presents a reason why a presumptive discipline should be decreased. Examples of mitigating factors include:

- Complainant's cooperation with treatment despite complaints;
- Prior statements of patient satisfaction with the provider's treatments;
- Length of time practicing (e.g., newer graduates may be more likely to make certain errors than seasoned practitioners);
- Preemptive attempts by the practitioner to correct deficiencies (e.g., provided a refund without being required to do so, fixed the issue without charging the patient for extra times, etc.)

E. An aggravating factor (or aggravator) is a circumstance which, if proved by a preponderance of evidence (that it more likely than not occurred), presents a reason why a presumptive discipline should be increased. Examples of aggravating factors include:

- Repeat behaviors or a pattern of breaching the same standard of care;
- Act was willful or premeditated as opposed to negligent or grossly negligent;
- Conduct results in criminal charges or summary suspension under the NRS or NAC;
- The patient was severely or permanently injured by the practitioner's action(s);
- The act was motivated by or contained elements of bias or prejudice based on the patient's membership in a protected class (e.g., race, gender, ethnicity, religion, sexual orientation/identity, etc.)
- The practitioner's response to the patient's complaints was dismissive, abusive, or obscene; and
- The patient's need for outside and additional medical or dental treatments as a result of the alleged breach of standard of care.

F. A presumptive penalty is the prescribed penalty for a certain Licensee action where the RP or the Board do not find that any particular mitigator or aggravator applies by at least a preponderance of evidence.

G. A practitioner can be proven to have committed multiple instances of misconduct which either or both span several different misconduct types (meaning they will have infractions located in different chart subsections) or which contemplate multiple headers in given misconduct type (meaning they will have more than one infraction located within a single chart subsection). If this occurs, several of the penalties could overlap. A RP or the Board can choose whether to make a punitive requirement run concurrently or consecutively.

Example 1 – All infractions within the same chart:
(For the purposes this matrix, a "practitioner" is defined as a dentist, specialty dentist, dental hygienist, dental therapist, or expanded function dental assistant.)

Practitioner placed a patient under moderate sedation and then left the patient for about 10 minutes to check on another patient. They left the patient in the care of the receptionist, who does not know CPR. They did not monitor the patient with a pulse oximeter while sedated.

The presumptive penalty for each is 8 hours of anesthesia related CE. The PSC, RP, or the Board could choose to impose the 8 + 8 + 8 hours of anesthesia CE (or 24 hours) and run them all concurrently, such that only 8 hours of anesthesia CE would ultimately be required. Alternatively, if aggravators are present, the PSC, RP, or the Board can consecutively run all hours, resulting in all 24 hours (8+8+8) of anesthesia CE being required.

Example 2 –Infractions located within different charts:

Practitioner met with a new patient referred to him by a dentist friend. The receptionist at the dentist friend's practice told Practitioner's assistant that the patient needed an extraction of tooth #3. Practitioner did not perform their own x-rays, nor review any historical clinical records. Since the patient presented complaining of right-sided mouth pain, Practitioner performed the extraction of tooth #3. The patient returned in two weeks with complaints that the pain had not subsided. This time, radiographs were performed, and it was revealed the patient had a crack in tooth #31. A call to the dentist friend's practice revealed that here had been a breakdown in communication or a typographical error somewhere, as the tooth meant to be extracted was tooth #30. Further, a fragment of tooth #3 was also shows as remaining on the radiographs. Believing that these errors were likely to result in some kind of patient legal action, the dentist altered patient records to say that cracks had been found in both tooth #3 and tooth #30, and that the treatment plan was to remove tooth #3 first and tooth #30 later. Meanwhile, the dentist did not disclose the remaining fragment of tooth #3 to the patient during their exam. When the patient realized the error of the wrong tooth being extracted, he sought copies of his records from Practitioner's clinic. To stall the patient until the malpractice statute of limitations could run, Practitioner's office consistently refused to provide the patient copies of their dental records. These are all first offenses for this Practitioner.

Practitioner committed violations in each of the following matrices: Professional Competence Error/Malpractice; Patient Communication Actions or Issues; and Clerical/Record Keeping/Documentation and Errors or Actions.

For violating NRS 631.3475(2) (misdiagnosis/treatment of wrong condition), the presumptive penalty is 6-12 hours of diagnosing CE + 4-6 hours of treatment planning CE. Because this was a first offense but fairly egregious, the reviewer recommended 12 hours of diagnosing CE and 6 hours of treatment planning CE for pulling the wrong tooth, 6 hours of diagnosing CE and 6 hours of radiographic CE for not obtaining imaging before pulling the tooth, and 6 hours of diagnosing CE and 6 hours of treatment planning CE for relying on historical documents alone

without performing an exam. The reviewer could have chosen to run this all consecutively, but because they are in the same matrix chart and there were no aggravators found, the reviewer chose to run them concurrently, such that the respondent had to complete 12 hours of diagnosis CE (the two 6 hour requirements were subsumed into the 12), 6 hours of treatment planning CE, and 6 hours of radiographic CE.

For violating NRS 631.3475(13) (failure to actively involve a patient in decisions concerning their treatment), the presumptive penalty is 3 hours of ethics CE and 3 hours of treatment planning CE. For violating NRS 631.3485(1)(d) (failure to make the health care records of a patient available for inspection and copying to the patient or their authorized representative), the presumptive penalty is 3 hours of ethics CE and 3 hours of HIPAA CE. Since these are in the same matrix chart, the reviewer again could have run the requirements consecutively but chose to run them concurrently, such that the respondent had to complete 3 hours of ethics CE, 3 hours of treatment planning CE, and 3 hours of HIPAA CE.

For violating NAC 631.230(1)(a) (intentional falsification of records), the reviewer chose the presumptive penalty because they found no aggravators. Thus, 8 hours of ethics CE, 8 hours of recordkeeping CE, and the dental jurisprudence exam were recommended.

Given violations exist in three of the matrix charts, the reviewer could have recommended consecutive punishment of 12 hours of diagnosing CE, 6 hours of treatment planning CE, 6 hours of radiographic CE, 3 hours of ethics CE, 3 more hours of treatment planning CE, 3 hours of HIPAA CE, another 8 hours of ethics CE, 8 hours of recordkeeping CE, and the dental jurisprudence exam. Instead, the reviewer opted for concurrent punishments, such that the final requirements were 12 hours of diagnosing CE, 6 hours of treatment planning CE, 6 hours of radiographic CE, 3 hours of HIPAA CE, 8 hours of ethics CE, 8 hours of recordkeeping CE, and the dental jurisprudence exam.

H. The Board has reviewed and approved the presumptive, mitigated, and aggravated penalties contained herein, thus finding them to be appropriate ranges for the infractions detailed. To that end, a RP or the Board should strive to strictly utilize these ranges to ensure that disciplinary decisions are made consistently, objectively, and based upon clearly understood criteria. However, in the event a RP or Board find the facts of a case warrant more, less, or different disciplinary requirements, a representative from the reviewing entity can consult with the Executive Director and General Counsel and seek an exception to use of the matrix. Any exception, through signed off by the Executive Director as within the best interests of the NSBDE and signed off by the General Counsel as legally justifiable/defensible, must ultimately be approved by the Board.

I. Note that all matters where the Review Panel and Board ultimately find a violation of law and/or a performance deficiency must be reported to the National Practitioner's Data Bank (NPDB), and Review Panels are not allowed to negotiate away disclosure to the NPDB.

However, even though federal law requires NPDB disclosure, no regulation or statute requires the Board to publish the identity of a disciplined practitioner on its board website. Thus, Review Panels can elect to offer as a settlement term "non-publication on the Board's website." (Individual Board's may, and this Board has elected to, post on its website a list of disciplined Respondents. This settlement term will not keep the discipline from being reported to the NPDB but will at least keep the practitioner's name from being published on the Board's website.) The below matrix does not prescribe when a case should be considered for non-publication, but generally, where there are mitigators present, where presumptive penalties apply but for a first offense, or where the practitioner is a more recent graduate/licensee as opposed to a more seasoned practitioner, the reviewer(s) could justifiably choose to offer non-publication. That said, choosing non-publication is ultimately at the discretion of the RP and/or Board, who should make the ultimate decision based on whether the infraction is a threat to public safety such that the public's right to know of the discipline trumps the practitioner's privacy interests.

J. Where the facts of a case being reviewed reveal no violations of actual law, and/or there is not quite a preponderance of evidence supporting a performance deficiency occurred, but the Review Panel believes best practices might not have been followed or some other action may have helped avoid the Complaint, the Review Panel can decide the case should be resolved by a "remand for dismissal with a Letter of Concern. A Letter of Concern does not constitute a disciplinary action, and there is no ramification to the Respondent's license status as a result of the letter. Instead, the Letter of Concern acquaints the Respondent with best practice tips or other suggestions to avoid future or repeat complaints. To validly issue a Letter of Concern without offending statutory prohibitions against private reprimands, a Letter of Concern cannot contain any inference of probation; this means the Letter of Concern cannot require or demand a Respondent to complete any sort of requirement (including making them pay administrative fees or reimbursing the patient) as a condition of dismissal. If this option is selected, the case is ultimately dismissed.

II. Types of Misconduct and Established Disciplinary Results

(see each type in chart from below)

[rest of page intentionally blank]

A. Professional Competence Errors/Malpractice/Misconduct

MISCONDUCT	PRESUMPTIVE PENALTY	PENALTY WITH AGGRIVATORS	PENALTY WITH MITIGATORS
Demonstrating professional incompetence (NRS 631.3475)(1) or (2))	(see below for infraction type)	(see below for infraction type)	(see below for infraction type)
• Misdiagnosis/treatment of wrong condition (radiology is not proved to be an issue)	6-12 hours of diagnosing CE + 4-6 hours of treatment planning CE	8-24 hours of diagnosing CE + dental jurisprudence exam + 4-12 hours of treatment planning CE	2-4 hours of diagnosing CE + 2-3 hours of treatment planning CE
• Misdiagnosis/treatment of wrong condition based on inaccurate reading of imaging/radiographs or not taking any current imaging/radiographs	6-12 hours of diagnosing CE + 4-6 hours of radiograph/imaging interpretation CE	8-24 hours of diagnosing CE + dental jurisprudence exam + 4-12 hours of radiograph/imaging interpretation CE	2-4 hours of diagnosing CE + 2-3 hours of radiograph/imaging interpretation CE
• Failure to evaluate a patient, rendering a diagnosis only on historical records with no new exam (*This includes failing to properly evaluate a	6-12 hours of diagnosing CE + 4-6 hours of treatment planning CE	8-24 hours of diagnosing CE + dental jurisprudence exam + 4-12 hours of treatment planning CE	2-4 hours of diagnosing CE + 2-3 hours of treatment planning CE

patient's medical history of systemic condition before to concurrent to treatment planning.			
• Improper treatment/triaging dental emergency	4-12 hours live hands-on CE re: treatment and management of dental emergencies	10-40 hours live hands-on CE re: treatment and management of dental emergencies	2-4 hours live hands-on CE re: treatment and management of dental emergencies
• Improperly spaced/placed/seated/ made crowns	4-12 hours live hands-on CE re: fixed crown prep and design incl. post and core techniques	10-40 hours live hands-on CE re: fixed crown prep and design incl. post and core techniques	2-3 hours live hands-on CE re: fixed crown prep and design incl. post and core techniques
• Improperly spaced, placed, made, or seated bridges and/or dentures (causing short margins, malocclusions, poor fit, etc.)	4-12 hours live hands-on CE re: prosthodontics	10-40 hours live hands-on CE re: prosthodontics	2-3 hours live hands-on CE re: prosthodontics
• Improperly extracting teeth (e.g. leaving root	4-12 hours live hands-on CE re:	10-40 hours live hands-on CE re: (type of	2-3 hours live hands-on CE re: (type of

or fragment, not stopping unexpectedly complex extraction to offer more patient advice/specialist referral, not packing or closing correctly, etc.)	(type of [molar, canine, incisor, wisdom, etc.] extractions, half of which must have live component + 4-5 hours oral surgery CE	[molar, canine, incisor, wisdom, etc.] extractions, half of which must have live component + 6-8 hours oral surgery CE	[molar, canine, incisor, wisdom, etc.] extractions, half of which must have live component + 2-3 hours oral surgery CE
• Improperly completing root canal; improper recognition and treatment of canals (e.g. middle mesial, mesiobuccal and mesiolingual)	4-12 hours live hands-on CE re: endodontics	10-40 hours live hands-on CE re: endodontics	2-3 hours live hands-on CE re: endodontics
• Improperly completing fillings/improper bonding	4-12 hours live hands-on CE re: filling techniques and materials and/or composite restorations	10-40 hours live hands-on CE re: filling techniques and materials and/or composite restorations	2-3 hours live hands-on CE re: filling techniques and materials and/or composite restorations
• Improperly completing implants	4-12 hours of in-person, hands-on CE re: implant procedures, techniques, and	10-40 hours of in-person, hands-on CE re: implant procedures, techniques, and materials and/or prosthodontics	2-3 hours of in-person, hands-on CE re: implant procedures, techniques, and

	materials and/or prosthodontics		materials and/or prosthodontics
• Improper treatment of gums/flawed osseous surgery/other flawed periodontic procedures/ other periodontic deficiencies	4-12 hours live hands-on CE re: periodontics	10-40 hours live hands-on CE re: periodontics	2-3 hours live hands-on CE re: periodontics
• Improper placement or adjustment of braces/improper repositioning of teeth/jaws/other orthodontic deficiencies (Note, that failure to review diagnostic digital or conventional radiographs for orthodontia before diagnosing or correcting mal-positioned teeth or fashioning/ordering dental appliances is a separate violation of NRS 631.3475(19); the	4-12 hours live hands-on CE re: orthodontic	10-40 hours live hands-on CE re: orthodontic	2-3 hours live hands-on CE re: orthodontic

reviewer can site both potential NRS infractions in the violation report, but need should only set forth one set of disciplinary requirements as they are essentially the same infraction.			
• Failing to use equipment or procedures that increase patient safety (such as a rubber dam, lead vests, etc.)	4-12 hours live hands-on CE re: risk management and patient safety	10-40 hours live hands-on CE re: risk management and patient safety	2-3 hours live hands-on CE re: risk management and patient safety
* Note that the ranges above are for negligent clinical performance; if the reviewer finds the poor clinical performance was intentional and/or resulted in a meritorious civil malpractice case or criminal charges, this would be a significant aggravator likely to change the range of punishment to the middle column.			

* Note that the ranges above are for standard complaints; if any of the above performance issues results in death or serious bodily harm, this would be a significant aggravator likely to change the range of punishment to the middle column. Further, if death or serious bodily harm results, the reviewer can recommend temporary to permanent suspension of license. * Note that if a reviewer finds any of the performance issues to be particularly egregious or so far outside of the standard of care that a typical dental professional would be offended by such conduct, the reviewer can recommend practice monitoring as an additional requirement from 3 months up to 2-3 years. * Note that if the reviewer finds occlusion was not considered or performance			

issues created malocclusion, the reviewer can add 2-4 hours of CE specific to occlusions. * Note that reviewer can choose to add a live drilling instruction component to any live, hands-on CE requirement, if applicable and warranted. * Note that if the reviewer finds a performance issue occurred on a geriatric patient, and geriatric patients are in need of specialized or advanced care for that particular issue, the reviewer can add 2-4 hours of CE specific to dental treatment and communication for geriatric patients. * Note that if the reviewer finds a performance issue occurred on a pediatric patient, and pediatric patients are in need of specialized or advanced care for that particular issue, the reviewer can add 2-4 hours of CE			

specific to dental treatment and communication for pediatric patients. * Note that if the reviewer finds a performance issue occurred on a patient who is physically or mentally disabled, and physically or mentally disabled patients are in need of specialized or advanced care for that particular issue, the reviewer can add 2-4 hours of CE specific to dental treatment and communication of physically or mentally disabled patients. * Where a practitioner commits more than one act of substandard care as outlined above, this is both a separate violation of NRS 631.3475)(4) and a potential aggravator. The reviewer may choose to site it as a potential violation, but if found, instead of separate discipline requirements, it would prompt disciplinary			

requirements in the middle column.			
Having an alcohol or other substance use disorder to such an extent as to render the person unsafe or unreliable as a practitioner (NRS 631.3475)(7))	Cease and desist practice pending successful completion of a short-term (30-60 days) substance abuse treatment program + Drug tests every 6 months for 2 years - if passes, license remains in good standing; if fails, relinquish license to practice for 6 mos. To 1 yr. and complete substance abuse rehabilitation	Cease and desist practice pending successful completion of a long-term (60-180 days) substance abuse treatment program + Random drug tests for 2 years (up to 5 tests per year) - if passes, license remains in good standing; if fails, relinquish license to practice for 1 to 5 years and complete substance abuse rehabilitation	One drug test - if passes, license remains in good standing; if fails, relinquish license to practice for 30 days to six months and complete substance abuse rehabilitation
Having an impaired mental capacity that results in the inability to safely and skillfully practice (NRS 631.095)	Cease and desist practice pending the successful passage of a mental competency exam • If passes, immediate reinstatement after 3 months with	Cease and desist practice pending the successful passage of a mental competency exam • If passes, reinstatement after 6 months with proof of	Cease and desist practice pending the successful passage of a mental competency exam • If passes, immediate reinstatement • If fails, suspension

	proof of ongoing treatment • If fails, suspension continues indefinitely unless or until a physician verified proof of competence	ongoing treatment • If fails, suspension continues indefinitely unless or until a physician verified proof of competence	continues indefinitely unless or until a physician verified proof of competence
Committing an act deemed "grossly immoral" that tends to bring reproach upon the dental profession (NRS 631.3475)(7))	(see below for infraction type)	(see below for infraction type)	(see below for infraction type)
(1) If conviction of same would result in a felony (ask General Counsel for guidance if unsure)	Relinquish/suspend practice license for the duration of probation or imprisonment if convicted; for 1-2 years if not convicted.	Relinquish/suspend practice license for the duration of probation or imprisonment if convicted; for 4-5 years if not convicted.	Relinquish/suspend practice license for the duration of probation or imprisonment if convicted; for 3 months to 1 year if not convicted.
(2) If conviction of same would result in a	Relinquish/suspend practice license for	Relinquish/suspend practice license for the	Relinquish/suspend practice license for

misdemeanor (ask General Counsel for guidance if unsure) (3) When not a criminal act, but instead an intentional lie or falsification made to the Board * Note that, due to the subjective nature of what is considered grossly immoral, for purposes of this matrix, the term will be limited to only those acts otherwise considered criminal under Nevada criminal laws and/or an intentional lie/falsification made by the practitioner directly the Board (including Board staff related to licensure and/or discipline)	the duration for 3 to 9 months. Relinquish/suspend practice license for the duration for 30-90 days + pass jurisprudence exam or do ethics assessment and remediation	duration for 1 to 2 years. Relinquish/suspend practice license for the duration for 6 mos. to 2 years + pass jurisprudent exam prior to reinstatement	the duration for 30 days. Take jurisprudence exam or do ethics assessment and remediation + 24 hours of ethics CE
Being convicted of a felony or misdemeanor involving moral turpitude or which relates to	(see below for infraction type)	(see below for infraction type)	(see below for infraction type)

the practice of dentistry (NRS 631.3475)(8))			
(1) If felony	Relinquish/suspend practice license for the duration of probation or imprisonment	Relinquish/suspend practice license for the duration of probation or imprisonment	Relinquish/suspend practice license for the duration of probation or imprisonment
(2) If misdemeanor	Relinquish/suspend practice license for 3 to 9 months.	Relinquish/suspend practice license for 1 to 2 years.	Relinquish/suspend practice license for 30 days.
* Note that, to avoid ambiguity about what constitutes a crime involving moral turpitude, for purposes of this matrix, the Board will use the definition of "crime involving moral turpitude" consistent with the definition of same found at NAC 388C.100. (offenses of a sexual nature; offenses involving involuntary servitude or trafficking; violent offenses; unlawful possession of firearm or other dangerous weapon; terrorism; abuse, neglect, or abandonment of a			

child, older person, or vulnerable person; arson; burglary or receipt of stolen property; kidnapping or false imprisonment, aiding and abetting felony, identity theft; offense committed under color of authority; bribery, extortion, or coercion; manufacturing or distributing controlled substance; or cruelty to animals.) * Note – if dentist takes money but does not render the services, this would violate NRS 598.0915(9) as a deceptive trade practice, which would invoke this penalty.			
Performing or supervising a pelvic exam before, during, or after dental treatment at a dental facility (NRS 631.3475(16)) (Presuming no medical basis for this, which there will likely never be, but potentially mitigated by an emergency,	Relinquish/suspend practice license for 1 to 2 years.	Relinquish/suspend practice license permanently.	Relinquish/suspend practice license for 30 days to 6 months

medical order, etc. Further, these disciplinary requirements need only be imposed if the practitioner is not also being charged or convicted of sexual assault or civil tort.			
A practitioner administering an immunization if not specially endorsed to do so (NRS 631.3475(17))	Suspension of license for 6 months or until immunization endorsement obtained, whichever is least	Suspension of license for 1-2 years and will be permanently ineligible for an immunization endorsement	Must seek immunization endorsement within 90 days

[rest of page intentionally blank]

B. Patient Communication Actions or Issues

MISCONDUCT	PRESUMPTIVE PENALTY	PENALTY WITH AGGRIVATORS	PENALTY WITH MITIGATORS
Failure to actively involve a patient in decisions concerning their treatment (NRS 631.3475(13))	3 hours of ethics CE & 3 hours of treatment planning CE	4-8 hours of ethics CE & 3 hours of treatment planning CE	3 hours of treatment planning CE
Willfully engaging in actions that prohibit or stymie a patient from submitting a complaint to the Board (NRS 631.3475(14))	6 hours of ethics CE + 4 hours of CE in risk management/civil tort liability	8-10 hours of ethics CE + 6-10 hours of CE in risk management/civil tort liability	2-4 hours of ethics CE + 2-3 hours of CE in risk management/civil tort liability
Failure to make the health care records of a patient available for inspection and copying to the patient or their authorized representative (NRS 631.3485(1)(d); NRS 629.061)	3 hours of ethics CE + 3 hours of HIPAA CE	4-8 hours of ethics CE + 3 hours of HIPAA CE	3 hours of HIPAA CE
Failing to provide a practitioner's identifying information (outlined in NRS 631.34583(3)) to telehealth patients (NRS 631.3475(20))	Certify review and understanding of NRS telehealth regulations & 3 hours of ethics CE	Certify review and understanding of NRS telehealth regulations & 4-8 hours of ethics CE	Certify review and understanding of NRS telehealth regulations
Failing to provide patient with an itemized bill (NRS 629.071)	3 hours of record keeping CE	3 hours of ethics CE & 3 hours of record keeping CE	Signed attestation of review of NRS 629.071

C. Practice- Related Errors or Actions

MISCONDUCT	PRESUMPTIVE PENALTY	PENALTY WITH AGGRIVATORS	PENALTY WITH MITIGATORS
Employing someone to work by or near radiography equipment without meeting NAC 631.260 requirements (NAC 631.230(1)(e))	Immediately come into compliance with NAC 631.260 requirements + 1-2 hours of practice management CE + 2-6 hours of ethics CE	Immediately come into compliance with NAC 631.260 requirements + 4-8 hours of practice management CE + 4-8 hours of ethics CE	Immediately come into compliance with NAC 631.260 requirements + 1-2 hours of ethics CE
Failure of a dental practice owner to allow or provide an employed practitioner access to patient records where the employed provider has a potential disciplinary action before the Board (NAC 631.230(1)(o))	6 hours of ethics CE + 4 hours of CE in risk management/civil tort liability	8-10 hours of ethics CE + 6-10 hours of CE in risk management/civil tort liability	2-4 hours of ethics CE + 2-3 hours of CE in risk management/civil tort liability
Failure of a dental practice owner to verify the valid and current license status of a practitioner offered employment (except where the owner is lied to by the applicant) (NAC 631.230(1)(p))	If unlicensed person is still employed, immediately terminate employment + 1-2 hours of practice management CE	If unlicensed person is still employed, immediately terminate employment + 4-8 hours of practice management CE	If unlicensed person is still employed, immediately terminate employment
A dental practice owner employing any unlicensed or	If unlicensed person is still employed,	If unlicensed person is still employed,	If unlicensed person is still employed,

license-suspended student or practitioner to provide dental services; aiding and abetting said employment; or aiding and abetting a non-licensee to perform dental services without a license (NRS 631.346(1); 631.346(3); NRS 631.3465(2))	immediately terminate employment + 1-2 hours of practice management CE + 2-6 hours of ethics CE	immediately terminate employment + 4-8 hours of practice management CE + 4-8 hours of ethics CE	immediately terminate employment + 1-2 hours of ethics CE
Where the owner of a practice requires a patient to select a single dentist from a specific group as their treating provider, not allowing the patient the ability to change their election of treating provider at least once per year (NAC 631.230(2))	Submit declaration of review and understanding of NAC 631.230(2) + 2-4 hours of CE re: patient communication	Submit declaration of review and understanding of NAC 631.230(2) + 2-4 hours of CE re: patient communication + 1-3 hours of ethics CE	Submit declaration of review and understanding of NAC 631.230(2)
A dental hygienist or dental therapist practicing in an unlicensed facility (NRS 631.346 (4))	Relinquish/suspend license until alternative employment at licensed facility secured	Relinquish/suspend license until alternative employment at licensed facility secured + 3 hours of ethics CE	Cease work at unlicensed facility

[rest of page intentionally blank]

D. Clerical/Record Keeping/Documentation Errors or Actions

MISCONDUCT	PRESUMPTIVE PENALTY	PENALTY WITH AGGRIVATORS	PENALTY WITH MITIGATORS
Intentional Falsification of Records (NAC 631.230(1)(a))	8 hours of ethics CE + 8 hours of documentation/record-keeping CE + dental jurisprudence exam	14-20 hours of ethics CE + 14-20 hours of documentation/record-keeping CE + dental jurisprudence exam + ethics assessment and remediation	2-6 hours of ethics CE + 2-6 hours of documentation/record-keeping CE + dental jurisprudence exam
Failure to record the name of the treating provider who rendered each service in patient records (NAC 631.230(1)(q))	(if negligent) 6 hours of documentation/record-keeping CE	(if willful and knowingly) 8-12 hours of documentation/record-keeping CE + 8-12 hours of ethics CE + dental jurisprudence exam	(if negligent) 3 hours of documentation/record-keeping CE
Improper record keeping (only is also possessing anesthesia license) (NAC 631.2229)	(see below for infraction type)	(see below for infraction type)	(see below for infraction type)
(1) sloppy/illegible	4-6 hours of documentation/record-keeping CE + purchase use electronic recordkeeping software	8-12 hours of documentation/record-keeping CE + purchase use electronic recordkeeping software	2 hours of documentation/record-keeping CE + purchase use electronic recordkeeping software

(2) missing treatment planning information	4-6 hours of documentation/record-keeping CE + 4-6 hours of treatment planning CE	8-12 hours of documentation/record-keeping CE + 4-12 hours of treatment planning CE	2-3 hours of documentation/record-keeping CE + 2-3 hours of treatment planning CE
(3) missing diagnoses or evaluation info	4-6 hours of documentation/record-keeping CE + 4-6 hours of diagnosing CE	8-12 hours of documentation/record-keeping CE + 4-12 hours of diagnosing CE	2-3 hours of documentation/record-keeping CE + 2-3 hours of diagnosing CE
(4) not retained for a sufficient period of time (5 years for adults; 5 years post-18 for minors)	4-6 hours of documentation/record-keeping CE + 4-6 hours of risk management and records retention CE	8-12 hours of documentation/record-keeping CE + 4-12 hours of risk management and records retention CE	2-3 hours of documentation/record-keeping CE + 2-3 hours of risk management and records retention CE
Unsigned or missing informed consent forms (NRS 41A.110)	4-6 hours of documentation/record-keeping CE + 4-6 hours of risk management and informed consent CE	8-12 hours of documentation/record-keeping CE + 4-12 hours of risk management and informed consent CE	2-3 hours of documentation/record-keeping CE + 2-3 hours of risk management and informed consent CE

[rest of page intentionally blank]

E. Prescription Errors or Actions

MISCONDUCT	PRESUMPTIVE PENALTY	PENALTY WITH AGGRIVATORS	PENALTY WITH MITIGATORS
Prescribing controlled substances in excessive amounts (NAC 631.230(1)(b)) - If this causes the patient substantial physical or psychological harm	4-6 hours of CE re: administration of controlled substances and non-narcotic pain management + 4-6 hours of CE re: risk management and/or drug-related civil tort malpractice	8-12 hours of CE re: administration of controlled substances and non-narcotic pain management and non-narcotic pain management + 4-6 hours of CE re: risk management and/or drug-related civil tort malpractice	2-3 hours of CE re: administration of controlled substances and non-narcotic pain management and non-narcotic pain management + 4-6 hours of CE re: risk management and/or drug-related civil tort malpractice
Prescribing controlled substances when not proved as clinically needed (NRS 631.3475)(5)) - If this causes the patient substantial physical or psychological	4-6 hours of CE re: administration of controlled substances and non-narcotic pain management + 4-6 hours of CE re: risk management and/or drug-related civil tort malpractice	8-12 hours of CE re: administration of controlled substances and non-narcotic pain management + 4-6 hours of CE re: risk management and/or drug-related civil tort malpractice	2-3 hours of CE re: administration of controlled substances and non-narcotic pain management + 4-6 hours of CE re: risk management and/or drug-related civil tort malpractice
Obtaining controlled substances by			

misrepresentation or fraud (NAC 631.230(1)(c)) - If the dental professional themselves does this	Relinquish license to practice for 6 mos. To 1 yr. and complete substance abuse rehabilitation	Relinquish license to practice for 1-2 years and complete substance abuse rehabilitation	Relinquish license to practice for 30-60 days and complete substance abuse rehabilitation
- If the dental professional's actions allow a patient to do so (e.g. giving blank prescription; calling in prescription for known maker/dealer; non-dentist licensee pretending to be authorized dentist; etc.)	6-12 hours of ethics CE + 6-12 hours of CE re: administrative on controlled substances + dental jurisprudence exam	14-20 hours of ethics CE + 14-20 hours of CE re: administrative on controlled substances + dental jurisprudence exam + ethics assessment and remediation	2-4 hours of ethics CE + 2-4 hours of CE re: administrative on controlled substances + dental jurisprudence exam
Failing to conduct a minimum of one self-query through the Prescription Monitoring Program annually (NAC 631.230(1)(r))	4-6 hours of CE re: administration of controlled substances and PMP requirements	8-12 hours of CE re: administration of controlled substances and PMP requirements	2-3 hours of CE re: administration of controlled substances and PMP requirements
Prescribing any controlled substance defined as a dangerous drug and not FDA	4-6 hours of CE re: administration of controlled substances	8-12 hours of CE re: administration of controlled substances	2-3 hours of CE re: administration of controlled substances

approved (NRS 631.3475)(6))	and non-narcotic pain management	and non-narcotic pain management	and non-narcotic pain management
Prescribing a medication to a patient without having physically examined them within the prior 6 months and/or if the practitioner knows or reasonably believes the prescription will be filled by an illegal internet or foreign pharmacy (453.3643(1)(a)	(Please note, this could also trigger a criminal conviction for a Category B felony with a sentence of 3-15 years. Thus, it could also trigger the "grossly immoral act" discipline above. Where no criminal charges result, 4-6 hours of CE re: prescribing drugs	(Please note, this could also trigger a criminal conviction for a Category B felony with a sentence of 3-15 years. Thus, it could also trigger the "grossly immoral act" discipline above. Where no criminal charges result, 8-12 hours of CE re: prescribing drugs	(Please note, this could also trigger a criminal conviction for a Category B felony with a sentence of 3-15 years. Thus, it could also trigger the "grossly immoral act" discipline above. Where no criminal charges result, 2-3 hours of CE re: prescribing drugs
Prescribing a patient the wrong antibiotic for their condition (e.g., prescribing an eye drop only antibiotic for an oral condition, distinguished from prescribing a potentially viable but ultimately less effective antibiotic than an antibiotic that would have been more effective as revealed by later testing) or failing to prescribe a patient	3-4 hours of CE re: antibiotic drugs + 3-4 hours of CE re: infection control	5-8 hours of CE re: antibiotic drugs + 5-8 hours of CE re: infection control	1-2 hours of CE re: antibiotic drugs + 1-2 hours of CE re: infection control

any antibiotic post-procedure when doing so is generally accepted as the standard of care			

[rest of page intentionally blank]

F. Licensure or Board Relationship Errors or Actions

MISCONDUCT	PRESUMPTIVE PENALTY	PENALTY WITH AGGRIVATORS	PENALTY WITH MITIGATORS
Failure to report to the following to the Board within 30 days of occurrence and of the following: 1 – death of a patient during dental treatment; 2 – incident during treatment that results in a patient's permanent injury of hospitalization; 3 – suspension of dental license in another state; 4 – a practitioner's criminal conviction; 5 – a practitioner's known violation of any law in NRS chapter 631; and 6 – a finding of civil liability in a case against the practitioner in this or any other state relating to their practice of dentistry (NAC 631.230(1)(d); NAC 631.155)	4-6 hours of CE re: risk management and/or civil litigation + dental jurisprudence exam	8-12 hours of CE re: risk management and/or civil litigation + dental jurisprudence exam + ethics assessment and remediation	2-3 hours of CE re: risk management and/or civil litigation
Failing to provide a Board investigator with records when requested in relation to potential disciplinary proceeding before ethe Board (NAC 631.230(1)(s))	3 hours of ethics CE + 3 hours of HIPAA CE	4-8 hours of ethics CE + 3 hours of HIPAA CE	3 hours of HIPAA CE

Practitioner fails to obtain or file proof of completion of the CE credit hours compliance three or more times (NAC 631.177(3)) * If a license applicant has falsified completion of CE credit hours and same is discovered in a CE audit, see "grossly immoral act" subsection of Section A (Professional Competence Errors/Malpractice/Misconduct). The penalties here can be run concurrent or consecutive to the penalties there.	Pay triple the annual fee for certification of a license (currently $25 x 3 = $75)	Pay quadruple the annual fee for certification of a license (currently $25 x 4 = $100)	Pay double the annual fee for certification of a license (currently $25 x 2 = $50)
Practicing with no or a suspended or revoked license (NRS 631.346(5))	Immediate cease and desist from practice; ineligible to apply or re-apply for one year	Immediate cease and desist from practice; ineligible to apply or re-apply for 2-5 year (or indefinitely if practitioner causes serious bodily harm) + referral to AG'S office/DA's Office/police for Class D felony)	Immediate cease and desist from practice; ineligible to apply or re-apply for 1 month to 6 months

[rest of page intentionally blank]

G. Anesthesia Errors or Actions

MISCONDUCT	PRESUMPTIVE PENALTY	PENALTY WITH AGGRIVATORS	PENALTY WITH MITIGATORS
When administering or supervising the administration of anesthesia or sedation during a dental procedure, failing to remain present in the room with the patient at all times (NAC 631.230(1)(f))	Relinquish anesthesia permit for 1 year or the duration of the time it takes to complete 48 hours of anesthesia CE and take the dental jurisprudence exam, whichever is least	Relinquish anesthesia permit 6 mos. To 2 yrs., complete 24 hours of anesthesia CE and take the dental jurisprudence exam before reinstatement	Relinquish anesthesia permit for the duration of the time it takes to complete 24 hours of anesthesia CE and take the dental jurisprudence exam, reinstate after completion
Administering moderate sedation to more than one patient at a time with individual direct supervision of each patient (NAC 631.230(1)(g))	6-10 hours of anesthesia CE	8-16 hours of anesthesia CE	2-4 hours of anesthesia CE
Administering deep sedation or general anesthesia to more than one patient at a time (NAC 631.230(1)(h))	Relinquish anesthesia permit for 1 year or the duration of the time it takes to complete 48 hours of anesthesia CE and take the dental jurisprudence exam, whichever is least	Relinquish anesthesia permit 6 mos. To 2 yrs., complete 24 hours of anesthesia CE and take the dental jurisprudence exam before reinstatement	Relinquish anesthesia permit for the duration of the time it takes to complete 24 hours of anesthesia CE and take the dental jurisprudence exam, reinstate after completion
Failure to monitor anesthesia or sedation	6-10 hours of anesthesia CE	8-16 hours of anesthesia CE	2-4 hours of anesthesia CE

patient with pulse oximeter or similar during a procedure (NAC 631.230(1)(i))			
Allowing a person not certified in CPR to care for an anesthetized or sedated patient (NAC 631.230(1)(j))	6-10 hours of anesthesia CE	8-16 hours of anesthesia CE	2-4 hours of anesthesia CE
Failure to obtain informed patient consent prior to administering anesthesia or sedation (NAC 631.230(1)(k))	4-6 hours of documentation/record-keeping CE + 4-6 hours of risk management and informed consent CE	8-12 hours of documentation/record-keeping CE + 4-12 hours of risk management and informed consent CE	2-3 hours of documentation/record-keeping CE + 2-3 hours of risk management and informed consent CE
Failure to keep and maintain patient anesthesia records (NAC 631.230(1)(l))	4-6 hours of documentation/record-keeping CE + 4-6 hours of risk management and records retention CE	8-12 hours of documentation/record-keeping CE + 4-12 hours of risk management and records retention CE	2-3 hours of documentation/record-keeping CE + 2-3 hours of risk management and records retention CE
Failure to report to the Board an anesthetized or sedated patient's death or hospitalization within 30 days of incident (NAC 631.230(1)(m))	Relinquish anesthesia permit for 1 year or the duration of the time it takes to complete 48 hours of anesthesia CE and take the dental jurisprudence exam, whichever is least	Relinquish anesthesia permit 6 mos. To 2 yrs., complete 24 hours of anesthesia CE and take the dental jurisprudence exam before reinstatement	Relinquish anesthesia permit for the duration of the time it takes to complete 24 hours of anesthesia CE and take the dental jurisprudence exam, reinstate after completion

Allowing a person unpermitted to do so to administer anesthesia or sedation (NAC 631.230(1)(n))	Relinquish anesthesia permit for 1 year or the duration of the time it takes to complete 48 hours of anesthesia CE and take the dental jurisprudence exam, whichever is least	Relinquish anesthesia permit 6 mos. To 2 yrs., complete 24 hours of anesthesia CE and take the dental jurisprudence exam before reinstatement	Relinquish anesthesia permit for the duration of the time it takes to complete 24 hours of anesthesia CE and take the dental jurisprudence exam, reinstate after completion
Anesthesia provision caused oversedation or undersedation resulting in serious physical or psychological harm (a form of professional misconduct under NRS 631.3475)(1) and (2))	Relinquish anesthesia permit for 1 to 2 yrs., complete 24 hours of anesthesia CE and take the dental jurisprudence exam before reinstatement	Relinquish anesthesia permit permanently	Relinquish anesthesia permit for the duration of the time it takes to complete 24 hours of anesthesia CE and take the dental jurisprudence exam, reinstate after completion

[rest of page intentionally blank]

H. Infection Control-Related Actions or Issues

MISCONDUCT	PRESUMPTIVE PENALTY	PENALTY WITH AGGRIVATORS	PENALTY WITH MITIGATORS
Giving a public demonstration of methods of practice in any place other than the office where the Licensee regularly practices (NRS 631.346(2))	4-8 hours of CE re: infection control and signed declaration of reviewing/understanding NRS 631.346(2)	6-12 hours CE re: infection control and signed declaration of reviewing/understanding NRS 631.346(2)	2-3 hours of CE re: infection control and signed declaration of reviewing/understanding NRS 631.346(2)
Licensee did not use infection control measures while practicing	4-8 hours of ethics CE + 4-8 hours of CE re: infection control	6-12 hours of ethics CE + 6-12 hours CE re: infection control	2-3 hours of CE re: infection control
Owner of a practice does not implement required infection control measures at the facility and/or fails infection control inspection at the facility but does not cure inspection deficiencies (NAC 631.178(1); NAC 631.1785(9); NAC 631.179(4)) (1) Rising to the level of	(see below for infraction type) Summary suspension of practice license; to obtain reinstatement., complete 40 hours of infection control CE, take the dental	(see below for infraction type) Summary suspension of practice license; to obtain reinstatement., complete 80 hours of infection control CE, take the dental	(see below for infraction type) Summary suspension of practice license; to obtain reinstatement., complete 8-16 hours of infection control CE and allow for and pass a re-

negatively impacting public health, safety, and welfare of patient	jurisprudence exam before reinstatement, and allow for and pass a re-opening inspection prior to recommencing practice	jurisprudence exam before reinstatement, and allow for and pass a re-opening inspection prior to recommencing practice	opening inspection prior to recommencing practice

Board Member and Board Agent Compensation and Reimbursement

Purpose

This Article establishes the Attendance compensation and travel reimbursement rates for members of the Nevada State Board of Dental Examiners ("Board") and for individuals appointed or retained by the Board to perform official duties ("Board Agents").

General Policy

All compensation and reimbursements provided under this Article shall be limited to the performance of official Board duties and subject to applicable state laws, Board policies, and budgetary limitations. Board Members and Board Agents shall not receive compensation for activities not authorized by the Board.

Reimbursement Rates

Board Members

- **Board Meeting Attendance:** $150 per Board Meeting attended.
- **Committee Meeting Attendance:** $80 per Committee Meeting attended.
- **Review Panel Preparation Rate:** $100 per Review Panel Meeting for case review preparation.
- **Review Panel Meeting Attendance:** $25 per hour for participation in Review Panel Meetings.
- **Board Secretary-Treasurer Signatory Duties Rate:** $80 to sign checks and review/sign licenses.

Non-Board Committee Members

- **Committee or Sub-Committee Meeting Attendance:** $80 per Anesthesia Committee Meeting attended.

Board Agents

- **Infection Control Inspector Rate:** $53 per hour for infection control inspections.
- **Anesthesia/Sedation Site Evaluation Rate:** $250 per site evaluation.
- **Anesthesia/Sedation Administrative Evaluation Rate:** $500 per administrative evaluation.
- **Preliminary Screening Consultant Rate:** $225 per case evaluated.
- **Review Panel Meeting Attendance:** $25 per hour for participation in review panel meetings.
- **Review Panel Preparation Rate:** $100 per review panel meeting for case review preparation.

Travel Reimbursement

All Board Members and Board Agents performing official Board business shall be reimbursed for travel expenses as outlined in the Board Member/Agent Code of Conduct under the heading “Do not misuse public funds or organizational assets”.

Reporting and Authorization

a. Attendance and travel claims must be submitted on the approved Board reimbursement form, accompanied by supporting documentation as required.
b. All claims shall be subject to review and approval by the Executive Director or designee to ensure compliance with this Article.
c. The Board reserves the right to amend these rates by majority vote at a regularly scheduled Board Meeting.

NEVADA STATE BOARD OF DENTAL EXAMINERS

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

(TEMPORARY)
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
QUALIFICATIONS OF APPLICANTS

Michael D. Pearson, DMD		APPLICANT NAME
[redacted]		NEVADA LICENSE (licensed 07/01/2023)
Yes	**No**	COMPLETED APPLICATION
Yes	**No**	PAYMENT RECEIVED (CC $750.00 on 08/04/2025)
SEE ATTACHED		CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION (EQUIVALENT TO 60 HOURS/25 CASES) **Specialty: Pediatric Dentist** **UNLV – Pediatric Dentistry** **Completion date: 06/30/2025**
Yes	**No**	PALS CERTIFICATION IN COMPLIANCE WITH AMERICAN HEART ASSOCIATION STANDARDS **PALS VALID DATES:** **06/24/2025 – 06/2027**

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 by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES X NO

IF REJECTED,
Reasons/Concerns:_____

Josh Branco DMD (Aug 4, 2025 16:03:55 PDT)
Joshua M Branco, DMD
Chair of Anesthesia Committee

04/08/2025
Date

REVIEW CONTINUED
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
APPLICANT: Michael D. Pearson, DMD

Review by Secretary- Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns:_____

_____

_____

_____ _____
Daniel Streifel, DDS Date
Secretary-Treasurer

NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
nsbde@dental.nv.gov
Phone(702) 486-7044 | (800) DDS-EXAM | Fax (702)486-7046

[redacted]

PEDIATRIC ANESTHESIA ADMININSTRATIVE PERMIT APPLICATION

(administration of Moderate Sedation to patients 21 years of age and younger & adults with special needs)

THE FOLLOWING INFORMATION AND DOCUMENTATION MUST BE RECEIVED BY THE BOARD OFFICE PRIOR TO CONSIDERATION OF A PERMIT. ALL APPLICATIONS MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT

[redacted]

EDUCATION INFORMATION

1. Highest Degree Earned:	☐ Certificate ☐ Bachelors ☐ Doctoral (DDS)	☐ Associates ☐ Masters ☑ Doctoral (DMD)
2. Educational Institution Name: Midwestern University College of Dental Medicine		
3. Institution City: Glendale AZ	Institution State: AZ	Did you Graduate? ~~Yes~~ No
4. *If Yes, Graduation Date: May 30th 2019	**If No, Expected Graduation Date:	
5. Did you attend a Postdoctoral program in a specialty or advanced education in dentistry?		Yes* No

*Specialty Education		
7. Educational Program Name: UNLV Advance Education Pediatric Dentistry		
9. Institution City: Las Vegas	Institution State: NV	Did you Graduate? (Yes) No
10. *If Yes, Graduation Date: 6/30/2025	Did you receive Specialty Certificate/Diploma? (Yes) No Certificate/Diploma: Pediatric Dentistry	

C. APPLICANT ATTESTATIONS	
1. **By selecting this box,** I attest that I have received and attached certification to this application proving I have completed no less than sixty (60) hours of course study of a specialty program accredited by the Commission of Dental Accreditation of the American Dental Association which includes education and training in the administration of moderate sedation to pediatric patients that is equivalent to the education as required per NRS 631 of not less than sixty (60) hours and I have submitted proof of the successful administration as the operator of moderate sedation to no less than twenty-five (25) pediatric patients.	☑
2. **By selecting this box,** I hereby attest that I have attached to this application a copy of valid certification in Pediatric Advance Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management.	☑

CONTINUE TO PAGE 3 AND COMPLETE THE MODERATE SEDATION ADMINISTRATION FORM. APPLICATIONS THAT DO NOT HAVE THE COMPLETED MODERATE SEDATION ADMINISTRATION FORM ARE NOT COMPLETE AND WILL NEED TO BE RESUBMITTED

[redacted]

E. FEES			
APPLICATION FEES ARE NON-REFUNDABLE. DENIAL OF AN APPLICATION IS NOT GROUNDS FOR A REFUND			
☑ Moderate Sedation	$750.00	☐ Site Permit	$500.00
OPTIONAL REQUEST FEES			
☐ Duplicate Anesthesia Permit	$25.00	Quantity: _____	
☐ Duplicate DH Local Anesthesia/N20 Permit	$25.00	Quantity: _____	
☐ Name Change	$25.00		

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

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

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

Licensee Signature: _____ Date: 7/30/2025

NEVADA STATE BOARD OF DENTAL EXAMINERS

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

(TEMPORARY)
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
QUALIFICATIONS OF APPLICANTS

Tiffany Lu, DMD		APPLICANT NAME
[redacted]		NEVADA LICENSE (licensed 06/06/2023)
Yes	**No**	COMPLETED APPLICATION
Yes	**No**	PAYMENT RECEIVED (CC $750.00 on 7/23/2025)
SEE ATTACHED		CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION (EQUIVALENT TO 60 HOURS/25 CASES) **Specialty: Pediatric Dentistry** **UNLV – School of Dental Medicine** **Completion date: 06/2025**
Yes	**No**	PALS CERTIFICATION IN COMPLIANCE WITH AMERICAN HEART ASSOCIATION STANDARDS **PALS VALID DATES:** **06/24/2025 – 06/2027**

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 by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YESX NO

IF REJECTED,
Reasons/Concerns:_____

Josh Branco DMD (Jul 31, 2025 14:03:52 PDT)
Joshua M Branco, DMD
Chair of Anesthesia Committee

31/07/2025
Date

REVIEW CONTINUED
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
APPLICANT: Tiffany Lu, DMD

Review by Secretary- Treasurer:

APPLICATION APPROVED: (YES) NO

IF REJECTED,
Reasons/Concerns:_____

_____

_____

Daniel Streifel, DDS
Secretary-Treasurer

8-1-25
Date

NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
nsbde@dental.nv.gov
Phone(702) 486-7044 | (800) DDS-EXAM | Fax (702)486-7046

[redacted]

PEDIATRIC ANESTHESIA ADMININSTRATIVE PERMIT APPLICATION

(administration of Moderate Sedation to patients 21 years of age and younger & adults with special needs)

THE FOLLOWING INFORMATION AND DOCUMENTATION MUST BE RECEIVED BY THE BOARD OFFICE PRIOR TO CONSIDERATION OF A PERMIT. ALL APPLICATIONS MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT

[redacted]

B. EDUCATION INFORMATION

1.	Highest Degree Earned:	☐ Certificate ☐ Bachelors ☐ Doctoral (DDS)	☐ Associates ☐ Masters ☒ Doctoral (DMD)	
2.	Educational Institution Name: University of Nevada, Las Vegas School of Dental Medicine			
3.	Institution City: Las Vegas	Institution State: NV	Did you Graduate? (Yes)	No
4.	*If Yes, Graduation Date: 04/2021	**If No, Expected Graduation Date:		
5.	Did you attend a Postdoctoral program in a specialty or advanced education in dentistry?		(Yes*)	No

*Specialty Education		
7. Educational Program Name: Advanced Pediatric Dentistry at University of Nevada, Las Vegas School of Dental Medicine		
9. Institution City: Las Vegas	Institution State: NV	Did you Graduate? (Yes) No
10. *If Yes, Graduation Date: 06/2025	Did you receive Specialty Certificate/Diploma? (Yes) No (Certificate)/Diploma: Pediatric Dentistry	

C. APPLICANT ATTESTATIONS

1. **By selecting this box,** I attest that I have received and attached certification to this application proving I have completed no less than sixty (60) hours of course study of a specialty program accredited by the Commission of Dental Accreditation of the American Dental Association which includes education and training in the administration of moderate sedation to pediatric patients that is equivalent to the education as required per NRS 631 of not less than sixty (60) hours and I have submitted proof of the successful administration as the operator of moderate sedation to no less than twenty-five (25) pediatric patients.	X
2. **By selecting this box,** I hereby attest that I have attached to this application a copy of valid certification in Pediatric Advance Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management.	X

CONTINUE TO PAGE 3 AND COMPLETE THE MODERATE SEDATION ADMINISTRATION FORM. APPLICATIONS THAT DO NOT HAVE THE COMPLETED MODERATE SEDATION ADMINISTRATION FORM ARE NOT COMPLETE AND WILL NEED TO BE RESUBMITTED

D. MODERATE SEDATION - CASE LOG COVER SHEET

[redacted]

CONTINUE TO PAGE 4 TO SIGN AND ATTEST TO THE APPLICATION. APPLICATIONS THAT ARE NOT SIGNED ARE NOT COMPLETE AND WILL NEED TO BE RESUBMITTED.

E. FEES

APPLICATION FEES ARE NON-REFUNDABLE. DENIAL OF AN APPLICATION IS NOT GROUNDS FOR A REFUND			
☒ Moderate Sedation	$750.00	☐ Site Permit	$500.00
OPTIONAL REQUEST FEES			
☐ Duplicate Anesthesia Permit	$25.00	Quantity: _____	
☐ Duplicate DH Local Anesthesia/N20 Permit	$25.00	Quantity: _____	
☐ Name Change	**$25.00**		

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

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

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

Licensee Signature: Tiffany Lu

Date: 07/20/2025

NEVADA STATE BOARD OF DENTAL EXAMINERS

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

(TEMPORARY)
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
QUALIFICATIONS OF APPLICANTS

Brennan Truman, DMD		APPLICANT NAME
[redacted]		NEVADA LICENSE (licensed 07/01/2023)
Yes	**No**	COMPLETED APPLICATION
Yes	**No**	PAYMENT RECEIVED (CC $750.00 on 6/27/2025)
SEE ATTACHED		CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION (EQUIVALENT TO 60 HOURS/25 CASES) **Specialty: Pediatric Dentistry** **UNLV SDM – Advanced Education** **Completion date: 06/30/2025**
Yes	**No**	PALS CERTIFICATION IN COMPLIANCE WITH AMERICAN HEART ASSOCIATION STANDARDS **PALS VALID DATES:** **08/02/2023 – 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 by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YESX NO

IF REJECTED,
Reasons/Concerns:_____

Josh Branco DMD (Jul 22, 2025 14:09 PDT)
Joshua M Branco, DMD
Chair of Anesthesia Committee

07/22/2025
Date

REVIEW CONTINUED
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
APPLICANT: Brennan Truman, DMD

Review by Secretary- Treasurer:

APPLICATION APPROVED: (YES) NO

IF REJECTED,
Reasons/Concerns: _____

_____

_____

Dan Streifel
Daniel Streifel, DDS
Secretary-Treasurer

8-1-25
Date

NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
nsbde@dental.nv.gov
Phone(702) 486-7044 | (800) DDS-EXAM | Fax (702)486-7046

[redacted]

PEDIATRIC ANESTHESIA ADMININSTRATIVE PERMIT APPLICATION

(administration of Moderate Sedation to patients 21 years of age and younger and adults with special needs)

THE FOLLOWING INFORMATION AND DOCUMENTATION MUST BE RECEIVED BY THE BOARD OFFICE PRIOR TO CONSIDERATION OF A PERMIT. ALL APPLICATIONS MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT

[redacted]

B. EDUCATION INFORMATION

1. Highest Degree Earned:	☐ Certificate	☐ Associates
	☐ Bachelors	☐ Masters
	☐ Doctoral (DDS)	☒ Doctoral (DMD)

2. Educational Institution Name: UNLV SDM			
3. Institution City: Las Vegas	Institution State: NV	Did you Graduate? ⊗ Yes	○ No
4. *If Yes, Graduation Date: 5/2023	**If No, Expected Graduation Date:		
5. Did you attend a Postdoctoral program in a specialty or advanced education in dentistry?		⊗ Yes*	○ No

*Specialty Education		
7. Educational Program Name: UNLV SDM Advanced Education in Pediatric Dentistry		
9. Institution City: Las Vegas	Institution State: NV	Did you Graduate? ☒ Yes ○ No
10. *If Yes, Graduation Date: 6/30/25	Did you receive Specialty Certificate/Diploma? ☒ Yes ○ No Certificate/Diploma: _____	

C. APPLICANT ATTESTATIONS

1. **By selecting this box,** I attest that I have received and attached certification to this application proving I have completed no less than sixty (60) hours of course study of a specialty program accredited by the Commission of Dental Accreditation of the American Dental Association which includes education and training in the administration of moderate sedation to pediatric patients that is equivalent to the education as required per NRS 631 of not less than sixty (60) patients and I have submitted proof of the successful administration as the operator of moderate sedation to no less than twenty-five (25) pediatric (under 13 years old) patients.	☒
2. **By selecting this box,** I hereby attest that I have attached to this application a copy of valid certification in Pediatric Advance Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management.	☒

CONTINUE TO PAGE 3 AND COMPLETE THE MODERATE SEDATION ADMINISTRATION FORM. APPLICATIONS THAT DO NOT HAVE THE COMPLETED MODERATE SEDATION ADMINISTRATION FORM ARE NOT COMPLETE AND WILL NEED TO BE RESUBMITTED

NEVADA STATE BOARD OF DENTAL EXAMINERS

2651 N. Green Valley Pkwy, Suite 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

David Lee, DMD	APPLICANT NAME
[redacted]	NEVADA LICENSE (licensed 01/19/2000)
Yes No	COMPLETED APPLICATION
Yes No	PAYMENT RECEIVED (CC 04/18/2025 / $ 750.00)
SEE ATTACHED	CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION:
	Program: Idaho State University – Department of Dental Science
SEE ATTACHED	CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY THE APPLICANT
	Location: Idaho State University – Healthy Smiles, Lexington Kentucky
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: **04/02/2025 – 04/2027**

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: David Lee, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES X NO -

IF NO,
Reasons/Concerns: -

Josh Branco DMD (Apr 18, 2025 13:23 PDT)
Joshua Branco, DMD
Anesthesia Chair

04/18/2025
Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: (YES) NO

IF REJECTED,
Reasons/Concerns:

Daniel Streifel, DDS
Secretary-Treasurer

5-27-25
Date

Nevada State Board of Dental Exami
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7

[redacted]

DENTAL EDUCATION			BOARD APPROVED PROGRAM		
University/ College:	Tufts University School of Dental Medicine		Name/ Instructor:	Happy Smiles Margaret Walker, DMD	
Location:	Medford, MA		Location:	Lexington, KY	
Dates attended:	/ 1991 / to / 1995 /	Degree Earned: DMD	Dates attended:	2 / 21 /25 to 4 / 8 /25	Certificate Granted: Moderate Sedation

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

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

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 4/14/25

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

NEVADA STATE BOARD OF DENTAL EXAMINERS

2651 N. Green Valley Pkwy, Suite 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

Caitlin M. Caraballo, DDS	APPLICANT NAME
[redacted]	NEVADA LICENSE (licensed 04/03/2025)
Yes No	COMPLETED APPLICATION
Yes No	PAYMENT RECEIVED (CC 03/05/2025 / $ 750.00)
SEE ATTACHED	CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION:
	Program: Vesper Institute
SEE ATTACHED	CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY THE APPLICANT
	Location: Vesper Institute – Cincinnati, OH
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: **02/14/2025 – 02/2027**

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: [redacted]

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES X NO

IF NO,
Reasons/Concerns:_____

_____

_____

Josh Branco (Oct 28, 2025 11:12:03 PDT)

Joshua Branco, DMD
Anesthesia Chair

28/10/2025
Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns:_____

_____

_____

Daniel Streifel, DDS
Secretary-Treasurer

Date

Nevada State Board of Dental Examine

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

[redacted]

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

☐ Office Site Permit

Name: Caitlin Caraballo [redacted]

[redacted]

DENTAL EDUCATION

University/ College: Loma Linda University

Location: Loma Linda, CA

Dates attended: 8 / 1 / 15 to 6 / 1 / 19

Degree Earned: DDS

BOARD APPROVED PROGRAM

Name/ Instructor: Vesper Institute

Location: Cincinnati, OH

Dates attended: 3 / 6 / 25 to 4 / 3 / 25

Certificate Granted: moderate sedation

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

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

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 4/3/2025

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

NEVADA STATE BOARD OF DENTAL EXAMINERS

2651 N. Green Valley Pkwy, Suite 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 N. Taylor, DDS	APPLICANT NAME
[redacted]	NEVADA LICENSE (licensed 01/27/2020)
Yes No	COMPLETED APPLICATION
Yes No	PAYMENT RECEIVED (CC 10/21/2025 / $ 750.00)
SEE ATTACHED	CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION:
	Program: DOCS Education in affiliation with Idaho State University
SEE ATTACHED	CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY THE APPLICANT
	Location: Happy Smiles - Salt Lake City, UT
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: **12/11/2024 – 12/2026**

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: Joseph N. Taylor, DDS

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YESX NO

IF NO,
Reasons/Concerns:_____

_____

_____

Josh Branco DMD (Oct 28, 2025 11:13:04 PDT)

Joshua Branco, DMD
Anesthesia Chair

28/10/2025
Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns:_____

_____

_____

Daniel Streifel, DDS
Secretary-Treasurer

Date

NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
nsbde@dental.nv.gov
Phone(702) 486-7044 | (800) DDS-EXAM | Fax (702)486-7046

OFFICE USE ONLY
Received
Date Received: OCT 21 2025
Payment Amount:
Staff Initials: NSBDE JL

MODERATE ANESTHESIA ADMININSTRATIVE PERMIT APPLICATION

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

THE FOLLOWING INFORMATION AND DOCUMENTATION MUST BE RECEIVED BY THE BOARD OFFICE PRIOR TO CONSIDERATION OF A PERMIT. ALL APPLICATIONS MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT

A. CONTACT INFORMATION

First Name:	Middle Name:	Last Name:
Joseph	Nicholas	Taylor

[redacted]

Pursuant to NAC 631.150, all licensees are required to keep the Board informed of their current address(es). Changes to any address must be reported to the Board office in writing via the Address Change Form (or updated online) within thirty (30) days of such change. All addresses are treated individually.

PROVIDE THE ADDRESS OF THE PRACTICE YOU ARE APPLYING FOR AN ANESTHESIA PERMIT BELOW. IF YOU ARE APPLYING FOR MORE THAN ONE (1) OFFICE, LIST OTHERS ON A SEPARATE SHEET

[redacted]

B. EDUCATION INFORMATION

1. Highest Degree Earned:	☐ Certificate	☐ Associates
	☐ Bachelors	☐ Masters
	☑ Doctoral (DDS)	☐ Doctoral (DMD)

2. Educational Institution Name: USC Herman Ostrow School of Dentistry

3. Institution City:	Institution State:	Did you Graduate?
L.A.	CA	☑ Yes ○ No

4. *If Yes, Graduation Date:	**If No, Expected Graduation Date:
2017	

5. Did you attend a Postdoctoral program in a specialty or advanced education in dentistry? ○ Yes* ☑ No

*Specialty Education		
7. Educational Program Name: Docs Education		
9. Institution City: Salt Lake	Institution State: UT	Did you Graduate? ⊗ Yes ○ No
10. *If Yes, Graduation Date: 12/2024	Did you receive Specialty Certificate/Diploma? ⊗ Yes ○ No Certificate/Diploma: _____	

C. APPLICANT ATTESTATIONS	
1. **By selecting this box,** I attest that I have received and attached said certification to this application proving I have completed no less than sixty (60) hours of course study as subject to the approval of the Board, 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	☑
2. **By selecting this box,** I hereby attest that I have attached a valid copy of Advanced 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	☑

CONTINUE TO PAGE 3 AND COMPLETE THE MODERATE SEDATION ADMINISTRATION FORM. APPLICATIONS THAT DO NOT HAVE THE COMPLETED MODERATE SEDATION ADMINISTRATION FORM ARE NOT COMPLETE AND WILL NEED TO BE RESUBMITTED.

E. FEES

APPLICATION FEES ARE NON-REFUNDABLE. DENIAL OF AN APPLICATION IS NOT GROUNDS FOR A REFUND

☑	Moderate Sedation	$750.00	☑ Site Permit	$500.00

OPTIONAL REQUEST FEES

☐	Duplicate Anesthesia Permit	$25.00	Quantity: _____
☐	Duplicate DH Local Anesthesia/N20 Permit	$25.00	Quantity: _____
☐	Name Change	$25.00	

I hereby submit my 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.*

Furthermore, I 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

Licensee Signature: _____ Date: 10/20/2025

NEVADA STATE BOARD OF DENTAL EXAMINERS

2651 N. Green Valley Pkwy, Suite 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

Roberto Rodriguez, DMD	APPLICANT NAME
[redacted]	NEVADA LICENSE (licensed 05/29/2025)
Yes No	COMPLETED APPLICATION
Yes No	PAYMENT RECEIVED (CC 11/05/2025 / $ 750.00)
SEE ATTACHED	CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION:
	Program: Meharry Medical College School of Dentistry affiliated with DOCS Education
SEE ATTACHED	CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY THE APPLICANT
	Location: Happy Smiles, Lexington Kentucky
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: **10/01/2025 – 10/2027**

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: Roberto Rodriguez, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES X NO

IF NO,
Reasons/Concerns:_____

_____

_____

Josh Branco DMD
Josh Branco DMD (Nov 6, 2025 09:45:06 PST)

06/11/2025

Joshua Branco, DMD
Anesthesia Chair

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns:_____

_____

_____

Daniel Streifel, 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

[redacted]

DENTAL EDUCATION

University/ College: Nova Southeastern University

Location: Davie, Florida

Dates attended: 8 / /20 to 5 / 1 / 24

Degree Earned: DMD

BOARD APPROVED PROGRAM

Name/ Instructor: Dr. Henry Young DDS/DOCS Education

Location: Happy Smiles, Lexington Kentucky

Dates attended: 9 / 15 /25 to 10 / 4 /25

Certificate Granted: Moderate Sedation

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

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

Revised 05/2018

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

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

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

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

Signature of Applicant _____

Date 10/31/2025

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

NEVADA STATE BOARD OF DENTAL EXAMINERS

2651 N. Green Valley Pkwy, Suite 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

Amir H. Mossadegh, DDS	APPLICANT NAME
[redacted]	NEVADA LICENSE (licensed 11/01/2022)
Yes No	COMPLETED APPLICATION
Yes No	PAYMENT RECEIVED (CC 07/24/2025 / $ 750.00)
SEE ATTACHED	CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION:
	Program: Vesper Institute
SEE ATTACHED	CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY THE APPLICANT
	Location: Cincinnati, OH 45227
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: **01/11/2025 – 01/2027**

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: Amir H. Mossadegh, DDS

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES X NO

IF NO,
Reasons/Concerns:_____

_____

_____

Josh Branco DMD (Aug 6, 2025 13:05:49 PDT)

Joshua Branco, DMD
Anesthesia Chair

06/08/2025
Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns:_____

_____

_____

Daniel Streifel, DDS
Secretary-Treasurer

Date

Nevada State Board of Dental Examir
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-70

[redacted]

DENTAL EDUCATION

University/ College: university of British Columbia (UBC) vancouver, canada

Dates attended: 07/2019 / to 08 / 2022

Degree Earned: Diploma in periodontology MSc

BOARD APPROVED PROGRAM

Name/ Instructor: Scott E Dr. Isaacs

Location: 5823 wooster Pike, cincinnati, oH 45227

Dates attended: 6 / 12 / 25 to 6 / 16 / 25

Certificate Granted: moderate sedation

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

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

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 07/24/2025

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

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, Nelson Poliran Jr, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 7787 on the Sept day of 15th, 20 25.

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:

2127 W Beacon Ave Anaheim CA, 92804

Email address: nelson.poliran.dds@gmail.com

Home Phone: (N/A) _____ Cell Phone: (626) 241-5206

_____
Licensee Signature

September 15, 2025
Date of Signature (must correspond with notary date)

State of _____

County of _____

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

See attached document for notary jurat
Notary Public

_____
My Commission Expires

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

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

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 15th day of September, 2025.
Date *Month* *Year*
by
(1) Nelson Poliran Jr
(and (2) _____),
Name(s) of Signer(s)

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

SARA JO GALINDO
Notary Public - California
Orange County
Commission # 2437726
My Comm. Expires Feb 10, 2027

Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Voluntary Surrender Of License Document Date: 09/15/2025
Number of Pages: 2 Signer(s) Other Than Named Above: N/A