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STATE OF NEVADA



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*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 MINUTES**

**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](mailto: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**

**Board Members' Present: Dr. Ron West (President), Dr. Daniel Streifeil (Secretary-Treasurer),**

**Dr. Joshua Brnaco, Dr. Lance Kim, Dr. Christopher Hock, Ms. Jana McIntyre, Ms. Yamilka Arias, Ms. Kimberley Petrilla, Dr. Joan Landron, Dr. Ashley Hoban.**

**Board Members' Absent: Mr. Michele Pontoni, Esq.**

**Board Staff Present: Director Higginbotham, General Counsel Barraclough, A. Cymerman, M. Kelley, M. Ramirez, S. Barjon, 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](mailto: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.

**Dan Ta, attorney for the American Association of Orthodontists, provided public**

comment. He stated that the AAO supports the Board's implementation of AB 147 and agrees that an in-person visit is required before orthodontic appliances are used. However, he expressed concern that the current draft of Section 2.2 may be interpreted more broadly than intended. To ensure clarity and alignment with statutory requirements, he recommended revisions for the Board's consideration.

Allen Erenbomb, representative of DialCare, stated he wished to note a concern regarding the prior public comment suggesting changes to the proposed teledentistry regulations. He indicated that he had not yet reviewed the suggested language but emphasized that DialCare appreciates the Board and staff's work on the regulations and supports the version currently drafted and included in the meeting materials.

Director Higginbotham communicated that there were two written public comments regarding teledentistry and immunizations, submitted by Dr. Chen, and Vicki Ives from the Department of Health and Human Services, respectively. These were included with the meeting materials.

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

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

**Dr. West requested the removal of agenda item 6.f. - Review, Discussion, and Possible Approval/Rejection of 90-Day Extension of Temporary Anesthesia Permit.**

**A motion to remove agenda item 6.f. was made by Ms. McIntyre, and it was seconded by Dr. Hoban.**

**No discussion.**

**All members' voted 'AYE.'**

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

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

**Dr. Landron.**

**No discussion.**

**All members' voted 'AYE.'**

**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**

**A motion to approve the meeting minutes was made by Ms. McIntyre, and it was seconded by Dr. Hoban.**

**No discussion.**

**All members' voted 'AYE.'**

**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**

**Director Higginbotham presented the initial licensing and permit report for informational purposes. This report serves as the Board's formal update on dentists, dental hygienists, and dental therapists who have been issued licenses from July 1, 2025, to the present. He noted this will be a recurring agenda item, offering the Board a quarterly list of individuals approved for licensure and signed off by the Board Secretary-Treasurer and the Executive Director.**

- ii. Public Health Programs**

**Director Higginbotham reported that this item provides information on public**

health programs authorized by the Dental Hygiene, Dental Therapy, and EFDA Committee, along with those inspected and approved by Board agents. A list of programs that have completed the full process will also be included under this agenda item in future meetings. This report is for informational purposes only.

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

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

**General Counsel Barraclough communicated there are no new updates on the one pending litigation case.**

**b. Regulatory Update** (For Informational Purposes Only)

**i. Emailed Business Impact Statement to All Licensees**

**Director Higginbotham communicated that all licensees, including dentists and dental hygienists, will receive an email this week with a series of proposed regulations to begin the workshopping process. Licensees will have the opportunity to submit a business impact statement detailing how each proposed regulation may positively or adversely affect their practice.**

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

**Director Higginbotham communicated that the intent of the current language was for regarding Public Health Programs, noting it is intended to allow these programs to utilize teledentistry and refer patients to dentists for follow-up care. General Counsel Andrea Barraclough provided further clarification on the matter.**

**General Counsel Andrea Barraclough explained that the draft regulations have been reviewed by the Legislative Counsel Bureau (LCB), which returned language that is statutorily compliant. The intent of Section 2 is to allow Public Health Programs' RDHs to establish a bona fide relationship with patients solely through an initial consultation and review of patient history, enabling care for underserved rural populations who may not have seen a dentist in many years. While alternate language could be considered to clarify this applies only to public health programs,**

the current draft reflects LCB-approved language for the Board's specific intent.

Director Higginbotham clarified the intent is to improve access to care for rural Nevadans who lack existing dentist-patient relationships, allowing them to be guided to appropriate care after seeing a hygienist in a public health program.

Dr. West noted that the discussion reflects a balance between concerns from some orthodontists about remote care and the Board's goal of improving access to care through public health programs, acknowledging that not all stakeholders may be fully satisfied.

General Counsel Barraclough explained that the LCB language includes multiple cross-references to statutes and regulations, which, while complex, ensure that only Public Health Programs can establish bona fide relationships under this provision. She offered to provide a simplified summary for the Board if they choose to table the item for further review, but confirmed that the current language does provide the intended protections against for-profit entities.

Dr. Branco inquired about the intent of RO56-24 as the NRS does already outline how to establish a bona fide relationship, including Public Health.

General Counsel Barraclough explained that NRS 631.34583 generally requires a licensee to establish a bona fide relationship before providing services via teledentistry, with exceptions for emergent care, initial need for orthodontic assessments, and purposes of emergent care in connection with public health programs. The proposed regulation aims to cover situations not explicitly captured by the statute, including public health RDHs outside the statutory definition. She noted that the LCB reviewed the draft, confirmed it does not conflict with NRS 631.34583, and recognized it as a supplemental, not overriding, regulation.

Dr. Branco inquired about data to support benefit to the public for allowing an RDH to establish a the bona fide relationship through teledentistry.

Director Higginbotham communicated that data on the public benefit of allowing an RDH to establish a bona fide relationship via teledentistry has not yet been

researched. The current focus has been on defining when such relationships are applicable, and input from other state agencies suggests tele-dentistry is intended primarily as a tool for public health programs.

Dr. Branco communicated his opposition for an RDH to establish the relationship.

Director Higginbotham clarified that RDHs would use teledentistry to communicate with a dentist, coordinating patient care during a public health event, rather than for direct treatment themselves.

General Counsel Barraclough clarified that public health RDHs may perform duties allowed under their scope of practice without prior dentist authorization or supervision, which is typically required. This provision is intended for RDHS to establish a bona fide relationship to underserved areas, where dentist availability is limited. RDHs still cannot perform procedures outside their scope; their role is limited to preventive and diagnostic services. Any identified dental issues must be referred to a licensed dentist, and the bona fide relationship allows them to coordinate care through tele-dentistry as needed.

Dr. Hoban inquired about the language change from “..determining the need for orthodontic correction...” to “correcting position of teeth using orthodontic appliances.” Dr. Hoban expressed opposition to permitting orthodontic treatment without an in-person examination. She emphasized that in-person exams are necessary for ensuring proper radiographs and study models are made, and stated that any regulation section that allows otherwise should not be included.

Ms. Arias expressed her agreement.

Dr. Branco clarified that NRS requires orthodontists to see patients in person before starting treatment so, the Board should not make a regulation that contradicts NRS.

Dr. Hoban expressed concern that the current language could be misinterpreted, creating gray areas. She noted that the orthodontic provisions seem separate from other public health sections and questioned why they are combined, suggesting potential for misapplication or manipulation.

General Counsel Barraclough noted that the language was included to mirror NS 631.34583 as required by the LCB. While the board could propose revised language or strike it, doing so might prompt the LCB to object, since the current wording reflects their directive to align with the statute.

Dr. John Griffiths, an orthodontist in Las Vegas, expressed concern that the current draft language allowing consultations “in lieu of” an in-person exam could create a loophole for groups to begin orthodontic treatment without a proper bona fide relationship, including required in-person exams and X-rays. He emphasized that the original statute intended to ensure patient safety and proper orthodontic care, and he supports a minor clarification—such as suggested by Dan Taw of the AAO—to reduce ambiguity. He noted that without such clarification, the AO may not support advancing the regulation as currently written.

Alan Erenbaum, representing Dial Care, noted that Section 2.2, or a version of it, is essential to ensure dentists can provide emergent care via teledentistry. He emphasized that the statute does not require an in-person exam for emergent care, but the regulation does, so an exception is necessary. Noted his agreement with the AAO that the LCB language may be overly broad for orthodontics. He cautioned against striking the section entirely, as doing so would limit access to emergent teledentistry care for Nevadans.

Dr. West suggests that the Board table this until concerned parties can submit their items in writing for Board review. He echoed the concern that the intent to preserve emergent care access must remain. Members were asked to submit any comments, whether in agreement or disagreement, to board staff so they can be forwarded to the LCB for consideration, with the goal of returning the regulation for reconsideration promptly. Dr. West noted for the record that the sections the Board is focusing on is the language in 2.2 and section E.

Dr. Branco stated that the current Nevada statutes clearly define how orthodontists must establish bonafide relationships and require necessary in-person follow-up after tele-dentistry. He questioned why the proposed regulations are creating confusion, leading some to believe they allow more than what the statute permits, and identified this misunderstanding as a recurring concern in

orthodontic language/feedback.

Ms. Arias suggested that the language may need be spelled out more thoroughly to cease the misunderstanding with this regulation.

Dr. Hoban expressed strong opposition to adding the current language, noting it could create a loophole allowing orthodontic treatment, such as correcting tooth position via appliances, without an in-person exam - citing SmileDirect as an example and in her experience seeing poor outcomes.

Dr. Branco acknowledges that by adding the provided language into the pending regulation, that goes against current NRS regulations and noting that this is not something the Board can do.

General Counsel Barraclough discussed that NRS 631.3458(3)(c) allows an initial diagnosis of malpositioned teeth and determination of the need for an orthodontic appliance without an existing bona fide relationship, but the diagnosis must be confirmed via an in-person visit before treatment begins. The LCB had requested that the NAC mirror this statute, likely to maintain consistency with other legislation. General Counsel acknowledged the possibility that this mirroring may have been applied without full consideration of the implications. Staff will gather stakeholder feedback and present it to the LCB to determine if mirroring is necessary or if the regulation can rely solely on the statute. This review is the reason for tabling the issue.

Dr. Branco requested documentation be provided that shows how this regulation preserves the existing law in NRS.

Director Higginbotham reviewed public comment regarding immunization reporting. The proposed change in Section 10.2 would replace the current language requiring (a) notification to the patient's primary care provider and (b) maintaining a monthly log, with a single requirement that dentists, dental hygienists, or dental therapists holding a special endorsement report each immunization dose directly to the Nevada Statewide Immunization Information System. He requested discussion or feedback on this proposed language before proceeding.

Dr. Branco expressed that the Board should find out what is done throughout other facilities in the state and mirror that to create consistency.

Ms. Arias expressed her support for the proposed change to Section 10.2, noting that reporting immunizations directly to the statewide system is logical and eliminates redundancy, similar to how prescriptions are recorded through pharmacies, and questioned the utility of maintaining a separate monthly log for the board.

Dr. West directed that all public comments from stakeholders, along with the board's comments from today, be submitted to the LCB. The board requested that the LCB provide specific explanations for their decisions on the language, to help clarify intent and identify any potential gaps or unintended consequences from over-mirroring the statute.

A motion was made to table the revised proposed regulations by Dr. West, and it was seconded by Ms. McIntyre.

Ms. Arias suggested that since the LCB are not dental professionals, perhaps the Board should provide explanations on our requested changes to help the LCB make sense of them.

Director Higginbotham explained that the board is facing pushback when revisions are proposed due to a patchwork of regulations where stakeholders have incorporated conflicting provisions into the NRS and NAC. The LCB is now enforcing that no NAC regulations can conflict with the NRS, and any changes to the NRS would require legislative action. The board is gathering stakeholder input to ensure their voices are heard, but the LCB maintains the final authority.

Dr. West emphasized the importance of providing clarification to the LCB before they finalize decisions. He suggested establishing a clear dialogue so the board can offer opinions and guidance, aligning the language between the NAC and NRS, to minimize back-and-forth and ensure the final draft is as clear and agreeable as possible.

**No further discussion.**

**All members' voted 'AYE'.**

**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

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

**No discussion.**

**All members' voted 'AYE.'**

**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**

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

**No discussion.**

**All members' voted 'AYE.'**

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

**i. Dr. Z**

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

**No discussion.**

**All members' voted 'AYE.'**

**ii. Dr. Y**

**Dr. Kim inquired if the Board has DHA access to look into this case further.**

**Director Higginbotham confirmed the Board has access.**

**General Counsel Barraclough confirmed, but noted for some reason they could not pull the specific documentation for this matter at this time.**

**Dr. Kim clarified that the reason for asking is the item was filed by a military agency, if the Board had access to DHA to even conduct an investigation.**

**Dr. West clarified that the information would come out during the investigation**

and if there not was access to material needed then the case would be remanded at that point.

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

No discussion.

All members' voted 'AYE.'

iii. Dr. X

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

No discussion.

All members' voted 'AYE.'

**6. New Business:** (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)

General Counsel Barraclough communicated the previously tabled Section I of the disciplinary matrix. The original Section I included non-disciplinary actions, which was not permitted. Following the prior meeting, the section was redrafted to reflect the board's vote, offering two options: non-publication and letters of concern with dismissals. The revised language has been provided, with the old Section I replaced by new Sections I and J for clarity, and the board was asked to confirm agreement with these revisions.

A motion to approve revised Disciplinary Case Review and Resolution Matrix was made by Dr. West, and it was seconded by Dr. Hock.

No discussion.

All members' voted 'AYE.'

- 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)

**A motion to approve preparation fee was made by Dr. Kim, and it was seconded by Dr. West.**

**No discussion.**

**All members' voted 'AYE.'**

- 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)

**A motion to approve was made by Dr. Streifel, and it was seconded by Dr. Kim.**

**No discussion.**

**All members' voted 'AYE.'**

- 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

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

**No discussion.**

**All members' voted 'AYE.'**

- 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

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

No discussion.

All members' voted 'AYE.'

~~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~~

This item was removed from the agenda.

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.

A motion to approve voluntary surrender was made by Dr. Kim, and it was seconded by Dr. West.

No discussion.

All members' voted 'AYE.'

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)

A motion to approve the FY25 audit was made by Dr. West, and it was seconded by Dr. Branco.

No discussion.

All members' voted '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.

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**Vicki Ives, Division of Public and Behavioral Health, clarified for the record that the document included in the board packet was not submitted by the Division of Public Health, but was an informational item shared with the Nevada Cancer Coalition.**

#### **8. Announcements:**

**Dr. West congratulated Director Higginbotham the Board staff on all the hard work and changes made to have a successful audit.**

**Director Higginbotham communicated that it was a team effort to make the needed changes were done in ensuring accurate revenue tracking.**

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

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

**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.*