

STATE OF NEVADA

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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**

**Dental Hygiene, Dental Therapy, and EFDA Committee**

**Meeting Date & Time**  
Monday, July 28, 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/83640857805>**

**Webinar/Meeting ID#: 836 4085 7805**

**Webinar/Meeting Passcode: 182549**

**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 **Sunday, July 27, 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](mailto:nsbde@dental.nv.gov), or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before Sunday, July 27, 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)

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

### **c. Committee Name Update Notification** (Informational Purposes Only)

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

### **a. Review, Discussion, and Possible Approval/Rejection of Public Health Endorsed Program(s) – NRS 631.190; NRS 631.34583** (For Possible Action)

- i. Revive Mobile Oral Health Solution – Dr. Patterson (License #5804)
  - b. Review, Discussion, and Possible Approval/Rejection Public Health Endorsed Dental Hygienist(s) – NRS 631.190; NRS 631.287 (For Possible Action)
    - i. Stacey Bonano, RDH (License #101634)
  - c. Review, Discussion, and Possible Approval/Rejection of Updated Electronic Application(s) - NRS 631.190; NRS 631.287, NRS 631.34583 (For Possible Action)
    - i. Public Health Endorsed Program Application
    - ii. Public Health Endorsed Individual Application
- 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](mailto:nsbde@dental.nv.gov), or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before Sunday, July 27, 2025, by 12:00 p.m. may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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- 6. **Announcements:**
- 7. **Adjournment:** (For Possible Action)



# Nevada State Board of Dental Examiners



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

## Application for Proposed Public Health Dental Hygiene Program

Name of Program: Revive Mobile Oral Health Solution

Nevada State Business License No: NV20201826506

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

Address: 9345 W. Sunset Rd #100 City, State & Zip Las Vegas, NV 89148

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

Name of Carrier: \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Program Director/Administrator Contact Information:

Name: Jacqueline Patterson NSBDE License No.: 5804

Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Program Protocol Summary:

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

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

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## Cont. Application for Proposed Public Health Dental Hygiene Program

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

a) Treat patients (attach additional pages if needed)

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

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

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5) Provide infection control protocols for clinical and sterilization equipment (attach additional pages if needed):  
Note: A program may be subject to an Initial Infection Control Inspection. Fee for inspection is \$250.

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

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\_\_\_\_\_  
Signature of Program Director/Administrator

7/17/2025  
\_\_\_\_\_  
Date



# Revive Mobile Oral Health Solutions

## Public Health Dental Hygiene Program Proposal

### 1. Intended Population & Mission

#### Population:

- Students in schools
- Youth in sports programs
- Residents in assisted living/long-term care
- Medicaid-insured individuals and those with access barriers

#### Mission:

To **eliminate barriers to dental care** by delivering **on-site, comprehensive oral health services** and education. We aim to improve community health outcomes through prevention, early intervention, and seamless referrals to our main clinic, **Revive Orofacial Therapy and Wellness Center**.

### 2. Services Offered

Each service is delivered on-site using our mobile clinic:



<b>Service</b>	<b>Description</b>
<b>Oral Exams</b>	<b>Visual and tactile exams by hygienists (and dentists when on-site)</b>
<b>Digital X-Rays</b>	<b>Portable imaging for diagnostics</b>
<b>Dental Cleanings</b>	<b>Prophylaxis, periodontal maintenance using portable units</b>
<b>Sealants &amp; Fluoride</b>	<b>Preventive treatment for children/adolescents</b>
<b>Crowns, Fillings, Extractions</b>	<b>Provided on-site by dentists or referred</b>
<b>Dentures/Partials</b>	<b>Digital impressions, fitting coordination with lab/clinic</b>
<b>Clear Aligners</b>	<b>Digital scans and orthodontic planning available</b>
<b>Occlusal/Sports Guards</b>	<b>Custom appliances for parafunctional habits</b>
<b>Oral Arch Expansion</b>	<b>Assessment/referral for orofacial development</b>
<b>Emergency Care</b>	<b>Palliative treatment &amp; triage</b>
<b>TMJ &amp; Sleep Services</b>	<b>Screening and referral for disorder management</b>

### **3a. Hygienist Treatment Protocols**

Licensed hygienists with a **Nevada Public Health Endorsement** will:

- Take histories and conduct visual/tactile exams
- Perform prophylaxis, scaling, and periodontal maintenance
- Apply fluoride and sealants as indicated
- Educate patients on oral hygiene and behavior
- Document care in Curve Dental under their license

### 3b. Referral Protocols

Hygienists will refer patients requiring:

- Radiographic evaluation or diagnostics
- Restorations, extractions, or prosthetics
- TMJ or sleep-disorder management
- Atypical or emergent findings

#### Referral Process:

1. Complete referral form in Curve Dental
2. Print and provide to patient
3. Digitally forward to Revive clinic
4. Staff schedules follow-up; note is documented

### 4. Emergency Protocols

1. **Triage:** Identify symptoms requiring urgent care
2. **Manage & Refer:** Provide onsite palliative care; alert supervising dentist or EMS as needed
3. **Document:** Record actions in Curve Dental and file incident report within 24 hours

### 5. Infection Control

- PPE: gloves, masks, shields, gowns, eyewear
- Barrier covers for all equipment
- Instrument cleaning via ultrasonic cleaner
- Sterilization via portable autoclave with daily logs
- Adherence to CDC mobile-dental guidelines

### 6. Recordkeeping

- All documentation entered in **Curve Dental**
  - Date, provider, services rendered, and patient details
  - Radiographs and images uploaded
  - Referrals and hygiene instructions documented
  - Digital signatures for consent
- Secure, cloud-based storage accessible to authorized staff
- Ensures care continuity and compliance with Nevada licensing

## Summary

Revive Mobile Oral Health Solutions is strategically designed to provide high-quality, accessible dental care for underserved populations. Through qualified public health hygiene services, portable equipment, a robust referral system, and strict record and infection-control protocols, we fulfill our mission to enhance oral and overall health in our community.





# Nevada State Board of Dental Examiners

2651 N. Green Valley Pkwy, Ste. 104

Henderson, NV 89014

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

Received

JUN 27 2025

NSBDE

## APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Stacey Bonano

License No: 101634

Address: [REDACTED]

Home Phone: [REDACTED]

City, State & Zip Code: [REDACTED]

E-mail: [REDACTED]

Work Phone: [REDACTED]

Agency Affiliation for Endorsement: Revive mobile oral health solution Agency Phone: [REDACTED]

Agency Address: 9345 w Sunset Rd #100 Las Vegas, NV 89418

Dental Hygiene Education Institution: [REDACTED]

Year of Graduation: [REDACTED]

Degree Received: [REDACTED]

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

See attached document

Previous Public Health Dental Hygiene Endorsements: I have not held a previous public health enforcement in Nevada or any other state.

### Please sign and have notarized:

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

Signature: Stacey Bonano

Date: 6/27/25



MICHELLE POLKES  
NOTARY PUBLIC  
STATE OF NEVADA  
Appt. No. 25-4447-01  
My Appt. Expires January 21, 2029

Notary: Michelle Polkes

Date: 6/27/25

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

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

Revised 12/2021

## Description of Dental Public Health Program and Protocol:

My dental public health program will serve underserved and at-risk populations, including:

- Elderly residents in nursing homes
- Rural and low-income communities throughout Nevada
- Individuals with limited access to preventive dental care

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JUN 27 2025  
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Procedures will include:

- Oral health screenings
- Dental prophylaxis
- Fluoride treatments
- Dental sealant application
- Oral hygiene instruction and nutritional counseling

Timeline:

I will follow a rotating monthly schedule to visit designated nursing homes and community centers. Sites will be visited quarterly or more frequently depending on the population needs and available partnerships.

Referral Mechanism:

- Formal referrals to local dental clinics and federally qualified health centers (FQHCs)
- Written summaries provided to patients with referral instructions for needed services
- Patient contact logs will be maintained for follow-up and continuity of care

Previous Public Health Dental Hygiene Endorsements:

I have not held a previous Public Health Dental Hygiene Endorsement in Nevada or any other state.





**Revive Mobile Oral Health Solutions**  
9345 W Sunset Rd #100  
Las Vegas, NV 89148  
725-605-1599

Dr. Jacqueline Patterson, DDS  
Program Director  
Revive Mobile Oral Health Solutions  
Phone: 725-605-1599  
Website: [www.revivehealthandwellnesscenter.com](http://www.revivehealthandwellnesscenter.com)

Received  
JUN 27 2025  
NSBDE

June 20, 2025

To Whom It May Concern,

I am writing to provide a professional statement and endorsement on behalf of Revive Mobile Oral Health Solutions, a mobile dental healthcare organization committed to delivering accessible and high-quality oral care to underserved and at-risk populations.

Revive Mobile Oral Health Solutions is a fully equipped mobile clinic offering on-site dental services to schools, sports teams, assisted living facilities, and Medicaid-insured individuals. Our comprehensive services include oral exams, digital x-rays, cleanings, sealants, dentures, partials, clear aligners, sports and occlusal guards, oral arch expansion, emergency care, TMJ and sleep services, and more. Our mission is to eliminate barriers to care and improve community health outcomes through direct service delivery.

We are pleased to share that Stacey Bonano, RDH BSDH, a licensed dental hygienist with extensive experience and a strong commitment to public health, will be working with Revive Mobile Oral Health Solutions as part of our clinical team. Stacey brings professionalism, compassion, and a passion for making dental care more accessible—values that align with our organization's mission and vision.

We are excited to have Stacey on board and confident that she will play an integral role in delivering quality care and promoting oral health in the communities we serve.

Sincerely,  
Dr. Jacqueline Patterson, DDS  
Program Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Affinity Insurance Service, Inc. 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  	<b>INSURER A :</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	American Casualty Company of Reading, PA 20427
	<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
E	Professional Liability			0831982346	06/16/2025	06/16/2026	Liability (Each claim) 1,000,000 Liability (Aggregate) 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

Proof of Coverage

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Affinity Insurance Service, Inc.*

# BASIC LIFE SUPPORT

**BLS  
Provider**



American  
Heart  
Association.

Received

JUN 27 2025

NSBDE

**Stacey Bonano**

**has successfully completed the cognitive and skills evaluations  
in accordance with the curriculum of the American Heart Association  
Basic Life Support (CPR and AED) Program.**

**Issue Date**

5/25/2024

**Renew By**

05/2026

**Training Center Name**

Allied 100, LLC

**Instructor Name**

I. Smith

**Training Center ID**

WI20877

**Instructor ID**

23071430397

**Training Center City, State**

Woodruff, WI

**eCard Code**

245418891811

**Training Center Phone  
Number**

(800) 277-5876

**QR Code**



**Training Site Name**

CPR Society

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).

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## PROGRAM APPLICATION SECTIONS

### Public Health Program Application

The Public Health Program Application is for entities wishing to provide public health services under a Public Health Program administered by the Department of Health and Human Service; a health district, or a school district. (NRS 631.34583.5(b)).

Submitting a Public Health Program Application allows the Nevada State Board of Dental Examiners to determine whether a proposed program—such as a school-based clinic, mobile unit, or other community site—meets all statutory and regulatory requirements in NRS 631 and NAC 631 before it begins providing care.

Through the application the Board confirms: (1) the program's legal standing and contact information; (2) that each service location qualifies as an approved public-health setting; (3) that infection-control and quality-assurance plans follow CDC guidelines adopted in NAC 631.178; (4) that only the preventive and palliative services listed in NAC 631.210 will be offered autonomously by endorsed hygienists; (5) that any site providing sedation has, or is seeking, the required Certificate of Site Approval under NAC 631.2236; and (6) that adequate professional-liability coverage is in place. Approval, granted after an initial inspection, authorizes the program to operate and establishes a compliance record the Board can monitor through ongoing inspections and reporting.

#### Program Entity Information

Legal Entity Name \*

Does Legal Entity have NV Business License? \*

☐ Yes  
☐ No

 NV Business License # \*

 NV Business License Expiration Date \*

Is the legal entity tax exempt under 501(c)(3)? \*

☐ Yes  
☐ No

Program Name (DBA) \*

Full Mailing Address \*

Address(es) Where Equipment is Stored and Sterilization is Performed \*

Program Website



### Program Manager Information

Program Manager License Type

- ☐ Dentist License
- ☐ Dental Hygienist License
- ☐ Dental Therapy License

\* Program Manager Name

\* Program Manager License #

Program Manager Email

\* Program Manager Phone Number

List Additional Program Representatives

Example: Jane Doe, Hygienist, 702-555-5555

Name of Licensed Dental Professional in Charge of Recordkeeping

\* Address Where Program Records will be Stored



### Program Service Information

Program Service(s) Category

- ☐ Diagnostic and Preventive Care
- ☐ Non-Restorative Clinical Procedures
- ☐ Palliative and Protective Treatments
- ☐ Medicaments and Sealants

Diagnostic and Preventative Care Services

- ☐ Expose radiographs
- ☐ Complete full oral-health assessment
- ☐ Develop a dental hygiene care plan
- ☐ Remove calculus, plaque, stains
- ☐ Polish and smooth tooth surfaces
- ☐ Provide oral hygiene instruction and risk reduction counseling

Non-Restorative Clinical Procedure Services

- ☐ Take impressions
- ☐ Perform subgingival curettage
- ☐ Place/remove periodontal packs
- ☐ Remove sutures
- ☐ Remove excess cement from restorations orthodontic appliances

Palliative and Protective Treatment Services

- ☐ Re-cement or repair temporary crowns/bridge
- ☐ Re-cement permanent crowns/bridges with non-permanent material
- ☐ Place temporary restorative material as a palliative measure

Medicament and Sealant Services

- ☐ Administer local intraoral chemotherapeutic agents (silver diamine fluoride)
- ☐ Apply pit-and-fissure sealants







## Program Service Locations


Note: Additional Future Service Locations can be added later with 30 Days Advanced Notice.

Do you prefer to type each location or upload a calendar/list of locations and dates? \*

- ☐ Type Text- I will type the location address and date information.
- ☐ Upload - I will upload a document communicating the location address and date information.

 List all Service Locations by Name and Full Address \*

 Upload Location(s) List \*


 Drop files here or [browse](#)




## Program Protocols


Program Content Submission Type

- ☐ Text-Typing: I will type the program information into the form.
- ☐ Upload: I will upload the program documents to the form.


 Provide a detailed description of the intended population and mission of the program. \*


 Upload Intended Population and Program Mission \*

 Drop files here or [browse](#)


 Provide specific treatment protocols which include an explanation of the methods the Public Health Endorsed Hygienist will use to treat patients. \*


 Upload Treatment Protocols and Explanation of Methods \*

 Drop files here or [browse](#)


 Provide specific treatment protocols which include an explanation of the methods the Public Health Endorsed Hygienist will use to refer patients to a dentist for follow-up care. \*


 Upload Follow-Up Care Protocols \*

 Drop files here or [browse](#)

 Provide specific protocols which include an explanation of the methods the Public Health Endorsed Hygienist will use for emergencies. \*


 Upload Emergency Protocols \*

 Drop files here or [browse](#)


 Provide infection control protocols for clinical and sterilization equipment. \*

 Upload Infection Control Protocols \*

 Drop files here or [browse](#)

 Provide a detailed description of how recordkeeping will be maintained on patients as well as services rendered by the Public Health Endorsed Hygienist for this program. \*

 Upload Recordkeeping Protocols \*

 Drop files here or [browse](#)



### Program Liability Insurance Coverage

Professional Liability Insurance Coverage Responsibility

- ☒ Program's Responsibility
- ☐ Individual Licensed Dental Professional's Responsibility
- ☐ Both Program and Individual are Responsible for Coverage

\* Professional Liability Insurance Carrier Name

Professional Liability Policy #

\* Professional Liability Insurance Effective Date

\* Professional Liability Insurance Expiration Date

Professional Liability Insurance Certificate

Drop files here or [browse](#)



### Application Completion Information

Program Application Submitted By

\* Application Submission Date

\* Application Submitter Email



## INDIVIDUAL APPLICATION SECTIONS

### Public Health Endorsed Individual Application

The Public Health Endorsed Individual Application is for licensed dental professionals wishing to work with approved Public Health Programs. A special endorsement to practice public health hygiene is granted in NRS 631.287.

Submitting a Public Health Endorsed Dental Professional Application allows the Nevada State Board of Dental Examiners to determine whether an individual can participate in a program of public health.

Through the application the Board confirms: (1) the program's legal standing to offer public health dental services; (2) that the individual applicant meets the requirements to hold a special endorsement for public health based on licensing and disciplinary action status; (3) that the individual understands and affirms the program's protocols required for program approval with the Board; and (4) that the individual has professional liability insurance coverage.

### Program Information

Public Health Programs

If your program is not listed then we cannot proceed with your individual special endorsement. Your participation requires a program approval.

+ Add program



### Applicant Information

First Name

\* Last Name

License Type

- ☐ Dental Hygienist
- ☐ Dental Therapist

\* License #



### Contact Information

Full Mailing Address \*

Email Address \*

\* Cell Number

\* Work Number \*



### Educational, Certificate, and Experience Information

List Degrees Earned and Relevant Training and Courses Completed \*

Example: (Dental Hygiene Associates Program, CSN, 2023)

List Previous Public Health Programs Served or Previous Endorsements \*

Upload CPR Certificate \*

📎 Drop files here or [browse](#)



### Applicant Understandings and Affirmations

I understand and affirm that I will follow the Public Health Program's Treatment Protocols and Methods. \*

☐

I understand and affirm that I will follow the Public Health Program's Follow-Up Care Protocols. \*

☐

I understand and affirm that I will follow the Public Health Program's Emergency Protocols. \*

☐

I understand and affirm that I will follow the Public Health Program's Infection Control Protocols. \*

☐

I understand and affirm that I will follow the Public Health Program's Recordkeeping Protocols. \*

☐

I understand and affirm that I will follow the Public Health Program's Approved Dental Services. \*

☐


I understand and affirm that I need to update my Public Health Endorsement at the time of my license renewal. \*


☐

## Liability Insurance Coverage

Professional Liability Insurance Coverage Responsibility

- ☐ Program's Responsibility
- ☐ Individual Licensed Dental Professional's Responsibility
- ☐ Both Program and Individual are Responsible for Coverage

 Professional Liability Insurance Carrier Name \*

 Professional Liability Policy # \*

 Professional Liability Insurance Effective Date \*

\*  Professional Liability Insurance Expiration Date \*

 Professional Liability Insurance Certificate \*

Drop files here or [browse](#)



## Application Completion Information

Application Submitted By

\* Application Submission Date

\* Application Submitter Email \*

