

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

Meeting Date & Time

Wednesday, March 25, 2026
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/89189792848>

Webinar/Meeting ID#: 891 8979 2848

Webinar/Meeting Passcode: 980500

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, March 24, 2026, by 12:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

The Nevada State Board of Dental Examiners may: 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. See NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48

hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at <http://dental.nv.gov> In addition, the supporting materials for the public body are available at the Board's office located at 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014.

Note: Asterisks (*) "For Possible Action" denotes items on which the Board may take action.

Note: Action by the Board on an item may be to approve, deny, amend, or table it.

1. Call to Order

a. Roll Call/Quorum

2. Public Comment (Live public comment by teleconference and pre-submitted email/written form):

The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during the public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited to based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before Tuesday, March 24, 2026, 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. February 25, 2026 – Board Meeting**
- ii. March 10, 2026 – Administrative Hearing**
- iii. March 11, 2026 – Dental Hygiene, Dental Therapy, and EFDA Committee**

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

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

b. Regulatory Update (For Informational Purposes Only)

i. Teledentistry – New Number Assignment- RO40-26

c. Review, Discussion and Possible Approval/Rejection of the Revised Proposed Regulations for RO41-26 EFDA – NRS 631.190 (For Possible Action)

d. 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 # 2425**
- 2. Case # 2571**
- 3. Case # 2572**

ii. Review Panel 2

- 1. Case # 2536**
- 2. Case # 2540**
- 3. Case # 2553**
- 4. Case # 2565**
- 5. Case # 2566**

iii. Review Panel 3

- 1. Case # 2567**

2. Case # 2568
3. Case # 2581
4. Case # 2586
5. Case # 2587
6. Case # 2589
7. Case # 2593

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

i. Review Panel 1

1. Case # 2573

ii. Review Panel 2

1. Case # 2558

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**
- iv. Dr. W**
- v. Dr. V**
- vi. Dr. U**

6. New Business: (For Possible Action)

a. Discussion, Review and Consideration of Authorization the Board Staff to Initiate Workshop Process on the Following NAC Regulations – NRS 631.190 (For Possible Action)

- i. New Graduate CE Requirements - NAC 631.173, NAC 631.175, and NAC 631.177**
- ii. Live Laser CE - NAC 631.033**
- iii. Live Patient CE – NAC 631.173**

- iv. Dentist Supervision and Authorization of Dental Hygienists – NAC 631.210
 - v. Dentist and Dental Hygienist Supervision of Dental Assistants – NAC 631.220
- b. Review, Discussion and Possible Adoption of a Recommended Advisory Opinion on Dr. Lorber’s Brick-and-Mortar Public Health Program Application – NRS 631.190; NRS 631.34583 (For Possible Action)
 - c. Review, Discussion and Possible Approval/Rejection of Tasking the Dental Hygiene, Dental Therapy, and EFDA Committee with Analyzing and Making Recommendation on the Qualification Criteria for Brick-and-Mortar Public Health Programs – NRS 631.190; NRS 631.34583 (For Possible Action)
 - d. Review, Discussion, and Possible Approval/Rejection of Permanent Anesthesia Permit – NAC 631.2235; NRS 631.190 (For Possible Action)
 - i. Dr. Sapir Cohen, DMD – Moderate Sedation
 - ii. Dr. Khurram Fahim, DMD – Moderate Sedation
 - iii. Dr. Matthew P. Manas, DDS – Moderate Sedation
 - e. Review, Discussion, and Possible Approval/Rejection of Temporary Anesthesia Permit – NAC 631.2234; NRS 631.190 (For Possible Action)
 - i. Dr. Michael St. Laurent, DMD – Moderate Sedation
 - f. Review, Discussion, and Possible Approval/Rejection of a Voluntary Surrender of License - NRS 631.190; NAC 631.160 (For Possible Action)
 - i. Dr. Kevin Yee, DDS

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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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.



Public Comment Regarding Proposed Changes to Dental Hygiene Supervision

From Whitney Bryant <bryantiw321@gmail.com>

Date Fri 3/6/2026 3:45 PM

To Adam Higginbotham <ahigginbotham@dental.nv.gov>

Cc Marianna Kacyra <mkacyra@nvda.org>

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Members of the Nevada State Board of Dental Examiners,

I would like to begin by expressing my appreciation for the time and service each of you provides to the dental profession and to the protection of patients across Nevada. The Board's role in maintaining professional standards and safeguarding the public is essential, and I am grateful for the work you undertake on behalf of our state.

I am writing to respectfully express concern regarding the proposed changes related to supervision of dental hygienists. While I recognize that the Board has authority to adopt regulations governing certain delegated procedures and operational aspects of dental practice, the foundational structure of supervision within dental care has historically been established in statute.

Nevada law defines "supervision by a dentist" and outlines the circumstances under which dental hygienists may provide care, including specific legislative exceptions such as public health dental hygiene endorsements. These statutory provisions demonstrate that significant changes to supervision frameworks have traditionally been enacted through the legislative process rather than created solely through regulatory rulemaking. For this reason, expanding or redefining supervision requirements beyond what is contemplated in statute may represent a substantial policy shift that would benefit from legislative review, broader stakeholder engagement, and public oversight.

Changes of this magnitude also typically involve broader legislative consideration of education requirements, competency standards, and the boundaries of professional scope. When Nevada has historically expanded the clinical authority of dental professionals, those changes have generally been accompanied by clearly defined educational expectations, additional training standards, and carefully delineated practice parameters to ensure patient safety and provider preparedness. Addressing supervision structures in isolation—without simultaneously evaluating education, competency verification, and scope boundaries—risks creating gaps in the regulatory framework that

supports safe clinical practice.

Additionally, changes to supervision models warrant careful evaluation of patient safety implications, professional accountability, and liability considerations. Dentists remain ultimately responsible for diagnosis, treatment planning, and many aspects of patient care delivery. When supervision structures shift, the legal and clinical responsibilities associated with that care must also be clearly defined. Implementing significant modifications without adequate preparation, training infrastructure, and system-wide planning may unintentionally place patients in vulnerable situations while also increasing professional liability for dentists.

I believe that issues of this scale—particularly those that affect supervision structure, scope of responsibility, and patient safety—deserve comprehensive analysis and discussion through the legislative process. Such a process allows for input from dentists, hygienists, educators, insurers, public health programs, and patient advocates, ensuring that any changes are implemented thoughtfully and with full understanding of their impact on the dental care system.

My intention in submitting this comment is not to oppose progress or collaboration within the profession, but rather to encourage a careful and transparent approach when considering changes that fundamentally affect the delivery of dental care in Nevada.

Thank you for your consideration and for your continued dedication to protecting the oral health of Nevada's residents.

Respectfully,
Whitney Bryant, DDS
Reno, Nevada

March 5, 2026

To: Nevada State Board of Dental Examiners

From: Richard J Dragon, DMD
1234 Waterloo Lane
Gardnerville, NV 89410
Office: 775 782-9755
Cell: 775 721-9201

Re: NDHA request to amend NAC 631.210

Dear members,

As a matter of introduction, I am a long-standing practicing dentist in Gardnerville, NV.

My history is such that I am a past-president of the Nevada Dental Association (NDA) 2018-2019, a previous Disciplinary screening officer for the Nevada State Board of Dental Examiners (NSBDE), past chairperson for the NDA Council of Government affairs as well as a previous delegate to the American Dental Association.

I am writing this letter as a matter of concern involving the recent initiative coming from the Nevada Dental Hygiene Association intended to increase scope of practice for hygienists specifically involving NAC 631.210.

Amended language has been proposed in section 2 stating "A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to *perform any duty, service, and/or task within the definition of dental hygiene at NRS 631.30, without supervision of dentist and/or any limitations.*

I find this amendment concerning since it further mentions in Section 2: (o)-(t) what those expanded duties would entail. Please remember that without supervision and/or limitations what is being requested can and should be considered unsupervised procedures that do require a diagnosis and even a treatment plan prior to any definitive and possibly irreversible actions taken on the part of a hygienist.

The following questions need to be addressed:

1. Sec 2 (p) "fabricate and place temporary crowns".
 - A practicing dentist does not randomly place provisional restorations. They assess and determine if it is appropriate treatment for a problem presented to them. Questions must be asked:
 - a. Is there a need for a radiograph?
 - b. is the tooth cracked, badly broken down or infected requiring immediate removal
 - c. is the tooth badly decayed and if so, what would be the most appropriate "next step"

- d. is it a provisional long-span restoration involving many teeth which would require understanding of occlusion as well as the stomatognathic system. Dentists have to deal with potential idiopathic induced myofascial pain issues as well as other temporomandibular disorders as the result of their altering occlusal relationships.
2. Sec 2 (r) “perform nonsurgical cytological testing”
 - Assuming this is for biopsy procedures to determine definitive diagnosis for a neoplasm, there are additional requirements associated with taking on such a procedure
 - a. A provisional diagnosis as well as an appropriate discussion of the lesion must be provided to a lab and an oral pathologist, along with the sample
 - b. Once a histological description has been provided back to the doctor, the doctor must determine what additional steps are necessary and have a comprehensive understanding to inform a patient of those findings without inducing unnecessary concerns on the patient.
 - c. This is completely out of a hygienist’s scope of practice!
3. Section 3. Unlimited and unsupervised use of lasers by a hygienist has liability concerns that may fall under insurance carried by the practicing dentist. It could even go beyond what insurance is willing to cover. This bares light on the consequences associated with unintentional harm.

I need to emphasize, what is being requested by the hygiene association is beyond their scope of practice, training or education, when considering potential harm to the public and possible liability for both the hygienist as well as the practicing dentist. Any procedure that is performed by a hygienist without direct or indirect supervision could prove to be indefensible. I personally have only had one hygienist who carried their own liability insurance, and as most of us are aware of such coverage provides little protection to the practicing dentist who carries much larger policies.

The majority of Hygienists are hired by a dentist and expect the same treatment, benefits and protections all other employees are entitled to. They are an “at will” employee.

Please understand the seriousness of this request and its potential consequences. I ask that you deny this request from the NDHA.

Respectfully,

Richard J Dragon, DMD
Lic 2218

2/24/2026

Restorative & Cosmetic Dentistry

Nevada State Board of Dental Examiners

2651 N. Green Valley Pkwy, Ste 104

Henderson, NV 89014

Dear Nevada State Board of Dental Examiners,

I am writing this letter to strongly OPPOSE the proposed language amendments by the Hygienists to the Nevada Administrative Code 631.210.

The patients are the Doctor's patients; they are not the patients of the hygienist, dental assistant or administrative staff. The Doctor is legally responsible for the patient's treatment, care, safety, and its direction with the staff. Removing direct or indirect supervision negatively affects patient treatment, care, and safety.

Orthodontic treatment requires supervision for proper selection and placement of orthodontic ligatures, bands, and tooth preparation. Hygienists are not trained to perform unsupervised orthodontic treatment.

To be able to fabricate a temporary crown without direct supervision is unacceptable. A hygienist does not learn how to fabricate a temporary crown. Why would a hygienist need to fabricate a temporary crown outside of supervision and without limitation? Yes, a hygienist can be taught how to fabricate a temporary crown, but not be allowed to do it unsupervised. Fabricating a temporary crown involves marginal integrity, protecting gingiva and interdental papilla, contacts, occlusal plane, maximum intercuspation, and parafunction so as not to affect the temporomandibular joint. What happens if during the fabrication of the temporary, it gets stuck on the teeth or between adjacent teeth and needs to be sectioned and removed with the use of a handpiece. Most teeth also need to be anesthetized during this procedure. This would conflict with state statutes requiring supervision when administering local anesthetics. Fabricating a temporary crown without direct/indirect supervision is outside of their licensed scope of practice.

Applying and activating agents for bleaching teeth with a light source is a procedure that presents with danger to the patient. What if the whitening material comes in contact with the oral tissues or is ingested or inhaled. That patient would require immediate emergency attention which the hygienist is not trained to perform. This procedure needs to be performed under supervision.

Removing sutures cannot be performed unsupervised. The Doctor needs to evaluate the sutured site for proper healing, tissue adherence and no presence of infection prior to the sutures being removed. This procedure cannot be performed without supervision.

Laser usage is dangerous and does not fall within the scope of education, experience, and training of the dental hygienist. Supervision by the dentist needs to be required for proper patient care, safety and response to a medical emergency.

The doctor is the one who is trained and capable of caring for the patient if an emergency arises. Hygienists are not trained in emergency medicine. Hygienists are also not educated or licensed to prescribe medications or administer medications. Emergency treatment requires prescribing and administering medications. Not having supervision if an emergency arises would result in great danger to the patient and expose the dental practice to significant liability.

As stated in NRS 631.105, 1 & 2.

1. Physically present in the office where the procedures to be supervised are being performed, while these procedures are being performed; and
2. Capable of responding immediately if any emergency should arise.

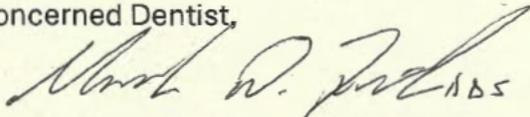
Hygienists are primarily trained and licensed to clean teeth; to provide preventive, therapeutic, and educational services. Any other services that they can be tasked with is out of their direct scope of licensure and would require supervision. They are not trained to provide dental treatment such as diagnostic, restorative, orthodontic, oral surgery, removable, fixed prosthodontics, etc. They are not a nurse, nor a dental therapist, nor a physician associate or a doctor. The hygienist is part of the dental team, but like the rest of the dental team, they require direction, oversight, and supervision. All items outlined under NAC 631.210, section 2, subsection (c) all require supervision because they pose too many concerns with the lack of knowledge, the lack of education, lack of training, lack of proper

patient treatment, care, and safety. Working outside of their scope of licensure without supervision could be interpreted as practicing dentistry without a license and could result in malpractice.

I appreciate that the NSBDE is there to ensure that an environment of patient safety, proper treatment and care is provided; and this is one of those instances. I implore the Nevada State Board of Dental Examiners to deny the proposed amendment.

I strongly Oppose the proposed amendments to NAC 631.210 put forth by the Nevada Hygiene Association.

Concerned Dentist,

A handwritten signature in black ink that reads "Mark D. Funke, DDS". The signature is written in a cursive style with a large, sweeping initial "M".

Mark D. Funke, DDS

Past President of the Nevada Dental Association

Past Chair of the NDA Council of Ethics, Bylaws and Judicial Advisory

3-6-2026

Scott Rains

5775 Conte Drive

Carson City, NV 89701

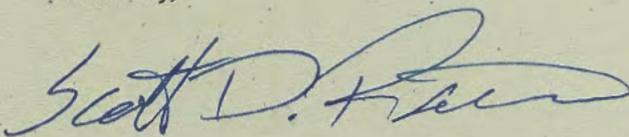
Dear Nevada State Board of Dental Examiners,

As a concerned citizen, I am writing to express my strong opposition to the recently proposed Nevada Administrative Code 631.210, which suggests changes to the dental hygiene scope of practice that bypasses established educational standards.

The alterations listed with NAC 631.210 could lead to inconsistent care and insufficient oversight, which jeopardizes the safety and well-being of patients such as myself. Allowing hygienists to perform such functions which are out of their scope without the proper training, certifications or proper supervision is a major liability to the Doctor and their practice.

I urge you to vote NO to the proposed changes to NAC 631.210 and protect the public from potential harm.

Sincerely,

A handwritten signature in blue ink that reads "Scott D. Rains". The signature is fluid and cursive, with the first name "Scott" and last name "Rains" clearly legible.

Scott Rains

3-6-2026

Tami Rains

5775 Conte Drive

Carson City, NV 89701

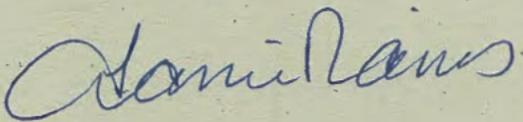
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The alterations listed with NAC 631.210 could lead to inconsistent care and insufficient oversight, which jeopardizes the safety and well-being of patients such as myself. Allowing hygienists to perform such functions which are out of their scope without the proper training, certifications or proper supervision is a major liability to the Doctor and their practice.

I urge you to vote NO to the proposed changes to NAC 631.210 and protect the public from potential harm.

Sincerely,

A handwritten signature in blue ink that reads "Tami Rains". The signature is written in a cursive, flowing style.

Tami Rains

NEVADA STATE BOARD OF DENTAL EXAMINERS

Public Board Meeting | March 25, 2026 | Henderson, Nevada

WRITTEN TESTIMONY

*Teledentistry, Supervision, Public Health Program Standards,
Medicaid Compliance, and Supervising Dentist Physical Presence*

Agenda Items 5(c) (R040-26), 6(a)(iv)(v), 6(b), and 6(c)

Submitted by:

Steven Saxe, DMD

Oral and Maxillofacial Surgeon

President, Nevada State Society of Oral and Maxillofacial Surgeons

All statutory citations verified against current published Nevada and federal sources.

I. Opening Statement

Chair and members of the Board, I submit this written testimony in my professional capacity as an oral and maxillofacial surgeon. My comments address several interconnected items on tonight's agenda, all of which arise from a common regulatory challenge: Nevada's teledentistry and public health program framework has expanded rapidly since the 2023 legislative session, but the regulations governing supervision, pediatric protections, treatment accountability, and supervising dentist physical presence have not yet kept pace with that expansion.

This testimony integrates analysis from two documents prepared for this proceeding: a comprehensive statutory and regulatory reform report addressing Nevada teledentistry, public health programs, and Medicaid compliance; and a supplemental policy analysis identifying a critical regulatory gap regarding the physical location of supervising dentists during teledentistry-supported auxiliary procedures and brick-and-mortar public health program operations. All statutory citations have been verified against current published sources.

Three legal principles anchor everything that follows, and they are not in dispute:

- NRS 629.515(2)(a) states that the telehealth provisions may not be interpreted or construed to modify, expand, or alter the scope of practice of any provider of health care.
- NRS 631.3458(2) and (3) confirm that all Chapter 631 provisions and Board regulations apply to teledentistry services to the same extent as if such services were provided in person, and that the same standard of care applies.
- 42 U.S.C. 1396d(r)(5) requires that state Medicaid programs correct or ameliorate conditions discovered through screening for recipients under age 21. The federal EPSDT mandate requires treatment, not screening alone.

The amendments and standards proposed in this testimony do not restrict access to care. They ensure that access to care leads to completed treatment, and that supervising dentists are physically capable of responding to emergencies when a licensed dentist's presence is required by statute.

II. Regulatory and Statutory Context

Nevada's teledentistry framework was enacted through Assembly Bill 147 (2023 Session), codified at NRS 631.3458 through 631.34586, and is being implemented through regulation R056-24 (renumbered R040-26). Teledentistry is defined at NRS 631.107 to include real-time interactions, asynchronous transmission, inter-provider consultation, and remote patient monitoring. The framework authorizes Nevada-licensed dentists, dental hygienists, and dental therapists to provide teledentistry services subject to all existing Chapter 631 standards.

Public health dental hygiene endorsements are governed by NRS 631.287, which authorizes the Board to issue a special endorsement permitting qualified dental hygienists to practice public health dental hygiene as authorized by the State Dental Health Officer. The statute specifies permissible practice locations and expressly preserves the Board's regulatory authority over endorsed activities.

Supervision of dental hygienists is governed by NRS 631.313, which authorizes a licensed dentist to assign specified intraoral tasks to dental hygienists and dental assistants under defined supervision conditions. NAC 631.200 permits delegation of supervisory duties between licensed dentists. NAC 631.210 sets out the specific authorizations available to dental hygienists. None of these provisions authorize telehealth modalities to substitute for physical presence in procedures requiring direct

supervision, and none expressly require that the supervising dentist be physically located within Nevada during oversight. Those gaps are the central regulatory problems this testimony addresses.

III. Identified Regulatory Gaps and Proposed Remedies

The following table identifies seven regulatory gaps and proposes specific remedies with verified legal authority.

Issue Area	Current Gap	Proposed Remedy and Authority
Supervision Standards	No procedure-specific supervision categories; telehealth modality creates ambiguity about when direct supervision requires physical presence.	Explicit definition of direct supervision as physical presence; procedure-specific categories prohibiting telehealth substitution for any category requiring physical presence. NRS 629.515(2)(a); NRS 631.313; NAC 631.210; NAC 631.220
Pediatric Protections	No mandatory treatment tracking or documented follow-up for minors identified through teledentistry or public health programs.	Mandatory referral to dental home, documented treatment completion, and follow-up tracking for patients under 18 and Medicaid recipients under 21. NRS 631.393; 42 U.S.C. 1396d(r)(5); 42 U.S.C. 1396a(a)(43)(C)
Public Health Programs	No standardized requirements for director oversight, infrastructure, or treatment outcome metrics as conditions of program approval.	Dental director, emergency protocols, referral networks, treatment tracking, and facility standards required as conditions of approval. NRS 631.34583; NRS 631.190; NRS 631.287
Supervising Dentist Physical Presence	No express requirement that the supervising dentist or dental director be physically located in Nevada during oversight of brick-and-mortar program operations or auxiliary in-person procedures. NRS 631.105 requires physical presence and immediate emergency response, creating an operational impossibility for out-of-state supervisors.	Express in-Nevada physical presence requirement during facility operating hours; designated on-site licensed substitute if dental director is not physically in-state. NRS 631.105; NRS 631.3458(2); NRS 631.3452; NRS 631.190
Teledentistry Scope	No explicit requirement for Nevada practice affiliation or verified referral network for remote providers treating Nevada patients.	Nevada-based practice affiliation and documented referral network required; same standard of care regardless of provider location. NRS 631.3458(2)-(3); NRS 631.34585; NRS 629.515(2)
EPSDT Medicaid Compliance	Screening permitted without enforceable treatment completion tracking; no	Treatment completion documentation and Board-reported Medicaid coordination required; referral completion

	coordination mechanism with Nevada Medicaid for pediatric dental patients.	tracking mandatory for EPSDT-eligible patients. 42 U.S.C. 1396d(r)(5); 42 C.F.R. 441.56; Nevada MSM Chapter 3400
EFDA and Hygienist Scope	Delegation boundaries in teledentistry context undefined; no explicit guidance on whether EFDA duties require physical supervisory presence.	NAC 631.210 and 631.220 workshop to define procedure-specific supervision classifications; telehealth substitution prohibited for direct supervision procedures. NRS 631.313; NAC 631.200; NAC 631.210; NAC 631.220

IV. Physical Presence of Supervising Dentist: Statutory Analysis

This section addresses a specific and significant regulatory gap that the broader reform agenda identifies but that requires its own detailed statutory analysis: Nevada law currently requires a supervising or overseeing dentist to hold a Nevada license, but no statute or regulation expressly requires that dentist to be physically located within the State of Nevada while providing oversight of a brick-and-mortar public health program or while a teledentistry consultation involves supervision of another provider's in-person clinical work.

This gap matters in practical terms. NRS 631.105 defines supervision by a dentist to require physical presence in the office where supervised procedures are being performed and the capacity to respond immediately to emergencies. A dentist physically located in another state cannot satisfy the immediate emergency response component of that definition regardless of the quality of their remote connection. If the Board approves brick-and-mortar public health programs without addressing the geographic location of the supervising dentist, it will have created a framework in which the in-statute supervision standard is operationally impossible to meet.

A. Three Core Questions

This analysis answers three questions, verified against current Nevada and federal law:

1. Does a teledentistry provider or overseeing dental director need to hold a Nevada license?
2. Does that dentist need to reside in Nevada?
3. Does that dentist need to be physically present somewhere in Nevada while overseeing a brick-and-mortar facility or supervising teledentistry-supported auxiliary clinical work?

B. Verified Statutory Findings

Nevada License: Required

Nevada licensure is clearly and unambiguously required for any provider who uses teledentistry to direct or manage care for a Nevada patient. NRS 631.3458(1)(a) states that no person may provide dental services through teledentistry to a patient located at an originating site in this State unless the person is licensed to practice dentistry, dental hygiene, or dental therapy in this State. NRS

629.515(1) reinforces this by requiring that any provider at a distant site who uses telehealth to direct or manage care, render a diagnosis, or write a treatment order for a Nevada patient must hold a valid Nevada license or certificate.

For brick-and-mortar public health programs, NRS 631.3452(1) requires that the dental director be an actively licensed dentist. Read together with the Board's general authority to regulate clinical practice under NRS 631.190 and with NRS 631.215, the dental director must hold an active Nevada license to fulfill the clinical oversight obligations assigned by statute.

FINDING 1 — Nevada License Required: Both the teledentistry provider and the dental director of a brick-and-mortar program must hold an active Nevada dental license. This requirement is unambiguous and confirmed in current statute.

Nevada Residency: Not Required

Nevada law does not require a dentist to reside in Nevada in order to hold a Nevada dental license or to provide teledentistry services to Nevada patients. NRS 629.515(3)(a) expressly provides that a provider at a distant site is subject to Nevada laws and jurisdiction regardless of the location from which the provider provides services through telehealth. This language confirms that out-of-state providers may legally serve Nevada patients through teledentistry while remaining subject to Nevada law.

Similarly, NRS 631.3452 does not require the dental director to reside in Nevada. The statute assigns clinical responsibility without geographic restriction on the director's domicile. Residency requirements for Board members under NRS 631.130 apply only to Board membership, not to licensed practitioners or program directors.

FINDING 2 — Nevada Residency Not Required: Neither teledentistry providers nor dental directors of brick-and-mortar programs are required by current statute to reside in Nevada. An out-of-state dentist with a Nevada license may legally hold either role under existing law.

Physical Presence in Nevada During Oversight: Not Expressly Required, But Required by Implication and Safety

This is the critical gap. Current Nevada statutes do not expressly require a supervising dentist or dental director to be physically located within the State of Nevada while providing oversight of a brick-and-mortar facility or while auxiliary clinical work is being performed at an originating site under a teledentistry arrangement. NRS 629.515(3)(a) subjects distant-site providers to Nevada jurisdiction regardless of their location, and NRS 629.515(3)(b) requires them to comply with all federal and state laws as if they were located in Nevada. But neither provision affirmatively requires physical presence within the state.

However, this statutory silence creates a direct conflict with a parallel and equally binding provision. NRS 631.105 defines supervision by a dentist to mean that the dentist is physically present in the office where the supervised procedures are being performed while those procedures are performed, and is capable of responding immediately if any emergency arises. A dentist physically located in Arizona, California, or any location outside Nevada cannot satisfy the immediate response component of this definition. This is not a theoretical concern. It is an operational impossibility.

The conflict between the silence in the teledentistry and dental director statutes and the express physical presence requirement in NRS 631.105 must be resolved. The most coherent resolution, consistent with the plain text of all three provisions, is that a dentist providing direct supervision of auxiliary clinical work must be physically located within the State of Nevada during that supervision. The teledentistry and dental director statutes do not override NRS 631.105; they are silent on the question, and silence does not equal authorization to depart from the supervision standard.

Confirming this interpretation: NRS 631.3458(2) states that all Chapter 631 provisions apply to teledentistry to the same extent as if such services were provided in person. NRS 631.105 is a Chapter 631 provision. It applies to teledentistry with full force. A provider cannot satisfy a statute requiring physical presence in the office from a location outside the state.

FINDING 3 — Physical Nevada Presence During Oversight: Not Expressly Required, But Required by Implication and Safety: No statute expressly requires a supervising dentist or dental director to be physically located in Nevada during facility operating hours. However, NRS 631.105 requires physical presence and immediate emergency response capability for direct supervision, which an out-of-state dentist cannot satisfy. NRS 631.3458(2) applies all Chapter 631 provisions to teledentistry equally. The gap requires express regulatory clarification to prevent operationally unenforceable supervision arrangements.

V. Comparative Analysis Matrix: Teledentistry vs. Brick-and-Mortar

The following table compares the current statutory answers to the three core questions across both the teledentistry provider context and the brick-and-mortar dental director context.

Question	Teledentistry Provider	Brick-and-Mortar Dental Director
Nevada License Required?	YES — NRS 631.3458(1)(a) prohibits teledentistry to Nevada patients unless the provider holds a Nevada dental, hygiene, or therapy license.	YES — NRS 631.3452 requires the dental director to be actively licensed. Current Board interpretation requires Nevada licensure for clinical oversight.
Must Dentist Reside in Nevada?	NO — not required by statute. NRS 629.515(3)(a) confirms the distant-site provider is subject to Nevada law regardless of physical location.	NOT REQUIRED by NRS 631.3452 text. However, residency is a practical precondition for meaningful on-site emergency response under NRS 631.105.
Must Dentist Be Physically Present in Nevada While Supervising?	SILENT — NRS 629.515 and NRS 631.3458 do not require the supervising dentist to be physically located in Nevada. This is the primary gap identified in this analysis.	SILENT and UNRESOLVED — NRS 631.3452 assigns broad clinical responsibility to the dental director but does not require the director to be physically present in Nevada, or even in the same time zone, while clinical care is being delivered.

<p>Can Supervision Occur from Out of State?</p>	<p>YES, currently — but only for services the distant-site provider personally delivers. Where the question involves oversight of another provider’s in-person procedures, NRS 629.515(2)(a) prohibits telehealth from altering supervision requirements.</p>	<p>YES, currently — and this is the problem. Nothing in NRS 631.3452 or NAC 631.200 prohibits a dental director from residing and operating entirely outside Nevada while exercising nominal clinical oversight over a brick-and-mortar facility.</p>
<p>Emergency Response Capability</p>	<p>REQUIRED but physically impossible from a distant state. NRS 631.105 defines supervision to include physical presence in the facility during supervised procedures and the capacity to respond immediately to any emergency.</p>	<p>REQUIRED under the dental director’s clinical responsibilities per NRS 631.3452(1)(d) but not operationally enforced by any express in-Nevada presence requirement.</p>

VI. Why This Gap Creates Concrete Patient Safety and Enforcement Risk

A. Emergency Response is Not a Procedural Formality

NRS 631.105 defines supervision by a dentist to include the requirement that the dentist is capable of responding immediately if any emergency should arise. This language was not drafted as a formality. Dental emergencies including anaphylaxis, syncope, airway compromise, cardiac events, and severe bleeding can occur without warning in any dental setting, including public health programs serving high-risk populations such as pediatric Medicaid patients with complex medical histories. A dental director who is physically located in another state when such an emergency occurs cannot respond immediately. A telephone or video connection does not constitute response. It constitutes remote advice while a patient is in crisis without a supervising dentist present.

B. The Brick-and-Mortar Program Context Amplifies the Risk

Brick-and-mortar public health programs are specifically designed to serve underserved populations in community-based settings. These programs often operate with fewer clinical resources, less experienced auxiliary staff, and patient populations with higher medical complexity than private practices. The argument that a dental director can adequately fulfill the supervisory responsibilities assigned by NRS 631.3452 from a distant state is most strained precisely in the setting where those responsibilities matter most. Approving programs under a framework that permits out-of-state directors without on-site coverage is inconsistent with the protective purpose of NRS 631.3452 and with the Board’s public health mandate.

C. The Enforcement Gap is Structural

If the Board approves a brick-and-mortar program and subsequently a patient is harmed during a procedure with no licensed dentist physically present in Nevada, the Board faces a difficult enforcement question: has the dental director violated NRS 631.3452 by failing to supervise? The argument that the director was available by phone or video will be difficult to refute without express regulatory language establishing that in-Nevada physical presence is required during operating hours. The proposed amendments close this gap proactively rather than requiring the Board to litigate it after a patient harm event.

VII. Analysis of Specific Agenda Items

Agenda Item 5(c): Teledentistry Regulatory Update (R040-26)

As the Board advances the teledentistry regulation under the new R040-26 number, three issues from the earlier R056-24 draft warrant explicit attention.

First, NRS 631.34585 requires licensees to have knowledge of dental care resources in the patient's geographic area and to refer for acute care when unable to competently treat remotely. The regulation should implement this obligation by requiring a documented referral list of Nevada-licensed general dentists and specialists, producible upon request to the Board or to the patient.

Second, neither the statute nor the regulation addresses the supervision question that arises when a teledentistry provider purports to supervise an auxiliary's in-person procedural work through a remote connection. NRS 629.515(2)(a) forecloses any interpretation that would treat telehealth as equivalent to physical presence for this purpose. The regulation should state this explicitly.

Third, the regulation should include an express provision that any Nevada-licensed dentist using teledentistry to oversee the in-person clinical procedures of a dental hygienist, dental therapist, or dental assistant at an originating site in Nevada must be physically located within the State of Nevada during the period of such oversight, consistent with NRS 631.105 and NRS 631.3458(2).

Agenda Items 6(a)(iv) and 6(a)(v): Workshop Authorization for NAC 631.210 and NAC 631.220

I strongly support the Board's authorization of a workshop process on these supervision regulations and urge the Board to proceed tonight. The framework in NAC 631.210 and 631.220 was developed before teledentistry was a recognized delivery modality and does not answer the most basic operational question providers now face: which procedures may be delegated to a dental hygienist or expanded function dental assistant when the supervising dentist is remote, and which require physical presence?

The workshop should produce procedure-specific supervision categories that address four elements:

- A clear identification of which procedures require direct supervision, defined as the physical presence of the supervising dentist in the facility during the performance of the procedure;
- A clear identification of which procedures may be performed under indirect or general supervision, with specific conditions stated for each classification;
- An explicit provision stating that telehealth modalities do not constitute direct supervision for any procedure that has been classified as requiring physical presence, consistent with NRS 629.515(2)(a); and
- Specific guidance on EFDA scope in the teledentistry context, confirming that EFDA-authorized procedures may only be performed under the supervision classification applicable to that procedure.

Agenda Item 6(b): Advisory Opinion on Brick-and-Mortar Public Health Program Applications

The advisory opinion the Board adopts will set a precedent for all future brick-and-mortar program approvals. The Board's statutory authority to impose conditions on program approval is established under NRS 631.190 and NRS 631.34583. The opinion should establish that any program approved under these provisions must demonstrate the following minimum standards:

- A dental director holding an active Nevada license, with documented oversight authority, clinical responsibility, and availability for Board audit;
- Written emergency protocols for in-office medical and dental emergencies, including provisions for emergency transport and after-hours contact;
- A documented referral network covering both general dentistry and dental specialty care accessible to the patient population served, with referral pathways verified by the Board;
- A system for tracking treatment completion and patient follow-up, with records available to the Board on request and submitted in an annual summary;
- Infection control protocols equivalent to those required of licensed private dental practices in Nevada;
- Physical facility and equipment standards sufficient to meet the applicable standard of care under NRS 631.3458(3); and
- An express condition that the dental director or a designated on-site licensed substitute must be physically located within Nevada and within reasonable response distance of the facility during all program operating hours, with the geographic and time parameters defined in the program's emergency protocol.

On the pediatric Medicaid question, the opinion should specifically address the EPSDT obligation under federal law. Under 42 U.S.C. 1396d(r)(5), Medicaid requires that states correct or ameliorate conditions discovered through screening. The companion provision at 42 U.S.C. 1396a(a)(43)(C) requires that states arrange for corrective treatment, either directly or through referral. A program that screens Medicaid-enrolled children for dental disease without documenting a care pathway to completed treatment is not satisfying this federal obligation and exposes Nevada Medicaid to compliance risk.

Agenda Item 6(c): Committee Task on Qualification Criteria for Brick-and-Mortar Programs

Tasking the Dental Hygiene, Dental Therapy, and EFDA Committee with developing qualification criteria for brick-and-mortar programs is sound regulatory practice. I support this referral and offer three specific directions for the committee's work.

First, the criteria should be built around patient outcome metrics. A program that generates high screening volume without connecting patients to completed treatment is not achieving the program's regulatory purpose. The committee should recommend minimum treatment completion rates as a condition of continued program approval.

Second, the committee should address the pediatric Medicaid population specifically. For any program serving Medicaid-enrolled children, the criteria should require documentation of the referral pathway to a dental home consistent with NRS 631.393, and verification that patients referred for follow-up actually receive care.

Third, the committee should address supervision requirements and include a verification mechanism for in-Nevada physical presence of supervising dentists during operating hours, including a

requirement that programs document the supervising dentist's location in patient records when supervision occurs.

VIII. Proposed Regulatory and Statutory Language

The following table proposes specific language amendments organized by the provision requiring modification. All proposed amendments are within the Board's existing rulemaking authority under NRS 631.190 for NAC provisions. The NRS amendments require legislative referral and should be included in the 2027 Nevada Legislative Session package.

Provision	Current Gap	Proposed Amendment
NRS 631.3458 / R040-26	Silent on the physical location of the supervising or treating dentist at the distant site.	Add that any Nevada-licensed provider using teledentistry to oversee the in-person procedures of an auxiliary at an originating site in Nevada must be physically located within the State of Nevada during the period of such oversight. Out-of-state location is permissible for direct provider-to-patient teledentistry consultations but not for supervision of auxiliary clinical work.
NRS 631.3452 (Dental Director)	Requires an actively licensed dentist as dental director; assigns comprehensive clinical responsibility; silent on physical location.	Amend to require that the dental director of any brick-and-mortar public health program be physically present in the State of Nevada during all hours in which the facility is open and providing patient care, or designate an on-site licensed dentist with equivalent supervisory authority whenever the dental director is not physically in-state.
NAC 631.210 / NAC 631.220 (Workshop)	Supervision categories do not address the geographic location of the supervising dentist.	Workshop should produce language specifying that any supervision classified as direct supervision requires the supervising dentist to be physically present not only in the facility but also within the State of Nevada, such that immediate on-site response to an emergency is operationally possible.
NAC New Section (Emergency Presence)	No regulation requires an on-call or standby Nevada-licensed dentist to	New NAC section requiring that every Board-approved brick-and-

	<p>be available for physical response at a brick-and-mortar public health program during operating hours.</p>	<p>mortar public health program designate at least one Nevada-licensed dentist who is physically located within reasonable response distance of the facility during all operating hours, documented in the program's emergency protocol.</p>
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IX. Summary of Proposed Statutory and Regulatory Amendments

Amendment 1: NRS 631.34583 (Bona Fide Relationship and Treatment Accountability)

The existing statute requires a bona fide relationship before teledentistry services may be provided. The Board's implementing regulation at R056-24 defines the elements of this relationship but does not require treatment completion tracking or mandated referral documentation. The following additions are proposed:

- Documentation of diagnosis sufficient to establish a written treatment plan;
- A written treatment plan identifying definitive care needed by the patient;
- Mandatory referral to a dental home for any patient under age 18 or any Medicaid recipient under age 21, consistent with NRS 631.393 and 42 U.S.C. 1396d(r)(5); and
- Documentation of completed treatment or, if treatment has not been completed, documented attempts at follow-up contact with the patient or guardian, maintained in the patient record.

Authority: NRS 631.34583; NRS 631.393; 42 U.S.C. 1396d(r)(5); 42 U.S.C. 1396a(a)(43)(C).

Amendment 2: NRS 631.34585 (Provider Obligations and Referral Networks)

The existing statute requires licensees to have knowledge of dental care resources in the patient's area and to refer for acute care when unable to treat remotely. The statute should be amended to require:

- Maintenance of a documented list of Nevada-licensed general dentists and dental specialists accessible to the patient population served, producible upon Board or patient request;
- Documentation of emergency and after-hours care arrangements for patients under active teledentistry management; and
- Documentation of inability to treat remotely, initiation of referral to in-person care, and confirmation of patient receipt of the referral.

Authority: NRS 631.34585; NRS 631.3458(2)-(3); NRS 629.515(2)(b).

Amendment 3: NRS 631.287 (Public Health Endorsement Scope Clarification)

The statute should include express language confirming that the public health dental hygiene endorsement does not expand the scope of practice of the endorsement holder beyond what is authorized for the holder's underlying license classification under NRS Chapter 631, and that State Dental Health Officer authorization to provide specific services does not constitute independent statutory authority to perform procedures outside that authorized scope.

Authority: NRS 631.287; NRS 629.515(2)(a); NRS 631.313.

Amendment 4: New Statutory Subsection (Direct Supervision Definition with Physical Presence)

A definition of direct supervision should be codified in NRS Chapter 631 stating that direct supervision requires the physical presence of the supervising licensed dentist in the facility during the performance of the supervised procedure and that the supervising dentist must be physically located within the State of Nevada during such supervision, unless a specific statute or Board regulation explicitly authorizes supervision through other means for a defined procedure category. This definition should be cross-referenced in NAC 631.210 and 631.220.

Authority: NRS 629.515(2)(a); NRS 631.105; NRS 631.313; NAC 631.200.

Amendment 5: NAC 631.210 and NAC 631.220 (Procedure-Specific Supervision Categories)

Through the workshop authorized under Agenda Item 6(a), these regulations should be amended to:

- Create a procedure-specific supervision table identifying whether each authorized procedure requires direct, indirect, or general supervision, applied consistently to in-person, teledentistry, and public health program delivery;
- Include an express provision stating that no telehealth modality constitutes direct supervision for any procedure classified as requiring physical presence, consistent with NRS 629.515(2)(a); and
- Address EFDA duties specifically, confirming that EFDA-authorized procedures may only be performed under the supervision classification applicable to that procedure under the amended regulation.

Authority: NRS 631.313; NAC 631.200; NAC 631.210; NAC 631.220; NRS 629.515(2)(a).

X. Enforcement Framework

Substantive amendments to statute and regulation are meaningful only if the Board has practical enforcement tools. The following mechanisms are recommended to accompany any legislative or regulatory package:

- Board audit authority over public health programs, including the right to request treatment completion records, referral tracking data, patient follow-up documentation, and supervising dentist location records;
- Annual reporting requirements for programs serving Medicaid-enrolled patients, submitted to the Board and coordinated with the Nevada Division of Health Care Financing and Policy;

- Defined penalties for noncompliance with treatment tracking, referral obligations, and in-Nevada physical presence requirements, including authority to suspend or revoke program approval under NRS 631.190; and
- A coordination protocol with Nevada Medicaid to cross-reference EPSDT screening encounters against subsequent dental treatment claims for enrolled patients.

Fiscal analysis prepared in connection with the Nevada Legislative Package estimates implementation costs of approximately 150,000 dollars for regulatory drafting and program implementation, 250,000 dollars initially for a Medicaid-integrated treatment tracking system, and approximately 180,000 dollars annually for two enforcement staff positions. These costs are projected to generate net neutral to positive fiscal outcomes over three to five years through reductions in preventable emergency dental utilization and sustained federal Medicaid compliance.

XI. Requested Board Actions

This testimony asks the Board to take seven specific actions tonight:

1. Authorize the workshop process on NAC 631.210 and NAC 631.220 with specific direction that the resulting regulations address procedure-specific supervision categories, the prohibition on telehealth substitution for direct supervision procedures, and EFDA scope in the teledentistry context.
2. Adopt an advisory opinion on brick-and-mortar public health programs establishing minimum conditions for dental director oversight, emergency protocols, referral networks, treatment completion tracking, infection control, and facility standards as conditions of program approval, with particular attention to the EPSDT obligations applicable to Medicaid-enrolled pediatric patients.
3. Task the Dental Hygiene, Dental Therapy, and EFDA Committee with developing qualification criteria for brick-and-mortar programs centered on patient outcome metrics, pediatric protections, and federal Medicaid compliance, including a mandatory referral and follow-up tracking requirement for patients under age 21 enrolled in Nevada Medicaid, and a verification mechanism for in-Nevada physical presence of supervising dentists during operating hours.
4. Direct Board staff and legal counsel to evaluate the proposed statutory amendments to NRS 631.34583, NRS 631.34585, NRS 631.287, and the direct supervision definition for inclusion in the 2027 Nevada Legislative Session package.
5. Include in R040-26 an express provision that any Nevada-licensed dentist using teledentistry to oversee the in-person clinical procedures of a dental hygienist, dental therapist, or dental assistant at an originating site in Nevada must be physically located within the State of Nevada during the period of such oversight, consistent with NRS 631.105 and NRS 631.3458(2).
6. Include in the advisory opinion on brick-and-mortar public health programs under Agenda Item 6(b) an express condition that the dental director or a designated on-site licensed substitute must be physically located within Nevada and within reasonable response distance of the facility during all program operating hours.
7. Direct Board staff and legal counsel to evaluate an amendment to NRS 631.3452 establishing an express in-Nevada presence requirement for dental directors or designated on-site substitutes during facility operating hours, for inclusion in the 2027 legislative package.

Nevada law already contains the framework necessary to ensure that teledentistry and public health programs serve patients safely and completely. NRS 629.515 prohibits scope expansion through telehealth. NRS 631.3458 requires the same standard of care for teledentistry as for in-person services. NRS 631.313 establishes the supervision framework. NRS 631.105 requires physical presence and immediate emergency response capability for direct supervision. Federal EPSDT law requires treatment, not screening. The actions proposed tonight give these existing principles regulatory force. They clarify rather than restrict, and they protect patients who depend on programs that the Board is well within its authority to hold to consistent and accountable standards.

Thank you for your consideration of this testimony and for your continued commitment to the patients and providers of Nevada.

XII. Verified Legal Authority

All authorities cited in this testimony have been verified against current published Nevada and federal sources. The following table provides the complete citation record with verified statutory principles and their specific application.

Authority	Source	Verified Principle	Application
42 U.S.C. 1396d(r)	Federal EPSDT mandate	States must provide treatment to correct or ameliorate conditions discovered through screening for Medicaid recipients under age 21; screening alone does not satisfy this obligation.	Public health programs must demonstrate care completion pathways, not screening volume alone; annual treatment outcome data required.
42 U.S.C. 1396a(a)(43)(C)	EPSDT administrative duty	States must arrange for corrective treatment by providing services directly or through referral to appropriate agencies, organizations, or individuals.	Programs screening Medicaid-enrolled children must document referral completion and follow-up treatment receipt.
NRS 629.515(1)	Nevada license required for distant-site providers	Before a provider at a distant site may use telehealth to direct or manage care or render a diagnosis of a patient in this State, the provider must hold a valid Nevada license or certificate.	Confirms Nevada licensure is required; silent on where the provider must be physically located, creating the gap that requires regulatory clarification.
NRS 629.515(2)(a)	Nevada telehealth scope restriction	Telehealth provisions may not be interpreted or construed to modify, expand, or alter the scope of practice of any provider of health care.	Direct supervision requirements remain intact for teledentistry; supervision modality cannot be altered by the mode of delivery.

NRS 629.515(2)(b)	Nevada telehealth standard of care	Telehealth may not authorize services in a setting not authorized by law or in a manner that violates the applicable standard of care.	In-person physical presence requirements for direct supervision cannot be satisfied by video connection.
NRS 629.515(3)(a)	Jurisdiction and applicable law	A provider at a distant site is subject to Nevada laws and jurisdiction regardless of the location from which the provider provides services through telehealth.	Confirms out-of-state providers are subject to Nevada law; does not require physical presence in Nevada, which is the gap this analysis addresses.
NRS 629.515(3)(b)	Federal and state law compliance	The distant-site provider shall comply with all federal and state laws that would apply if the provider were located at a distant site in this State.	Creates a compliance framework treating the provider as if Nevada-located; does not resolve the physical emergency response gap.
NRS 631.105	Supervision by a dentist defined	Supervision by a dentist means the dentist is physically present in the office where the supervised procedures are being performed while those procedures are performed, and is capable of responding immediately if any emergency arises.	Establishes that direct supervision is a physical presence standard; a dentist located out of state cannot satisfy the immediate response requirement — directly supports the in-Nevada presence recommendation.
NRS 631.190	Board rulemaking authority	Board has broad authority to regulate the practice of dentistry in Nevada and to adopt regulations necessary to protect the public.	Provides the rulemaking authority to impose geographic presence requirements through regulation without requiring legislative action for NAC amendments.
NRS 631.287	Public health endorsement	Special endorsement issued by Board permits dental hygienist to practice public health dental hygiene as authorized by State Dental Health Officer; services subject to Board regulation.	Program designation does not expand scope; Board retains full regulatory authority; endorsement does not modify NRS 631.313 supervision requirements.
NRS 631.313	Assignment of intraoral tasks	Licensed dentist may assign intraoral tasks to dental hygienists and assistants under specified supervision conditions; may not assign tasks outside authorized scope.	Foundation for procedure-specific supervision categories; NAC 631.210 and 631.220 derive authority from this section.

NRS 631.393	Duty to refer minor patients	Establishes a duty to refer minor patients to a dental home in certain circumstances.	Directly supports mandatory referral requirements for pediatric patients identified through teledentistry or public health programs.
NRS 631.3452(1)	Dental director responsibilities	The dental director shall have responsibility for the clinical practice of dentistry at the facility including overall quality of patient care and supervision of all personnel involved in direct patient care.	Comprehensive supervisory responsibility assigned; no physical location requirement attached; gap requires amendment to mandate in-Nevada presence during facility operating hours.
NRS 631.3452(2)	Supervision records	Facility must maintain records of licensed dentists supervising clinical activities of auxiliaries; records available to the Board on written request.	Existing Board audit hook; can be extended to require documentation of supervising dentist's physical location during periods of oversight.
NRS 631.3458(1)(a)	License required for teledentistry	A person shall not provide dental services through teledentistry to a patient located at an originating site in this State unless the person is licensed to practice dentistry, dental hygiene, or dental therapy in this State.	Licensing requirement confirmed; no physical location requirement for the provider; confirms the gap.
NRS 631.3458(2)-(3)	Same standards apply	All Chapter 631 provisions apply to teledentistry to the same extent as in-person services; same standard of care and professional ethics apply.	Because in-person direct supervision requires physical presence under NRS 631.105, the same standard must apply in the teledentistry context — the strongest existing textual hook for an in-state presence requirement.
NRS 631.34583	Bona fide relationship	Licensee must establish a bona fide relationship as defined by Board regulation; specific requirements govern informed consent and minor patients; Board may prescribe additional requirements by regulation.	Regulatory authority for adding treatment tracking and referral documentation requirements for minor and Medicaid patients.
NRS 631.34585	Geographic knowledge and referral	Licensee must have knowledge of dental care resources in the patient's geographic area and must refer for acute care when	Basis for requiring documented referral networks and Nevada affiliation; referral

		unable to competently provide services through teledentistry.	completion tracking consistent with this duty.
NAC 631.200	Delegation of supervisory duty	Supervisory duties under NRS 631.313 may be delegated from one licensed dentist to another; no provision authorizes delegation through remote or telehealth means.	Supports prohibition on telehealth substitution for direct supervision; no existing authorization for remote supervisory delegation; proposed amendment would require any delegate to satisfy the in-Nevada presence requirement.
NAC 631.210	Hygienist authorization	Dentist may authorize dental hygienist to perform specified assessments and services under defined conditions; subject to Board regulatory amendment.	Primary target of workshop authorization; procedure-specific supervision table to be incorporated here.
NRS 629.515(2)(a)	Scope of practice restriction	Telehealth provisions may not be interpreted to modify, expand, or alter the scope of practice of any provider.	Cannot be used to argue that telehealth modifies supervision requirements; reinforces that in-person supervision standards, including physical presence, remain intact for procedures requiring direct supervision.
NRS 449.1925 (analogy)	Hospital telehealth staff privileges analogy	Physician assistant supervising physician monthly presence requirement for hospital telehealth privileges.	Analogous in-state physical presence standard in adjacent health professions; supports the regulatory framework proposed here.

XIII. Verified References

Federal Statutes and Regulations

- 42 U.S.C. 1396d(r) — EPSDT benefit, mandatory services for Medicaid recipients under age 21
- 42 U.S.C. 1396d(r)(5) — Requirement to correct and ameliorate conditions discovered by screening
- 42 U.S.C. 1396a(a)(43)(C) — State obligation to arrange corrective treatment through referral or direct provision
- 42 C.F.R. Part 441, Subpart B — EPSDT dental screening, diagnostic, and treatment requirements
- 42 C.F.R. Parts 482.12, 482.22, and 485.616 — Hospital staff privilege standards for telehealth providers
- Centers for Medicare and Medicaid Services, EPSDT: A Guide for States (CMS 2014)
- CMS, Early and Periodic Screening, Diagnostic and Treatment (medicaid.gov, current)

Nevada Revised Statutes

- NRS 629.510 — Legislative findings and declarations (telehealth framework)
- NRS 629.515 — Telehealth: licensure, scope restriction, standard of care (2024 current)
- NRS 631.105 — Supervision by a dentist defined: physical presence in office during procedures; immediate emergency response required (2024 current)
- NRS 631.107 — Teledentistry defined (2024 current)
- NRS 631.109 — Telehealth defined for Chapter 631 purposes (2024 current)
- NRS 631.130 — Board member residency requirements (Nevada residency required only for Board members, not for licensed practitioners generally) (2024 current)
- NRS 631.190 — Board powers and duties; rulemaking authority (2024 current)
- NRS 631.215(2)(g) — Entities permitted to own or operate dental clinics subject to NRS 631.3452 dental director requirement (2024 current)
- NRS 631.287 — Public health dental hygiene endorsement (2024 current)
- NRS 631.310 — Dental hygienists: places of practice; limitations on performance of services
- NRS 631.313 — Assignment of intraoral tasks under supervision of dentist (2024 current)
- NRS 631.393 — Duty to refer minor patient to dental home (2024 current)
- NRS 631.3452(1) — Dental director must be actively licensed; responsible for clinical practice, quality of care, and supervision of all clinical personnel (2024 current)
- NRS 631.3452(2) — Facility must maintain records of supervising dentists available to Board on written request (2024 current)
- NRS 631.3453 — Exemptions from dental director requirement (2024 current)
- NRS 631.3458 — Teledentistry: license required; requirements and standards; prohibited acts (2024 current)
- NRS 631.34581 — Licensee required to maintain professional liability insurance for teledentistry
- NRS 631.34583 — Bona fide relationship; actions required before providing teledentistry services (2024 current)
- NRS 631.34585 — Geographic knowledge; referral for acute care (2024 current)
- NRS 631.34586 — Board regulatory authority over teledentistry (2024 current)
- NRS 449.1925 — Hospital telehealth staff privileges; physician assistant supervising physician monthly presence requirement

Nevada Administrative Code

- NAC 631.145 — Renewal of public health dental hygiene endorsement
- NAC 631.200 — Delegation of supervisory duty from one licensed dentist to another; no geographic restriction on delegating dentist (current)
- NAC 631.210 — Dental hygienist authorization to perform certain services; referral (current; workshop target)
- NAC 631.220 — Supervision of dental assistants (current; workshop target)

Nevada Regulatory Proceedings

- LCB Draft of Revised Proposed Regulation R056-24, Nevada State Board of Dental Examiners (2024); renumbered R040-26 per Agenda Item 5(c)

- Assembly Bill 147, Chapter 513, Statutes of Nevada 2023 (NRS 631.3458 et seq., teledentistry framework)
- NSBDE Approved Regulation R072-22 (dental therapist direct supervision definition, NAC 631 amendment)
- Nevada State Board of Dental Examiners, Public Meeting Agenda, March 25, 2026
- Nevada Medicaid Services Manual, Chapter 3400 (Telehealth Services)

External Legal, Policy, and Supporting Documents

- Center for Connected Health Policy, Nevada State Telehealth Laws and Reimbursement Policies (current 2025/2026 edition), cchpca.org/nevada
- Nevada Teledentistry, Public Health Programs, and Supervision Law: Comprehensive Statutory, Regulatory, and Policy Reform Report (prepared for this proceeding)
- Nevada Legislative Package: Teledentistry, Supervision, and Public Health Program Reform, including BDR-formatted amendments, fiscal note, and Board record legal rebuttal (prepared for this proceeding)

Statutory authority for the Nevada State Board of Dental Examiners to establish a temporary dental assistant supragingival scaling endorsement through amendments to NAC without revising NRS

A proposed amendment to [NAC 631.220](#) *creating a temporary special endorsement for qualified dental assistants to perform limited supragingival scaling under strict supervision during a declared workforce shortage in dental hygiene* **can** be adopted solely via regulation by the Nevada State Board of Dental Examiners (Board), without amending [NRS Chapter 631](#).

[NRS 631.313\(1\)](#) and [NRS 631.317\(1\)](#) expressly empower the Board to specify and expand permissible intraoral tasks that licensed dentists may delegate to assistants through regulation, while [NRS 631.190](#) provides broad rulemaking authority to carry out the chapter's provisions. No statutory conflict arises, as scaling is not exclusively reserved to licensed dental hygienists when performed under dentist authorization and supervision in accordance with Board regulations.

- [NRS 631.313\(1\)](#): A licensed dentist may assign to a dental assistant (or other auxiliary) "only such intraoral tasks as may be permitted by a regulation of the Board or by the provisions of this chapter." **This provision expressly authorizes the Board to expand allowable tasks through NAC amendments.**
- [631.317\(1\)](#): The Board shall adopt regulations "specifying the intraoral tasks that may be assigned by a licensed dentist to a ... dental assistant in his or her employ."
- [NRS 631.190](#): The Board has broad plenary authority to "adopt such regulations as it deems necessary or advisable to carry out the provisions of this chapter."

These provisions mirror how the Board has previously expanded dental assistant duties in the current [NAC 631.220](#) (e.g., coronal polishing, pit-and-fissure sealants, topical fluoride, rubber dam placement) without legislative changes to NRS.

There is no statutory prohibition or conflict with the scope of dental hygiene

- [NRS 631.030](#) defines "dental hygiene" to include scaling, but frames it as procedures "that a dentist is authorized to assign to a dental hygienist." **It does not prohibit the Board from authorizing a limited subset (supragingival only, on low-risk patients) for assistants under direct supervision.**
- [NRS 631.395](#) and [NRS 631.400](#) (prohibiting unlicensed practice) do not apply here: Tasks performed under explicit Board authorization and dentist/hygienist supervision fall within the delegation framework, not illegal practice.

STATE OF NEVADA

JOE LOMBARDO
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DR. KRISTOPHER SANCHEZ
Director

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Deputy Directors

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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 Date & Time

Wednesday, February 25, 2026
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/89895738759>

Webinar/Meeting ID#: 898 9573 8759

Webinar/Meeting Passcode: 182562

PUBLIC NOTICE:

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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.

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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. Michele Pontoni

Board Staff Present: Director Higginbotham, General Counsel Barraclough, A. Cymerman, S. Barjon, M. Kelley, M. Watson.

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.

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No public comment was made at the time of the meeting. The Board received three written public comments.

Hunter Young provided written comment on teledentistry signature acknowledgement and contact information within the regulations requesting clarity.

Dr. Strider-Barraza provided written comment on the required supervision of dental hygienists by dentists.

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

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

No items removed from the agenda.

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

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

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.** January 28, 2026 – Board Meeting Minutes
 - ii.** August 13, 2025 – Closed Session Board Meeting Minutes

Motion to group and approve the minutes was made by Ms. Arias and seconded by Ms. Petrilla.

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
 - ii.** Public Health Programs

The licensing report and permitting report were presented to the Board.

5. Executive Team Report: (For Possible Action)

- a.** Legal Actions/Litigation Update (For Informational Purposes Only)
- b.** Regulatory Update (For Informational Purposes Only)
- 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 the Revised Proposed Regulations for RO79-24 EFDA – NRS 631.190 (For Possible Action)

The Executive Director reported that, following the December Board meeting, additional stakeholder feedback was received. In mid-January 2026, staff met with the Legislative Counsel Bureau (LCB) to present that feedback and discuss possible revisions. The Executive Director stated that the current draft reflects the stakeholder input to the extent permitted by LCB guidance and represents the version with the fewest outstanding concerns to date. Staff indicated their belief that the draft is ready to move forward and invited any additional public comment if desired.

A Board member noted that the proposed regulations had gone back and forth several times among stakeholders and LCB for review and refinement.

A motion was then made by Dr. West to approve the revised proposed regulations, and it was seconded by Ms. Arias.

No discussion.

All members voted “AYE”.

- e. 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 2**

- 1. Case #2405
- 2. Case #2435
- 3. Case #2436
- 4. Case #2440
- 5. Case #2516
- 6. Case #2518

A motion to group and approve the remands was made by Ms. McIntyre, and it was seconded by Dr. Hoban.

No discussion.

All members voted ‘AYE.’

- ii. Review Panel 3**

- 1. Case #2470
- 2. Case #2472
- 3. Case #2507
- 4. Case #2508
- 5. Case #2517

A motion to group and approve the remands was made by Dr. Landron, and seconded by Dr. Streifel.

No discussion.

All members voted ‘AYE.’

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

- i. Review Panel 1**

- 1. Case #2312
- 2. Case #2372
- 3. Case #2459

4. Case #2539

A motion to group and approve the remands with a letter of concern was made by Dr. Hoban, and seconded by Dr. Kim.

No discussion.

All members voted 'AYE.'

ii. Review Panel 2

1. Case #2363
2. Case #2522
3. Case #2543
4. Case #2546
5. Case #2574

A motion to group and approve the remands with letters of concern was made by Dr. Hoban, and it was seconded by Ms. Arias.

No discussion.

All members voted 'AYE.'

iii. Review Panel 3

1. Case #2393
2. Case #2570

A motion to group and approve the remands with letters of concern by Ms. McIntyre, and it was seconded by Dr. Hoban.

No discussion.

All members voted 'AYE.'

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

- i. Case #2097**
- ii. Case #2105**
- iii. Case #2523**

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

No discussion.

All members voted 'AYE.'

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

i. Dr. X

A motion to approve the authorized investigation was made by Dr. Streifel, and it was seconded by Dr. Kim.

No discussion.

All members voted ‘AYE.’

ii. Dr. Y

A motion to approve the authorized investigation was made by Dr. Hoban, and it was seconded by Ms. McIntyre.

No discussion.

All members voted ‘AYE.’

iii. Dr. Z

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

No discussion.

All members voted ‘AYE.’

6. New Business: (For Possible Action)

a. Review, Discussion, and Possible Approval/Rejection of Committee Bylaws – NRS 631.190 (For Possible Action)

i. Dental Hygiene, Dental Therapy, and EFDA Committee

A motion to approve the committee bylaws for Dental Hygiene, Dental Therapy and EFDA Committee was made by Dr. Kim, and it was seconded by Dr. Landon.

No discussion.

All members voted ‘AYE.’

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

- i. Dr. Jordan M. Swarbrick, DDS (General Anesthesia)**
- ii. Dr. Juan F. Gonzalez, DMD (Moderate Sedation)**

A motion to group and approve the temporary anesthesia permits was made by Dr. Branco, and it was seconded by Dr. Hock.

No discussion.

All members voted 'AYE.'

- c. Review, Discussion, and Possible Approval/Rejection of the Board Agent as Review Panel Member - NRS 631.190 (For Possible Action)

- i. Ms. Mary Teresa Chandler, RDH

A motion to approve Ms. Chandler as a Board Agent as a Review Panel Member was made by Ms. Arias, and it was seconded by Ms. McIntyre.

No discussion.

All members voted 'AYE.'

- d. Review, Discussion, and Possible Approval/Rejection of Reinstatement of an Inactive or Other Nonpracticing Status of a License –NRS 631.190; NAC 631.335(b); NAC631.170(b) (For Possible Action)

- i. Louise M. Cox, RDH

A motion to approve the reinstatement of an inactive or other non-practicing status of a license contingent upon successfully passing a skills assessment at a CODA-approved institution 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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Public comment was made By Paul Klein complimenting the Board on running a very efficient and well-organized meeting. He also asked for the March date of regulations workshop to be repeated.

Director Higginbotham communicated the workshop date is scheduled for March 17, 2026.

8. Announcements:

Director Higginbotham shared by the end of quarter one, our new website will launch. It will include online features replacing some paper applications and improved data reporting.

9. Adjournment: (For Possible Action)

A motion to adjourn was made by Ms. McIntyre, seconded by Ms. Petrilla.

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.

JOE LOMBARDO
Governor

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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 & ADMINISTRATIVE HEARING
AGENDA

Meeting Date & Time
Tuesday, March 10, 2026
5:00 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/81926753335>

Webinar/Meeting ID#: 819 2675 3335

Webinar/Meeting Passcode: 500228

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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: President Dr. Ronald West, Dr. Joshua Branco, and Dr. Christopher Hock

Non-participant Board Staff Present: Director A.L. Higginbotham, Rebekah Vanleer, Marissa Kelley, and Arielle Cymerman

Hearing Participant/Attendees: General Counsel Andrea Barraclough, Senior Deputy Attorney General Todd Weiss, Dr. Wyatt Dannels (Respondent), Lisa Zastrow, Esq. (counsel for Respondent), Dr. Karen Kucharski (board expert witness), Dr. Daniel Orr (Respondent expert witness), Antonia Maya Uribe (Complainant), unidentified daughter of Complainant, and Richard Evans, certified court interpreter for Complainant

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.

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No public comments made.

3. New Business: (For Possible Action)

- a.** Administrative Hearing – Dr. Wyatt Dannels Case # 6743-2230 (License # 6743)– NRS 631.190; NRS 631.355; NRS 631.360 (For Possible Action)
 - i.** Opening Argument (Open Session)
 - ii.** Board Case in Chief (Open Session)
 - iii.** Respondent Case in Chief (Open Session)
 - iv.** Closing Arguments (Open Session)
 - v.** Panel Deliberations (Possible Closed Session)
 - vi.** Findings of Fact and Penalties [if applicable] (Open Session)

Before commencing the hearing's opening arguments, Board GC Ms. Barraclough notified the Hearing Panel of a joint settlement proposal. Hearing Panel Chairperson Dr. West allowed the settlement proposal to be presented. Ms. Barraclough stated the proposed settlement terms as: a finding that Dr. Dannels' note keeping was deficient; a finding that Dr. Dannel's work on the complainant's crowns and bridges was deficient and constituted performance outside the standard of care; that Dr. Dannels had to take a MOD mini-residency course in full tooth restorations 40 hours in length; that Dr. Dannels had to take 8 hours of note taking CE; that Dr. Dannels had to continue to use the MyTooth notes system, which he just bought, to help him better keep patient notes and records; that Dr. Dannels had to fully reimburse the complainant; and that Dr. Dannels would be supervised for 1 year in that he would present to the board 20 patient cases per quarter for review. After presenting the initial proposal, Ms. Barraclough turned the floor over to Ms. Zastrow (Respondent's counsel) for comment.

Ms. Zastrow acknowledged that the proposal contained agreed upon findings of fact for purposes of settlement, however, she reserved the right to dispute all facts if the settlement was not accepted and the matter proceeded to hearing. Ms. Zastrow also noted that the Board's continual treatment of this matter as an "implant case" was factually inaccurate, because it was a bridge and crown cases, and because implants were Dr. Dannels primary focus and he did not have any implant-specific complaints. Ms. Zastrow also made a preliminary motion to recuse this Hearing Panel who would decide whether to make a counteroffer and replace it with another Hearing Panel in the event the matter did not settle. This motion was tabled until the end of the settlement discussion to see if it remained germane.

Dr. West initially noted basic agreement with most terms but thought added terms were appropriate. Dr. Branco noted a disagreement with the characterization that implants were not involved in this case, and to that end, he wanted some continuing education regarding implants to be added. Dr. West agreed with that sentiment. Dr. Hock agreed that a surgical implant component was needed for the CE as well. In addition to the MOD course, the Hearing Panel proposed 24 hours of implant CEs, and Dr. West felt CE on guided surgery would help Respondent.

They agreed to the 8 hours of note taking CE and the full patient reimbursement.

Regarding the supervision component, Dr. West wanted conditions on the 20 cases presented to the Board quarterly for review; namely Dr. West also suggested that the supervision period not commence until after the MOD course was completed. Dr. West further suggested that Dr. Dannels not perform crowns and bridges until after the 24-hour implant CE is complete. Dr. Hock added that he wanted a timeline for when these CE courses needed to be complete. He suggested single unit planned crowns are fine so long as they do not change the BDO or occlusion can still be performed by Dr. Dannels before completion of the CE, but that Respondent should not even do single unit implants until after the implant CE is complete. Dr. Branco also said he would be fine with a comparable 40-hour restorations course in lieu of the MOD course specifically, which Dr. West and Dr. Hock agreed with.

Dr. Hock revisited the supervision component, and Dr. West clarified he wanted the 20 cases per quarter to contain 15 crown and bridge cases and at least 5 implant cases, with 5 being single unit crown and bridge cases with 10 being multi-unit crown and bridge cases. Dr. Hock and Dr. Branco agreed this was reasonable. Dr. West recapped the current status of their counteroffer, as noted above.

Ms. Zastrow argued prior to speaking with her client off the record that preventing Dr. Daniels from performing his usual implant and complex restorative work until completing CE would effectively amount to a suspension and represent a significant, unanticipated change to the agreement. She argued Dr. Dannels was an asset to the community and assisted the Hispanic community, and these communities would suffer if he cannot do what he does.

Dr. West stated the credentials of the Hearing Panel, noting that the three of them have specific implant experience and so can be fair and knowledgeable in judging the case.

After a break to discuss the offer with Dr. Dannels, Ms. Zastrow reiterated her concerns regarding de facto suspension, though she stated otherwise they would be in agreement with the additional terms.

As an alternative to not performing implants pending CE completion, Ms. Barraclough suggested the Board consider some sort of probation in lieu. Dr. West addressed Ms. Zastrow's arguments, noting that the imaging does show implant issues, so there is a reason they are adding that no performance requirement. They can speed up the timeline to get him practicing sooner, but he needs to not perform implants until the implant CE is completed. Dr. West did mention probation as a possible term but would want it to be in addition to no performance requirement. Dr. Branco agreed that he wanted no performance until the CE is completed, but he could keep doing single units and bread-and-butter dentistry. Dr. Hock also noted this is not a suspension; Dr. Dannels can start again on implants as soon as he takes the CE.

Ms. Zastrow noted that if they were going to go with the original offer, they would want no formal probation. Dr. West noted that probation was just stated as an alternative, and Dr. Dannels would not be on probation if he accepted the practice limitation.

Dr. West further clarified Dr. Dannels could do quadrant dentistry (where BDO and occlusion are not changed) so for instance a 3-unit bridge would be okay. Dr. West then solidified the time frames for the CE, stating the implant CE needed to be done in 4 months; Dr. Hock and Dr. Branco agreed. Dr. West stated the notetaking CE should also be done in 4 months. As to the longer MOD course, Ms. Barraclough noted that standard stipulation language it to complete CE within 1 year. They could just use the standard language since Dr. Dannels was likely to get these CE done way before that so he could get back to crown and bridge work.

Dr. West summarized the Board's counteroffer, stating:

- 1) that Dr. Dannels had to take a MOD mini-residency course in full tooth restorations 40 hours in length or an equivalent 40-hour course with a 1-year time limit for completion;
- 2) that Dr. Dannels had to take 8 hours of notetaking CE with a 4-month time limit;
- 3) that Dr. Dannels had to continue to use the MyTooth notes system;
- 4) that Dr. Dannels had to fully reimburse the patient within 6 months;
- 5) 24 hours of implant CE with treatment planning and guided surgery topics included with a 4-month time limit; and
- 6) supervision for 1 year wherein Dannels provides the Board 20 patient cases per quarter for review of the types they already talked about. The supervision can start immediately, however, at least three of the total mouth implant cases need to be submitted for review after the completion of all CEs, even if that exceeds the 1-year supervision.

Dr. Hock and Dr. Branco agreed these were the terms.

Ms. Barraclough asked for an order of administrative costs which will be tallied by the Board's airtable software; the Hearing Panel agreed and ordered administrative costs.

Ms. Zastrow asked what happens if Dr. Dannels does not have patient examples in any given quarter for the type of cases needed; Dr. West noted that she can let us know that but ultimately he is responsible to present the type of cases required, otherwise there will be no supervision deadline or it will be after all types of cases are ultimately presented. After this explanation, Dr. Dannels as respondent indicated he was accepting the Hearing Panel's counteroffer.

Dr. West noted that the Board's goal is to help dentists and not judge dentists, so the Board is open to taking questions before a dentist wanders off into potentially grey area.

Ms. Barraclough noted that the complaining patient is present and wants to make public comment at the end.

A motion was made to accept the settlement proposal by Dr. West and seconded by Dr. Branco.

All Hearing Panel Members voted 'AYE'.

Motion passed.

- 4. Public Comment (Live public comment by teleconference):** This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before Monday, March 9, 2026, 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.

Public Comment made by the patient (via certified court interpreter):

I understand that this dentist has said he supports the Hispanic community. I am part of that community, but my experience with him has been very different. Instead of receiving proper care, I believe his treatment caused serious harm to my health. He placed dental implants that became infected and caused damage to my muscles. He did not take responsibility for what happened and did not follow up with me to check the implants. Eventually, the implants fell out. I had to seek treatment at the College of Southern Nevada dental clinic, where they tightened them. The surgeon who evaluated me told me the crown work was not of acceptable quality and that there had been infection. Because of this treatment, I suffered severe muscle pain and nerve damage for about two years. The pain was so severe that I had to go to the emergency rooms. I lived with constant pain until I was finally able to see a specialist last year. This situation also caused serious financial hardship. I spent money I did not have to try to treat the pain, and I even had to make and sell tamales to afford care. I am sharing my experience because I believe patients deserve safe and careful treatment and do not want others to have to suffer the same harm.

- 5. 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.

A motion to adjourn was made by Dr. Branco and seconded by Dr. Hock.

No discussion.

All members voted 'AYE.'

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
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 & COMMITTEE AGENDA
Dental Hygiene, Dental Therapy, and EFDA

Meeting Date & Time
Tuesday, March 11, 2026
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/86093002335>
Webinar/Meeting ID#: 860 9300 2335
Webinar/Meeting Passcode: 121401

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, March 10, 2026, 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: Co-Chair Dr. Branco, Co-Chair Ms. Arias, Ms. McIntyre, Ms. Petrilla, and Dr. Landron.

Board Staff: Director A.L. Higginbotham, General Counsel Andrea Barraclough, Arielle Cymerman, Rebekah Vanleer, Marissa Kelley, and Marisabel Ramirez

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, March 10, 2026, 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.

No public comments were made.

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

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

N/A

b. Approve Agenda (For Possible Action)

A motion to approve the agenda was made by Ms. McIntyre and it was seconded by Ms. Petrilla. No discussion. All members voted 'AYE'.

4. New Business: (For Possible Action)

a. Review, Discussion, and Possible Approval/Rejection of Public Health Program Applications – NRS 631.190; NRS 631.34583; NRS 631.287 (For Possible Action)

i. Healthy Communities Coalition

A motion was made to recommend approval of the Healthy Communities Coalition public health program to the board, limited to services provided under their contract with the Lyon County School District. Any expansion to additional locations would require submission of an addendum or further board review. Motion approved by Dr. Branco and seconded by Ms. McIntyre. No discussion. All members voted 'AYE'.

ii. Revive Mobile Oral Health Solutions

A motion to approve recommendation of Revive Mobile Oral Health Solutions to the board made by Dr. Branco and seconded by Ms. McIntyre. No discussion. All members voted 'AYE'.

iii. Robert Lorber, DMD, PC

A motion was made by Dr. Branco and seconded by Ms. McIntyre to recommend that the Board issue a preliminary advisory opinion for Dr. Lorber's proposed public health program. The advisory opinion set forth location and practice specific conditions that would need to be followed if Dr. Lorber submitted a completed public health program application. Those conditions were: (1) the future facility is located in a state-recognized underserved area; (2) the location is not within a high- or median-income ZIP code in Clark or Washoe County; (3) that a monthly calendar be submitted identifying dentist presence and when the program is staffed only by specially endorsed dental hygienists; and (4) that at least 70% of patients served are from low-income households as defined by state statute. Dr. Lorber indicated general agreement to the conditions and indicated he return to the committee with a completed public health program if and when he secures a fixed location for the program. No further 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.

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No public comments were made.

6. **Announcements:**

No announcements were made at the time of the meeting.

7. **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.

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

No discussion.

All members voted 'AYE.'

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
Community Health Alliance 10	Approved	Diagnostic and Preventive Care Medicaments and Sealants	11/19/2025	2/19/2026

**PROPOSED REGULATION OF THE
BOARD OF DENTAL EXAMINERS OF NEVADA**

LCB File No. R040-26

March 12, 2026

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

AUTHORITY: §§ 1 and 3-7, NRS 631.190 and 631.34586; § 2, NRS 631.190, 631.34583 and 631.34586; §§ 8 and 9, NRS 631.190 and 631.285; §§ 10 and 11, NRS 631.190, 631.285 and 631.2851; § 12, NRS 631.190 and 631.342; § 13, NRS 631.190, 631.342, 631.34581 and 631.34586; § 14, 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; prohibiting a dental hygienist who holds a special endorsement to practice public health dental hygiene from providing services to a patient 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 licensee of the Board 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 is authorized to provide through teledentistry; and (2) the requirements governing the issuance of a prescription through teledentistry. **Section 3** also requires a dentist who provides services through teledentistry to maintain a list of dental providers to whom the dentist may refer a patient when in-person care is necessary.

A.B. 147 requires a licensee 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 licensee 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 a dentist who is seeking informed consent to the provision of services through teledentistry to provide to the patient: (1) his or her business contact information; and (2) certain information concerning the actions that will be taken in an emergency. Further, **section 4** authorizes such a dentist to provide to the patient certain information relating to the services that may be provided to the patient and a copy of the license issued to the licensee by the Board. **Section 4** also requires a dentist 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 will be compensated for the services.

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

Section 6 of this regulation prohibits a dental hygienist who holds a special endorsement to practice public health dental hygiene from providing services to a patient through teledentistry. However, **section 6** authorizes such a dental hygienist to consult with other providers of health care through teledentistry for certain purposes.

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 7** 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 8** of this regulation defines the term “special endorsement” to refer to such a special endorsement. **Section 9** 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 9** requires that such a course completed by a dentist, dental therapist or dental hygienist include at least 20 hours of instruction.

Section 10 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 14** 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 11 of this regulation authorizes the holder of a special endorsement to administer only immunizations for influenza, COVID-19 and human papillomavirus. **Section 11** also requires the holder of a special endorsement to: (1) make a certain report for the administration of certain immunizations to a child, as applicable; and (2) maintain a log of each immunization that the holder administers. **Section 11** additionally requires a dentist who holds a special endorsement to ensure the availability and regular inspection of emergency equipment. **Section 11** 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 12** of this regulation prescribes additional requirements governing continuing education for a dentist, dental hygienist or dental therapist who holds such a special endorsement. **Section 13** 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 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 12, 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 dentist where the dentist 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 dentist 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 consultation with:

(a) The patient or, if the patient is a minor, with the parent or guardian of the patient, in which the dentist reviews the dental history of the patient before the licensee examines or treats the patient; or

(b) A dental hygienist who holds a special endorsement to practice public health dental hygiene and who has performed an in-person examination of the patient in which the dental hygienist reviews his or her findings from the in-person examination and the dental history of the patient with the dentist before the dentist 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 bona fide relationship is required to include the reasonable expectation of providing follow-up care and treatment to a patient who receives treatment in connection with a public health program if the public health program or any licensee who provides care to the patient bills for a comprehensive or periodic examination provided to the patient.

Sec. 3. 1. Subject to the provisions of subsection 3, a dentist may provide only 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 relating to the malposition of teeth, provided that the determination of the need for such orthodontic appliance is confirmed through an in-person visit before the patient begins using the orthodontic appliance.

(e) Remotely monitoring the correction of the position of teeth using orthodontic appliances.

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

3. A dentist shall not provide a service through teledentistry if the dentist is not authorized to provide that service in person.

4. A dentist 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 dentist who is seeking informed consent pursuant to NRS 631.34583:

(a) Must provide to the patient or his or her parent or guardian, as applicable:

(1) The business contact information of the dentist and any other dentist providing services to the patient through teledentistry, which must include, without limitation:

(I) The electronic mail address and telephone number of the dentist and the physical address of the office at which the dentist practices, if any; and

(II) Information that may be used to contact the dentist in an emergency; and

(2) The actions that the dentist 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.

(b) May provide to the patient or his or her parent or guardian, as applicable:

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

(2) A list of the services that the patient may receive through follow-up care and treatment and the cost of each service; and

(3) For the purposes of complying with the requirement to provide the patient or his or her parent or guardian, as applicable, with the license number of a dentist as required by subsection 3 of NRS 631.34583, a copy of the license issued to the dentist by the Board.

2. *Before providing services to a patient through teledentistry, a dentist 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 dentist.

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 dentist 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 licensee providing care to the patient; and

(b) If the patient provides information to the dentist 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. 1. *A dental hygienist who holds a special endorsement to practice public health dental hygiene shall not provide services to a patient through teledentistry.*

2. *A dental hygienist who holds a special endorsement to practice public health dental hygiene may use teledentistry for the purposes set forth in section 5 of this regulation or to consult with a dentist:*

(a) Before providing in-person services to a patient; or

(b) When the patient requires treatment that exceeds the scope of practice of the dental hygienist.

Sec. 7. *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. 8. *As used in sections 9 to 12, 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. 9. 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 of NRS 631.2851;

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

(c) A written plan for complying with the reporting requirements of NRS 439.265 and any regulations adopted pursuant thereto.

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.

Sec. 10. 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 a special 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. 11. 1. A dentist, dental hygienist or dental therapist who holds a special endorsement may administer immunizations for influenza, COVID-19 and human papillomavirus.

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

(a) Make the report required by NRS 439.265 and comply with any regulations adopted pursuant thereto.

(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. 12. 1. *A dentist, dental hygienist or dental therapist who holds a special endorsement must complete at least 2 hours of continuing education each biennium on the role of immunizations in 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. 13. 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, 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 12 of this regulation during the period July 1,, through and including June 30,

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

.....
Signature of Dentist, Dental Hygienist or Dental Therapist

(f) Dentist 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. 14. 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.

**PROPOSED REGULATION OF THE
BOARD OF DENTAL EXAMINERS OF NEVADA**

LCB File No. R041-26

March 12, 2026

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

AUTHORITY: §§ 1, 10 and 19, NRS 631.190; § 2, NRS 631.190 and 631.3129; § 3, NRS 631.190 and 631.31286; § 4, NRS 631.190 and 631.31287; § 5, NRS 631.190 and 631.31288; § 6, NRS 631.190 and 631.288; § 7, NRS 631.190 and 631.287; § 8, NRS 631.190, 631.220 and 631.345; § 9, NRS 631.190, 631.220 and 631.31285; § 11, NRS 631.190 and 631.260; §§ 12 and 13, NRS 631.190 and 631.240; §§ 14 and 15, NRS 631.190 and 631.342; § 16, NRS 631.190, 631.330, 631.335 and 631.342; § 17, NRS 631.190 and 631.385; § 18, NRS 631.190 and 631.215; § 20, NRS 631.190 and 631.3121.

A REGULATION relating to oral health; interpreting certain terminology; prescribing certain requirements for licensure as an expanded function dental assistant and the issuance of a special endorsement to practice restorative dental hygiene; establishing certain requirements for the supervision of dental assistants and expanded function dental assistants; establishing the fees for licensure as an expanded function dental assistant; removing references to examinations administered by a certain organization; requiring certain information to be included in an application for a license to practice as an expanded function dental assistant; establishing requirements governing continuing education for expanded function dental assistants; subjecting an expanded function dental hygienist to certain provisions applicable to other dental professionals; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law provides for the licensure and regulation of dentists, dental hygienists and dental therapists by the Board of Dental Examiners of Nevada. (Chapter 631 of NRS) Senate Bill No. 310 (S.B. 310) of the 82nd Legislative Session provided for the licensure and regulation of expanded function dental assistants. (Senate Bill No. 310, chapter 523, Statutes of Nevada 2023, at page 3403) S.B. 310 also authorized dental hygienists to receive special endorsements to perform additional tasks relating to restorative dental hygiene. (NRS 631.288, 631.3129)

Existing law authorizes an expanded function dental assistant or a dental hygienist with a special endorsement to practice restorative dental hygiene to use an ultrasonic scaling unit for the removal of bonding agents, but does not authorize such a person to use an ultrasonic scaling unit on a natural tooth. (NRS 631.3129) For the purposes of those provisions, **section 2** of this regulation interprets: (1) “using an ultrasonic scaling unit only for the removal of bonding

agents” to mean using an ultrasonic scaling unit for the purpose of orthodontic care; and (2) “use an ultrasonic scaling unit on any natural tooth” to mean using an ultrasonic scaling unit for the purpose of dental cleaning.

Existing law requires an applicant for a license as an expanded function dental assistant to provide proof that he or she passed a written clinical examination given by the Board. (NRS 631.31286) **Section 3** of this regulation prescribes the written and clinical examinations that such an applicant must pass to satisfy that requirement.

Existing law requires an applicant for a license by endorsement as an expanded function dental assistant to complete any training the Board deems necessary to ensure the competence of the applicant. (NRS 631.31287) **Section 4** of this regulation requires such an applicant to provide proof to the Board that he or she has: (1) passed certain examinations; or (2) successfully completed a course on restorative dental assisting that is approved by the Board. **Section 5** of this regulation: (1) prohibits a dentist from supervising more than two expanded function dental assistants at one time; and (2) requires a dentist to develop and implement written protocols for expanded function dental assistants to follow in the event of a medical emergency.

Existing law requires an applicant for a special endorsement to practice restorative dental hygiene to complete a course on restorative dental hygiene. (NRS 631.288) **Section 6** of this regulation requires that such a course be: (1) offered by an organization accredited by the Commission on Dental Accreditation; or (2) approved by the Board.

Existing law and regulations require an applicant for certain licenses to have passed a clinical examination approved by the American Board of Dental Examiners or a clinical examination administered by the Western Regional Examining Board. (NRS 631.240, 631.3121; NAC 631.090, section 3 of LCB File No. R072-22) **Sections 8, 12, 13 and 20** of this regulation remove references to the Western Regional Examining Board from existing regulations because the Western Regional Examining Board has been merged into the American Board of Dental Examiners.

Existing law authorizes a dental assistant or expanded function dental assistant to perform certain tasks under the direct supervision of a dental hygienist with a special endorsement to practice public health dental hygiene. (NRS 631.287) **Section 7** of this regulation requires a supervising dental hygienist to enter into a written practice agreement with a dental assistant or expanded function dental assistant before authorizing the dental assistant or expanded function dental assistant to perform any such tasks.

Existing law requires the Board to establish and collect certain fees relating to licensure as an expanded function dental assistant. (NRS 631.190, 631.345) **Section 8** of this regulation establishes the fees to apply for, renew or reinstate a license as an expanded function dental assistant. **Section 9** of this regulation requires an application for licensure as an expanded function dental assistant to include contents similar to other applications for licensure submitted to the Board. **Section 11** of this regulation authorizes the Executive Director or Secretary-Treasurer of the Board to reject an application for licensure as an expanded function dental assistant under the same conditions as those under which the Board may reject other applications for licensure. **Sections 10 and 17-19** of this regulation make conforming changes to treat expanded function dental assistants similarly to dental hygienists for various purposes, including unprofessional conduct and obtaining a determination or an advisory opinion from the Board.

Existing law requires the Board to adopt regulations governing continuing education for expanded function dental assistants. (NRS 631.342) **Sections 14 and 15** of this regulation require an expanded function dental assistant to complete at least 12 hours of continuing

education annually or at least 24 hours of continuing education biennially, depending on the type of license the assistant holds. **Section 15** requires such continuing education to include instruction in certain subjects. **Section 14** also: (1) requires an expanded function dental assistant to maintain certification in administering cardiopulmonary resuscitation or another medically acceptable means of basic life support; and (2) authorizes an expanded function dental assistant to receive credit for continuing education in the same manner as dental hygienists. **Section 16** of this regulation requires an expanded function dental assistant to submit a signed, written statement concerning completion of the required continuing education in the same manner as dentists and dental hygienists.

Section 1. Chapter 631 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

Sec. 2. *For the purpose of NRS 631.3129, the Board will interpret:*

1. “Use an ultrasonic scaling unit on any natural tooth” to mean using an ultrasonic scaling unit for the purpose of dental cleaning.

2. “Using an ultrasonic scaling unit only for the removal of bonding agents” to mean using an ultrasonic scaling unit for the purpose of orthodontic care.

Sec. 3. *In order to fulfill the requirements of subsection 3 of NRS 631.31286 to pass a written clinical examination, an applicant for a license to practice as an expanded function dental assistant must pass:*

1. The written and clinical examination offered by the American Board of Dental Examiners, or its successor organization, for expanded function dental auxiliary; or

2. All of the written examinations offered by the Dental Assisting National Board, or its successor organization, for certification as a Certified Preventive Functions Dental Assistant and a Certified Restorative Functions Dental Assistant.

Sec. 4. *1. In addition to the requirements of subsection 1 of NRS 631.31287, an applicant for licensure by endorsement as an expanded function dental assistant must include in his or her application proof that he or she:*

(a) Has passed all of the written examinations offered by the Dental Assisting National Board, or its successor organization, for certification as a Certified Preventive Functions Dental Assistant and a Certified Restorative Functions Dental Assistant; or

(b) Has successfully completed a course on restorative dental assisting that is approved by the Board pursuant to subsection 2.

2. The Board will approve a course on restorative dental assisting for the purposes of paragraph (b) of subsection 1 if the course is substantially similar in rigor and educational quality to a course on restorative dental assisting offered by the Dental Assisting National Board, or its successor organization. The Board will publish on an Internet website of the Board such courses that the Board has approved.

Sec. 5. 1. *A dentist may supervise not more than two expanded function dental assistants at one time.*

2. A dentist who supervises an expanded function dental assistant shall develop and implement written protocols for the expanded function dental assistant to follow if a medical emergency occurs.

Sec. 6. 1. *A course on restorative dental hygiene completed to satisfy the requirements of subsection 2 of NRS 631.288 must be:*

(a) Offered by an accredited organization; or

(b) Approved by the Board pursuant to subsection 2.

2. The Board will approve a course on restorative dental hygiene for the purposes of paragraph (b) of subsection 1 if the course is substantially similar in rigor and educational quality to a course on restorative dental hygiene offered by an accredited organization. The

Board will publish on an Internet website of the Board such courses that the Board has approved.

Sec. 7. 1. *Before a dental hygienist who holds a special endorsement to practice public health dental hygiene issued pursuant to NRS 631.287 may authorize a dental assistant or expanded function dental assistant to perform tasks specified in subsection 3 of NRS 631.287 under his or her direct supervision, the supervising dental hygienist and the dental assistant or expanded function dental assistant, as applicable, must enter into a signed written practice agreement prescribing the tasks specified in subsection 3 of NRS 631.287 which the dental assistant or expanded function dental assistant is authorized to perform.*

2. *A dental assistant or expanded function dental assistant practicing under the supervision of a dental hygienist with a special endorsement to practice public health dental hygiene may perform a task specified in subsection 3 of NRS 631.287 only:*

(a) If the dental assistant or expanded function dental assistant, as applicable, is authorized to do so pursuant to the written practice agreement entered into pursuant to subsection 1; and

(b) In accordance with any limitations or procedures set forth in the written practice agreement.

Sec. 8. NAC 631.029 is hereby amended to read as follows:

631.029 The Board will charge and collect the following fees:

Application fee for an initial license to practice dentistry if the applicant has successfully passed [a clinical examination administered by the Western Regional Examining Board or] a clinical examination approved by the Board and the American Board of Dental Examiners and administered by a regional examination organization other than the Board.....	\$1,200
Application fee for an initial license to practice dental therapy or dental hygiene	600
<i>Application fee for an initial license to practice expanded function dental assistance</i>	<i>125</i>
Application fee for a specialty license by credential.....	1,200
Application fee for a temporary restricted geographical license to practice dentistry	600
Application fee for a temporary restricted geographical license to practice dental therapy or dental hygiene	150
<i>Application fee for a temporary restricted geographical license to practice expanded function dental assistance</i>	<i>125</i>
Application fee for a specialist’s license to practice dentistry	125
Application fee for a limited license or restricted license to practice dentistry, dental therapy or dental hygiene.....	125
<i>Application fee for a limited license to practice expanded function dental assistance</i>	<i>75</i>
Application and examination fee for a permit to administer general anesthesia, moderate sedation or deep sedation.....	750

Application and examination fee for a site permit to administer general anesthesia, moderate sedation or deep sedation	500
Fee for any reinspection required by the Board to maintain a permit to administer general anesthesia, moderate sedation or deep sedation.....	500
Fee for the inspection of a facility required by the Board to ensure compliance with infection control guidelines	250
Fee for a second or subsequent inspection of a facility required by the Board to ensure compliance with infection control guidelines	150
Biennial renewal fee for a permit to administer general anesthesia, moderate sedation or deep sedation.....	200
Fee for the inspection of a facility required by the Board to renew a permit to administer general anesthesia, moderate sedation or deep sedation.....	350
Biennial license renewal fee for a general license or specialist’s license to practice dentistry	600
Biennial license renewal fee for a restricted geographical license to practice dentistry	600
Biennial license renewal fee for a restricted geographical license to practice dental therapy or dental hygiene.....	300
<i>Biennial license renewal fee for a restricted geographical license to practice expanded function dental assistance</i>	<i>100</i>
Biennial license renewal fee for a general license to practice dental therapy or dental hygiene.....	300

<i>Biennial license renewal fee for a general license to practice expanded function dental assistance</i>	100
Annual license renewal fee for a limited license to practice dentistry, dental therapy or dental hygiene	200
<i>Annual license renewal fee for a limited license to practice expanded function dental assistance</i>	75
Annual license renewal fee for a restricted license to practice dentistry	100
Biennial license renewal fee for an inactive dentist	200
Biennial license renewal fee for an inactive dental therapist or dental hygienist	50
<i>Biennial license renewal fee for an inactive expanded function dental assistant</i>	75
<i>Biennial license renewal fee for an expanded function dental assistant who is retired or has a disability</i>	50
Fee for a second or subsequent audit to ensure compliance with continuing education requirements	200
Reinstatement fee for a suspended license to practice dentistry, dental therapy or dental hygiene	300
<i>Reinstatement fee for a suspended license to practice expanded function dental assistance</i>	20
Reinstatement fee for a revoked license to practice dentistry, dental therapy or dental hygiene	500
<i>Reinstatement fee for a revoked license to practice expanded function dental assistance</i>	25

Reinstatement fee to return an inactive or retired dentist, dental therapist or dental hygienist or a dentist, dental therapist or dental hygienist with a disability to active status300

Reinstatement fee to return an inactive or retired expanded function dental assistant or an expanded function dental assistant with a disability to active status.....25

Fee for the certification of a license25

Fee for the certification of a license to administer nitrous oxide or local anesthesia.....25

Fee for a duplicate wall certificate25

Fee for a duplicate pocket card receipt.....25

Application fee for converting a temporary license to a permanent license125

Fee for an application packet for an examination25

Fee for an application packet for licensure by credentials25

Sec. 9. NAC 631.030 is hereby amended to read as follows:

631.030 1. An applicant for licensure must provide the following information and documentation in his or her application:

- (a) The date and place of his or her birth;
- (b) Certification of graduation from an accredited dental school or college, from an accredited school or college of dental therapy, ~~or~~ from an accredited school or college of dental hygiene ~~or~~ *or from an accredited program for dental assisting*, whichever is applicable;

(c) Whether he or she has applied for similar licensure in another state or a territory of the United States or the District of Columbia and, if so, the name of the state or territory of the United States or the District of Columbia, the date and the result of his or her application;

(d) If he or she has practiced dentistry, dental therapy, ~~or~~ dental hygiene *or expanded function dental assistance* in another state or a territory of the United States or the District of Columbia, certification from the licensing authority of each state or territory of the United States or the District of Columbia in which he or she has practiced or is practicing that he or she is in good standing and that there are not any disciplinary proceedings affecting his or her standing pending against him or her in the other state or territory of the United States or the District of Columbia;

(e) Whether he or she has terminated or attempted to terminate a license from another state or territory of the United States or the District of Columbia and, if so, the reasons for doing so;

(f) If he or she is not a natural born citizen of the United States, a copy of his or her certificate of naturalization or other document attesting that he or she is legally eligible to reside and work in the United States;

(g) All scores obtained on the examination in which he or she was granted a certificate by the Joint Commission on National Dental Examinations, *if applicable*, and the date it was issued;

(h) Whether he or she has ever been convicted of a crime involving moral turpitude or has entered a plea of nolo contendere to a charge of such a crime and, if so, the date and place of the conviction or plea and the sentence, if any, which was imposed;

(i) Whether he or she has had any misdemeanor or felony convictions and, if so, any documents relevant to any misdemeanor or felony convictions;

(j) Whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;

(k) Whether he or she has a history of substance misuse or substance use disorder and, if so, any documents relevant to the substance misuse or substance use disorder;

(l) Whether he or she has been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia, or any regional testing agency recognized by the Board and, if so, any documents relevant to the refusal;

(m) Whether he or she has been denied licensure by this State, any other state or territory of the United States or the District of Columbia and, if so, any documents relevant to the denial;

(n) Whether he or she has had his or her license to practice dentistry, dental therapy, ~~or~~ dental hygiene *or expanded function dental assistance* suspended, revoked or placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry, dental therapy, ~~or~~ dental hygiene ~~or~~ *expanded function dental assistance*, including, without limitation, being subject to mandatory supervision, receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the suspension, revocation, probation or other discipline;

(o) A copy of current certification in administering cardiopulmonary resuscitation;

(p) Whether he or she is currently involved in any disciplinary action concerning his or her license to practice dentistry, dental therapy, ~~or~~ dental hygiene *or expanded function dental assistance* in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the reprimand or disciplinary action;

(q) Two sets of certified fingerprint cards and an authorization form allowing the Board to submit the fingerprint forms to law enforcement agencies for verification of background information;

(r) Whether he or she has any claims against him or her or has committed any actions that would constitute unprofessional conduct pursuant to NRS 631.3475 or NAC 631.230;

(s) An application form that he or she has completed and signed which:

(1) Is furnished by the Board; and

(2) Includes, without limitation, a properly executed request to release information;

(t) If applicable, the statement and proof required by subsection 3;

(u) Evidence that he or she is eligible to apply for a license to practice:

(1) Dentistry pursuant to NRS 631.230;

(2) Dental hygiene pursuant to NRS 631.290; ~~for~~

(3) Dental therapy pursuant to NRS 631.312; *or*

(4) Expanded function dental assistance pursuant to NRS 631.31285;

(v) The statement required by NRS 425.520; and

(w) Any other information requested by the Board.

2. An applicant for licensure by endorsement pursuant to NRS 622.530 *to practice dentistry or dental hygiene* must provide the following information and documentation with his or her application:

(a) The information and documentation listed in subsection 1;

(b) A certificate granted by a nationally recognized, nationally accredited or nationally certified examination or other examination approved by the Board which proves that the applicant has achieved a passing score on such an examination; and

(c) Proof that the applicant has actively practiced dentistry, dental therapy or dental hygiene for the 5 years immediately preceding the date of submission of the application.

3. An applicant for licensure who wishes to use laser radiation in his or her practice of dentistry, dental therapy or dental hygiene must provide to the Board:

(a) A statement certifying that each laser that will be used by the licensee in the practice of dentistry, dental therapy or dental hygiene has been cleared by the Food and Drug Administration for use in dentistry; and

(b) Proof that he or she has successfully completed a course in laser proficiency that:

(1) Is at least 6 hours in length; and

(2) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to NAC 631.035.

Sec. 10. NAC 631.045 is hereby amended to read as follows:

631.045 A licensed dentist who owns an office or facility where dental treatments are to be performed in this State must, on the application for renewal of his or her license, execute a certified statement that includes:

1. The location of each office or facility owned by the licensed dentist where dental treatments are to be performed;

2. The name and address of each employee, other than a licensed dentist, dental therapist, ~~or~~ dental hygienist ~~or~~ *or expanded function dental assistant*, who assists at the office or facility in procedures for infection control and the date the employee began to assist in procedures for infection control at the office or facility;

3. A statement that each employee identified in subsection 2:

(a) Has received adequate instruction concerning procedures for infection control; and

(b) Is qualified to:

(1) Operate sterilization equipment and other equipment in compliance with the guidelines adopted by reference in NAC 631.178; and

(2) Perform all other applicable activities in compliance with the guidelines adopted by reference in NAC 631.178; and

4. If the licensed dentist is registered to dispense controlled substances with the State Board of Pharmacy pursuant to chapter 453 of NRS, an attestation that the licensed dentist has conducted annually a minimum of one self-query regarding the issuance of controlled substances through the Prescription Monitoring Program of the State Board of Pharmacy.

Sec. 11. NAC 631.050 is hereby amended to read as follows:

631.050 1. If the Executive Director or Secretary-Treasurer finds that:

(a) An application is:

(1) Deficient; or

(2) Not in the proper form; or

(b) The applicant has:

(1) Provided incorrect information;

(2) Not attained the scores required by chapter 631 of NRS; or

(3) Not submitted the required fee,

↪ the Executive Director or Secretary-Treasurer shall reject the application and return it to the applicant with the reasons for its rejection.

2. If the Executive Director or Secretary-Treasurer finds that an applicant has:

(a) A felony conviction;

(b) A misdemeanor conviction;

(c) Been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;

(d) A history of substance misuse or substance use disorder;

(e) Been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia;

(f) Been denied licensure by this State, any other state or territory of the United States or the District of Columbia;

(g) Had his or her license to practice dentistry, dental therapy, ~~or~~ dental hygiene *or expanded function dental assistance* suspended, revoked or placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry, dental therapy, ~~or~~ dental hygiene ~~or~~ *expanded function dental assistance*, including, without limitation, being subject to mandatory supervision or receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia;

(h) Not actively practiced dentistry, dental therapy or dental hygiene, as applicable, for 2 years or more before the date of the application to the Board; or

(i) ~~Is currently involved~~ *Current involvement* in any disciplinary action concerning his or her license to practice dentistry, dental therapy, ~~or~~ dental hygiene *or expanded function dental assistance* in this State, another state or territory of the United States or the District of Columbia, ➔ the Executive Director or Secretary-Treasurer may reject the application. If rejected, the application must be returned to the applicant with the reasons for its rejection.

3. If an application is rejected pursuant to subsection 2, the applicant may furnish additional relevant information to the Executive Director or Secretary-Treasurer, and request that the application be reconsidered. If an application is rejected following reconsideration by the

Executive Director or Secretary-Treasurer, the applicant may petition the Board for a review of the application at the next regularly scheduled meeting of the Board.

Sec. 12. NAC 631.090 is hereby amended to read as follows:

631.090 1. Except as otherwise provided in NRS 622.090, in fulfillment of the statutory requirements of paragraph (b) of subsection 1 of NRS 631.240, an applicant taking the clinical examination approved by the Board and the American Board of Dental Examiners ~~for the clinical examination administered by the Western Regional Examining Board~~ must:

(a) Pass the Dental Simulated Clinical Examination or a comparable examination administered by the ~~Western Regional Examining Board~~ *American Board of Dental Examiners*, as applicable;

(b) Demonstrate proficiency in endodontics as the organization administering the clinical examination requires;

(c) Demonstrate proficiency in fixed prosthodontics as the organization administering the clinical examination requires;

(d) Demonstrate proficiency in restorative dentistry as the organization administering the clinical examination requires;

(e) Demonstrate proficiency in periodontics as the organization administering the clinical examination requires; and

(f) Perform such other procedures as the Board requires.

2. The Board may require an applicant for licensure to practice dentistry, dental hygiene or dental therapy to pass such additional examinations for licensure as the Board may prescribe if the applicant:

(a) Has been previously licensed in this State and has not held such a license for 2 years or more, including, without limitation, because the license was revoked or voluntarily surrendered; and

(b) Has not maintained an active practice outside of this State, including, without limitation, because his or her license to practice in another jurisdiction has been suspended, revoked, surrendered or because of any other order by a competent authority of another jurisdiction.

Sec. 13. NAC 631.140 is hereby amended to read as follows:

631.140 1. Except as otherwise provided in NRS 622.090, an applicant who does not pass all sections of the clinical examination approved by the Board and the American Board of Dental Examiners ~~for the clinical examination administered by the Western Regional Examining Board~~ may apply for a reexamination. The application must be made on a form furnished by the Board.

2. An applicant who does not pass the examination may not take another examination without completing such additional professional training as is required by the Board.

3. An applicant who does not pass the examination solely because he or she fails one of the demonstrations required pursuant to NAC 631.090 may, at the next scheduled examination, complete the remaining demonstration. If the applicant does not successfully complete the remaining demonstration at the next scheduled examination or within the timeline approved by the American Board of Dental Examiners ~~for by the Western Regional Examining Board~~ for a person who takes the examination as part of an integrated curriculum, he or she must retake the entire examination.

4. For the purposes of NRS 631.280, an applicant who attempts to complete successfully a demonstration pursuant to subsection 3 shall not be deemed to have failed the examination twice if he or she fails to complete that demonstration successfully.

Sec. 14. NAC 631.173 is hereby amended to read as follows:

631.173 1. Each dentist licensed to practice in this State must annually complete at least 20 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dentist. Hours of instruction may not be transferred or carried over from one licensing period to another.

2. Each dental therapist licensed to practice in this State must annually complete at least 18 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dental therapist. Hours of instruction may not be transferred or carried over from one licensing period to another.

3. Each dental hygienist licensed to practice in this State must annually complete at least 15 hours of instruction in approved courses of continuing education or biennially complete at least 30 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dental hygienist. Hours of instruction may not be transferred or carried over from one licensing period to another.

4. *Each expanded function dental assistant licensed to practice in this State must annually complete at least 12 hours of instruction in approved courses of continuing education or biennially complete at least 24 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the expanded function dental assistant. Hours of instruction may not be transferred or carried over from one licensing period to another.*

5. In addition to the hours of instruction prescribed in subsections 1 ~~{, 2 and 3}~~ to 4, *inclusive*, each dentist, dental therapist, ~~{and}~~ dental hygienist *and expanded function dental assistant* must maintain current certification in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life. Any course taken pursuant to this subsection must be taught by a certified instructor.

~~{5.}~~ 6. Any provider of or instructor for a course in continuing education relating to the practice of dentistry, dental therapy, ~~{or}~~ dental hygiene *or expanded function dental assistance* which meets the requirements of this section must be approved by the Board, unless the course is for training in cardiopulmonary resuscitation or is approved by:

- (a) The American Dental Association or the societies which are a part of it;
- (b) The American Dental Hygienists' Association or the societies which are a part of it;
- (c) The Academy of General Dentistry;
- (d) Any nationally recognized association of dental or medical specialists;
- (e) Any university, college or community college, whether located in or out of Nevada; or
- (f) Any hospital accredited by The Joint Commission.

~~{6.}~~ 7. To be approved as a provider of a course in continuing education, the instructor of the course must complete a form provided by the Board and submit it to the Board for review by a committee appointed by the Board not later than 45 days before the beginning date of the course. Upon receipt of the form, the committee shall, within 10 days after receiving the form, approve or disapprove the application and inform the applicant of its decision.

~~{7.}~~ 8. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection ~~{6}~~ 7 and furnishes the Board with a complete list of all members of the group, a synopsis of the subject to be studied, the time, place

and duration of the meetings of the group, and the method by which attendance is recorded and authenticated.

~~{8.}~~ **9.** Credit may be allowed for attendance at a meeting or a convention of a dental, dental therapy, ~~{or}~~ dental hygiene *or dental assistance* society.

~~{9.}~~ **10.** Credit may be allowed for courses completed via home study, on-line study, self-study or journal study which are taught through correspondence, webinar, compact disc or digital video disc.

~~{10.}~~ **11.** Credit may be allowed for dental, dental therapy, ~~{and}~~ dental hygiene *and expanded function dental assistance* services provided on a voluntary basis to nonprofit agencies and organizations approved by the Board.

Sec. 15. NAC 631.175 is hereby amended to read as follows:

631.175 1. Approved subjects for continuing education in dentistry, dental therapy, ~~{and}~~ dental hygiene *and expanded function dental assistance* are:

(a) Clinical subjects, including, without limitation:

- (1) Dental and medical health;
- (2) Preventive services;
- (3) Dental diagnosis and treatment planning; and
- (4) Dental clinical procedures, including corrective and restorative oral health procedures

and basic dental sciences, dental research and new concepts in dentistry; and

(b) Nonclinical subjects, including, without limitation:

- (1) Dental practice organization and management;
- (2) Patient management skills;
- (3) Methods of health care delivery; and

(4) Teaching methodology.

2. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist or dental therapist must annually complete at least 15 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 30 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dentist or dental therapist, as applicable.

3. In completing the hours of continuing education required pursuant to NAC 631.173, a dental hygienist must annually complete at least 12 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 24 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dental hygienist.

4. *In completing the hours of continuing education required pursuant to NAC 631.173, an expanded function dental assistant must annually complete at least 12 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 24 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the expanded function dental assistant.*

5. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist, a dental therapist ~~{or}~~, a dental hygienist *or an expanded function dental assistant* must annually complete at least 2 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in NAC 631.178 or biennially complete at least 4 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in NAC 631.178, as applicable, based on the renewal period set

forth in NRS 631.330 for the type of license held by the dentist, dental therapist, ~~or~~ dental hygienist ~~or~~ *or expanded function dental assistant*.

~~5.1~~ 6. *In completing the hours of continuing education required pursuant to NAC 631.173, an expanded function dental assistant must annually complete at least 2 hours in the clinical subject of the identification and prevention of medical emergencies or biennially complete at least 4 hours in the clinical subject of identification and prevention of medical emergencies, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the expanded function dental assistant.*

7. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist who is registered to dispense controlled substances pursuant to NRS 453.231 must complete at least 2 hours of training relating specifically to the misuse and abuse of controlled substances, the prescribing of opioids or addiction during each period of licensure.

~~6.1~~ 8. The Board will credit, as a maximum in any one year of an annual or biennial licensing period, the following number of hours of instruction for the following types of courses or activities:

(a) For approved study by a group, 3 hours.

(b) For attendance at a meeting or convention of a dental, dental therapy, ~~or~~ dental hygiene *or dental assistance* society, 1 hour for each meeting, but not more than 3 hours, exclusive of hours of continuing education offered in conjunction with the meeting.

(c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the number of hours of continuing education required by subsection 1, 2, ~~or~~ 3 *or 4* of NAC 631.173, as applicable.

(d) For all other courses conducted by an approved instructor, the number of hours completed by the dentist, dental therapist, ~~or~~ dental hygienist ~~or~~ *or expanded function dental assistant.*

(e) For approved dental, dental therapy, ~~or~~ dental hygiene *or expanded function dental assistance* services provided in approved nonprofit settings, 6 hours, except that not more than 3 hours will be allowed for any day of volunteer services provided.

Sec. 16. 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 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) *Expanded function dental assistant 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 12 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 Expanded Function Dental Assistant

(e) Dentist, dental therapist, ~~or~~ dental hygienist *or expanded function dental assistant* 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.

2. Legible copies of all receipts, records of attendance, certificates and other evidence of attendance by a dentist, *a* dental therapist ~~or~~, *a* dental hygienist *or an expanded function*

dental assistant at an approved course in continuing education must be retained by the dentist, dental therapist, ~~or~~ dental hygienist *or expanded function dental assistant* 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 *or expanded function dental assistant* 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, *a* dental therapist, ~~or~~ *a* dental hygienist *or an expanded function dental assistant* 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 expanded function dental assistants* and additional follow-up audits, as necessary, to ensure compliance with the requirements of this section and NAC 631.173 and 631.175.

Sec. 17. NAC 631.273 is hereby amended to read as follows:

631.273 1. If, upon the death of a dentist licensed pursuant to chapter 631 of NRS, a surviving member of his or her family desires to own or control his or her practice, share in the fees therefrom, or control the services offered, the surviving member shall, within 2 months after the dentist's death, notify the Board of that fact by furnishing the Secretary-Treasurer with a certified copy of the death certificate.

2. Upon receipt of the death certificate, the Board will appoint one or more of its members, agents or employees to investigate the operation of the dental practice of the decedent to determine whether the practice is being conducted in full compliance with the requirements of chapter 631 of NRS and the regulations of the Board, paying particular attention to the health, welfare and safety of the public.

3. If, upon investigation, the Board finds that the practice is not being conducted in full compliance with the requirements of chapter 631 of NRS or the regulations of the Board, it will apply to the district court to enjoin the continuation of the practice and will further institute any disciplinary action it deems necessary against any licensed dentist, dental therapist, ~~or~~ dental hygienist *or expanded function dental assistant* associated with the practice.

Sec. 18. NAC 631.275 is hereby amended to read as follows:

631.275 1. For the purposes of paragraph (i) of subsection 2 of NRS 631.215, the Board will deem a person to exercise authority or control over the clinical practice of dentistry if the person, by agreement, lease, policy, understanding or other arrangement, exercises authority or control over:

(a) The manner in which a licensed dentist, a dental therapist, a dental hygienist, *an expanded function dental assistant* or a dental assistant uses dental equipment or materials for the provision of dental treatment;

(b) The use of a laboratory or the decision to purchase or not to purchase dental equipment or materials against the advice of a licensed dentist if the dentist reasonably concludes that such use, purchase or failure to purchase would impair the ability of the dentist, *a* dental therapist, ~~or~~ a dental hygienist *or an expanded function dental assistant* to provide dental care to a patient consistent with the standard of care in the community;

(c) A decision of a licensed dentist regarding a course or alternative course of treatment for a patient, the procedures or materials to be used as part of a course of treatment or the manner in which a course of treatment is carried out by the dentist, a dental therapist, a dental hygienist, *an expanded function dental assistant* or a dental assistant;

(d) The length of time a licensed dentist, a dental therapist, ~~or~~ a dental hygienist *or an expanded function dental assistant* spends with a patient or if the person otherwise places conditions on the number of patients a licensed dentist, a dental therapist, ~~or~~ a dental hygienist *or an expanded function dental assistant* may treat in a certain period of time;

(e) The length of time a licensed dentist, a dental therapist, a dental hygienist, *an expanded function dental assistant* or a dental assistant spends performing dental services, against the advice of the dentist, if the dentist reasonably believes that the ability of the dentist, dental therapist, dental hygienist, *expanded function dental assistant* or dental assistant to provide dental care to a patient consistent with the standard of care in the community would be impaired;

(f) The referrals by a licensed dentist to another licensed dentist or otherwise places any restriction or limitation on the referral of patients to a specialist or any other practitioner the licensed dentist determines is necessary;

(g) The clinical practices of a dental therapist ~~or~~, *a* dental hygienist *or an expanded function dental assistant* regarding appropriate dental therapy care or dental hygiene care, as

applicable, or the duties that a licensed dentist may delegate to a dental therapist ~~{or}~~, a dental hygienist ~~{or}~~ *or an expanded function dental assistant*;

(h) Patient records at any time to the exclusion of the applicable licensed dentist or the applicable patient;

(i) A decision of a licensed dentist to refund payments made by a patient for clinical work that is not performed or is performed incorrectly by:

(1) The dentist; or

(2) A dental therapist ~~{or}~~, a dental hygienist *or an expanded function dental assistant* employed by the licensed dentist or a professional entity of the licensed dentist;

(j) A decision regarding the advertising of the practice of a licensed dentist if the decision would result in a violation of the provisions of NRS 631.348 by the dentist;

(k) A decision to establish fees for dental services against the advice of a licensed dentist if the dentist reasonably concludes that those fees would impair the ability of the dentist, a dental therapist, ~~{or}~~ a dental hygienist *or an expanded function dental assistant* to provide dental care to patients consistent with the standard of care in the community;

(l) A decision relating to the clinical supervision of dental therapists, ~~{or}~~ dental hygienists, *expanded function dental assistants* and ancillary personnel regarding the delivery of dental care to patients of a licensed dentist;

(m) The hiring or firing of licensed dentists, dental therapists, ~~{or}~~ dental hygienists *or expanded function dental assistants* or the material clinical terms of their employment relationship with a licensed dentist or a professional entity of a licensed dentist;

(n) A decision regarding the hiring of ancillary personnel against the advice of a licensed dentist or a decision by a licensed dentist to fire or refuse to work with ancillary personnel if that

advice, firing or refusal is related to the clinical competence of that ancillary personnel to render dental care to patients, regardless of who employs such ancillary personnel; and

(o) The material terms of any provider contracts or arrangements between a licensed dentist or a professional entity of a licensed dentist and third-party payors against the advice of the dentist, if the dentist reasonably concludes that the contract or arrangement would impair the ability of the dentist to provide dental care to patients consistent with the standard of care in the community.

2. For the purposes of this section:

(a) “Ancillary personnel” means a person, other than a licensed dentist, a dental therapist , ~~or~~ a dental hygienist ~~or~~ *or an expanded function dental assistant*, who:

(1) Directly provides dental care to a patient under the supervision of a licensed dentist, a licensed dental therapist or a dental hygienist; or

(2) Assists a licensed dentist, a dental therapist or a dental hygienist in the provision of dental care to a patient.

(b) “Clinical” means relating to or involving the diagnosis, evaluation, examination, prevention or treatment of conditions, diseases or disorders of the maxillofacial area, oral cavity or the adjacent and associated structures and their impact on the human body, as typically provided by a licensed dentist or, if applicable, a dental therapist ~~or~~ , a dental hygienist ~~or~~ *or an expanded function dental assistant*, within the scope of the education, experience and training of the dentist, dental therapist , ~~or~~ dental hygienist ~~or~~ *or expanded function dental assistant*, in accordance with applicable law and the ethics of the profession of dentistry.

Sec. 19. NAC 631.279 is hereby amended to read as follows:

631.279 1. Any applicant or licensed dentist, dental therapist, ~~or~~ dental hygienist *or expanded function dental assistant* may obtain a determination or advisory opinion from the Board as to the applicability of any provision of chapter 631 of NRS or any regulation adopted pursuant thereto by bringing an action for a declaratory judgment before the Board.

2. The Board will construe any statute or regulation reviewed pursuant to this section in a manner consistent with the declared policy of the State of Nevada.

Sec. 20. Section 3 of LCB File No. R072-22 is hereby amended to read as follows:

Sec. 3. Except as otherwise provided in NRS 622.090, in fulfillment of the requirements of paragraph (b) of subsection 1 of NRS 631.3121, an applicant taking the clinical examination approved by the Board and the American Board of Dental Examiners ~~{or the clinical examination administered by the Western Regional Examining Board}~~ must pass a simulated clinical examination in dental therapy or a comparable examination ~~{administered by the Western Regional Examining Board, as applicable.}~~ *approved by the Board.*

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2425

**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 February 4, 2026, 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 for dismissal 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 18/02/2026

By:

Josh Branco DMD

Josh Branco DMD (Feb 17, 2026 12:52:51 PST)

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

Jana L McIntyre

Jana L McIntyre (Feb 17, 2026 15:41:55 PST)

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



Kevin Moore (Feb 18, 2026 07:38:27 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2571

**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).)

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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 for dismissal 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 18/02/2026

By:

Josh Branco DMD

Josh Branco DMD (Feb 17, 2026 12:53:33 PST)

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

Jana L McIntyre

Jana L McIntyre (Feb 17, 2026 15:41:11 PST)

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



Kevin Moore (Feb 18, 2026 07:39:09 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2572

**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).)

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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.

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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 for dismissal 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 18/02/2026

By:

Josh Branco DMD

Josh Branco DMD (Feb 17, 2026 12:53:57 PST)

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

Jana McINTYRE

Jana I mcINTYRE (Feb 17, 2026 15:39:11 PST)

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



Kevin Moore (Feb 18, 2026 07:40:26 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2536

**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 February 3, 2026, 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 for dismissal 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 16/02/2026

By: *Ronald West DMD*
Ronald West DMD (Feb 16, 2026 16:00:23 PST)
Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias RDH
Yamilka Arias, RDH (Feb 16, 2026 20:58:44 PST)
Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Feb 17, 2026 19:32:01 MST)
Todd Thompsom, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. [REDACTED]-2540

Complainant,

**REVIEW PANEL FINDINGS AND
RECOMMENDATIONS**

vs.

(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).)

[REDACTED]
Respondent.

On February 4, 2026, 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 for dismissal 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 17/02/2026

By: *Ronald West DMD*
Ronald West DMD (Feb 16, 2026 15:59:08 PST)
Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias RDH
Yamilka Arias, RDH (Feb 16, 2026 20:58:30 PST)
Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Feb 17, 2026 19:34:01 MST)
Todd Thompsom, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2553

**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 February 4, 2026, 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 for dismissal 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 17/02/2026

By: *Ronald West DMD*
Ronald West DMD (Feb 16, 2026 15:53:11 PST)
Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias RDH
Yamilka Arias, RDH (Feb 16, 2026 21:00:00 PST)
Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Feb 17, 2026 19:34:29 MST)
Todd Thompsom, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2565

**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 February 4, 2026, 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 for dismissal 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 17/02/2026

By: *Ronald West DMD*
Ronald West DMD (Feb 16, 2026 16:57:27 PST)
Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias RDH
Yamilka Arias, RDH (Feb 16, 2026 21:00:58 PST)
Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Feb 17, 2026 19:34:56 MST)
Todd Thomspn, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2566

**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 February 4, 2026, 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 for dismissal 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 17/02/2026

By: *Ronald West DMD*
Ronald West DMD (Feb 16, 2026 15:53:48 PST)
Ronald West, DMD
Member, Nevada State Board of Dental Examiners

Yamilka Arias RDH
Yamilka Arias, RDH (Feb 16, 2026 21:01:47 PST)
Yamilka Arias, RDH
Member, Nevada State Board of Dental Examiners

W Todd Thompson
W Todd Thompson (Feb 17, 2026 19:36:22 MST)
Todd Thomspn, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2567

**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 February 10, 2026, 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 for dismissal 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 17/02/2026

By:

Lance J Kim

Lance J Kim (Feb 17, 2026 23:54:08 PST)

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

Kimberly Petrilla

Kimberly Petrilla (Feb 20, 2026 07:34:35 PST)

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

John Gallob, DMD

John Gallob, DMD (Feb 17, 2026 11:47:10 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2568

**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 February 10, 2026, 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 for dismissal 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 17/02/2026

By:

Lance J Kim

Lance J Kim (Feb 17, 2026 23:54:43 PST)

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

Kimberly Petrilla

Kimberly Petrilla (Feb 20, 2026 07:34:12 PST)

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

John Gallob, DMD

John Gallob, DMD (Feb 17, 2026 11:48:38 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2581

**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 February 10, 2026, 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.

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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 for dismissal 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 17/02/2026

By:

Lance J Kim

Lance J Kim (Feb 17, 2026 23:55:13 PST)

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

Kimberly Petrilla

Kimberly Petrilla (Feb 20, 2026 07:33:41 PST)

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

John Gallob, DMD

John Gallob, DMD (Feb 17, 2026 11:48:37 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2586

**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 February 10, 2026, 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.

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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 for dismissal 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 17/02/2026

By:

Lance J Kim

Lance J Kim (Feb 17, 2026 23:55:49 PST)

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

Kimberly Petrilla

Kimberly Petrilla (Feb 20, 2026 07:33:15 PST)

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

John Gallob, DMD

John Gallob, DMD (Feb 17, 2026 11:50:36 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2587

**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 February 10, 2026, 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 for dismissal 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 17/02/2026

By:

Lance J Kim

Lance J Kim (Feb 17, 2026 23:58:20 PST)

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

Kimberly Petrilla

Kimberly Petrilla (Feb 20, 2026 07:32:54 PST)

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

John Gallob, DMD

John Gallob, DMD (Feb 17, 2026 11:51:18 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2589

**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 February 10, 2026, 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 for dismissal 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 17/02/2026

By:

Lance J Kim

Lance J Kim (Feb 17, 2026 23:58:50 PST)

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

Kimberly Petrilla

Kimberly Petrilla (Feb 20, 2026 07:32:16 PST)

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

John Gallob, DMD

John Gallob, DMD (Feb 17, 2026 11:52:00 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Complainant,

vs.

Respondent.

Case No. [REDACTED]-2593

**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 February 10, 2026, 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 for dismissal 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 17/02/2026

By:

Lance J Kim

Lance J Kim (Feb 17, 2026 23:57:18 PST)

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

Kimberly Petrilla

Kimberly Petrilla (Feb 20, 2026 07:31:46 PST)

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

John Gallob, DMD

John Gallob, DMD (Feb 17, 2026 11:52:42 PST)

John Gallob, DMD
Member, Review Panel

**ATTESTATION/DECLARATION OF THE EXECUTIVE 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, regarding information received on 02/24/2020 related to licensee with initials C.C.:

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. *very tenuous; jurisdiction exists if facts are presumed based on complaint but facts potentially negated by arrest report. Board needs to make credibility finding*
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.

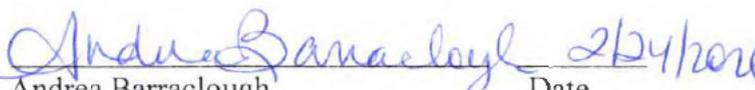
We each attests that, in reviewing the redacted Complaint, we had no knowledge of the identity of the person who was the subject of the complaint; we have not communicated with any person concerning the subject matter of the Complaint prior to our review; and we have not been unduly influenced in our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

2/24/20
Date



Andrea Barraclough
General Counsel, NSBDE

2/24/2020
Date

From: [hidden212](#)
To: [Maresa Watson](#)
Subject: Re: Formal Complaint and Request for Inve
Date: Tuesday, February 24, 2026 8:46:37 AM
Attachments: [12-10-25 police report.pdf](#)

Possible
AI

631

WARNING - This email originated from outside the organization. Please use caution when opening attachments or clicking links, especially those from unknown senders.

Dear Members of the Board:

As a sworn officer of the court, I am submitting this anonymous formal complaint requesting a formal investigation into serious allegations involving Dr. [REDACTED] an oral surgeon licensed in the State of Nevada, and dental assistant [REDACTED]

It has been alleged that Dr. [REDACTED] with the knowledge and assistance of Ms. [REDACTED] coerced another dental assistant, [REDACTED] into engaging in sexual activity and recording the encounter for possible leverage, intimidation, or control. These allegations raise grave concerns regarding abuse of professional authority, coercion, and workplace exploitation.

If substantiated, this conduct would constitute violations of Nevada law governing dental professionals, including but not limited to:

1. NRS 631.347 – Grounds for Disciplinary Action

Under NRS 631.347, the Board may discipline a licensee for:

- Unprofessional conduct
- Conduct involving moral turpitude
- Incompetence or gross negligence
- Any act that constitutes grounds for disciplinary action under regulations adopted by the Board

Sexual coercion, abuse of authority over subordinate staff, and use of recorded sexual material for leverage would fall squarely within unprofessional conduct and moral turpitude.

2. NRS 631.348 – Disciplinary Authority of the Board

This statute authorizes the Board to impose disciplinary measures, including suspension or revocation of a license, for violations of Chapter 631.

3. NAC 631 (Nevada Administrative Code) – Professional Conduct Standards

The Board's regulations define unprofessional conduct to include behavior that reflects adversely on the fitness to practice dentistry, including exploitation of relationships formed within the professional setting.

4. Workplace Coercion and Criminal Implications

While the Board's authority concerns licensure, the alleged conduct may also implicate criminal statutes relating to coercion (NRS 207.190), extortion, or unlawful recording, if

applicable. Although criminal determinations fall outside the Board's direct jurisdiction, such allegations heighten the urgency of a regulatory review.

The alleged conduct demonstrates:

- Abuse of supervisory authority
- Sexual exploitation within a professional environment
- Potential retaliation or blackmail
- Conduct incompatible with the ethical obligations of a Nevada-licensed dentist

The Nevada State Board of Dental Examiners is charged with protecting the public and ensuring that licensees meet the standards of professional and ethical conduct required under Nevada law. These allegations, if true, represent a profound breach of that trust.

I respectfully request that the Board:

1. Initiate a formal investigation pursuant to NRS 631.339.
2. Subpoena and review any communications relevant to these allegations.
3. Interview all involved parties and witnesses.
4. Take disciplinary action as authorized under NRS 631.350 if violations are substantiated.

Thank you for your prompt attention to this serious matter.

I may only be reached by email but able to produce more damning evidence including Ms Garcia testifying officers on the scene instructed her to delete the evidence.

Sent from [Proton Mail](#) for Android.

ORIGINAL

ARREST REPORT AND
DECLARATION OF PROBABLE CAUSE

RPD 0146468C

DEC 11 2025 0:50

DA
RJC CG

COURT OF JURISDICTION _____

RSC

CASE # _____

25-24709

PHOTO # _____

PRINT CLEARLY

ARRESTEE'S (Last, First, Middle) NAME _____ AKA/ALIAS _____

RESIDENCE (Street, City, State, Zip) ADDRESS _____

RACE White Black Unknown Indian Asian Ethnicity Hispanic Non-Hispanic Unknown Male Female DOB _____ 92 SSN _____ POB _____ AGE 33 HT _____ WT _____ HAIR _____ EYES _____

OCCUPATION & BUS ADDRESS _____ HOME PHONE _____

DRIV LIC # _____ DRIV LIC STATE NV ARRESTEE'S VEH Stolen Left at Scene Motor Applicable Impounded Held to Ch Pr BUS PHONE _____

NEXT OF KIN _____ SCARS, MARKS, TATTOOS LA memaid

ARREST DATE 12-10-25 TIME 2145 LOCATION _____

OFFENSE DATE 12-10-25 TIME 2041 LOCATION " "

NRS/ORD #	NOC	BAIL	WARRANT # & DATE	CHARGE	F-Felony, G-Gross Misd, M-Misd F-G-M
200.491.28	54756 54735	-	-	1 Battery by Strangulation	F
				2	
				3	
				4	
				5	
				6	
				7	
				8	

ARRESTING OFFICER(S) AND ID # Weiss #17786 TRANSPORTING OFFICER(S) AND ID # Harding 12426

PRIVATE PERSON MAKING THE ARREST (Citizen Arrest) _____ REVIEWING SUPERVISOR AND ID # _____ 14383

The undersigned, Al Weiss, a police officer, of Reno Police Dept., hereby declares under penalty of perjury, that the above-named defendant has been arrested on probable cause and is subject to detention for the above-listed offense(s). Either personally or upon information and belief this officer learned the following facts and circumstances which support the arrest and detention:

Please See Declaration Supplement

FIELD TO _____ DATE _____ BY _____
DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WHEREFORE, Declarant requests that a finding be made by a magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for trial (if charge is a misdemeanor).

Page 1 of 5 DECLARANT Weiss ID# 17786

REVIEWED FOR PROBABLE CAUSE (PC) PC FOUND PC NOT FOUND DATE _____ TIME _____ MAGISTRATE _____

DEFENDANT ORDERED RELEASED, DATE _____ MAGISTRATE _____

DECLARATION SUPPLEMENT

Page: 2

CASE# RP25-24709

On December 10, 2025, at approximately 2044 hours, I, Officer Weis, responded to room #1225 at the Atlantis Casino, 3800 South Virginia Street, Reno, Nevada on the report of a physical domestic disturbance between one male and two female subjects where the male was being held down by one of the females.

Upon my arrival I met with Atlantis security who escorted myself and other officers to room #1225.

When arriving at the room I met with the female victim, [REDACTED] who relayed to me the following:

[REDACTED] and their coworker [REDACTED] were at the Atlantis on a work-related trip. The three were drinking in [REDACTED]'s room when [REDACTED] asked [REDACTED] to have sex with her. [REDACTED] said no and wanted to go to sleep. [REDACTED] then stated [REDACTED] was angry and threw [REDACTED] on to the ground near the bed, got on top of her, and began punching [REDACTED] in the face, then choked [REDACTED].

I then spoke with Officer Christensen who spoke to [REDACTED] and Officer Christensen relayed to me the following:

[REDACTED] stated her, [REDACTED] and [REDACTED] were gambling at the casino, went to a work related meeting, and then began drinking together. [REDACTED] stated [REDACTED] and [REDACTED] had been in a relationship together for some time. [REDACTED] and [REDACTED] then invited [REDACTED] up to [REDACTED] and [REDACTED] room. [REDACTED] then convinced [REDACTED] to "orally pleasure him [REDACTED]" [REDACTED] then consensually performed oral sex on [REDACTED]. During this time, [REDACTED] was video recording [REDACTED] and [REDACTED]. While [REDACTED] was recording, [REDACTED] got angry and jealous, walked up to [REDACTED] and bit her. [REDACTED] then began to fight [REDACTED] to defend herself.

I then spoke with [REDACTED] again and asked about the video recording to which [REDACTED] then relayed to me the following information:

[REDACTED] admitted there was a video on her phone of [REDACTED] and [REDACTED]. [REDACTED] then showed me the video in which [REDACTED] was on top of [REDACTED] who was sitting in a chair. The two were having sexual intercourse.

WHEREFORE, Declarant requests that a finding be made by a magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for a trial (if charge is a misdemeanor).

REVIEWED FOR PROBABLE CAUSE (PC).
PC FOUND PC NOT FOUND

DECLARANT M. WEIS I.D.# 17786

DATE: _____, MAGISTRATE PAGE 2 OF 5
DEFENDANT ORDERED RELEASED, DATE: _____, MAGISTRATE

DECLARATION SUPPLEMENT

Page: 3

CASE# RP23-24709

I then asked [redacted] what had really happened and [redacted] relayed to me the following information:

[redacted] and [redacted] have been "lovers" for 15 years and have a child together. The two were in town from Reno for a work-related event in which they met up with [redacted], a coworker based in Reno, for a lunch. The three then went to the Atlantis for a work meeting and then went to [redacted] and [redacted] room. The three had planned to all have sexual intercourse together but [redacted] was tired. [redacted] and [redacted] began having sexual intercourse. [redacted] told [redacted] to join but [redacted] did not want to. [redacted] then got mad and threw [redacted] off of the bed onto the nearby floor. [redacted] then got on top of [redacted] and began punching her. [redacted] then placed [redacted] in a choke hold. [redacted] began trying to fight [redacted] off and bit [redacted] arm to try and get her to let go. [redacted] then attempted to get [redacted] off but could not.

Neither [redacted] nor [redacted] stated how the physical altercation ended.

I then learned from Officer Harding who spoke with [redacted] and Officer Harding relayed to me the following:

The three got lunch together and then went to [redacted] and [redacted] room. [redacted] and [redacted] then ordered vodka. Both [redacted] and [redacted] propositioned [redacted] for sexual intercourse. [redacted] had sex with both women separately. [redacted] asked [redacted] to join in with her and [redacted] having sex. [redacted] said no. Due to this, [redacted] "went into a rage" and pulled [redacted] off the bed by [redacted] hair. [redacted] was then holding [redacted] on the ground by [redacted] hair. [redacted] then began to choke [redacted]. [redacted] tried to pull [redacted] hands off [redacted] neck but each time he pulled [redacted] hand off, [redacted] put her other hand around [redacted] neck. [redacted] then put her forearm across [redacted] face to hold her down, and then began choking [redacted] with her hand again.

Due to [redacted] claiming she was choked, I asked her the questions on RPD's Strangulation Questionnaire. [redacted] relayed me the following information:

[redacted] was choked with two different hands, then a forearm (chokehold).

WHEREFORE, Declarant requests that a finding be made by a magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for a trial (if charge is a misdemeanor).

REVIEWED FOR PROBABLE CAUSE (PC).
PC FOUND PC NOT FOUND

DECLARANT M. WEIS I.D.# 17786

DATE: _____, MAGISTRATE PAGE 3 OF 5
DEFENDANT ORDERED RELEASED, DATE: _____, MAGISTRATE

DECLARATION SUPPLEMENT

Page: 4

CASE# RP25-24709

█ did not recall if █ said anything before, during, or after the choking.

█ was choked while she was on the ground laying down.

█ choked █ for approximately 10 minutes.

█ was choked two (2) times.

It is unknown why █ stopped choking █

█ had difficulty breathing and became light-headed while being choked.

█ did not pass out or lose consciousness while being choked.

█ stated she thinks she urinated while she was being choked.

█ had no vision changes while being choked.

█ had no voice changes as a result of the choking.

█ had pain in her neck and lips.

█ attempted to stop the assault by biting █

█ did not know if █ had injuries.

█ stated Mercedes was not wearing jewelry.

█ was not choked with an object.

There were not prior incidents of strangulation between the two.

WHEREFORE, Declarant requests that a finding be made by a magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for a trial (if charge is a misdemeanor).

REVIEWED FOR PROBABLE CAUSE (PC).
PC FOUND PC NOT FOUND

DECLARANT M. WEIS I.D.# 17786

DATE: _____,MAGISTRATE PAGE 4 OF 5
DEFENDANT ORDERED RELEASED, DATE: _____,MAGISTRATE

DECLARATION SUPPLEMENT

Page: 5

CASE# RP25-24709

While on scene I observed [REDACTED] to have redness and bruising on the sides and front of her neck as well as bruising, redness and blood on her lips and nose area. On the area of the floor where both [REDACTED] and [REDACTED] stated the altercation happened were [REDACTED] fingernails. Additionally, there were hair and blood of an unknown person in the same area. Mercedes had a bite mark on the inside of her left forearm.

Additionally, while on scene, [REDACTED] was checked by REMSA for injuries, and I photographed the scene and later uploaded the photographs to Axon Evidence.

Due to [REDACTED] injuries to her neck and face consistent with being punched and choked, [REDACTED] having a bite mark in the inside of her forearm consistent with someone biting to escape a choke hold, and statements made by the three individuals, I placed [REDACTED] under arrest for Battery by Strangulation.

[REDACTED] was then transported by Officer Harding to WCSO Jail without further incident.

--End Report

WHEREFORE, Declarant requests that a finding be made by a magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for a trial (if charge is a misdemeanor).

REVIEWED FOR PROBABLE CAUSE (PC).
PC FOUND PC NOT FOUND

DECLARANT M. WEIS I.D.# 17786

DATE: _____, MAGISTRATE PAGE 5 OF 5
DEFENDANT ORDERED RELEASED, DATE: _____, MAGISTRATE

REGISTER OF ACTIONS

CASE No. 25-CR-025146

Make Payment

State of Nevada vs. [REDACTED]

§
§
§
§
§

Case Type: **Felony CR**
Date Filed: **03/31/2025**
Location: **JC Department 7**

PARTY INFORMATION

Defendant [REDACTED]
Other Agency Numbers
8554821 Justice Court Scope ID Subject Identifier

Lead Attorneys
Joshua L. Tomsheck
Retained
702-895-6760(W)

State of Nevada

CHARGE INFORMATION

Charges: [REDACTED]	Statute	Level	Date
1. Domestic battery, first offense [50235]	200.485.1a	Misdemeanor	03/23/2025
2. Domestic battery, first offense [50235]	200.485.1a	Misdemeanor	03/23/2025
3. Dom battery by strangulation [54740]	200.485.2	Felony	03/23/2025
4. Coercion constituting domestic violence with threat or use of physical force [61752]	207.190.2A	Felony	03/23/2025
5. Kidnapping, second degree [50075]	200.310.2	Felony	03/23/2025
6. Coercion constituting domestic violence with threat or use of physical force [61752]	207.190.2A	Felony	03/23/2025
7. Prevent/dissuade pers from testifying [52983]	199.230.2	Gross Misdemeanor	04/20/2025
8. Prevent/dissuade pers from testifying [52983]	199.230.2	Gross Misdemeanor	05/25/2025
9. Prevent/dissuade pers from testifying [52983]	199.230.2	Gross Misdemeanor	05/20/2025
10. Child abuse or neglect, (1st) [55226]	200.508.1b1	Felony	03/23/2025
11. Child abuse or neglect, (1st) [55226]	200.508.1b1	Felony	03/23/2025

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

- 06/24/2025 **Disposition** (Judicial Officer: Wilson, Amy)
- Domestic battery, first offense [50235]
Bound Over to District Court as Charged (PC Found)
 - Domestic battery, first offense [50235]
Bound Over to District Court as Charged (PC Found)
 - Dom battery by strangulation [54740]
Bound Over to District Court as Charged (PC Found)
 - Coercion constituting domestic violence with threat or use of physical force [61752]
Bound Over to District Court as Charged (PC Found)
 - Kidnapping, second degree [50075]
Bound Over to District Court as Charged (PC Found)
 - Coercion constituting domestic violence with threat or use of physical force [61752]
Bound Over to District Court as Charged (PC Found)
 - Prevent/dissuade pers from testifying [52983]
Bound Over to District Court as Charged (PC Found)
 - Prevent/dissuade pers from testifying [52983]
Bound Over to District Court as Charged (PC Found)
 - Prevent/dissuade pers from testifying [52983]
Bound Over to District Court as Charged (PC Found)
 - Child abuse or neglect, (1st) [55226]
Bound Over to District Court as Charged (PC Found)
 - Child abuse or neglect, (1st) [55226]
Bound Over to District Court as Charged (PC Found)
- 01/07/2026 **Amended Disposition** (Judicial Officer: Wilson, Amy) Reason: Court Ordered
- Domestic battery, first offense [50235]
Disposition Withdrawn by Judge
 - Domestic battery, first offense [50235]
Disposition Withdrawn by Judge
 - Dom battery by strangulation [54740]
Disposition Withdrawn by Judge
 - Coercion constituting domestic violence with threat or use of physical force [61752]

- Disposition Withdrawn by Judge
- 5. Kidnapping, second degree [50075]
Disposition Withdrawn by Judge
- 6. Coercion constituting domestic violence with threat or use of physical force [61752]
Disposition Withdrawn by Judge
- 7. Prevent/dissuade pers from testifying [52983]
Disposition Withdrawn by Judge
- 8. Prevent/dissuade pers from testifying [52983]
Disposition Withdrawn by Judge
- 9. Prevent/dissuade pers from testifying [52983]
Disposition Withdrawn by Judge
- 10. Child abuse or neglect, (1st) [55226]
Disposition Withdrawn by Judge
- 11. Child abuse or neglect, (1st) [55226]
Disposition Withdrawn by Judge

01/20/2026 **Plea** (Judicial Officer: Pro Tempore, Judge)
 1. Domestic battery, first offense [50235]
 Nolo Contendere
 2. Domestic battery, first offense [50235]
 Nolo Contendere

01/20/2026 **Amended Disposition** (Judicial Officer: Pro Tempore, Judge) Reason: Per Negotiations
 1. Domestic battery, first offense [50235]
 Adjudication Deferred
 2. Domestic battery, first offense [50235]
 Adjudication Deferred
 3. Dom battery by strangulation [54740]
 Dismissed
 4. Coercion constituting domestic violence with threat or use of physical force [61752]
 Dismissed
 5. Kidnapping, second degree [50075]
 Dismissed
 6. Coercion constituting domestic violence with threat or use of physical force [61752]
 Dismissed
 7. Prevent/dissuade pers from testifying [52983]
 Dismissed
 8. Prevent/dissuade pers from testifying [52983]
 Dismissed
 9. Prevent/dissuade pers from testifying [52983]
 Dismissed
 10. Child abuse or neglect, (1st) [55226]
 Dismissed
 11. Child abuse or neglect, (1st) [55226]
 Dismissed

01/20/2026 **Interim Sentence - Final Disposition Pending** (Judicial Officer: Pro Tempore, Judge)
 1. Domestic battery, first offense [50235]
 Condition - Adult:
 1. Suspended Jail Sentence, 180 Days Consecutive Per Count 01/20/2026, Active 01/20/2026
 2. Stay Out of Trouble, 01/20/2026, Active 01/20/2026
 3. Domestic Violence Counseling (6 Months), 01/20/2026, Active 01/20/2026
 4. Community Service Mandatory Hours DV1, Credit for Time Served - 48 hours 01/20/2026, Closed 01/20/2026
 5. Community Service - DV1, Defendant may do 23 hours of community service in lieu of \$345 cash bond. 01/20/2026, Active 01/20/2026
 6. Defendant Sentenced to 2 Days Jail, with 2 Days Credit for Time Served 01/20/2026, Closed 01/20/2026
 7. Parenting Classes, 01/20/2026, Active 01/20/2026
 8. No Contact With Victim, Follow Family Court Orders - Yae Lee 01/20/2026, Active 01/20/2026
 9. If so, to be dismissed, 01/20/2026, Active 01/20/2026
 Fee Totals:
 Cash Bond [REDACTED]
 Deferred Disposition \$345.00
 Fee
 Fee Totals \$ \$345.00
 Comment (Defendant received credit for time served on Mandatory Community Service Hours only.)

01/20/2026 **Interim Sentence - Final Disposition Pending** (Judicial Officer: Pro Tempore, Judge)
 2. Domestic battery, first offense [50235]
 Condition - Adult:
 1. Suspended Jail Sentence, 180 Days Consecutive Per Count 01/20/2026, Active 01/20/2026
 2. Stay Out of Trouble, 01/20/2026, Active 01/20/2026
 3. No Contact With Victim, Follow Family Court Orders - Yae Lee 01/20/2026, Active 01/20/2026
 4. If so, to be dismissed, 01/20/2026, Active 01/20/2026

OTHER EVENTS AND HEARINGS

- 03/23/2025 **Original Track Assignment JC10**
- 03/23/2025 **Case Assignment Sent**
Case Assignment Sent
- 03/23/2025 **DA Request for Prosecution**
Request for Prosecution Sent to DA
- 03/23/2025 **Surety Bond Acceptance-Notice of Appearance**
- 03/23/2025 **Surety Bond**
- 03/23/2025 **Financial Affidavit**

03/23/2025 **Financial Affidavit**
03/23/2025 **Probable Cause Review Packet - Initial Appearance Court**
03/23/2025 **Waiver of Extradition After Admission to Bail**
03/24/2025 **CANCELED Initial Appearance Justice Court (PC Review)** (9:00 AM) (Judicial Officer Baucum, Suzan)
Custody Change - Surety Bond Posted
03/24/2025 **Initial Appearance Justice Court (DNA PC Review)** (1:30 PM) (Judicial Officer Baucum, Suzan)
Result: Signing Completed
03/24/2025 **DNA Probable Cause Review Form**
03/24/2025 **Defendant Posted Bail to Secure His or Her Release**
03/24/2025 **Future Court Date Stands**
4/23/25 8:30AM JC7
03/24/2025 **Probable Cause existed for the defendant's arrest**
Therefore, the defendant's biological specimen shall be submitted to the appropriate forensic laboratory for genetic marker analysis
03/24/2025 **Minute Order - Initial Appearance**
03/31/2025 **Criminal Complaint**
04/23/2025 **CANCELED Status Check on Filing of Criminal Complaint** (8:30 AM) (Judicial Officer Wilson, Amy)
Criminal Complaint Filed
BOND POSTED
04/23/2025 **Initial Appearance** (8:30 AM) (Judicial Officer Wilson, Amy)
Surety Bond
Result: Matter Heard
04/23/2025 **Initial Appearance Completed**
Defendant/Defense Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint
04/23/2025 **Counsel Confirms as Attorney of Record**
D. Gronemeier, Esq.
04/23/2025 **Discovery Given to Counsel in Open Court**
04/23/2025 **No Early Offer Extended**
04/23/2025 **Plea of Not Guilty Entered**
04/23/2025 **No Contact Order**
Filed and provided to defendant in open court. Order expires on 8/20/25.
04/23/2025 **Minute Order - Department 07**
05/15/2025 **Preliminary Hearing** (10:30 AM) (Judicial Officer Wilson, Amy)
Surety Bond
Result: Matter Heard
05/15/2025 **Motion to Continue - Defense**
Objection by State - Motion Granted
05/15/2025 **Witness Fees Imposed**
05/15/2025 **Preliminary Hearing Date Reset**
05/15/2025 **No Contact with Victim**
Order continues and expires on 08/20/2025.
05/15/2025 **Minute Order - Department 07**
06/04/2025 **Preliminary Hearing** (10:30 AM) (Judicial Officer Wilson, Amy)
Surety Bond
Result: Matter Heard
06/04/2025 **Motion to Continue - State**
Korean Interpreter for the victim had to leave. Per the State, defendant has reportedly been violating the no contact order. Motion to Continue Granted.
06/04/2025 **Preliminary Hearing Date Reset**
06/04/2025 **No Contact with Victim**
Order continues and expires on 08/20/2025.
06/04/2025 **Minute Order - Department 07**
06/24/2025 **Preliminary Hearing** (10:30 AM) (Judicial Officer Wilson, Amy)
Surety Bond
Result: Bound Over
06/24/2025 **Interpreter Present in Court**
Korean
06/24/2025 **Amended Criminal Complaint**
Filed in Open Court
06/24/2025 **Motion to Continue - Defense**
Objection by State - Motion Denied
06/24/2025 **Preliminary Hearing Held**
Motion to Exclude Witnesses by State - No Objection by Defense - Motion Granted States Witnesses: 1. Yae-In Lee State Rests. Defendant Advised of His Statutory Right to call witnesses, present evidence and/or to testify on his own behalf. Defendant understands his rights and following the advice of his defense counsel, waives his rights at preliminary hearing. Defense Rests
06/24/2025 **Bound Over to District Court as Charged**
06/24/2025 **No Contact with Victim**
Order continues and expires on 08/20/2025.
06/24/2025 **District Court Appearance Date Set (T10)**
Jul 2 2025 9:30AM: Department 25 - Courtroom 15B - Surety Bond & High Level Monitoring
06/24/2025 **Bail Condition - Electronic Monitoring**
High Level
06/24/2025 **Surety Bond Ordered Transferred**
06/24/2025 **Side Bar Conference Held**
06/24/2025 **Case Closed - Bound Over**
06/24/2025 **Minute Order - Department 07**
06/24/2025 **Certificate, Bindover and Order to Appear**
06/24/2025 **Amended Minute Order - Department 07**
06/24/2025 **Release Order - Bail AND Electronic Monitoring - High Level** (Judicial Officer: Wilson, Amy)
Posted bond (527495095-3) transferred to District Court.
06/27/2025 **Bind Over Receipt**
08/13/2025 **Transcript of Proceedings**
of Initial appearance from 04/23/2025
01/14/2026 **Remand from District Court**
01/14/2026 **Notify**

- 01/20/2026 *J. Carr, Esq. notified of 1/20 return date in court // VL*
- 01/20/2026 **Remittitur Return Hearing (8:30 AM)** (Judicial Officers Pro Tempore, Judge, Banks, Jeff)
Surety Bond and Pretrial Compliance - Level IV
- Result: Matter Heard
- 01/20/2026 **Entry of Plea**
- 01/20/2026 **Admonishment of Rights - BDV**
Filed in open Court
- 01/20/2026 **Defendant Waives the Right to Trial**
- 01/20/2026 **Defendant Waives Right to Jury Trial**
- 01/20/2026 **Domestic Violence Counseling Referral Form**
Provided to Defendant in Open Court
- 01/20/2026 **Status Check on Requirements**
Defendant to have 4 classes completed by the status check date.
- 01/20/2026 **Comment**
The Subsequent No Contact with Victim Order was not signed due to defendant entering plea and having to continue to have no contact with the victim.
- 01/20/2026 **Release Order - from Pretrial Compliance Unit**
- 01/20/2026 **Surety Bond Ordered Exonerated**
527495095-3
- 01/20/2026 **Minute Order - Department 07**
- 01/20/2026 **Surety Bond Exonerated**
- 02/17/2026 **Status Check on Requirements (8:30 AM)** (Judicial Officers Senior/Visiting, Judge, Tyrell, Natalie)
No Bail Posted

FINANCIAL INFORMATION

Make Payment

Defendant [REDACTED]			
	Total Financial Assessment		445.00
	Total Payments and Credits		50.00
	Balance Due as of 02/18/2026		395.00
03/23/2025	Transaction Assessment		50.00
03/23/2025	Payment (Window)	Receipt # PT-2025-02368	Free Bail Bonds (50.00)
05/20/2025	Transaction Assessment		50.00
01/20/2026	Transaction Assessment		345.00

**ATTESTATION/DECLARATION OF THE EXECUTIVE 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, regarding information received on 3/5/2020 related to licensee with initials B. B.:

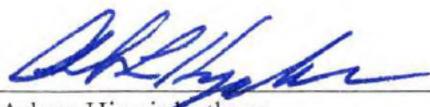
1. The Board received information that led both the Executive Director and General Counsel for the Board to conclude that a licensee may have engaged in conduct that is grounds for disciplinary action.

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.

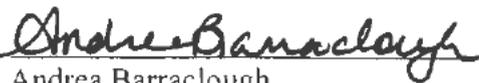
We each attests that, in reviewing the redacted Complaint, we had no knowledge of the identity of the person who was the subject of the complaint; we have not communicated with any person concerning the subject matter of the Complaint prior to our review; and we have not been unduly influenced in our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

3/10/20
Date



Andrea Barraclough
General Counsel, NSBDE

3/9/2020
Date

From: Board of Dental Examiners <nsbde@dental.nv.gov>
Sent: Thursday, March 5, 2026 6:02 PM

Received
MAR 05 2026
NSBDE

To: Adam Higginbotham <ahigginbotham@dental.nv.gov>; Arielle Cymerman <acymerman@dental.nv.gov>; Andrea Barraclough <abarraclough@dental.nv.gov>

Subject: FW: PACE Standards Compliance Review Request – Advanced Dental Institute (Provider ID [REDACTED])

From: [REDACTED]

Sent: Thursday, March 5, 2026 2:59 PM

To: pace@agd.org; Board of Dental Examiners <nsbde@dental.nv.gov>

Subject: PACE Standards Compliance Review Request – Advanced Dental Institute (Provider ID [REDACTED])

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear AGD PACE Program,

Please find attached a formal complaint regarding a continuing education course offered by [REDACTED] PACE Provider ID [REDACTED] entitled “Therapeutic & Aesthetic Botox – TMJ/TMD – Including Orofacial Pain Trigger Point Therapy, Dermal Filler & PRF (Stem Cell) Training,” which I attended on January 3, 2026 in Las Vegas, Nevada.

This submission outlines substantive concerns related to course content integrity, structure, quality, patient safety considerations, and adherence to accepted educational standards. I previously attempted resolution directly with the provider; however, the response did not meaningfully address the issues raised. I respectfully request formal review to ensure compliance with AGD PACE standards and to safeguard the integrity of continuing dental education. The attached materials outline concerns associated with this course and includes the following supporting documents for review:

- Formal complaint letter
- Patient safety statement
- Timeline of events
- AGD PACE standards concern summary
- Course documentation, including an example of the attendance verification certificate issued by the provider to each student
- screenshots of the response to my formal complaint
- original complaint (inadvertently sent to ADA CERP instead of AGD PACE)

Of note, the certificate issued following the course is titled “Attendance Verification” and states that the educational method included “Didactic & Live Patient Clinical Training.” However, participants began performing injectable procedures on live patients without structured faculty-led didactic instruction or formal procedural review prior to patient care. Also, the provider’s name listed as Director on the certificate, Dr. [REDACTED], MD, DMD, MHS, MBA/HCM, FACS, FACD, was NOT present at all during the one day course. Dr. [REDACTED] (a local General Dentist/The Bell Center) was the only injector in the treatment rooms with us all day.

Received

MAR 05 2026

NSBDE

Given the deficiencies described in this email and the attached documentation, I respectfully request that the Academy of General Dentistry review this course and the provider's compliance with AGD PACE standards, including whether the educational structure, instructional oversight, and marketing practices met the expectations of an AGD PACE-approved provider.

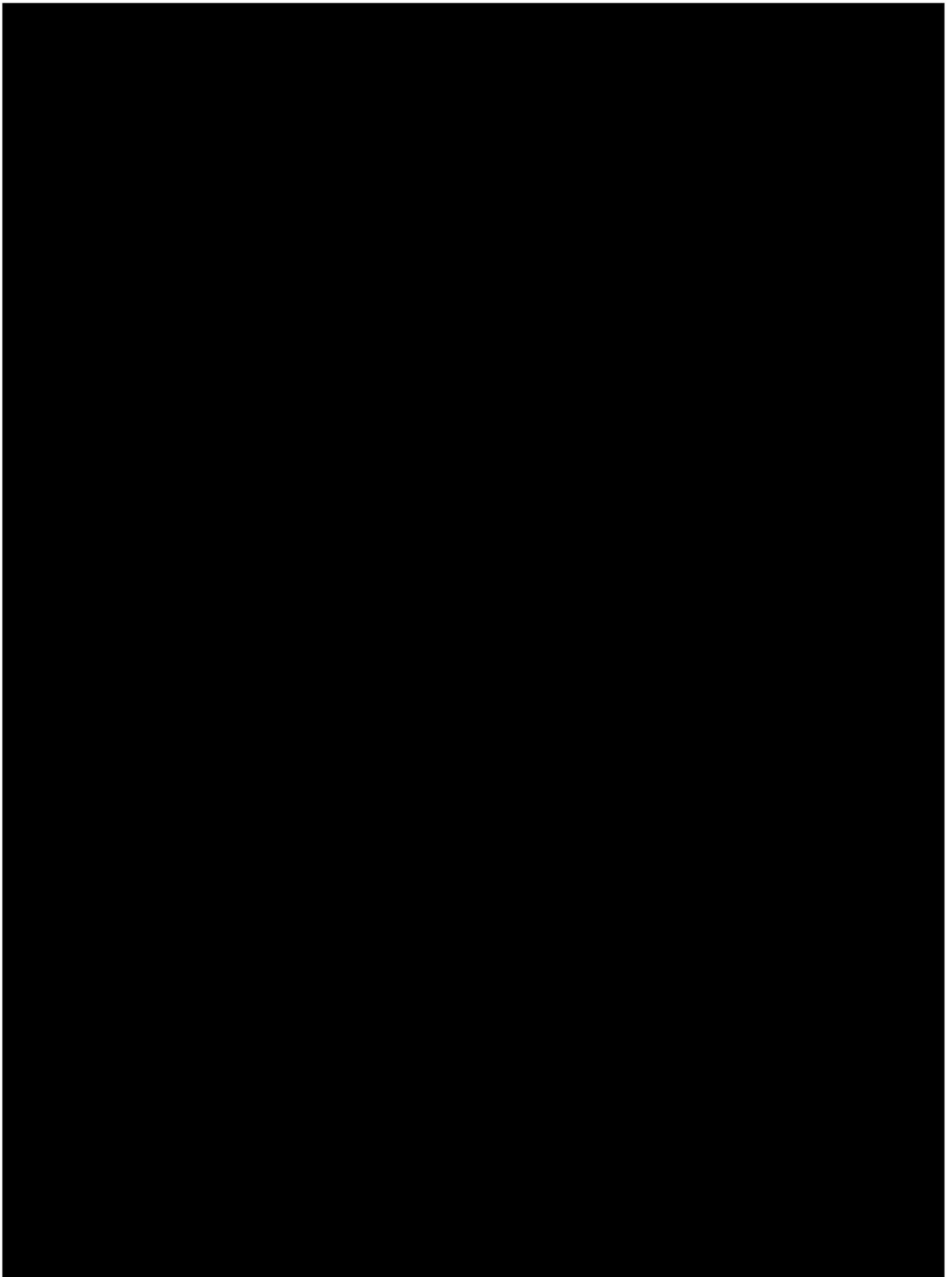
Because this course involved live patient treatment, I have also copied the Nevada State Board of Dental Examiners for awareness.

Please let me know if any additional documentation or clarification would assist in the review process.

Respectfully,

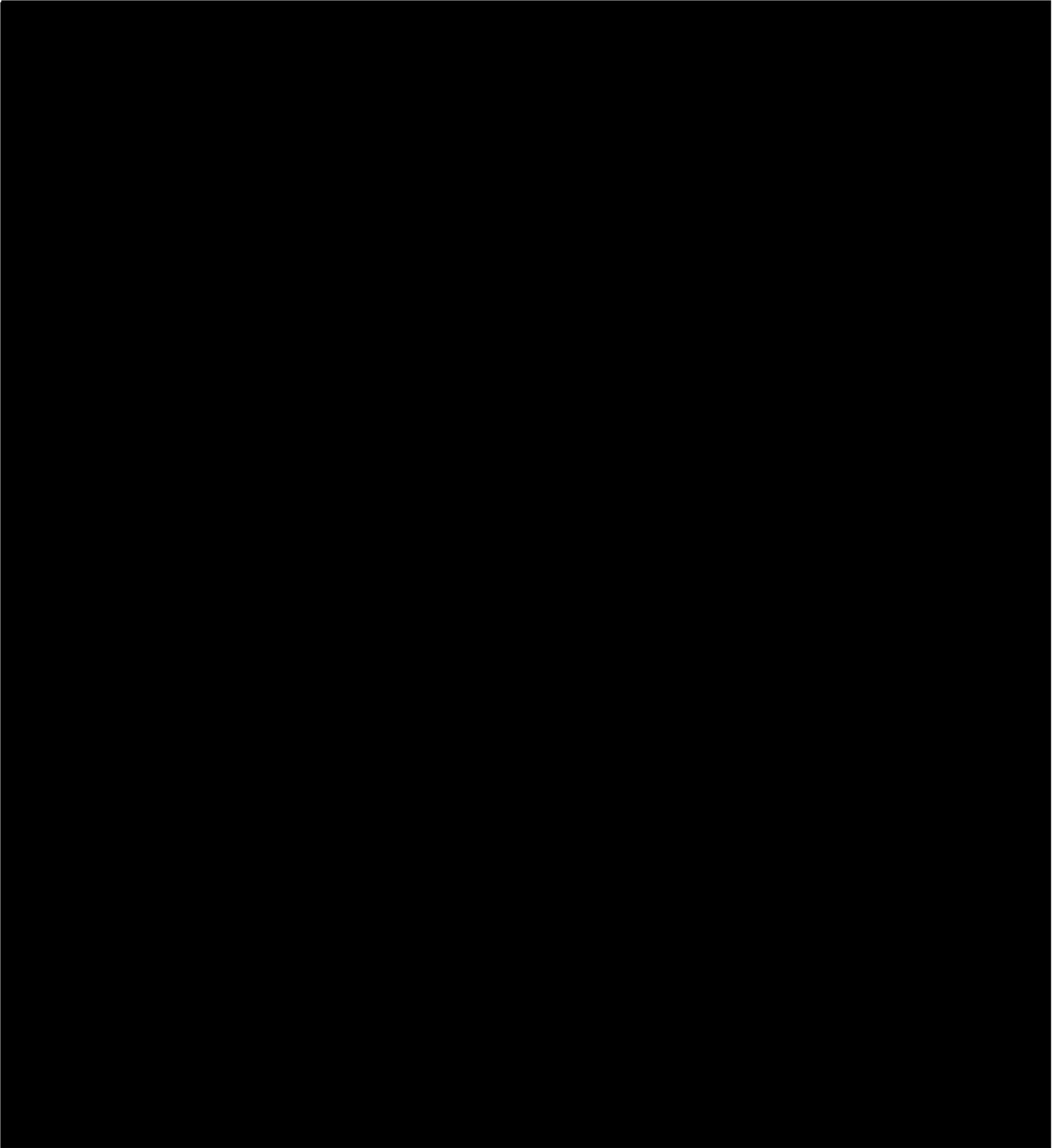
[Redacted signature]

Received
MAR 05 2026
NSBDE





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MAR 05 2026
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MAR 05 2026

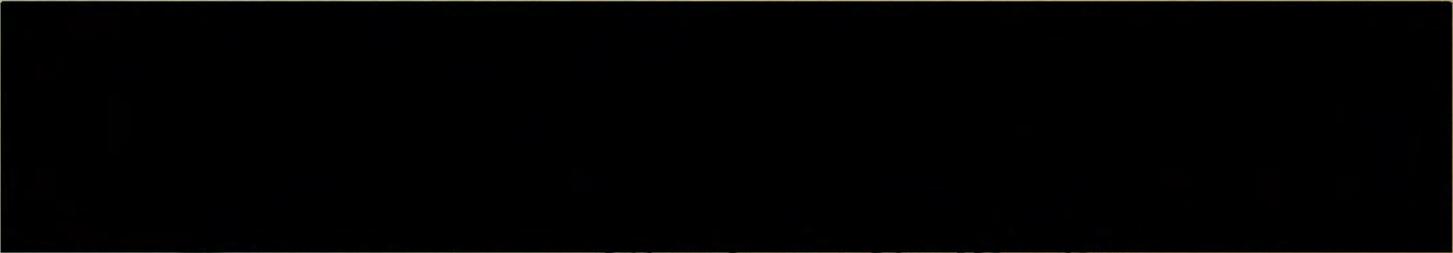
NSBDE



Received

MAR 05 2026

NSBDE



Attendance Verification

Las Vegas • Nevada

January 3, 2026

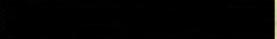
Participant's Name



State and License:

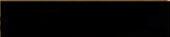
Course Title: "Therapeutic & Aesthetic Botox-Dermal Fillers, TMD, and PRP Techniques" Training & Certification 30 ceu

Educational Method: Didactic & Live Patient Clinical Training

Director:  MD, DMD, MHS, MBA/HCM, FACS, FACD

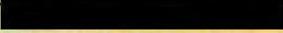
AGD Subject Code: 780

NSBDE Approval Course # 

Verification Code: 

Authorized Signature: 



 is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by the AGD for Fellowship-Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 1/1/2024 to 12/31/2028. Provider ID# 373308

1/7/26

>

Course complaint and follow-up Las Vegas 3 January

Good evening,

Please see the attached letter. I'm providing this letter prior to my formal complaint submission to the ADA Commission on CERP in an attempt to resolve this issue directly with the course provider.

**Course complaint Jan
2026.docx**

38 KB



Good Morning Dr. [REDACTED]

We are surprised to hear of your dissatisfaction with our course. Unfortunately as you list so many issues of concern, which include many inconsistencies, most importantly patient safety we will need to do a complete review with our instructor and legal department to best respond to your complaint. We were made aware, during the course that you engaged other doctors regarding these issues. You did not express any of these concerns to us during the course or during the exit interview, so your complaint comes as a surprise. We are in the process of putting together a file to submit to both our instructor and legal counsel for their review. I understand this process will take approximately 3-4 weeks, but rest assured we do take these allegations seriously. . Our attorney has requested additional information:

1. What State Dental Board did you submit your Certificate of Completion

2. What is your contact info for the ADA/ CERP dept where you intend to file the complaint. Email is sufficient.

I can address the issues which concern me. I am not the course director. I do have flexibility to offer discounts, paid expenses, etc. depending on the individual circumstances. These promotions cannot be combined. With our group of TX doctors we have invited them back as our guest for additional training when we visit Texas. In another situation, we offered hotel expenses to accommodate a referral they provided. When you registered for the course it was explained that we provide Botox & Filler product at the course to treat one Botox & one Filler patient. . Despite the fact that you attended alone with no referral, we extended to you an invitation for Dr. Einbender to attend as our guest, as he is also an alumni of our course. Unfortunately, at the last minute he was not able to attend due to his schedule.

We will submit this information once we have the additional information requested from you and hope the matter can be resolved.

**ATTESTATION/DECLARATION OF THE EXECUTIVE 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, regarding information received on 3/5/2020 related to licensee with initials B. B.:

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.

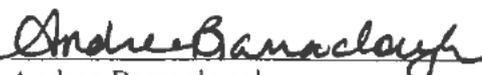
We each attests that, in reviewing the redacted Complaint, we had no knowledge of the identity of the person who was the subject of the complaint; we have not communicated with any person concerning the subject matter of the Complaint prior to our review; and we have not been unduly influenced in our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

3/10/20
Date



Andrea Barraclough
General Counsel, NSBDE

3/9/2020
Date

From: Board of Dental Examiners <nsbde@dental.nv.gov>
Sent: Thursday, March 5, 2026 6:02 PM

Received
MAR 05 2026
NSBDE

To: Adam Higginbotham <ahigginbotham@dental.nv.gov>; Arielle Cymerman <acymerman@dental.nv.gov>; Andrea Barraclough <abarraclough@dental.nv.gov>

Subject: FW: PACE Standards Compliance Review Request – Advanced Dental Institute (Provider ID [REDACTED])

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MAR 05 2026

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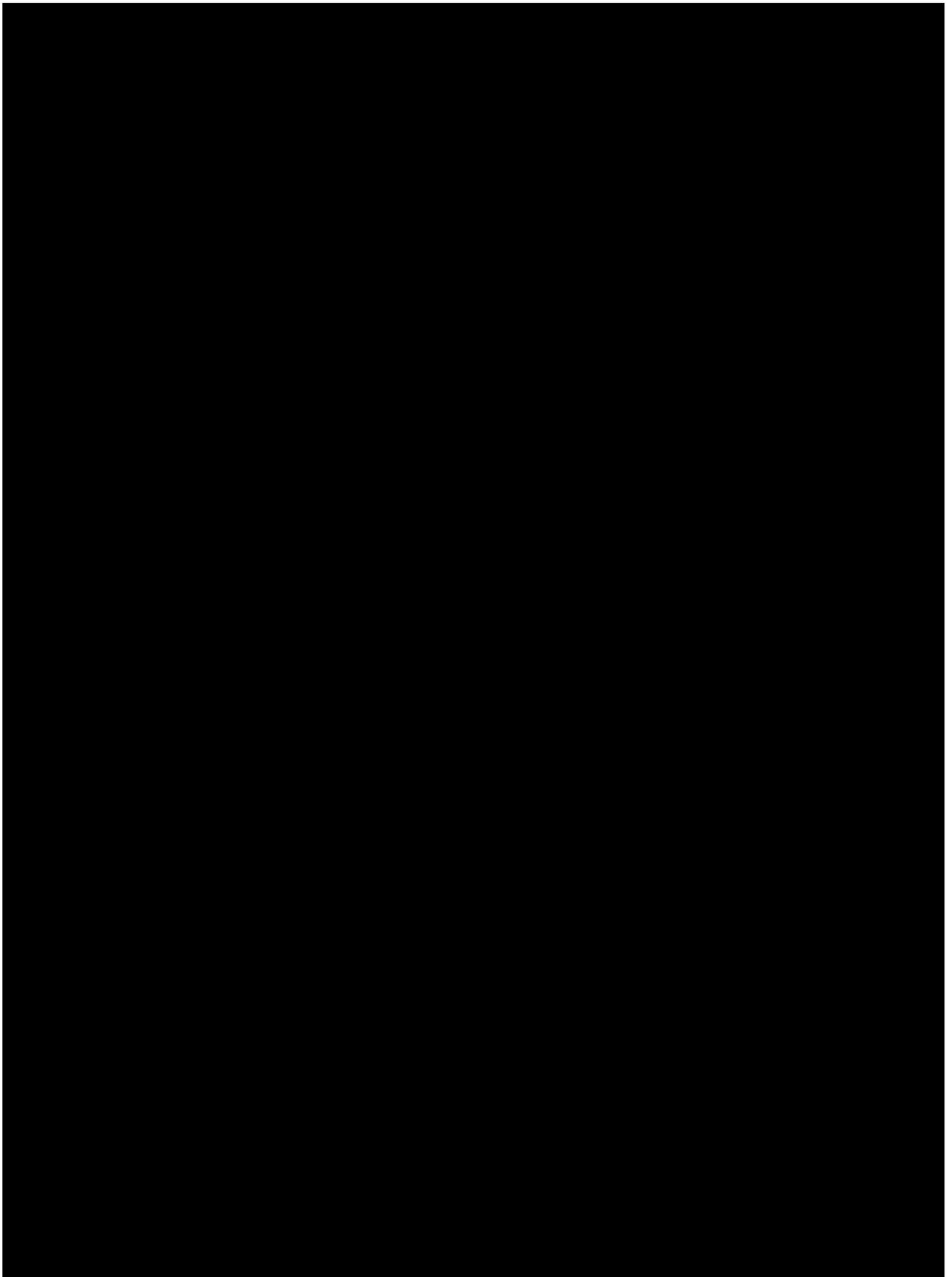
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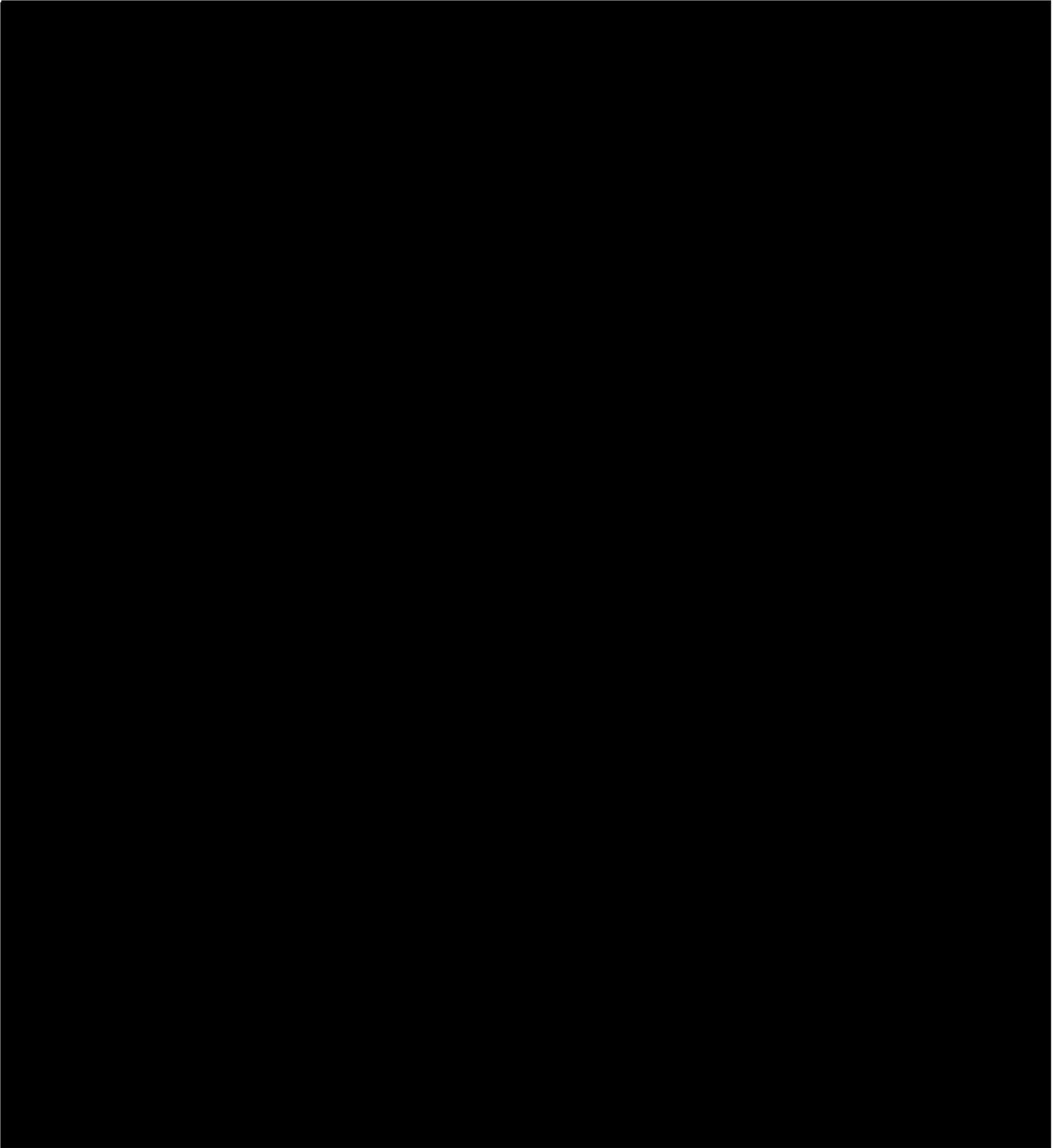
[Redacted signature]

Received
MAR 05 2026
NSBDE





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MAR 05 2026
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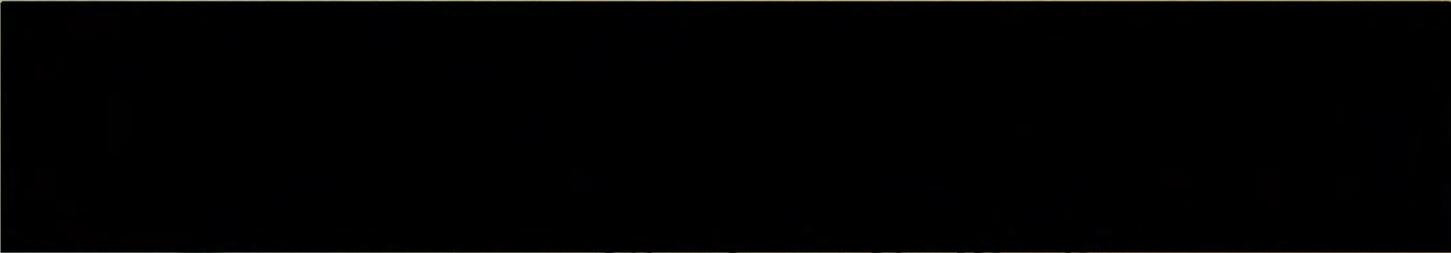
Received

MAR 05 2026

NSBDE



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MAR 05 2026
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Attendance Verification

Las Vegas • Nevada

January 3, 2026

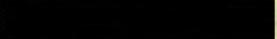
Participant's Name



State and License:

Course Title: "Therapeutic & Aesthetic Botox-Dermal Fillers, TMD, and PRP Techniques" Training & Certification 30 ceu

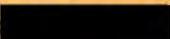
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Director:  MD, DMD, MHS, MBA/HCM, FACS, FACD

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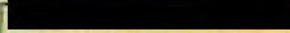
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Verification Code:



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AND GENERAL COUNSEL FOR
THE NEVADA STATE BOARD OF DENTAL EXAMINERS
(OWN MOTION INVESTIGATION INITIATION)**

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- (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, regarding information received on 3/12/2026 related to licensee with initials MR :

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.

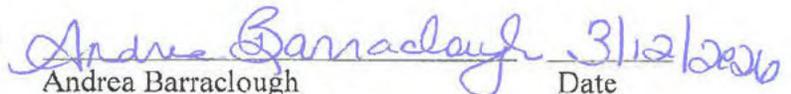
We each attest that, in reviewing the redacted Complaint, we had no knowledge of the identity of the person who was the subject of the complaint; we have not communicated with any person concerning the subject matter of the Complaint prior to our review; and we have not been unduly influenced in our 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
Executive Director, NSBDE

3/12/26
Date



Andrea Barraclough
General Counsel, NSBDE

3/12/2026
Date



MESSNER REEVES LLP

PHONE:
(702) 363-5100

FAX:
(702) 363-5101

KATHERINE L. TURPEN, ESQ.
KTURPEN@MESSNER.COM

ELEANOR MURPHY, ESQ.
EMURPHY@MESSNER.COM

March 11, 2026

VIA ELECTRONIC MAIL:

nsbde@dental.nv.gov
Nevada Board of Dental Examiners

RE: Client(s) : ██████████ DDS
Claimant(s) : ██████████
Case No. : A-26-938386-C
MR File No. : 07750.0409

LETTER OF REPRESENTATION

To Whom this may concern:

Our law firm has been retained to represent ██████████ DDS, relative to a claim for Professional Negligence/Medical Malpractice. The claim is the subject of Case A-26-938386-C, on file in the Eighth Judicial District Court, in Clark County, Nevada.

This correspondence is intended to serve as ██████████ compliance with his duty, if any, to report the claim to this licensing Board. Accordingly, please direct all future correspondence pertaining to ██████████ and this matter to our attention.

Kind Regards,

MESSNER REEVES LLP

1st Katherine L. Turpen, Esq.

Katherine L. Turpen, Esq.

Received

MAR 11 2026

NSBDE

KLT/aa

Case Information

A-26-938386-C [Redacted] Plaintiff(s) vs. [Redacted] DDS, Defendant(s)

Case Number	Court	Judicial Officer
A-26-938386-C	Department 20	[Redacted] Eric
File Date	Case Type	Case Status
01/30/2026	Malpractice - Medical/Dental	Open

Party

Plaintiff
[Redacted] Tachiana

Active Attorneys ▾
Attorney
Flinders, Scott A.
Retained

Lead Attorney
Richards, Jared R.
Retained

Defendant
[Redacted]

Defendant
[Redacted]

Received
MAR 11 2026
NSBDE

Events and Hearings

01/30/2026 Complaint ▾

Comment
[1] Complaint

01/30/2026 Initial Appearance Fee Disclosure ▾

Comment
[2] Initial Appearance and Fee Disclosure

02/04/2026 Summons Electronically Issued - Service Pending ▾

Comment
[3] Summons of [REDACTED]

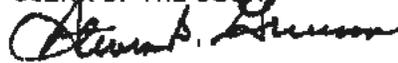
02/04/2026 Summons Electronically Issued - Service Pending ▾

Comment
[4] Summons of [REDACTED]

Financial

[REDACTED]	Tachiana		
	Total Financial Assessment		\$270.00
	Total Payments and Credits		\$270.00
1/30/2026	Transaction		\$270.00
	Assessment		
1/30/2026	Efile Payment	Receipt # 2026-08089- CCCLK	[REDACTED] [REDACTED] (\$270.00)

Received
MAR 11 2026
NSBDE



1 **COMP**
2 Jared R. Richards, Esq. (.11254)
3 Scott A. Flinders, Esq. (6975)
4 CLEAR COUNSEL LAW GROUP
5 1671 W. Horizon Ridge Pkwy, Suite 200
6 Henderson, NV 89012
7 Telephone: (702) 476-5900
8 Facsimile: (702) 924-0709
9 jared@clearcounsel.com
10 sflinders@clearcounsel.com
11 Attorneys for Plaintiff [REDACTED]

CASE NO: A-26-938386-C
Department 20

DISTRICT COURT
CLARK COUNTY, NEVADA

[REDACTED] individually,
Plaintiff,

Case No.:
Dept No.:

vs.

COMPLAINT

[REDACTED] DDS individually;
[REDACTED] PLLC, a domestic professional
limited liability corporation; DOE
PROVIDERS I-X; DOE EMPLOYEES I-X;
DOES I-X; and ROE CORPORATIONS I-X,
inclusive,

**ARBITRATION EXEMPTION
CLAIMED:
Dental Malpractice**

Defendants

Plaintiff, [REDACTED] by and through, Clear Counsel Law Group, hereby complains
against Defendants and each of them as follows:

PARTIES

1. Plaintiff [REDACTED] is a resident of Clark County, State of
Nevada.

2. Upon information and belief, at all times relevant hereto, Defendant [REDACTED]
[REDACTED] (hereinafter [REDACTED]) was and is a licensed dentist residing in the County of Clark,
State of Nevada.

CLEARCOUNSEL

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1 3 Upon Information and belief, at all times relevant hereto, Defendant [REDACTED]
2 [REDACTED] (hereinafter [REDACTED]) is a domestic
3 professional corporation licensed and doing business in Clark County, Nevada.
4

5 4. The true names or capacities of DOE PROVIDERS I through X, are unknown to
6 Plaintiff, who therefore sues said Defendants by such fictitious names. Plaintiff is informed and
7 believes and therefore alleges that each of the Defendants DOE PROVIDERS I through X, are
8 responsible in some manner for the events and happenings referred to and caused damages
9 proximately to Plaintiff as herein alleged, and that Plaintiff will ask leave of this Court to amend
10 her Complaint, to insert the true names and capacities of DOE PROVIDERS I through X, when
11 the same have been ascertained and to join such Defendants in this action.
12

13 5. The true names or capacities of DOE EMPLOYEES I through X, are unknown to
14 Plaintiff, who therefore sues said Defendants by such fictitious names. Plaintiff is informed and
15 believes and therefore alleges that each of the Defendants DOE EMPLOYEES I through X, are
16 responsible in some manner for the events and happenings referred to and caused damages
17 proximately to Plaintiff as herein alleged, and that Plaintiff will ask leave of this Court to amend
18 her Complaint, to insert the true names and capacities of DOE EMPLOYEES I through X, when
19 the same have been ascertained and to join such Defendants in this action.
20

21 6. Defendant businesses are responsible for actions of named Defendants and DOE
22 Defendants under the theory of respondeat superior.

23 7. That all DOE and ROE parties referred to in this Complaint have knowledge or
24 reasonably should have knowledge that they are the rightful Defendants in this action.

25 8. In the event that a Defendant is not the properly named entity, Plaintiff specifically
26 reserves their right to substitute the proper Defendant entity.

27 9. That certain Defendants DOES and ROE CORPORATIONS inclusive, are
28

1 unknown entities, who are in some way connected to the action as product manufacturers,
2 distributors, maintenance persons, repair persons, retailers, re-fabricators, or persons of other
3 capacities not known at this time.

4
5 10. That all DOE and ROE parties referred to in this Complaint have knowledge or
6 reasonably should have knowledge that they are the rightful Defendants in this action.

7
8 11. The true names and capacities, whether individual, corporate, associate or
9 otherwise, of Defendants DOES I through X, and ROE CORPORATIONS I through X, inclusive,
10 and each of them, are presently unknown to Plaintiff who therefore sues said Defendants by such
11 fictitious names. Plaintiff alleges that each such Defendant is in some way negligently,
12 intentionally, contractually, willfully, strictly or otherwise legally responsible for the events and
13 happenings herein referred to and proximately caused injuries and damages to Plaintiff as herein
14 alleged; that these individuals or entities further owned, directed, or controlled the employees that
15 caused Plaintiff's injuries. Plaintiff will ask leave of the Court to amend this Complaint to insert
16 the true names and capacities of each Defendant when the same has been ascertained and will
17 further seek leave to join said Defendants in these proceedings.

18
19 12. As alleged herein, Defendants' employees and/or agents referred to hereinafter
20 were acting in the course and scope of their employment or agency. The acts and omissions of the
21 employees and/or agents were authorized by Defendants and are imputed by law to said
22 Defendants.

23
24 13. As alleged herein, all the events, acts, and omissions occurred in County of Clark,
25 State of Nevada.

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JURISDICTION AND VENUE

14. The Eighth Judicial District Court possesses subject matter jurisdiction over this
matter under Article 6, Section 6 of the Constitution of the State of Nevada, and NRS 4.370.

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band tightly around the tooth, and the final equilibration and polishing of the filling. These steps are standard for all two surface fillings.

27. The procedure involved manipulation of the bulbous and edematous (swollen and bleeding) gum tissue in the treatment area, which caused damage to [REDACTED] periodontally diseased tissue, and allowed for bacterial infiltration into her circulatory system.

THE INFECTION

28. Approximately one week after her dental visit [REDACTED] began having night sweats, fatigue and a fever. Several visits were made to Aliante ER for which she received "supportive medication" which was ineffective.

29. Following admission to the hospital, [REDACTED] was diagnosed with NSTEMI type II (heart attack), a cardiac event caused by an imbalance of the amount of oxygen available within the body as opposed to what is required.

30. During her admission to the hospital, blood drawn as per the diagnostic workup for NSTEMI II found a bacteremia caused by Streptococcus gordonii ("S. gordonii").

31. At this time there was a large vegetative growth of S. gordonii on an aortic valve which was causing [REDACTED] aortic insufficiency.

32. The blood samples drawn at the hospital showed "critical" levels of Troponin. This is a protein released into the blood during a heart attack. In this case the significant level of Troponin indicated the severity of her cardiac event.

33. The absence of pre-operative and post-operative antibiotics therapy following [REDACTED] treatment on February 5, 2024, allowed for unrestrained movement of S. gordonii into [REDACTED]'s circulatory system thereby causing the significant and life threatening medical issues [REDACTED] suffered.

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CLAIMS FOR RELIEF

FIRST CAUSE OF ACTION

(Negligence as to Defendants)

34. [REDACTED] repeats and realleges each and every allegation contained in the preceding paragraphs and incorporates the same herein by reference as though fully set forth herein.

35. [REDACTED] is the sole proprietor of [REDACTED] Clinic, and is performing dental treatment in Clark County, Nevada.

36. The office staff and all nurses and dental hygienists of [REDACTED] Clinic are agents, employees, partners, and coventurers of each other and are vicariously liable for each other's acts and omissions.

37. At all relevant times mentioned herein, Defendants had a duty to provide [REDACTED] with proper dental care.

38. [REDACTED] presented to Defendants for the express purpose of Defendants providing proper dental care.

39. Defendants failed to provide proper dental care as described in the declaration of Dr. Howard, attached hereto and incorporated by reference herein.

40. At all times material hereto, Defendants knew or should have known that without proper dental care, [REDACTED] would suffer personal injuries.

41. Defendants breached that duty when they failed to prescribe antibiotics to [REDACTED] prior to her dental procedure.

42. As a direct and proximate result of the aforesaid negligence of Defendants, Plaintiff suffered personal injury and required surgical interventions, hospitalization and continues to require care.

43. Defendants knew that the failure of this duty had probable harmful consequences

1 and engaged in a willful and deliberate failure to act to avoid those consequences.

2 44. [REDACTED] was working in the course and scope of employment with Rose Clinic at the
3 time of The Treatment.

4 45. Defendant [REDACTED] Clinic is liable to Plaintiff under the legal theory of respondeat
5 superior.

6 46. As a further direct and proximate result of the aforesaid negligence of Defendants,
7 [REDACTED] endured great pain, suffering, discomfort, and disability in an amount in excess of
8 \$15,000.00, the exact amount to be determined at the time of trial of this matter.

9 47. As a further direct and proximate result of the aforesaid negligence of Defendants,
10 [REDACTED] has been required to retain the services of Clear Counsel Law Group to prosecute this
11 claim and therefore is entitled to reasonable attorney fees and costs incurred herein.

12
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14 **SECOND CAUSE OF ACTION**
15 **(Professional Negligence as to the Defendants)¹**

16 48. [REDACTED] repeats and realleges each and every allegation contained in the preceding
17 paragraphs and incorporates the same herein by reference as though fully set forth herein.

18 49. Defendants, as a dentist and dental clinic, are providers of health care as defined by
19 NRS § 41A.017.

20 50. At all times mentioned herein, Defendants knew, or with the exercise of reasonable
21 care should have known, that providing dental care, treatment and advice was of such a nature that
22 if not properly performed, it was likely to injure the person to whom it was given.

23 51. [REDACTED] alleges that Defendants were negligent and fell below the standard of care
24 for health care providers who possess the degree of professional skill, earning, and ability of other
25 similar health care providers in failing to treat [REDACTED] safely and appropriately.

26
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28 ¹ See attached Declaration in support pursuant to NRS 41A.071.

1 52. As a direct and proximate result of the aforesaid negligence of Defendants, [REDACTED]
2 sustained personal injuries which lead to hospitalization, surgical intervention and continued
3 cardiac care, incurred medical expenses and other pecuniary loss in an amount as yet to be
4 ascertained but to be adduced at trial.

5
6 53. As a further direct and proximate result of the aforesaid negligence of Defendants,
7 [REDACTED] endured great pain, suffering, discomfort, and disability in an amount in excess of
8 \$15,000.00.

9 54. Defendant [REDACTED] was working in the course and scope of his employment with
10 Defendant [REDACTED] Clinic at the time of the dental treatment provided to [REDACTED]

11 55. Defendant [REDACTED] Clinic is liable to [REDACTED] under the legal theory of respondeat
12 superior.

13
14 56. As a further direct and proximate result of the aforesaid negligence of Defendants,
15 Johnson has been required to retain the services of Clear Counsel Law Group to prosecute this
16 claim and therefore is entitled to reasonable attorney's fees and costs incurred herein.

17 **THIRD CAUSE OF ACTION**
18 **(Negligent Hiring, Training, and Supervision against**
19 **Defendant [REDACTED] Clinic)**

20 57. [REDACTED] realleges and incorporates by reference herein all prior paragraphs.

21 58. Defendant owed a duty to [REDACTED] to exercise due care in the selection, training,
22 oversight, direction, retention, and control of their employees/agents/contractors.

23 59. Defendant breached its duty to [REDACTED] by failing to properly hire, retain, train,
24 staff, and supervise employees/agents/contractors.

25 60. As a direct and proximate result of the acts or omissions of Defendant, [REDACTED] had
26 to obtain medical services and treatment and will likely have to receive additional medical services
27 and treatment in the future.
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61. [REDACTED] has sustained damages due to the negligence of Defendant in an amount in excess of \$15,000.00.

62. As a direct and proximate result of the actions or omissions of Defendant, [REDACTED] retained the services of an attorney to pursue this action and may recover costs of suit and reasonable attorney's fees incurred.

PRAYER FOR RELIEF

WHEREFORE, PLAINTIFF prays for relief against Defendants, and each of them, for each and every cause of action as follows:

1. For general damages in an amount in excess of \$15,000.00, the exact amount of which to be determined at trial;
2. For the pain, suffering or disfigurement of the plaintiff;
3. For special damages, including loss of income; loss of earning capacity; loss of household service; past medical bills; future medical bills; and other special damages in an amount in excess of \$15,000.00, the exact amount of which to be determined at trial;
4. For punitive and/or exemplary damages in excess of \$15,000.00;
5. For interest at the legal rate;
6. For reasonable attorney fees;
7. For costs of suit; and
8. For such other and further relief as this court may deem just and proper.

DATED January 30, 2026.

CLEAR COUNSEL LAW GROUP

/s/ Scott A. Flinders

Scott A. Flinders, Esq. (6975)
1671 W. Horizon Ridge Pkwy, Suite 200
Henderson, NV 89012
Attorneys for Plaintiff Tachiana [REDACTED]

SWORN DECLARATION OF STEPHEN J. HOWARD, DDS, MScD, FASDC, FIAO

I, Stephen J. Howard, DDS, MScD, SASD, FIAO, under penalty of perjury under the laws of the State of Nevada, hereby deposes and states:

1. I am a dentist and orthodontist licensed to practice in the State of California.
2. I graduated from Syracuse University with a Bachelor's Degree, in 1970.
3. I continued my medical education at NYU College of Dentistry where I earned my Doctorate in Dental Surgery & Oral Medicine in 1974.
4. I further obtained a Specialty Certification in Pediatric Dentistry from Boston University, along with a Master's in Science of Children's Dentistry in 1976.
5. Thereafter I completed two Fellowships; one from the American Society of Dentistry for Children; the second from the International Association of Orthodontics for which I am also a Senior Certified Instructor.
6. I have reviewed the following documents:
 - a. Centennial Hills Hospital records
 - b. Summerline Hospital records
 - c. Mountainview Hospital records
 - d. ER Aliante records
 - e. Laboratory results
 - f. Dentists of NLV records
 - g. ██████████ records
 - h. Dr. Jessica Berger, DMD (exam records)

7. I have served as an Expert Witness for liability issues in dentistry since 2018. Attorneys have been provided phone consultations, written reports, declarations, and depositions upon request. A listing of the issues I have opined on includes restorative dentistry, esthetics, oral surgery complications, trauma, cancer, patient death, and, of course, breaches in the Standard of Care, Causation and Differential Indifference.
8. I am currently, and have been in the practice of dentistry, in the State of California, since 1978. I am familiar with the concepts of the Standard of Care which are applied to the treatment of dental patients.

Factual Background

9. Ms. [REDACTED] had been a patient at the [REDACTED] practice since 2014. On the Dental History form Ms. [REDACTED] filled out at her initial 11/25/2014 visit line #10 indicates: *"Is there anyone with a history of periodontal disease in your family?"* Ms. [REDACTED] answers "yes" and adds "myself".
10. She had availed herself to "routine" semiannual hygiene visits. The computerized patient records indicate that at each hygiene visit it was noted that she had **bulbous & erythemic** gum tissue with **measurable pocket depths of 5-6mm**. These conditions are indicative of **periodontal disease**.

11. There was no written indication in the chart notes that particularly addressed the treatment of these issues either in the office at the times of her visits, or applications of additional home care modalities to treat this condition.
12. On a Health History Update, dated 2/27/2023, Ms. [REDACTED] notes that she has been diagnosed with a **heart murmur**. The available *chart notes* provided to me do not indicate her murmur.
13. Unless the Health History is reviewed at every visit this important update will likely go unnoticed visit to visit. This is important because one of the causes of a heart murmur is a defect in the structure of the heart tissue.
14. On February 5, 2024 Ms. [REDACTED] received a filling for decay on an upper left bicuspid, by Dr. [REDACTED] of [REDACTED] [REDACTED]. She was given a local anesthetic (1 carpule of septocaine) to numb the area. [REDACTED] did not prescribe an antibiotic either before or after this procedure.
15. The February 5, 2024 dental treatment was for a two surface restoration. This involves drilling on the tooth, placement of a matrix band around the tooth, placement of a wedge to secure the matrix band tightly around the tooth, and the final equilibration & polishing of the filling. These steps are standard for all two surface fillings.

16. The significance of the above description is the manipulation of the *bulbous and edematous* (swollen and bleeding) gum tissue in the treatment area. Any of the above noted steps will cause damage to her periodontally diseased tissue: This would allow for bacterial infiltration into the circulatory system.
17. Approximately 1 week after her dental visit Ms. [REDACTED] began having night sweats, fatigue and evening fever. Several visits were made to Aliante ER for which she received "supportive medication" which was ineffective.
18. Ms. [REDACTED] was admitted to Centennial Hills Hospital on 3/31/2024 and then transferred to Summerlin Hospital Medical center on 4/5/2024.
19. Ms. [REDACTED] was diagnosed with NSTEMI type II (*Heart attack*). This was a cardiac event caused by an imbalance of the amount of oxygen available within the body as opposed to what is required (not the type of event caused by artery blockage). Blood drawn as per the diagnostic workup for NSTEMI, II found a bacteremia caused by *Streptococcus gordonii*. Additionally, there was a large vegetative growth of this bacteria on an aortic valve which was causing the aortic insufficiency.
20. The blood samples drawn showed "critical" levels of Troponin. This is a protein released into the blood during a heart attack. In this case the significant level of Troponin indicates the severity of her cardiac event.

Causation

21. Streptococcus gordonii bacterium lives in harmony with the other approximately 700 species of bacteria in the human mouth. Most contribute to aiding in good oral health. Some cause tooth decay or gum disease if there is poor diet or oral hygiene, or factors contributing to poor general health.
22. Streptococcus gordonii is classified as an opportunistic bacterium. Should it get into the blood system it can create a **bacteremia** (infection within the circulatory system). As is Ms. [REDACTED] case, Strep g. also lodged onto the aortic wall creating a **vegetative growth**. This caused her bout of **endocarditis** and the ensuing hospitalization.
23. Causation can be viewed as the absence of an event such that the result causes a negative outcome. The absence of pre-operative or post-operative antibiotic therapy allowed for unrestrained movement of Strep g. into the circulatory system thereby causing the significant medical issues Ms. [REDACTED] suffered.
24. Conversely, causation can be viewed as the presence of an action that leads to a positive outcome. Had Ms. [REDACTED] been provided a cephalosporin antibiotic prior to her dental procedure the risk of infection from Strep g. would have been significantly reduced or eliminated.

Breach of Standard of Care

To a reasonable degree of medical certainty, Dr [REDACTED] and [REDACTED] fell below the standard of dentistry care as follows:

25. The lack of treatment to eliminate the ongoing periodontal disease that Ms. [REDACTED] suffered throughout her approximately 10 years of **continuing** oral hygiene care at [REDACTED]
26. The inattentiveness of the dental staff with respect to changes in Ms. [REDACTED] medical history (heart murmur) which led to her endocarditis and aortic valve replacement surgery.
27. The failure to provide an appropriate antibiotic before the dental procedure which led to her endocarditis and aortic valve replacement surgery.

Further Declarant sayeth naught, this 30th day of January, 2026.



Stephen J. Howard, DDS, MScD, FASDC, FIAO

**ATTESTATION/DECLARATION OF THE EXECUTIVE 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, regarding information received on 03/09/2026 related to licensee with initials W.P.

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
Executive Director, NSBDE

3/12/26
Date



Andrea Barraclough
General Counsel, NSBDE

03/12/2026
Date

Received

MAR 09 2026

NSBDE

aw

NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N GREEN VALLEY PKWY
STE 104
HENDERSON, NV 89014

Please see the enclosed documents

Enter "X" if needed

- Enclose Return Envelope
- Send via Certified Mail
- Send via Overnight Mail
- Send UPS Ground Mail
- Send UPS 2-day Mail
- Send Regular Mail
- E-Certified
- 1st Class Priority International Mail

Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Ste. A-1
Las Vegas, Nevada 89118

Nevada Medical Professional Liability Closed Claim Report

I. Background

1. Name of Insurer American Casualty Company Of Reading, Pennsylvania		2. Insurer Claim No. HMB83071	
3. Injury Date(Date of Loss) 09/30/2025	4. Report Date 09/30/2025	5. Closure Date 01/22/2026	
6. Policy Type (choose A, B, or C) <input type="radio"/> A - Occurrence <input checked="" type="radio"/> B - Claims Made <input type="radio"/> C - Tail/Reporting Endorsement			
7. Policy Limits (Per Claim/Aggregate) \$ / \$ 1,000,000.00		/ \$ 3,000,000.00	8. Date This Closed Claim Report submitted 02/20/2026
9. Type of report (choose a or b) <input type="radio"/> a) Initial Report <input type="radio"/> b) Updated Report			

II. Defendant & Co-Defendants

1. Defendant's Name		Last		First		M.I.		Credentials (MD, DO, DMD, DDS)	
		[REDACTED]		[REDACTED]				<input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> DMD <input checked="" type="radio"/> DDS <input type="radio"/> Other	
2. License Number 6788		3. Specialty Description Dentist		ISO Code:		4. Co-Defendant(s)? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown			
5. Number of Co-Defendant(s)					Or <input type="checkbox"/> Unknown				
6. Name, License Number, & Insurer of Each Co-Defendant, if Known:									

III. Injured & Injury

1. Injured party's Name		Last		First		M.I.		2. Sex	
		[REDACTED]		[REDACTED]				<input checked="" type="radio"/> Male <input type="radio"/> Female	
3. Age 18		4. Date of Birth(MM/DD/YY) [REDACTED]/2007		5. Malpractice code(per Appendix 1) WP			6. Injury Code(per appendix 2) Dnt		
7. Description of Alleged Malpractice and Injuries(Attach Additional Sheet(s) if Necessary) Insured is alleged to have extracted tooth #31 instead of #3									
8. City where injury occurred Las Vegas					9. Name of Institution (If injury occurred in institution)				

IV. Medical/Dental Screening Panel(Hereafter, Panel)

1. Case Filed with Panel? (If "Yes", Answer Questions 2-3) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown									
2. Panel Case Number									
3. Panel Decision: Is there Reasonable Probability of Malpractice? <input type="radio"/> a - Yes <input type="radio"/> b - No <input type="radio"/> c - Unable to Decide <input type="radio"/> d - Case Dismissed <input type="radio"/> e - Other [case settled/withdrawn before panel met] If Other Please Describe									
4. Court Case Filed after Panel Decision <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown									

V. Court Case

1. Court Case Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Unknown (If Yes, Answer Questions 2-7)					
2. Court Case Number		3. Court Name		4. Court Department Number	
5. Date Court Case was Filed		6. Date Verdict was Filed, If applicable		7. Date Settlement Offer Accepted, if applicable	

VI. Reserves (amounts attributed to this defendant only, if multiple defendants)

1. Reserves	Initial 0.00	Highest 55,000.00	Last 55,000.00
-------------	-----------------	----------------------	-------------------

VII. Claim Disposition (attributed to this defendant only)

1. Claim Disposition (Check One)	<input type="checkbox"/> a)Decided by Trial in Favor of plaintiff	<input type="checkbox"/> b)Decided by Trial in Favor of Defendant	<input type="checkbox"/> c)Decide by Arbitrator in Favor of Plaintiff	<input type="checkbox"/> d)Decided by Arbitrator in Favor of Defendant
<input checked="" type="checkbox"/> e)Settled w/o Court or Prior to Trial	<input type="checkbox"/> f)Claim Denied	<input type="checkbox"/> g)Claim Inactive	<input type="checkbox"/> h)Claim withdrawn	<input type="checkbox"/> i)Other
2. If Claim Disposition is e,f,g,h, or i, please explain				
Name of Insurer American Casualty Company Of Reading, Pennsylvania			Insurer Claim No HMB83071	
Defendants's name (Last, First, M.I.)			Date this Closed Claim Report submitted February 20, 2026	

VIII. Verdict Information(attributed to all Defendant in Case)

1. Verdict Awarded	or <input type="checkbox"/> N/A
--------------------	---------------------------------

IX. Claim Information(amounts attributed to this defendant only, if multiple defendants)

1. Verdict/Settlement Amount Awarded	or <input type="checkbox"/> N/A	2. Verdict or Settlement Amount Paid	or <input type="checkbox"/> N/A
55,000.00		55,000.00	
3. Reason for Amount Awarded: (1) Not Being Equal to Amount Paid (2)if Applicable (Check more than one, if applicable)			
<input type="checkbox"/> a)Post Verdict Settlement	<input type="checkbox"/> e)Non-economic damages limited by Judge to \$350000		
<input type="checkbox"/> b)Award Reduced to Present Value	<input type="checkbox"/> f)Award Capped by Judge at Policy Limit		
<input type="checkbox"/> c)Interest Awarded	<input type="checkbox"/> g)Other (explain)		
<input type="checkbox"/> d) Court Costs Awarded			
4. How Will/Did Plaintiff Receive Payments?	<input checked="" type="checkbox"/> a)Lump Sum	<input type="checkbox"/> b)periodic Payments	<input type="checkbox"/> c) N/A
5. If Periodic Payments, What is the Present Value (as of Date of Award) of the Payments?			
6. Sources of Award Payments	Company	Defendant \$ 55,000.00	Other(describe) \$
7. Allocated Loss Adjustment Expenses	Total \$XXXX.XX 150.00	Attorney's Fees \$ 0.00	Other 0

X. Claim Information (amounts attributed to other defendants)

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Speciality Description		ISO Code	4. Verdict Awarded
				<input type="checkbox"/> a)Yes <input type="checkbox"/> b)No <input type="checkbox"/> c)Unknown
5. Settlement Made		6. Verdict or Settlement Awarded		
<input type="checkbox"/> a)Yes <input type="checkbox"/> b)No <input type="checkbox"/> c)Unknown		or <input type="checkbox"/> N/A		

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Speciality Description ISO Code		4. Verdict Awarded <input type="checkbox"/> a)Yes <input type="checkbox"/> b)No <input type="checkbox"/> c)Unknown	
5. Settlement Made <input type="checkbox"/> a)Yes <input type="checkbox"/> b)No <input type="checkbox"/> c)Unknown		6. Verdict or Settlement Awarded or <input type="checkbox"/> N/A		

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Speciality Description	ISO Code	4. Verdict Awarded <input type="checkbox"/> a)Yes <input type="checkbox"/> b)No <input type="checkbox"/> c)Unknown	
5. Settlement Made <input type="checkbox"/> a)Yes <input type="checkbox"/> b)No <input type="checkbox"/> c)Unknown		6. Verdict or Settlement Awarded or <input type="checkbox"/> N/A		

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Speciality Description	ISO Code	4. Verdict Awarded <input type="checkbox"/> a)Yes <input type="checkbox"/> b)No <input type="checkbox"/> c)Unknown	
5. Settlement Made <input type="checkbox"/> a)Yes <input type="checkbox"/> b)No <input type="checkbox"/> c)Unknown		6. Verdict or Settlement Awarded or <input type="checkbox"/> N/A		

(Attach Additional sheet(s) if Necessary)

XI. Closed Claim Report Information	
1. Contact Person's Name (Last, First) CNA Global Specialty Lines Legal & Regulatory Compliance	Name of Person Responsible for Report (Last, First) Olds, Robert
2. Contact Person's Phone Number 312-822-5946	Signature of Person Responsible for Report: <i>Robert Olds</i>
3. Contact Person's Address 151 N Franklin St, 14th Floor, Chicago, IL 60606	

Appendix 1

Cause of loss for Question III.5.

Code	Description
MP	Mistake in Performance, Improperly Performed
DP	Delayed
NP	Not Performed
WP	Wrong Procedure, Procedure Not Indicated
BP	Better Alternative Available
OP	Other Procedural Errors, Including Misprescription of Medication
Diagnosis Related Causes	
FD	Failure to Diagnose
DD	Delayed Diagnosis
WD	Wrong Diagnosis
OD	Other Diagnostic Errors
Other Causes	
IC	Failure to Inform, Lack of Informed Consent
SO	Lack of Supervision
PO	Failure to Prevent Harm
OO	Other Cause(s) not Listed Above

Appendix 2

Injury Codes for Question 111.6. (If multiple injuries, select code most applicable to primary injury)

Code	Description
Death	
DTH	Death (e.g., fetal death, death of patient)
Non-Physical/Emotional Injury	
NPh	Non-Physical (e.g., abandonment, breach of contract, deposition, emotional distress, defamation, negligent referral, subrogation, loss of consortium, sexual misconduct)
Physical Injury without Death	
BnD	Bone Damage (e.g., fracture)
Bth	Birth Injury (e.g., complications, brain damage to new born, abortion problems)
Crc	Circulatory Injury (e.g., heart failure, hemorrhage)
Dis	Disease (e.g., AIDS, cancer)
DLE	Diminished Life Expectancy (e.g., usually from a failure to diagnose)
Dsf	Disfigurement (e.g., scars)
Drn	Dermal Injury (e.g., burns)
Dnt	Dental Injury (e.g., broken tooth)
DLU	Diminished Use/Loss of Use (e.g., disablement of a limb, but not loss of the limb)
FNB	Foreign Body (e.g., left after surgery)
Inf	Infection (e.g., usually resulting from surgery)
LLO	Loss of Limb/Organ (e.g., amputation, removal)
MLI	Muscular/Limb Injury (e.g., atrophy)
Nrv	Nervous System (e.g., paralysis, nerve damage)
Org	Organ Injury (e.g., perforation, rupture)
Opt	Optical/Sensory Injury (e.g., vision, hearing)
Pan	Pain
Prl	Prolonged (e.g., additional care, delayed recovery)
Rpr	Reproductive System (e.g., infertility)
Sde	Side Effects (e.g., reactions)
Wrg	Wrong Organ Removed, Injury Caused by Unnecessary Treatment
Note:	If Other Injury, select one of the above codes that has the closest match



National Practitioner Data Bank
 Health Resources and Services Administration
 U.S. Department of Health and Human Services
 P.O. Box 10832
 Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000323443257
 Process Date: 01/30/2026
 Page: 1 of 3

For authorized use by:
 NEVADA STATE BOARD OF DENTAL
 EXAMINERS



AMERICAN CASUALTY CO OF READING PENNSYLVANIA

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 01/16/2026

Initial Action

Basis for Initial Action

- SETTLEMENT

- WRONG PROCEDURE OR TREATMENT

A. REPORTING ENTITY

Entity Name: AMERICAN CASUALTY CO OF READING PENNSYLVANIA
 Address: 151 N FRANKLIN ST
 City, State, Zip: CHICAGO, IL 60606-1915
 Country:
 Name or Office: YVETTE WHITTIER
 Title or Department: CLAIM COMPLIANCE MANAGER
 Telephone: (312) 822-5946
 Entity Internal Report Reference: HMB83071
 Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: [REDACTED]
 Other Name(s) Used: [REDACTED]
 Sex: MALE
 Date of Birth: [REDACTED] 1976
 Organization Name: [REDACTED]
 Work Address: [REDACTED]
 City, State, ZIP: NORTH LAS VEGAS, NV 89031-4404
 Home Address:
 City, State, ZIP:
 Deceased: NO
 Social Security Numbers (SSN):
 National Provider Identifiers (NPI):
 Professional School(s) & Year(s) of Graduation: STATE UNIVERSITY OF NEW YORK AT BUFFALO (2006)
 Occupation/Field of Licensure: DENTIST
 State License Number, State of Licensure: [REDACTED] NV
 Specialty: GENERAL DENTISTRY (NO SPECIALTY)
 Drug Enforcement Administration (DEA) Numbers:
 Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 01/30/2026
 Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
 Amount of This Payment for This Practitioner: \$ 55,000.00
 Date of This Payment: 01/16/2026
 This Payment Represents: A SINGLE FINAL PAYMENT
 Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 55,000.00
 Payment Result of: SETTLEMENT
 Date of Settlement, if Any: 01/15/2026
 Adjudicative Body Case Number:



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000323443257

Process Date: 01/30/2026

Page: 2 of 3

[REDACTED]

For authorized use by:
NEVADA STATE BOARD OF DENTAL
EXAMINERS

Adjudicative Body Name:

Court File Number:

Description of Settlement and Any
Conditions, Including Terms of Payment: Full and final settlement without an admission of
liability.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All
Practitioners in This Case: \$ 55,000.00

Number of Practitioners for Whom This Payer Has Paid
or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund
Make a Payment for This Practitioner in This Case?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Did (or will) a Self-Insured Organization and/or Other Insurance
Company Make a Payment for This Practitioner in This Case?: NO

Amount Paid or Expected to Be Paid by Self-Insured
Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 18 YEARS

Patient's Sex: MALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient
Presented for Treatment: Patient presented for dental treatment.

Description of the Procedure Performed: Insured provided dental treatment.

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: WRONG PROCEDURE OR TREATMENT (334)

Date of Event Associated With Allegation or Incident: 07/21/2025

Outcome: MINOR TEMPORARY INJURY (03)

Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based: Insured is alleged to have extracted tooth #31
instead of #32.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000323443257

Process Date: 01/30/2026

Page: 3 of 3

[REDACTED]

For authorized use by:

NEVADA STATE BOARD OF DENTAL
EXAMINERS

Date of Original Submission: 01/30/2026

Date of Most Recent Change: 01/30/2026

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



National Practitioner Data Bank
 Health Resources and Services Administration
 U.S. Department of Health and Human Services
 P.O. Box 10832
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DCN: 5500000334425951

Process Date: 03/11/2026

Page: 1 of 3

[REDACTED]

For authorized use by:
 NEVADA STATE BOARD OF DENTAL
 EXAMINERS

[REDACTED]

NEVADA STATE BOARD OF DENTAL EXAMINERS

STATE LICENSURE OR CERTIFICATION ACTION Date of Action: 01/28/2026

Initial Action

Basis for Initial Action

- VOLUNTARY SURRENDER OF LICENSE

- OTHER, SEE SECTION C. OF THE REPORT FOR
 DETAILS

**A. REPORTING
 ENTITY**

Entity Name: NEVADA STATE BOARD OF DENTAL EXAMINERS
 Address: 2651 N GREEN VALLEY PKWY STE 104
 City, State, Zip: HENDERSON, NV 89014-0234
 Country:
 Name or Office: SHANE BARJON
 Title or Department: LEGAL ASSISTANT
 Telephone: (702) 486-5478
 Entity Internal Report Reference: 2178
 Type of Report: INITIAL

**B. SUBJECT
 IDENTIFICATION
 INFORMATION
 (INDIVIDUAL)**

Subject Name: [REDACTED]
 Other Name(s) Used:
 Sex: MALE
 Date of Birth: [REDACTED] 1980
 Organization Name:
 Work Address:
 City, State, ZIP:
 Organization Type:
 Home Address: [REDACTED]
 City, State, ZIP: LAS VEGAS, NV 89117-2537
 Deceased: NO
 Federal Employer Identification Numbers (FEIN):
 Social Security Numbers (SSN): ***-**- [REDACTED]
 Individual Taxpayer Identification Numbers (ITIN):
 National Provider Identifiers (NPI):
 Professional School(s) & Year(s) of Graduation: UNIVERSITY OF NEBRASKA MEDICAL CENTER COLLEGE OF
 DENTISTRY (2007)
 Occupation/Field of Licensure: DENTIST
 State License Number, State of Licensure: [REDACTED] NV
 Specialty: GENERAL DENTISTRY (NO SPECIALTY)
 Drug Enforcement Administration (DEA) Numbers:
 Unique Physician Identification Numbers (UPIN):
 Name(s) of Health Care Entity (Entities) With Which Subject Is
 Affiliated or Associated (Inclusion Does Not Imply Complicity in
 the Reported Action):
 Business Address of Affiliate:
 City, State, ZIP:
 Nature of Relationship(s):



National Practitioner Data Bank
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DCN: 5500000334425951
 Process Date: 03/11/2026
 Page: 2 of 3

For authorized use by:
 NEVADA STATE BOARD OF DENTAL
 EXAMINERS

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
 Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)
 Other, as Specified: VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE
 Name of Agency or Program That Took the Adverse Action Specified in This Report: NEVADA STATE BOARD OF DENTAL EXAMINERS
 Adverse Action Classification Code(s): VOLUNTARY SURRENDER OF LICENSE (1145)
 Date Action Was Taken: 01/28/2026
 Date Action Became Effective: 01/28/2026
 Length of Action: PERMANENT

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is the subject automatically reinstated after the adverse action period is completed?:

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Licensee chose to surrender their license in lieu of discipline.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: NO

Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
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- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/11/2026
 Date of Most Recent Change: 03/11/2026



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000334425951

Process Date: 03/11/2026

Page: 3 of 3

[REDACTED]

For authorized use by:

NEVADA STATE BOARD OF DENTAL
EXAMINERS

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

NAC 631.173 Continuing education: Required hours; types of courses and activities; approval of provider or instructor. ([NRS 631.190](#), [631.342](#))

1. Each dentist licensed to practice in this State must annually complete at least 20 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education (CE), as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist. Hours of instruction may not be transferred or carried over from one licensing period to another.

(a) Initial licensees who graduated from an accredited dental program within six months of Board licensing, who were admitted from January 1 to June 30 of a calendar year, and who must seek renewal starting July 1 of the same calendar year, are exempt from the renewal CE requirement during the first calendar year of their admission.

2. Each dental hygienist licensed to practice in this State must annually complete at least 15 hours of instruction in approved courses of continuing education or biennially complete at least 30 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental hygienist. Hours of instruction may not be transferred or carried over from one licensing period to another.

3. In addition to the hours of instruction prescribed in subsections 1 and 2, each dentist and dental hygienist must maintain current certification in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life. Any course taken pursuant to this subsection must be taught by a certified instructor.

4. Any provider of or instructor for a course in continuing education relating to the practice of dentistry or dental hygiene which meets the requirements of this section must be approved by the Board, unless the course is for training in cardiopulmonary resuscitation or is approved by:

- (a) The American Dental Association or the societies which are a part of it;
- (b) The American Dental Hygienists' Association or the societies which are a part of it;
- (c) The Academy of General Dentistry;
- (d) Any nationally recognized association of dental or medical specialists;
- (e) Any university, college or community college, whether located in or out of Nevada; or
- (f) Any hospital accredited by The Joint Commission.

5. Any provider of or instructor for a course in continuing education relating to the practice of dentistry or dental hygiene where providers perform live patient demonstrations must request and pass an infection control inspection at the mobile location where the dentistry will be provided prior to the course or event, as outlined in [NAC 631.276](#), unless the continuing education course is being provided in a dental

practice or at an educational institution dental clinic that already passed an infection control inspection.

6. To be approved as a provider of a course in continuing education, the instructor of the course must complete a form provided by the Board and submit it to the Board for review by a committee appointed by the Board not later than 60 days before the beginning date of the course. Upon receipt of the form, the committee shall, within 30 days after receiving the form, approve or disapprove the application and inform the applicant of its decision.

7. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection 5 and furnishes the Board with a complete list of all members of the group, a synopsis of the subject to be studied, the time, place and duration of the meetings of the group, and the method by which attendance is recorded and authenticated.

8. Credit may be allowed for attendance at a meeting or a convention of a dental and dental hygiene society.

9. Credit may be allowed for courses completed via home study, on-line study, self-study or journal study which are taught through correspondence, webinar, compact disc or digital video disc.

10. Credit may be allowed for dental and dental hygiene services provided on a voluntary basis to nonprofit agencies and organizations approved by the Board.

NAC 631.175 Continuing education: Approved subjects; minimum requirements for clinical subjects; minimum requirements for dentists registered to dispense controlled substances; maximum credit for certain types of courses and activities. ([NRS 631.190](#), [631.342](#), [631.344](#))

1. Approved subjects for continuing education in dentistry and dental hygiene are:
 - (a) Clinical subjects, including, without limitation:
 - (1) Dental and medical health;
 - (2) Preventive services;
 - (3) Dental diagnosis and treatment planning; and
 - (4) Dental clinical procedures, including corrective and restorative oral health procedures and basic dental sciences, dental research and new concepts in dentistry; and
 - (b) Nonclinical subjects, including, without limitation:
 - (1) Dental practice organization and management;
 - (2) Patient management skills;
 - (3) Methods of health care delivery; and
 - (4) Teaching methodology.
2. In completing the hours of continuing education required pursuant to [NAC 631.173](#), a dentist must annually complete at least 15 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 30 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist.
3. In completing the hours of continuing education required pursuant to [NAC 631.173](#), a dental hygienist must annually complete at least 12 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 24 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental hygienist.
4. In completing the hours of continuing education required pursuant to [NAC 631.173](#), a dentist or dental hygienist must annually complete at least 2 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in [NAC 631.178](#) or biennially complete at least 4 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in [NAC 631.178](#), as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist or dental hygienist.
5. In completing the hours of continuing education required pursuant to [NAC 631.173](#), a dentist who is registered to dispense controlled substances pursuant to [NRS 453.231](#) must complete at least 2 hours of training relating specifically to the misuse and abuse of controlled substances, the prescribing of opioids or addiction during each period of licensure.
6. Initial licensees who graduated from an accredited dental program within six months of Board licensing, who were admitted from January 1 to June 30 of a calendar

year, and who must seek renewal starting July 1 of the same calendar year, are exempt from the renewal CLE requirements listed in sections 1 through 5 during the first calendar year of their admission.

7. The Board will credit, as a maximum in any one year of an annual or biennial licensing period, the following number of hours of instruction for the following types of courses or activities:

(a) For approved study by a group, 3 hours.

(b) For attendance at a meeting or convention of a dental or dental hygiene society, 1 hour for each meeting, but not more than 3 hours, exclusive of hours of continuing education offered in conjunction with the meeting.

(c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the number of hours of continuing education required by subsection 1 or 2 of [NAC 631.173](#), as applicable.

(d) For all other courses conducted by an approved instructor, the number of hours completed by the dentist or dental hygienist.

(e) For approved dental or dental hygiene services provided in approved nonprofit settings, 6 hours, except that not more than 3 hours will be allowed for any day of volunteer services provided.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 4-3-89; 9-6-96; R231-03, 5-25-2004; R063-05, 12-29-2005; R149-06, 9-18-2006; R159-08, 4-23-2009; R201-09, 8-13-2010; R020-14, 6-23-2014; R044-17, 5-16-2018)

NAC 631.177 Continuing education: Renewal or reinstatement of license; records; unprofessional conduct; audits. ([NRS 631.190](#), [631.330](#), [631.335](#), [631.342](#))

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 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)

.....
.....

Hygienist

.....

Signature of Dental

(c) Dentist 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.

(d) Initial licensees who graduated from an accredited dental program within six months of Board licensing, who were admitted from January 1 to June 30 of a calendar year, and who must seek renewal starting July 1 of the same calendar year, are exempt from the renewal CLE requirements listed in Section 1 (a), (b), and (c) during the first calendar year of their admission.

2. Legible copies of all receipts, records of attendance, certificates and other evidence of attendance by a dentist or dental hygienist at an approved course in continuing education must be retained by the dentist 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 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 third or subsequent failure of a dentist and 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 audits of dentists or dental hygienists to ensure compliance with the requirements of this section and [NAC 631.173](#) and [631.175](#).

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 4-3-89; 9-6-96; R231-03, 5-25-2004; R159-08, 4-23-2009)

NAC 631.033 Use of laser radiation in practice: Documentation required with application for renewal of license. ([NRS 631.190](#), [631.330](#)) Each licensee who uses or wishes to use laser radiation in his or her practice of dentistry or dental hygiene must include with the application for renewal of his or her license:

1. A statement certifying that each laser used by the licensee in his or her practice of dentistry or dental hygiene has been cleared by the Food and Drug Administration for use in dentistry; and

2. Proof that he or she has successfully completed a course in laser proficiency that:

(a) Is at least 6 hours in length;

(b) **Had a live, hands-on, clinical component;** and

(c) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#).

NAC 631.173 Continuing education: Required hours; types of courses and activities; approval of provider or instructor. ([NRS 631.190](#), [631.342](#))

1. Each dentist licensed to practice in this State must annually complete at least 20 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education (CE), as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist. Hours of instruction may not be transferred or carried over from one licensing period to another.

(a) Initial licensees who graduated from an accredited dental program within six months of Board licensing, who were admitted from January 1 to June 30 of a calendar year, and who must seek renewal starting July 1 of the same calendar year, are exempt from the renewal CE requirement during the first calendar year of their admission.

2. Each dental hygienist licensed to practice in this State must annually complete at least 15 hours of instruction in approved courses of continuing education or biennially complete at least 30 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental hygienist. Hours of instruction may not be transferred or carried over from one licensing period to another.

3. In addition to the hours of instruction prescribed in subsections 1 and 2, each dentist and dental hygienist must maintain current certification in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life. Any course taken pursuant to this subsection must be taught by a certified instructor.

4. Any provider of or instructor for a course in continuing education relating to the practice of dentistry or dental hygiene which meets the requirements of this section must be approved by the Board, unless the course is for training in cardiopulmonary resuscitation or is approved by:

- (a) The American Dental Association or the societies which are a part of it;
- (b) The American Dental Hygienists' Association or the societies which are a part of it;
- (c) The Academy of General Dentistry;
- (d) Any nationally recognized association of dental or medical specialists;
- (e) Any university, college or community college, whether located in or out of Nevada; or
- (f) Any hospital accredited by The Joint Commission.

5. Any provider of or instructor for a course in continuing education relating to the practice of dentistry or dental hygiene where providers perform live patient demonstrations must request and pass an infection control inspection at the mobile location where the dentistry will be provided prior to the course or event, as outlined in [NAC 631.276](#), unless the continuing education course is being provided in a dental

practice or at an educational institution dental clinic that already passed an infection control inspection.

6. To be approved as a provider of a course in continuing education, the instructor of the course must complete a form provided by the Board and submit it to the Board for review by a committee appointed by the Board not later than 60 days before the beginning date of the course. Upon receipt of the form, the committee shall, within 30 days after receiving the form, approve or disapprove the application and inform the applicant of its decision.

7. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection 5 and furnishes the Board with a complete list of all members of the group, a synopsis of the subject to be studied, the time, place and duration of the meetings of the group, and the method by which attendance is recorded and authenticated.

8. Credit may be allowed for attendance at a meeting or a convention of a dental and dental hygiene society.

9. Credit may be allowed for courses completed via home study, on-line study, self-study or journal study which are taught through correspondence, webinar, compact disc or digital video disc.

10. Credit may be allowed for dental and dental hygiene services provided on a voluntary basis to nonprofit agencies and organizations approved by the Board.

NAC 631.210 Dental hygienists: Authorization to perform certain services; referral of patient to authorizing dentist for certain purposes. [NRS 631.030; 631.215; 631.311; 631.313]

1. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to perform the following acts before a patient is examined by the dentist, *without the supervision of a dentist*:

- (a) Expose radiographs.
- (b) Conduct an assessment of the oral health of the patient through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of the patient.
- (c) After conducting an assessment pursuant to paragraph (b), develop a dental hygiene care plan to address the oral health needs and problems of the patient.
- (d) Take impressions for the preparation of diagnostic models.

↪ The dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services authorized pursuant to this subsection are to be performed.

2. A dentist who is licensed in this State may, *at their discretion*, authorize a dental hygienist in his or her employ to *perform any duty, service, and/or task that is within the scope of their training and experience and within the definition of dental hygiene at NRS 631.030, without the supervision of a dentist, including*:

- (a) Remove stains, deposits and accretions, including dental calculus.
- (b) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or bur may be used only to polish a restoration. As used in this paragraph, “oral prophylaxis” means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.
- (c) Provide dental hygiene care that includes:
 - (1) Assessment of the oral health of patients through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients.
 - (2) Implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1).

- (3) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (2) in order to identify the subsequent treatment, continued care and referral needs of the patient.
- (d) Take the following types of impressions:
 - (1) Those used for the preparation of diagnostic models;
 - (2) Those used for the fabrication of temporary crowns or bridges; and
 - (3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (e) Perform subgingival curettage.
- (f) Remove sutures.
- (g) Place and remove a periodontal pack.
- (h) Remove excess cement from cemented restorations and orthodontic appliances. A dental hygienist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
- (i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (j) Recement and repair temporary crowns and bridges.
- (k) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.
- (l) Place a temporary restoration with nonpermanent material as a palliative treatment.
- (m) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:
 - (1) Antimicrobial agents;
 - (2) Fluoride preparations;
 - (3) Topical antibiotics;
 - (4) Topical anesthetics *not otherwise considered minimal sedation under the definition of NRS 631.078*; and
 - (5) Topical desensitizing agents.
- (n) Apply pit and fissure sealant to the dentition for the prevention of decay.
- (o) Place and secure orthodontic ligatures.
- (p) Fabricate and place temporary crowns and bridges.
- (q) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental hygienist to perform this procedure.
- (r) Perform nonsurgical cytologic testing.
- (s) Apply and activate agents for bleaching teeth with a light source.
- (t) Use a laser that has been cleared by the Food and Drug Administration to perform intrasulcular periodontal procedures or tooth whitening procedures if:

- (1) The use of such a laser for those purposes is within the scope of the education, experience and training of the dental hygienist;
- (2) Before operating the laser, the dental hygienist has provided proof to the **authorizing** dentist that the dental hygienist has successfully completed a course in laser proficiency that:
 - (I) Is at least 6 hours in length; and
 - (II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#); and
- (3) The **authorizing** dentist has successfully completed a course in laser proficiency that:
 - (I) Is at least 6 hours in length; and
 - (II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#).

(u) any other task the dentist deems delegable consistent with the limitations of subsection 3 of NRS 631.313 for which a hygienist has been educated under their dental hygiene degree program.

↳ *If an employing dentist does not use their discretion to authorize performance of these tasks outside their supervision, these tasks may still be performed by the dental hygienist under the dentist's supervision.*

3. (a) *It is presumed without the need of a separate written agreement that an employing dentist authorizes a dental hygienist in this employment to complete all the tasks set forth in subsection 1 and paragraphs (a) to (u) of subsection 2, so long as each individual patient's clinical records clearly indicate when a dental hygienist performed one or more of the authorized tasks.*

(b) *If an employing dentist ~~may~~ elects to authorize some of the tasks set forth in subsection 1 and paragraphs (a) to (u) of subsection 2 and simultaneously elects to supervise some of the tasks set forth in subsection 1 and paragraphs (a) to (u), any distinction in which tasks are authorized versus which require dentist supervision must be set forth in a document provided to the dental hygienist and maintained by the dentist for the duration of the hygienist's employment and for 5 years thereafter. There must also be documentation demonstrating the hygienist was knowingly apprised of any authorization limitations.*

(c) *An employing dentist may elect to authorize any of the tasks set forth in subsection 1 and paragraphs (a) to (u) of subsection 2, but with conditions such as, but not limited to, when the dentist must be called to evaluate or assist or limitations on authorization based on level of patient periodontic disease presentation or health comorbidities. Any authorizations subject to conditions must be set forth in a document provided to the dental hygienist and maintained by the dentist for the*

duration of the hygienist's employment and for 5 years thereafter. There must also be documentation demonstrating the hygienist was knowingly apprised of any authorization limitations.

(d) For any task the dentist authorizes instead of supervises, a dental hygienist should obtain their own malpractice insurance as vicariously liability principals may be affected by authorization in lieu of supervision.

4. Any tasks considered restorative dental hygiene within the meaning of NRS 631.101 cannot be performed with authorization alone in the absence of a dentist's supervision, unless the hygienist has a special endorsement to practice restorative dental hygiene. If the hygienist has a special endorsement to practice restorative dental hygiene, he or she may do with the dentist's documented authorization.

5. Before performing any of the services set forth in this subsection, the dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services are to be performed, and the patient must have been examined by that dentist not more than 18 months before the services are to be performed. After performing any of the services set forth in this subsection, the dental hygienist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental hygienist is not authorized to perform.

~~6.—If a dentist who is licensed in this State has in his or her employment and under his or her supervision a dental hygienist who has:~~

~~—(a) Successfully completed a course of continuing education in the administering of local anesthetics or nitrous oxide oxygen analgesia, or both, which has been approved by the Board; or~~

~~—(b) Graduated from an accredited program of dental hygiene which includes the administering of local anesthetics or nitrous oxide oxygen analgesia, or both, in its curriculum, obtained a minimal anesthesia permit consistent with paragraph (d) of subsection 1 of NAC 631.2213;~~

~~→ the dentist may authorize the dental hygienist to the *in the administration of* local anesthetics or nitrous oxide oxygen analgesia, or both, *at a site-permitted dental office or facility, consistent with subsection 2 of NAC 631.2213.* as appropriate, if the dental hygienist has received from the Board a certificate or minimal sedation permit certifying the hygienist for this level of administration. The dental hygienist must obtain the authorization from the licensed dentist of the patient on whom the services are to be performed. (omitted and all moved to anesthesia regulation; see (10) below)~~

7. Not including topical chemotherapeutic agents that can be administered by a dental hygienist with a dentist's authorization, a dental hygienist in a dental office

~~or health-care facility may, with either written dentist authorization or dentist supervision at the dentist's discretion, administer non-topical local intraoral chemotherapeutic agents to treat periodontal pockets and gingivitis. and, if he or she has complied with paragraph (a) or (b) of subsection 5 and may administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if he or she first:~~

- ~~—— (a) Obtains written authorization from the licensed dentist of the patient to whom the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are to be administered.; and~~
- ~~—— (b) Submits to the Secretary-Treasurer a written confirmation from the director of the health-care facility that~~

~~(a) The dental office of facility where the local chemotherapeutic agent will be provided must have the necessary emergency supplies, equipment, and auxiliary personnel to safely provide local intraoral chemotherapeutic agents are administered.~~

~~(b) A dental hygienist may also provide local intraoral chemotherapeutic agents in accordance with facility rules and policies at a medical facility as defined in NRS 449.0151.~~

8. The Board may authorize a dental hygienist to perform the services set forth in subsection 1 and paragraphs (a) to (u), inclusive, of subsection 2 without *either* supervision by *or the authorization of* a ~~dentist and without authorization from the~~ licensed dentist of the patient on whom the services are to be performed, at a health facility, a school or a place in this State approved by the Board after the Board:

(a) Issues a *public health* special endorsement of the dental hygienist's license *consistent with subsections 1 and 2 of NRS 631.287;*

(b) the specially endorsed dental hygienist identifies the public health dental hygiene program with which they will be employed or affiliated; and

(c) Approves the application of a public health dental hygiene program that includes the treatment protocols of the program to submitted by the dental hygienist, which includes and an explanation of the methods that the dental hygienists employed by or affiliated with the public health dental hygiene program will use to:

- (1) Treat patients; and
- (2) Refer patients to a dentist for:
 - (I) Follow-up care;
 - (II) Diagnostic services; and
 - (III) Any service that the dental hygienist is not authorized to perform.

9. The Board may revoke the authorization described in subsection 6 if the:

- (a) Dental hygienist fails to renew his or her license or it is cancelled, suspended or revoked;
- (b) Board receives a complaint filed against the dental hygienist;

(c) Dental hygienist commits an act which constitutes a cause for disciplinary action; or

(d) Dental hygienist violates any provision of this chapter or [chapter 631](#) of NRS.

↪ Nothing in this subsection prohibits a dental hygienist from reapplying for authorization to perform the services described in subsection 6 if the Board revokes the authorization pursuant to this subsection.

10. As used in this section:

(a) “Health care facility” has the meaning ascribed to it in [NRS 162A.740](#).

(b) “Health facility” has the meaning ascribed to it in subsection 6 of [NRS 449.260](#).

(c) “School” means an elementary, secondary or postsecondary educational facility, public or private, in this State.

(d) “Public health dental hygiene program” has the meaning ascribed to “public health program” as defined in paragraph (b) of subsection 5 of NRS 631.34583.

(e) All requirements and limitations related to a dental hygienist providing minimal sedation, including but not limited to, local sedation or nitrous oxide, are referred to in paragraph (b) of subsection 2 of NRS 631.215, NRS 631.265, and subsections 2 and 4 of NAC 631.2213

NAC 631.220 Dental assistants: Authorization to perform certain services; supervision by dental hygienist for certain purposes.

1. A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her *employment* and under his or her supervision to perform the following procedures before the patient is examined by the dentist:

- (a) Expose radiographs; and
- (b) Take impressions for the preparation of diagnostic models.

2. A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her *employment* and under his or her supervision only to do one or more of the following procedures after the patient has been examined by the dentist:

- (a) Retract a patient's cheek, tongue or other tissue during a dental operation.
- (b) Remove the debris that normally accumulates during or after a cleaning or operation by the dentist by using mouthwash, water, compressed air or suction.
- (c) Place or remove a rubber dam and accessories used for its placement.
- (d) Place and secure an orthodontic ligature.
- (e) Remove sutures.
- (f) Place and remove a periodontal pack.
- (g) Remove excess cement from cemented restorations and orthodontic appliances. A dental assistant may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
- (h) Administer a topical anesthetic in any form except aerosol.
- (i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (j) Take the following types of impressions:
 - (1) Those used for the preparation of counter or opposing models;
 - (2) Those used for the fabrication of temporary crowns or bridges; and
 - (3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (k) Fabricate and place temporary crowns and bridges. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.
- (l) Retract gingival tissue if the retraction cord contains no medicaments that have potential systemic side effects.
- (m) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.
- (n) Administer a topical fluoride.

(o) Apply pit and fissure sealant to the dentition for the prevention of decay. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.

(p) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental assistant to perform this procedure.

3. A dentist who is licensed in the State of Nevada may authorize a dental hygienist to supervise a dental assistant in the assistance of the hygienist's performance of one or more of the following:

(a) Retract a patient's cheek, tongue or other tissue during a dental operation.

(b) Remove the debris that normally accumulates during or after a cleaning or operation by the dental hygienist by using mouthwash, water, compressed air or suction.

(c) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

(d) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.

(e) Administer a topical fluoride.

4. A dental hygienist, who is authorized by the Board to perform the services described in subsection 6 of [NAC 631.210](#), may authorize a dental assistant under his or her supervision to assist the hygienist in the performance of the services described in paragraphs (a) to (e), inclusive, of subsection 3.

5. ~~A dentist who is licensed in the State of Nevada may authorize a~~ dental assistant ~~in his or her employ to~~, *under the direct supervision of either their employing dentist or a dental hygienist in the dentist's employ as authorized by the dentist, remove supragingival calculus, soft plaque, and stain from exposed tooth surfaces utilizing hand instruments, ultrasonic scalers, or air-polishing devices only if they receive a Board-approved temporary special endorsement to do so. To qualify for the temporary dental assistant supragingival scaling special endorsement, the dental assistant must demonstrate in their temporary special endorsement application that they:*

(a) have either:

(i) at least seven years of total dental assisting experience in a U.S. State or territory; or

(ii) at least five years of continuous dental assisting experience with the same Nevada licensed dentist;

(b) have completed a Board-approved training course or courses of no less than 200 hours in supragingival scaling techniques that includes infection control; dental and gingival anatomy and morphology; dental plaque, stain, and calculus formation; instrumentation; patient assessment; and supragingival scaling, including laboratory experience with mechanical and ultrasonic devices. A list of approved courses may be obtained from the Board;

(c) have observed and participated in at least 50 supragingival cleanings performed by a licensed dental hygienist, with the dental hygienist who participated in these demonstrations attesting to the accuracy of the certification;

(d) have either:

(i) after completing the requirements of paragraphs (a), (b), and (c), successfully performed two supervised live-patient supragingival scaling demonstrations in front of one dental hygienist and one dentist who do not work together and who do not work with the dental assistant permit applicant, each of whom must certify successful completion of the supragingival scaling; or

(ii) completed and passed the competency assessment/supervised scaling procedure demonstration offered by a Board-approved dental assisting certification institution, typically located in states that authorize oral preventative assistants, which would be a capstone to some of the educational hours needed to fulfill paragraph (b) of this subsection;

(e) have a current certification from the American Heart Association or equivalent certifying body in basic life support, cardiopulmonary resuscitation, or emergency cardiovascular care; and

(f) submitted documentation from the dentist employing the endorsement applicant affirming that the specially endorsed dental assistant will be supervised by either the employing dentist or a dental hygienist employed by that dentist during every supragingival scaling procedure assigned to the specially endorsed dental assistant.

↪ The temporary dental assistant supragingival scaling special endorsement is effective for two years before renewal is required so long as the specially endorsed dental assistant remains employed with the dentist who submitted the documentation required at paragraph (f) of subsection 3. If the dental assistant ceases employment with the affirming dentist during the active status of their supragingival scaling special endorsement, the supragingival scaling special endorsement reverts to inactive status. The dental assistant may reinstate their special endorsement to active status under a new dentist only by submitting a special endorsement reinstatement request with documentation from the new dentist employing them that conforms to the requirements of paragraph (f) of subsection 3. There is no time extension of the

biennial endorsement period for any time the special endorsement remains in inactive status.

6. To obtain a temporary dental assistant supragingival scaling special endorsement, a dental assistant must:

(a) Fill out the Board-generated application and include all required documentation demonstrating compliance with paragraphs (a) through (f) of subsection 3; and

(b) sign an affirmation acknowledging that, while they are unlicensed for purposes of general dental assisting, the issuance to them of the temporary dental assistant supragingival scaling special endorsement may subject them to Board disciplinary investigation or action if they engage in any intentional or grossly negligent professional misconduct or incompetence.

~~(b) Pay a \$100 application fee.~~

7. To renew a temporary dental assistant supragingival scaling special endorsement biennially, a specially endorsed scaling dental assistant must:

(a) Fill out the Board-generated endorsement renewal application and include an updated dentist affirmation that comports with the requirements of paragraph (f) of subsection 3, even if still employed with the same dentist that initially submitted the required affirmation;

(b) Pay a \$50 application fee; and

(c) Demonstrate completion of at least 15 continuing education credits related to supragingival scaling.

↪ The initial temporary dental assistant supragingival scaling special endorsement is effective on the date it is approved by the Board's Executive Director, and the two-year duration lasts until the second anniversary of that date. Renewals of the temporary dental assistant supragingival scaling special endorsement are effective from the date the Board's Executive Director approves the renewal until the second anniversary of that date. To avoid any lapse in the endorsement, renewal applications should be submitted at least one month prior to the end of the two-year endorsement expiration date.

8. A dental assistant possessing a temporary dental assistant supragingival scaling special endorsement may only perform supragingival scaling under the following limitations:

(a) The employing dentist or colleague dental hygienist must first examine the patient and confirm that the patient has no ~~subgingival calculus or active periodontal disease requiring treatment by a licensed dental hygienist;~~

- (b) The removal procedure will only be at the prophylaxis level on patients with healthy gingiva or mild gingivitis, as diagnosed by the dentist or dental hygienist immediately before the scaling, who have no periodontal disease diagnosis and no treatment plan requiring ongoing root planing or periodontal maintenance by a dental hygienist;*
- (c) The patient cannot have been diagnosed with periodontitis and cannot require root planning in conjunction with scaling;*
- (d) All scaling performed by the specially endorsed dental assistant must be above the gum line only;*
- (e) If the patient starts to experience more than an minimal amount of bleeding during a supragingival scaling procedure, as determined in real time by the dentist or dental hygienist supervising the procedure, the dental assistant must cease performing the scaling and transfer the remainder of the procedure to the employing dentist or colleague dental hygienist who is supervising them;*
- (f) Supervising more than one person endorsed under the temporary dental assistant supragingival scaling special endorsement at a time is not permitted, as direct supervision by either the employing dentist or the dentist-authorized dental hygienist must be at a 1 to 1 ratio;*
- (g) The employing dentist must inspect and approve the completed supragingival scaling procedure immediately after it is completed. In order to bill for a full preventative prophylaxis cleaning, either the dentist or a dental hygienist must immediately follow the supragingival scaling with a subgingival scaling before dismissal of the patient from the dental office or facility; and*
- (h) As part of obtaining patient informed consent, the patient must be notified that part of their cleaning procedure will be performed by a specially endorsed supragingival scaling dental assistant, and the patient must agree to have part of their cleaning performed by a specially endorsed supragingival scaling dental assistant in lieu of a dental hygienist.*

9. The temporary dental assistant supragingival scaling special endorsement is only available to dental assistants during a period of time where there exists an identified dental hygienist workforce shortage. The Board's Dental Hygiene, Dental Therapy, and EFDA Committee will, on a yearly basis, review and determine whether an identified dental hygienist workforce shortage exists in the State of Nevada. If and when the Board's Dental Hygiene, Dental Therapy, and EFDA Committee determines an identified dental hygienist workforce shortage no longer exists, and the full Board votes to approve the Committee's recommendation, the availability of this endorsement will end, and no new endorsement applications will be accepted or processed by the Board. Any dental assistants holding and using this special endorsement on the date the Board votes that the dental hygiene workforce shortage has ended may finish their biennial period of endorsement but

cannot further practice supragingival scaling or cleaning once their endorsement expires.

(a) The Board's Dental Hygiene, Dental Therapy, and EFDA Committee will continue to annually assess dental hygienist workforce availability in the state of Nevada, even if and after the Committee and Board previously declared a prior dental hygienist workforce shortage over. If, at any subsequent review, the Committee and Board determine there exists a renewed dental hygienist workforce shortage, the temporary dental assistant supragingival scaling special endorsement program will be revived and the provisions at subsections (5) through (8) of this regulation become effective again for any period of time the dental hygiene workforce shortage remains.

10. Nothing in this paragraph shall be construed to permit a dental assistant to perform any other procedures that remain within the exclusive scope of practice of dental hygienists under NAC 631.210.

11. If an application for the temporary dental assistant supragingival scaling special endorsement as submitted by a dental assistant is:

(a) determined by Board staff to be complete and all documentation is present, the Board Executive Director will notify the dental assistant applicant in a dated letter that the temporary dental assistant supragingival scaling special endorsement is issued and effective thereafter until the renewal period discussed in subsection 7;

(b) determined by Board staff to be incomplete or missing documentation, processing of the application will be halted and the dental assistant applicant will receive notice of application deficiencies. If the deficiencies are corrected, application processing will be resumed, whereafter the applications will either be approved or denied; or

(c) subject to denial because the dental assistant applicant does not meet all eligibility and documentation requirements for the temporary special endorsement, the Board's executive director will notify the dental assistant applicant of the denial in a dated letter. The dental assistant applicant may request reconsideration by submitting additional information or materials. The Board at a public meeting will reconsider any denied application for the temporary dental assistant supragingival scaling special endorsement, and if the Board also finds denial of the temporary special endorsement application appropriate, the Board will set forth its findings and rationale at the public meeting.

12. It shall be a violation of professional competency for an employer dentist to eliminate the job of and replace an already employed dental hygienist with a

specially endorsed scaling dental assistant or for the dentist or dental practice to bill for full preventative prophylaxis cleanings when only a specially endorsed dental assistant has performed part of the full prophylaxis cleaning process. The temporarily specially endorsed scaling dental assistant must be a supplement to an existing dental team only based on hygienist workforce shortages and shall not be used as a money saving or making mechanism for a dental practice.

a. A dental practice may only bill for a preventative prophylaxis under its current applicable CDT code, or an unspecified preventative procedure under its current applicable CDT code, if both a specially endorsed dental assistant performs the supragingival scaling and either the dentist or the dental hygienist follows up with a subgingival scaling at the same patient appointment.

b. A dental practice cannot bill any periodontal scaling and root planning procedure under its current applicable CDT code where a specially endorsed dental assistant has performed any part of the total scaling procedure.



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

Draft Advisory Opinion

Subject : Preliminary Advisory Opinion Regarding a Request to Open a Proposed Brick-and-Mortar Public Health Program

(Prepared for Board consideration at the March 25, 2026, meeting, based on discussions held during the Board's March 11, 2026, Dental Hygiene, Dental Therapy, and EFDA Committee Meeting wherein the motion on this subject was unanimously adopted.)

1. Purpose

At the March 11, 2026, meeting of the Dental Hygiene, Dental Therapy, and EFDA Committee, the committee reviewed a proposal from Dr. Lorber regarding the establishment of a brick-and-mortar dental facility operating as a public health program.

Dr. Lorber currently operates a school-based preventive dental program serving children in underserved populations and expressed an intent to establish a fixed facility in order to improve parental participation and expand preventive dental services to children who are not currently receiving care.

Because the proposed facility location had not yet been secured, and because Dr. Lorber was hesitant to secure a property lease without knowing whether the Board was likely to grant his public health brick-and-mortar program proposal, the committee discussed whether the Board could provide preliminary guidance regarding the feasibility and regulatory requirements for such a program prior to the applicant entering into a long-term lease or contract.

The subject was discussed before the Dental Hygiene, Dental Therapy, and EFDA Committee Meeting. The members present included Co-Chair Dr. Joshua Branco, Co-Chair Ms. Yamilka Arias, Dr. Joan Landron, Ms. Jana McIntyre, and Ms. Kimberly Petrilla.

2. Statutory & Regulatory Authority

- **NRS 631.190** – Vests the Board with authority to regulate dentistry in the interest of public health.
- **NAC 631.178** – Adopts by reference the CDC *Guidelines for Infection Control in Dental Health-Care Settings* and requires licensee compliance.
- **NAC 631.34583**– Tasks the Board with the ability to approve public health programs.

3. Committee Determination

After Dr. Lorber answered questions regarding the intent of his proposed services and the proposed patient population, the committee stated that, if the program proposal were actually before them at that meeting (which it inherently could not have been because no location is yet selected and location identification is required to adopt a public health program proposal) the committee would be conditionally approving the program but subject to the following conditions:

- **Location in a Historically Underserved Community**
 - The proposed brick-and-mortar facility must be located in a historically underserved community (HUC, as defined in AB 483) recognized by a Nevada State governmental entity.
- **Income Demographic Restrictions**
 - To ensure the program is serving a historically underserved population, the facility may not be located in a high-income or median-income ZIP code within Clark County or Washoe County.
- **Public Health Program Scheduling Transparency**
 - If a brick-and-mortar location opens, Dr. Lorber planned to be in the office on some days offering more in-depth dental services, while other days, the practice would be entirely staffed by specially endorsed public health dental hygienists. This functions as a part-time public health program because on the days the dentist is in the office, his dental hygiene staff would no longer be working without supervision. To that end, so the Board can know on what days the brick-and-mortar-location is functioning as a dental hygienist led program and which days it is functioning as a traditional dental office in a rural location, the program must provide the Board with a monthly calendar identifying the days during which a licensed dentist (likely Dr. Lorber) will be physically present in the facility, and the days during which the dentist will not be present.
- **Patient Population Requirements**
 - At least 70 percent of the patient population served must qualify as low-income households, consistent with NRS 704.78347.
- **Return to Committee for Final Review**
 - Once a specific location is secured, the applicant must return to the committee with an amended application identifying the exact facility address. The committee will verify that the location meets all conditions prior to recommending final approval to the Board.

To that end, this preliminary advisory opinion issues informing Dr. Lorber of the likely outcome of his proposal for the brick-and-mortar public health program he desires to open. If adopted by the Board, it shall be sent to Dr. Lorber as an indication of the Board's conditions for an approval should he submit a formal public health program proposal identifying a compliant location.

4. Effective Date

This Preliminary Advisory Opinion becomes effective upon formal adoption by the Board. Note that it has no applicability to any other brick-and-mortar public health program applicant and extends

preliminary guidance to Dr. Lorber only.

Prepared by Board staff pursuant to the motion approved by the Committee on March 11, 2026.

DRAFT

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

Sapir Cohen, DMD

APPLICANT NAME



NEVADA LICENSE (licensed 06/01/2025)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC 11/07/2025 / \$ 750.00)

SEE ATTACHED

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

Program: Meharry Medical College 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, Salt Lake City Utah

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: **10/08/2025 – 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: Sapir Cohen, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,
Reasons/Concerns: _____

Josh Branco DMD

Josh Branco DMD (Nov 11, 2025 08:12:41 PST)

Joshua Branco, DMD
Anesthesia Chair

11/11/2025

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns: _____

Dan Streifel

Daniel Streifel, DDS
Secretary-Treasurer

12-5-25

Date



Nevada State Board of Dental Examiners

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

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Sapir Cohen

Office Site Permit

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

DENTAL EDUCATION

University/
College: Nova Southeastern University

Location: Davie, Florida

Dates attended: 8 / 18 to 5 / 13 / 22 Degree Earned: DMD

BOARD APPROVED PROGRAM

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

Location: Salt Lake City, UT

Dates attended: 9 / 2 to 10 / 11 / 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 _____

11/06/2025

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

JOE LOMBARDO
Governor

STATE OF NEVADA



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
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

(TEMPORARY)
MODERATE SEDATION ADMIN PERMIT APPLICATION
(Administration of Moderate Sedation restricted to patients 13 years of age and older)
QUALIFICATIONS OF APPLICANTS

Khurram Fahim, DMD

APPLICANT NAME



NEVADA LICENSE (licensed 08/05/2020)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC 10/08/2025 / \$ 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 Advance Dentistry (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: **10/25/2024-10/2026**

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: Khurram Fahim, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,
Reasons/Concerns: _____



Joshua Branco, DMD (Oct 9, 2025 18:14:58 PDT)
Joshua Branco, DMD
Anesthesia Chair

09/10/2025

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns: _____



Daniel Streifel, DDS
Secretary-Treasurer

10-10-25

Date



Nevada State Board of Dental Examiners

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

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Khurram Fahim

Office Site Permit

Check box if you are

DENTAL EDUCATION

University/
College: University of Nevada, Las Vegas

Location: 1701 W Charleston Blvd
Las Vegas, NV 89102

Dates attended: 09/01/17 to 05/20/20 | Degree Earned: OMD

BOARD APPROVED PROGRAM

Name/
Instructor: Vesper Institute (John Roberson OMD, OMS)
(Jay Aeznick OMD, MO)
(Scott Sayffe DDS)

Location: 5729 Dragon Way
Cincinnati, OH 45227

Dates attended: lecture 12/6-9/24 to clinic 07/14-18/25 | Certificate Granted: IV 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, ~~with~~

- 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

10/2/25

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



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

(TEMPORARY)
MODERATE SEDATION ADMIN PERMIT APPLICATION
(Administration of Moderate Sedation restricted to patients 13 years of age and older)
QUALIFICATIONS OF APPLICANTS

Matthew Manas, DDS

APPLICANT NAME

NEVADA LICENSE (licensed 07/27/20218)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC 12/17/2025 / \$ 750.00)

SEE ATTACHED

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

Program: Herman Ostrow School of Dentistry

SEE ATTACHED

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

**Location: Herman Ostrow School of Dentistry - University of Southern
California (USC)**

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: **09/7/2025 – 09/2027**

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: Matthew Manas, DDS

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,
Reasons/Concerns: _____

Joshua Branco DMD 22/12/2025
Joshua Branco DMD (Dec 22, 2015 13:55:51 PST)
Joshua Branco, DMD Date
Anesthesia Chair

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns: _____

Dan Streifel 3-13-26
Daniel Streifel, DDS Date
Secretary-Treasurer



NEVADA STATE BOARD OF DENTAL EXAMINERS

2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
nshde@dental.nv.gov
Phone(702) 486-7044 | (800) DDS-EXAM | Fax (702)486-7046

OFFICE USE ONLY
Date Received: 12/17/2026
Payment Amount: \$750
Staff Initials: LC

MODERATE ANESTHESIA ADMINISTRATIVE 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: Matthew Middle Name: Pineda Last Name: Manas

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



Check this box if you are applying for a Site Permit for the same office location as listed above. (If your practice office is already site-permitted. DO NOT select this box) []



1. Highest Degree Earned: [] Certificate [] Associates [] Bachelors [] Masters [x] Doctoral (DDS) [] Doctoral (DMD)

2. Educational Institution Name: Herman Ostrow School of Dentistry at the University of Southern California

3. Institution City: Los Angeles Institution State: CA Did you Graduate? [x] Yes [] No

4. *If Yes, Graduation Date: 05/11/18 **If No, Expected Graduation Date:

5. Did you attend a Postdoctoral program in a specialty or advanced education in dentistry? [x] Yes* [] No

*Specialty Education		
7. Educational Program Name: Vesper Institute		
9. Institution City: Cincinnati	Institution State: OH	Did you Graduate? <input checked="" type="radio"/> Yes <input type="radio"/> No
10. *If Yes, Graduation Date: 11/24/2025	Did you receive Specialty Certificate/Diploma? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Certificate/Diploma: Certificate		

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

	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.	
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E. FEES

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

<input checked="" type="checkbox"/> Moderate Sedation	\$750.00	<input type="checkbox"/> Site Permit	\$500.00
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OPTIONAL REQUEST FEES

<input type="checkbox"/> Duplicate Anesthesia Permit	\$25.00	Quantity: _____
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<input type="checkbox"/> Duplicate DH Local Anesthesia/N20 Permit	\$25.00	Quantity: _____
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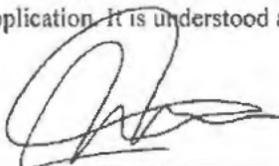
<input type="checkbox"/> Name Change	\$25.00
--------------------------------------	---------

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:

12/12/25

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
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

(TEMPORARY)
MODERATE SEDATION ADMIN PERMIT APPLICATION
(Administration of Moderate Sedation restricted to patients 13 years of age and older)
QUALIFICATIONS OF APPLICANTS

Michael St. Laurent, DMD

APPLICANT NAME



NEVADA LICENSE (licensed 07/22/2020)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC 02/25/2026 / \$ 750.00)

SEE ATTACHED

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

**Program: DOCS Education Program in Moderate (IV) Sedation to Patients 13
Years of Age or Older**

SEE ATTACHED

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

Location: Manalapan, New Jersey

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: **01/21/2026 – 01/2026**

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: Michael St. Laurent, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO, Reasons/Concerns: _____

Josh Branco DMD

Josh Branco DMD (Mar 10, 2026 14:10:11 PDT)

Joshua Branco, DMD
Anesthesia Chair

03/10/2026

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED, Reasons/Concerns: _____

Dan Streifel

Daniel Streifel, DDS
Secretary-Treasurer

3-13-26

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	
Date Received:	2/18/20
Payment Amount:	\$750
Staff Initials:	MR

MODERATE ANESTHESIA ADMINISTRATIVE 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: Michael	Middle Name:	Last Name: St. Laurent	License Number: [REDACTED]
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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

B. EDUCATION INFORMATION

1. Highest Degree Earned:	<input type="checkbox"/> Certificate <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Doctoral (DDS)	<input type="checkbox"/> Associates <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral (DMD)
2. Educational Institution Name: UNLV School of Dental Medicine		
3. Institution City: Las Vegas	Institution State: NV	Did you Graduate? <input checked="" type="radio"/> Yes <input type="radio"/> No
4. *If Yes, Graduation Date: 4/1/20	**If No, Expected Graduation Date:	
5. Did you attend a Postdoctoral program in a specialty or advanced education in dentistry?	<input type="radio"/> Yes* <input checked="" type="radio"/> No	

*Specialty Education		
7. Educational Program Name: DOCS Education		
9. Institution City: Manalapan	Institution State: NJ	Did you Graduate? <input checked="" type="radio"/> Yes <input type="radio"/> No
10. *If Yes, Graduation Date: 1/24/20	Did you receive Specialty Certificate/Diploma? <input checked="" type="radio"/> Yes <input type="radio"/> No Certificate/Diploma: <u>Moderate Sedation</u>	

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

<input checked="" type="checkbox"/> Moderate Sedation	\$750.00	<input type="checkbox"/> Site Permit	\$500.00
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OPTIONAL REQUEST FEES

<input type="checkbox"/> Duplicate Anesthesia Permit	\$25.00	Quantity: _____
<input type="checkbox"/> Duplicate DH Local Anesthesia/N20 Permit	\$25.00	Quantity: _____
<input type="checkbox"/> 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:

2/10/26

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, Kevin Yee, hereby surrender my Dental / Dental Hygiene (circle one)
Print name

License number 8118 on the 4th day of March, 2026.

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.



Kevin Yee
Licensee Signature
3/4/26
Date of Signature (must correspond with notary date)

State of California
County of Sacramento

The statements on this document are subscribed and sworn before me this 4th day of March, 2026.

Roanne Lake
Notary Public
12-30-2028
My Commission Expires

SEE ATTACHED FOR NOTARY PUBLIC

JURAT

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 Sacramento

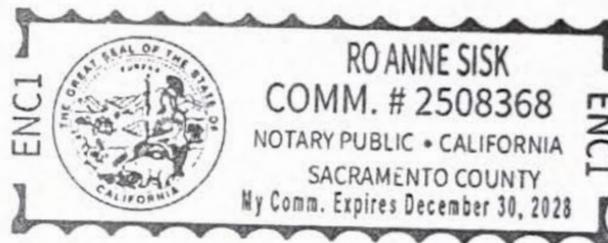
Subscribed and sworn to (or affirmed) before me on this 4th day of March,
2026 by Kevin Yee

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

Roanne Sisk

Signature

(Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Voluntary Surrender
(Title or description of attached document)

of license
(Title or description of attached document continued)

Number of Pages 1 Document Date 3-4-26

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

