

NEVADA STATE BOARD of DENTAL EXAMINERS



PUBLIC BOOK

BOARD TELECONFERENCE MEETING

WEDNESDAY, JANUARY 28, 2026

6:00 P.M.

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 & BOARD MEETING AGENDA

Meeting Date & Time

Wednesday, January 28, 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/87133205758>

Webinar/Meeting ID#: 871 3320 5758

Webinar/Meeting Passcode: 087064

PUBLIC NOTICE:

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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, January 27, 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.

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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.

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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.** December 11, 2025 – Board Meeting Minutes
 - ii.** January 20, 2026 – Infection Control Committee Minutes
 - iii.** January 21, 2026 – DH, DT, and EFDA Committee Minutes

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 Remand(s) – NRS 631.3635; NRS 622A.170; NRS 622.330; NRS 631.190 (For Possible Action)

i. Review Panel 1

1. Case #2513
2. Case #2521
3. Case #2526
4. Case #2530
5. Case #2534
6. Case #2547
7. Case #2460
8. Case #2461
9. Case #2463
10. Case #2493
11. Case #2515

ii. Review Panel 3

1. Case #2537
2. Case #2548
3. Case #2552
4. Case #2555
5. Case #2557
6. Case #2561

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

i. Case #2266

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

- i. Dr. Y**
- ii. RDH Z**

g. Review, Discussion and Possible Approval/Rejection of Voluntary Surrender in Lieu of Discipline – NRS 631.240 (For Possible Action)

i. Case #2178

h. Review, Discussion and Possible Approval/Rejection of Verified Complaint Withdrawal Request – NRS 53.045

i. Case #2453 and #2454

i. Review, Discussion and Possible Approval/Rejection of Motion for Reconsideration of Administrative Hearing - NRS 631.3635(4); R073-22 §§ 5 and 6 of LCB File No. R073-22 (For Possible Action)

i. Case #2230

6. New Business: (For Possible Action)

- a. Review, Discussion and Possible Approval/Rejection of a New Mission Statement for the Board of Dental Examiners – NRS 631.190 (For Possible Action)
 - 1. Proposed Mission Statement A: The mission of the Nevada State Board of Dental Examiners is to protect the public by licensing and regulating dental professionals consistent with NRS 631 and NAC 631 and by establishing and enforcing standards of practice to ensure dental professionals provide safe, competent, and ethical oral health care for all people who receive care in Nevada.
 - 2. Proposed Mission Statement B: The mission of the Nevada State Board of Dental Examiners is to protect the public by establishing and enforcing standards of practice and by licensing and regulating qualified dental professionals to ensure safe and ethical oral health care is provided to all dental patients in Nevada.
- b. Review, Discussion, and Consideration of the President of the Board of Dental Examiners – NRS 631.3635; NRS 631.190 (For Possible Action)
- c. Review, Discussion, and Consideration of the Secretary-Treasurer of the Board of Dental Examiners – NRS 631.3635; NRS 631.190 (For Possible Action)
- d. Review, Discussion, and Consideration of Board Members Appointments to Board Committees and Review Panels and of Non-Board Member Appointments to Sub-Committees and Review Panels – NRS 631.3635; NRS 631.190 (For Possible Action)
 - i. Anesthesia & Sub-Committee of Advisors
 - ii. Budget and Finance
 - iii. Continuing Education
 - iv. Dental Hygiene and Dental Therapy
 - v. Employment
 - vi. Examination Liaisons
 - vii. Infection Control
 - viii. Legislative, Legal, and Dental Practice
 - ix. Review Panel 1
 - x. Review Panel 2
 - xi. Review Panel 3
- e. Review, Discussion, and Consideration of authorizing the Executive Director and General Counsel to Commence Regulation Workshops as required by NRS 233B.061, related to Potential Revisions of the following Nevada Administrative Code (NAC) regulations – NRS 631.190 (For Possible Action)
 - 1. Notary Requirement Removal – NAC 631.028, 170, and 2205.
 - 2. Lead Apron Requirement Removal – NAC 631.260
 - 3. HUC Employer Priority Licensing (possible) – NAC 631.028a
 - 4. Schedule of Fees – NAC 631.028, 029
 - 5. Closure or Sale of Dental Clinic – NAC 631.274
 - 6. Infection Control Guidelines Adoption – NAC 631.178
 - 7. Infection Control Inspection Process – NAC 631.1785, 179
- f. Review, Discussion, and Possible Approval/Rejection of Infection Control Inspection Audit forms – NAC 631.1785 (For Possible Action)

- i. Master Infection Control Inspection Audit Form
 - ii. Infection Control Mobile Unit Audit Form
 - iii. Infection Control Mobile Audit Form Attachment (i.e. Off-site sterilization equipment inspection)
- g. Review, Discussion, and Possible Approval/Rejection of Permanent Anesthesia Permit – NAC 631.2235; NRS 631.190 (For Possible Action)
 - i. Dr. Wilyam F. Abdelmalik, DMD – Moderate Sedation
 - ii. Dr. Roberto Rodriguez, DMD – Moderate Sedation
 - iii. Dr. Kevin Major, DMD – Moderate Sedation
 - iv. Dr. Michael Wills, DMD – Moderate Sedation
 - v. Dr. Joseph N. Taylor, DDS – Moderate Sedation
 - vi. Dr. Caitlin M. Carabello, DDS – Moderate Sedation
- h. Review, Discussion, and Possible Approval/Rejection of Temporary Anesthesia Permit – NAC 631.2234; NRS 631.190 (For Possible Action)
 - i. Dr. Abdulmohsin Alhashim, DDS – Moderate Sedation
 - ii. Dr. Matthew Manas, DDS – Moderate Sedation
- i. Review, Discussion, and Possible Approval/Rejection of Board Petitions – NRS 631.190 (For Possible Action)
 - i. Kweisi McKinney – Background Review Requested

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.

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NEVADA STATE BOARD OF DENTAL EXAMINERS

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Minutes

Meeting Location

Meeting Date & Time
Thursday, December 11, 2025
4:00 p.m.

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/87847418865>

Webinar/Meeting ID#: 878 4741 8865

Webinar/Meeting Passcode: 976487

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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, Mr. Michael Pontoni, Dr. Joan Landron, Dr. Ashley Hoban.

Board Members Absent: NA

Board Staff Present: Director Higginbotham, General Counsel Barraclough, A. Cyberman, S. Barjon, M. Tracy, M. Kelley, M. Ramirez, L. Chagolla.

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Director Higginbotham communicated that written public comments were received from six individuals and are included in the board packets. Comments included: Paul Klein (Tri Strategies) regarding the proposed regulation under Agenda Item 5(c); Nathan Mick (American Association of Orthodontists) regarding teledentistry; Alan Erenbaum (Erenbaum Legal Strategies) regarding teledentistry; Cal Zevley (ATA Action) regarding teledentistry; and Dan Ta (American Association of Orthodontists) regarding teledentistry.

No further public comments.

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

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

NA

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

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

No discussion.

All members' voted 'AYE.'

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

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

- i. November 12, 2025 – Board Meeting**
- ii. November 19, 2025 – Dental Hygiene, Dental Therapy, and EFDA Committee Meeting**
- iii. November 19, 2025 – Infection Control Committee Meeting**

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

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**

Dr. Streifel communicated that from July 1 through December 4, the Board approved 88 dentist licenses and 59 dental hygienist licenses. A list of approved individuals, including names, degrees, and approval dates, is provided in the public book. Noted that license processing occurs approximately every two weeks and is proceeding efficiently.

- ii. Public Health Programs**

Dr. Streifel communicated three public health programs were reported, including Sage Brush Smiles, Healthy Smiles Nevada, and the Nevada Oral Health Program (Silver State Smiles). For each program, the committee approval date and the inspection completion date were provided for the record.

5. Executive Team Report: (For Possible Action)

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

General Counsel Barraclough communicated there is one pending litigation matter - the plaintiff vacated her December deposition, and two other December depositions were also rescheduled. As a result, the discovery deadline has been extended to the end of February. The matter remains in the discovery phase, and updates will be provided as developments occur.

b. Regulatory Update (For Informational Purposes Only)

i. LCB File No. R074-25 - Department of Business & Industry

Director Higginbotham provided a regulatory update, noting that the Department of Business and Industry, in coordination with the Legislative Counsel Bureau, is workshopping regulations to establish accountability standards for boards and commissions. The proposed regulations would grant Business and Industry auditing authority over operational and financial accountability. Board staff have provided ongoing feedback on the draft language. At this time, the regulations are not expected to create operational inefficiencies, and they are intended to enhance and maintain accountability for board actions.

ii. LCB File No. R056-24 – Teledentistry

General Counsel Barraclough reported that edits based on comments from the last board meeting were provided to members prior to this meeting. Dan Ta from the American Association of Orthodontists confirmed that the orthodontic societies have no further issues with the wording. Remaining comments were reviewed and incorporated where appropriate, including changes to Section 4, which were grammatical in nature and did not alter substance. Section 4 now reads with minor grammatical adjustments to paragraph D of subsection 2 of NS 630, 1.34583 regarding informed consent and patient/guardian notification prior to treatment.

c. Review, Discussion and Possible Approval/Rejection of the Revised Proposed Regulations for RO79-24 EFDA – NRS 631.190 (For Possible Action)

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

No discussion.

All members' voted 'AYE.'

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

i. Review Panel 2

1. Case No. 1612
2. Case No. 1875

3. Case No. 2495
4. Case No. 2496
5. Case No. 1733
6. Case No. 2199

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

No discussion.

All members' voted 'AYE.'

ii. Review Panel 3

1. Case No. 2437
2. Case No. 2520

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

No discussion.

All members' voted 'AYE.'

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

i. Case No. 2260

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

No discussion.

All members' voted 'AYE.'

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

i. Dr. Z

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

No discussion.

All members' voted 'AYE.'

ii. Dr. Y

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

No discussion.

All members' voted 'AYE.'

6. New Business: (For Possible Action)

- a. Review, Discussion, and Possible Approval/Rejection for Authorizing General Counsel to Draft Proposed NRS or NAC Regulations for the Anesthesia Committee to Develop and Provide Back to the Full Board for Review for Future Legislation – NRS 631.190 (For Possible Action)
 - i. 2 Permit Scheme for Moderate Sedation (Pediatric and Adult) and General Anesthesia (Pediatric and Adult) [NRS Regulation Revisions Required]
 - ii. 3 Permit Scheme for Minimal/Oral Sedation, Moderate Sedation (Pediatric and Adult) and General Anesthesia (Pediatric and Adult) [NRS Definition Revisions May Be Required]

Dr. West explained the need to align the NRS and ASC regarding sedation permits, noting the current two-permit system (moderate sedation and general anesthesia) does not match the NRS four-system structure. He stated his preference for considering a three-permit scheme: minimal oral sedation, moderate sedation, and general anesthesia. This approach would allow proper training and tracking for practitioners using oral sedation while maintaining rigorous training for IV sedation and general anesthesia. Dr. West emphasized patient safety and access to anti-anxiety oral sedation. This agenda item is a motion to authorize General Counsel to draft proposed NRS and NAC regulations for discussion by the committee in the future, not a vote to implement these structures.

A motion to authorize General Counsel to draft NRS and NAC regulations to align with the 3 Permit Scheme was made by Dr. West, and it was seconded by Ms. Arias.

Dr. Hoban sought to clarify the existing 2 permit structure in practice vs. the 4 permit structure as outlined in NRS.

General Counsel Barraclough explained that current NRS has a four-permit structure (general, deep, moderate, minimal). LCB accepts that general and deep are synonymous but emphasizes maintaining at least a three-permit structure due to minimal sedation. The vote at this meeting is only to authorize General Counsel to draft initial NRS and NAC changes based on a three-permit structure for committee review. The board will later decide whether to keep three permits or adjust to a two-permit system, as this draft is just a starting point.

All members' voted 'AYE.'

- b. Review, Discussion, and Possible Approval/Rejection for Authorizing General Counsel to Draft Proposed NRS Regulations to Transition the License Renewal Date

from June 30 to the DOB of the Licensee and Provide Back to the Full Board for Review for Future Legislation – NRS 631.190 (For Possible Action)

Director explained that the board receives nearly 2,000 applications over a three-month period, creating an unsustainable workload. Changing license expiration dates to align with birth dates would “flatline” intake, spreading renewals evenly throughout the year, improving processing efficiency, cash flow, and operational sustainability. Language for this change would follow other Nevada boards’ models and be brought back for final approval.

Dr. West added that the change would help with cash flow and the interest earned at that cash flow throughout the year as well.

Director Higginbotham also stated this change would improve overall efficiencies during this time as the renewal period is also during the same time as graduation and bulk new license applications.

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

No discussion.

All members' voted 'AYE.'

- c. Review, Discussion, and Possible Approval/Rejection of the Updated Infection Control Inspection Report Survey Form Approved by the Infection Control Committee on November 19, 2025 – NAC 631.1785 (For Possible Action)**

Director Higginbotham stated that the Infection Control Checklist is targeted for implementation by February 1, 2026, and if board grants approval of its content this will go back to the Infection Control Committee’s vote after finalization of critical deficiencies.

A motion to approve the updated survey form pending final committee review was made by Dr. West, and it was seconded by Dr. Hoban.

No discussion.

All members' voted 'AYE.'

- d. Review, Discussion, and Possible Approval/Rejection of Temporary Anesthesia Permit – NAC 631.2234; NRS 631.190 (For Possible Action)**
 - i. Dr. Sapir Cohen, DMD – Moderate Sedation**

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

No discussion.

All members' voted 'AYE.'

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

i. Dr. Reihaneh G. Mauer, DMD

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

No discussion.

All members' voted 'AYE.'

- f. 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. Christopher Davenport, RDH

Dr. Streifel stated that all credentialing and provided documentation is in order for the reinstatement of this license.

Ms. Arias asked Mr. Davenport if he has clinically practiced since 2012.

Dr. West asked if the Board is able to require a clinical skills assessment and this was confirmed by Director Higginbotham.

A motion to approve re-instatement pending the passing of a clinical skills assessment was made by Dr. West, and it was seconded by Ms. McIntyre.

No discussion.

All members' voted 'AYE.'

- g. Review, Discussion, and Possible Approval/Rejection of the Airtable Operational Software Package Contract with SHI under the Nevada State Purchasing Division Sub-Contract Agreements– NAC 631.190 (For Possible Action)

Director Higginbotham communicated that the board uses Airtable to manage expenses, applications, inspections, and public health programs. Upgrading to an enterprise system will improve efficiency, streamline complaint tracking, online applications, and document management, and reduce the need for multiple systems.

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

No discussion.

All members' voted 'AYE.'

- h. Review, Discussion, and Possible Approval/Rejection of a 3.5% Merchant Services Processing Fee for All Payments that Use a Credit/Debit Card Effective January 1, 2026 – NAC 631.190 (For Possible Action)

Dr. West recommended setting the credit card processing fee at 3% rather than 3.5%, citing personal experience and industry standards. They noted that typical merchant service fees range between approximately 2.25% and 3.75%, and that 3%

represents a safe, mid-range rate that avoids overcharging while remaining compliant with standard practices.

A motion to approve a 3% processing fee was made by Dr. West, and it was seconded by Dr. Hoban.

Dr. Branco inquired about fee free options available.

Dr. West stated that transfers from bank accounts would be zero percent, and payment could be made via check as well.

All members' voted 'AYE.'

- i. Review, Discussion, and Possible Approval/Rejection of a One-Time Merit Bonus Equivalent to One 40-Hour Workweek to All NSBDE Staff Members – See NRS 281.122 (Non-General Fund Board/Employment Contracts - Public Meeting Required) (For Possible Action)

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

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.

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 Wednesday, December 10, 2025, by 12:00 p.m. may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chairperson may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of speakers.

No public comments.

8. Announcements:

Dr. West thanked everyone for attending the meeting in Las Vegas in person, expressing appreciation for the opportunity to connect face-to-face, and looking forward to the upcoming board event.

9. Adjournment: (For Possible Action)

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

DRAFT

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director



PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHÄFER
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 & INFECTION CONTROL
COMMITTEE MEETING AGENDA**

MEETING MINUTES

Meeting Date & Time
Tuesday, January 20, 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/89575311609>
Webinar/Meeting ID#: 895 7531 1609
Webinar/Meeting Passcode: 440945

PUBLIC NOTICE:

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Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov.** Written submissions received by the Board on or before Monday, January 19, 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.

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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.

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

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

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

1. Call to Order

- a. Roll Call/Quorum**

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

Board Members Absent: Dr. Ashley Hoban

Board Staff Present: Director Higginbotham, General Counsel Barraclough, Dr. Helen Kanian, M. Ramirez, L. Chagolla.

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

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

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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 comment.

3. Chairperson's Report: Kimberely Petrilla, RDH (For Possible Action)

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

NA

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

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

No discussion,

All members voted 'AYE.'

4. Old Business: (For Possible Action)

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

The Infection Control Committee reviewed the State of Nevada Infection Control Checklist to reassess which inspection items should be designated as critical deficiencies versus non-critical deficiencies. Discussion focused on consistency in inspections, appropriate use of re-inspections within the 72-hour regulatory framework, and alignment with CDC guidance and current regulations.

Key points included:

- Clarification that critical deficiencies trigger a required re-inspection within 72 hours but do not result in immediate closure; closures are reserved for imminent health risks under Board President authority.
- Concern that certain administrative or documentation items do not warrant automatic in-person re-inspection and are better addressed through corrective action and submission of documentation.
- Emphasis that finalized critical vs. non-critical determinations will inform inspector training manuals and support consistent enforcement statewide.

Committee determinations:

- Reclassified as non-critical: Items 17, 19, and 22.
- Tabled for further review: Items 50 and 51, pending clarification of the CDC definition of event-related monitoring.
- Added as critical: Item 71 (waterline maintenance/monitoring).
- Revised but remains critical: Item 69, revised to apply specifically to surgical implant procedures requiring sterile saline or sterile water coolant.
- Confirmed to remain critical: Items 1, 20, 21, 29, 31, 34(a-d), 35, 38, 39(a-d), 43, 44, 49, 67, 70, 74, and 76.

(Chair Petrilla allowed a comment to be made at this time, from a member of the public, identified as Kelly Taylor.)

The committee agreed these revisions will be incorporated into the checklist, with additional clarification brought back as needed before final Board approval.

A motion to recommend this for review to the full dental board , pending changes made, was made by Dr. Branco and it was seconded by Ms. Petrilla.

No discussion.

All members voted 'AYE.'

5. New Business: (For Possible Action)

- a. Review, Discussion, and Possible Approval/Rejection of Infection Control Inspection Audit forms– NAC 631.1785 (For Possible Action)
 - i. Infection Control Mobile Unit Audit Form
 - ii. Infection Control Mobile Audit Form Attachment (i.e. Off-site sterilization equipment inspection)

Dr. Branco inquired about the difference in these forms versus the master infection control survey form used for traditional brick-and-mortar units.

The Infection Control Committee reviewed the proposed infection control inspection form for mobile dental units and off-site dental settings, as well as the attachment provided for off-site sterilization, including their applicability to public health programs and non-brick-and-mortar dental services.

Key points included:

- The mobile and off-site inspection forms include additional questions specific to mobile/portable operations and remove certain items from the master checklist that are not applicable, particularly for programs performing limited services such as screenings using fully disposable supplies.
- The goal of the revised forms is to streamline inspections while maintaining appropriate infection control oversight for non-traditional settings.
- Once the master inspection checklist is finalized (including critical vs. non-critical deficiencies), those same critical designations will be carried over and aligned across the mobile and off-site inspection forms to ensure consistency.
- These inspection forms will also be used for approved public health programs, including those operating in schools or other community settings.

A motion to approve the two audit form, pending the amendments, was made by Ms. Petrilla, and it was seconded by Dr. Branco.

No discussion.

All members voted 'AYE.'

6. 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 comment.

7. Announcements:

Director Higginbotham communicated that these items will be on the board agenda for next week, January 28, 2026.

8. Adjournment: (For Possible Action)

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

No discussion.

All members voted 'AYE.'

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JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director



PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHÄFER
Deputy Directors

A.L. HIGGINBOTHAM
Executive Director

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

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Minutes

Meeting Location

Meeting Date & Time
Wednesday, January 21, 2026
6:00 p.m.

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/82777468682>

Webinar/Meeting ID#: 827 7746 8682

Webinar/Meeting Passcode: 596790

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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: Ms. Yamilka Arias (Co-chair), Dr. Joshua Branco (Co-chair), Ms. Kimberly Petrilla, Ms. Jana McIntyre.

Board Members Absent: NA

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

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

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Director Higginbotham noted for the record that written public comment was received from Nevada Dental Association and Dr. Pappas regarding the proposed regulation on the agenda today. Dr. Pappas noted the name of the test is listed incorrectly in the current regulation draft.

Ms. Caryn Solie, RDH recapped her written comment and thanked the committee and board for working expeditiously on the revised regulation.

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

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

NA

- b. Approve Agenda (For Possible Action)

A motion to approve the agenda was made by 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 the Revised Proposed Regulations for RO79-24 EFDA – NRS 631.190 (For Possible Action)

Ms. Arias noted that the examination board changed their name from CDCA to ADEX, requested the change be made to the regulation.

Director Higginbotham called attention to the schedule of fees in the proposed regulation, noting that it differs from a separate fee schedule that will be presented for workshopping at the next meeting. Based on collected data and stakeholder feedback, it was stated that the current EFDA license fee is relatively high and should be reduced to approximately \$100 for a biennial license. This proposed fee would apply to both the limited and restricted EFDA licenses. It was further recommended that a \$25 late renewal fee be added for EFDA licenses. Currently, no late fee exists for this license type, and without such a fee, late renewals require a full application process, which may be unnecessarily burdensome to applicants and staff.

Dr. Branco inquired about the 3 different EFDA license types.

General Counsel Barraclough clarified that this structure is how the statute is currently written, therefore the regulation must match. She explained that restricted and limited EFDA licenses differ in terms of duration and practice limitations, such as geographic restrictions or service to low-income populations for restricted licenses, and a one-year term for limited licenses. The scope of practice and duties performed under each license type remain the same. The distinctions relate to where and how long the licensee may practice, not to the functions they are authorized to perform.

A motion to approve regulation change with the agreed fees, and examination name change was made by Ms. McIntyre, and it was seconded by Ms. Arias.

No discussion.

All members voted 'AYE.'

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

i. Revive Mobile Oral Health Solutions

The committee reviewed a proposed public health dental program led by Dr. Patterson, intended to serve low-income populations, initially through Club Christ facilities. Services would be provided using portable dental equipment set up on site (not a mobile van) and include cleanings, restorative care, dentures, and other dental services. Hygienists would provide cleanings, with the dentist present at times, and at other times hygienists would practice without dentist supervision.

Committee members requested clarification regarding the demographic served, eligibility criteria, services provided, and specific locations. Concerns were raised about whether the program functions as a true public health program or resembles a private dental practice operating at multiple sites. General Counsel advised that program structure could impact infection control inspection requirements and emphasized the need to distinguish public health services from for-profit dental care.

A motion table the program application was made by Ms. Arias, and it was seconded by Ms. McIntyre.

No discussion.

All members voted 'AYE.'

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

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Antonio Ventura inquired about the upcoming committee appointments and current chairs.

No further public comments.

6. Announcements:

Director Higginbotham noted that board staff will contact Dr. Patterson at Revive Mobile Oral Health Solutions for more information.

7. Adjournment: (For Possible Action)

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

No discussion.

All members voted 'AYE.'

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DRAFT

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 6659-2460

Complainant,

VS.

Respondent.

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 January 7, 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 15/01/2026

By:

Josh Branco DMD
Josh Branco DMD (Jan 13, 2026 13:31:59 PST)

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

Jana L McIntyre
Jana L McIntyre (Jan 9, 2026 11:04:46 PST)

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

Kevin Moore
Kevin Moore (Jan 15, 2026 16:12:28 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 5968-2461

Complainant,

vs.

Respondent.

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

DATED this 15/01/2026

By:

Josh Branco DMD
Josh Branco DMD (Jan 13, 2026 13:32:31 PST)

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

Jana L McIntyre
Jana L McIntyre (Jan 9, 2026 11:04:15 PST)

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

Kevin Moore
Kevin Moore (Jan 13, 2026 16:14:05 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 6944-2463

Complainant,

vs.

Respondent.

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

DATED this 15/01/2026

By:

Josh Branco DMD
Josh Branco DMD (Jan 13, 2026 13:33:11 PST)

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

Jana L McIntyre
Jana L McIntyre (Jan 9, 2026 11:03:34 PST)

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

Kevin Moore
Kevin Moore (Jan 15, 2026 16:14:37 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 5802-2493

Complainant,

vs.

Respondent.

REVIEW PANEL FINDINGS AND RECOMMENDATIONS

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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 15/01/2026

By:

Josh Branco DMD
Josh Branco DMD (Jan 13, 2026 13:33:35 PST)

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

Jana L McIntyre
Jana L McIntyre (Jan 9, 2026 11:03:02 PST)

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

Kevin Moore
Kevin Moore (Jan 15, 2026 16:15:08 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 4065-2515

Complainant,

vs.

Respondent.

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 January 7, 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 15/01/2026

By:

Josh Branco DMD
Josh Branco DMD (Jan 13, 2026 13:34:01 PST)

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

Jana L McIntyre
Jana L McIntyre (Jan 9, 2026 11:02:17 PST)

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

Kevin Moore
Kevin Moore (Jan 15, 2026 16:15:43 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 5042-2513

Complainant,

vs.

Respondent.

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

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 16/12/2025

By:

Josh Branco DMD

Josh Branco DMD (Dec 8, 2025 08:30:59 PST)

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


Jana L McIntyre (Dec 5, 2025 18:24:17 PST)

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


Kevin Moore (Dec 16, 2025 19:52:15 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 7235-2521

Complainant,

vs.

Respondent.

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

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 16/12/2025

By:

Josh Branco DMD
Josh Branco DMD (Dec 8, 2025 08:31:31 PST)

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

Jana McIntyre
Jana McIntyre (Dec 5, 2025 18:23:34 PST)

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

Kevin Moore
Kevin Moore (Dec 16, 2025 19:53:11 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 5115-2526

Complainant,

vs.

Respondent.

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

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 06/01/2026

By:

Josh Branco DMD
Josh Branco DMD (Dec 22, 2025 13:56:58 PST)

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

Jana L McIntyre
Jana L McIntyre (Dec 22, 2025 10:39:19 PST)

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


Kevin Moore (Jan 6, 2026 11:40:50 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 101161-2530

Complainant,

VS.

Respondent.

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

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 06/01/2026

By:

Josh Branco DMD
Josh Branco DMD (Dec 22, 2025 13:57:23 PST)

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

Jana L McIntyre
Jana L McIntyre (Dec 22, 2025 10:38:53 PST)

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


Kevin Moore (Jan 6, 2026 11:41:21 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 4940-2534

Complainant,

vs.

Respondent.

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

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 06/01/2026

By:

Josh Branco DMD
Josh Branco DMD (Dec 22, 2025 13:57:49 PST)

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

Jana L McIntyre
Jana L McIntyre (Dec 22, 2025 10:38:22 PST)

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


Kevin Moore (Jan 6, 2026 11:41:59 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 7680-2547

Complainant,

vs.

Respondent.

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

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 06/01/2026

By:

Josh Branco DMD
Josh Branco DMD (Dec 22, 2025 13:58:09 PST)

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

Jana L McIntyre
Jana L McIntyre (Dec 22, 2025 10:37:44 PST)

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


Kevin Moore (Jan 6, 2026 11:42:38 PST)

Kevin Moore, DDS
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 4351-2537

Complainant,

VS.

Respondent.

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 December 22, 2025, the Nevada State Board of Dental Examiners' Review Panel Three (3) ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 30/12/2025

By:

Lance J Kim
Lance J Kim (Jan 1, 2026 12:49:49 PST)

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

Kimberly Petrilla
Kimberly Petrilla (Dec 30, 2025 19:38:10 PST)

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

John T. Gallob, DMD
John T. Gallob, DMD (Dec 30, 2025 10:45:27 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 5539-2548

Complainant,

vs.

Respondent.

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 December 22, 2025, the Nevada State Board of Dental Examiners' Review Panel Three (3) ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 30/12/2025

By:

Lance J Kim
Lance J Kim (Jan 1, 2026 12:50:41 PST)

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

Kimberly Petrilla
Kimberly Petrilla (Dec 30, 2025 19:37:46 PST)

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

John T. Gallob, DMD
John T. Gallob, DMD (Dec 30, 2025 12:05:27 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 7976-2552

Complainant,

vs.

Respondent.

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 December 22, 2025, the Nevada State Board of Dental Examiners' Review Panel Three (3) ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 30/12/2025

By:

Lance J Kim
Lance J Kim (Jan 1, 2026 12:51:26 PST)

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

Kimberly Petrilla
Kimberly Petrilla (Dec 30, 2025 19:37:23 PST)

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

John T. Gallob, DMD
John T. Gallob, DMD (Dec 30, 2025 12:06:47 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 3344-2555

Complainant,

vs.

Respondent.

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 December 22, 2025, the Nevada State Board of Dental Examiners' Review Panel Three (3) ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 30/12/2025

By:

Lance J Kim
Lance J Kim (Jan 1, 2026 12:51:59 PST)

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

Kimberly Petrilla
Kimberly Petrilla (Dec 30, 2025 19:36:58 PST)

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

John T. Gallob, DMD
John T. Gallob, DMD (Dec 30, 2025 12:08:34 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 6784-2557

Complainant,

vs.

Respondent.

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 December 22, 2025, the Nevada State Board of Dental Examiners' Review Panel Three (3) ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 30/12/2025

By:

Lance J Kim
Lance J Kim (Jan 1, 2026 12:52:31 PST)

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

Kimberly Petrilla
Kimberly Petrilla (Dec 30, 2025 19:36:33 PST)

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

John T. Gallob, DMD
John T. Gallob, DMD (Dec 30, 2025 12:09:56 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. S5-38C-2561

Complainant,

vs.

Respondent.

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 December 22, 2025, the Nevada State Board of Dental Examiners' Review Panel Three (3) ("Review Panel") met to review and discuss the preliminary investigation conducted by the Board's Preliminary Screening Consultant assigned to this matter pursuant to NRS 631.363 in the above-captioned matter.

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

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

From the review of the records there is not a preponderance of evidence to support any allegation of treatment below the standard of care. Therefore, the Panel recommends remand 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 30/12/2025

By:

Lance J Kim
Lance J Kim (Jan 1, 2026 12:53:53 PST)

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

Kimberly Petrilla
Kimberly Petrilla (Dec 30, 2025 19:36:05 PST)

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

John T. Gallob, DMD
John T. Gallob, DMD (Dec 30, 2025 12:13:21 PST)

John Gallob, DMD
Member, Review Panel

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
EXAMINERS,

Case No. 7314-2266

Complainant,

vs.

STIPULATION AGREEMENT

Respondent.

IT IS HEREBY STIPULATED AND AGREED via this *Stipulation Agreement* (Stipulation Agreement or Stipulation), by and between [REDACTED] Respondent or [REDACTED] and the NEVADA STATE BOARD OF DENTAL EXAMINERS (the Board), by and through the Board's General Counsel, Andrea Barraclough, Esq., as follows:

I. Background

18 1. Respondent is a dentist licensed to practice dentistry in the State of Nevada by the
19 Board pursuant to Chapter 631 of the Nevada Revised Statutes (NRS) and Chapter 631 of the
20 Nevada Administrative Code (NAC). Respondent was licensed in Nevada on January 27, 2020,
21 License No. 7314.

22 2. On or about January 30, 2023, the Board received a Verified Complaint from
23 patient [REDACTED] regarding issues with the dental care they received from [REDACTED]
24 [REDACTED] alleging possible violations of NRS Chapter 631 and/or NAC Chapter 631.

25 3. On or about August 21, 2023, via a *Notice of Complaint & Request for Records*,
26 the Board notified Respondent of the Verified Complaint received from [REDACTED]
27 The Authorized Complaint sought a response from Respondent, as well as the records of patient

Respondent's Attorney's Initials

Page 1 of 11

Respondent's Initials

1 | //

2 4. On or about September 28, 2023, the Board received Respondent's written response
3 to the Notice of Complaint and Request for Records.

4 5. A Preliminary Screening Consultant (PSC) was subsequently assigned to review
5 and produce a report regarding this matter.

6 6. On April 17, 2023, the Verified Complaint, information, PSC Report, and
7 documentation described in Paragraph 4 were independently reviewed by the Nevada State Board
8 of Dental Examiner's Review Panel established pursuant to NRS 631.3635. The PSC did not
9 participate in the Review Panel review of this matter.

II.

13 7. Pursuant to NRS 631.3635 and for this matter alone and not for any other purpose
14 (including any pending or subsequent civil action(s)), the Review Panel found, based upon the
15 investigation conducted to date, that Respondent's actions as described in the Verified Complaint
16 constitute unprofessional conduct as follows:

a) There is a preponderance of evidence to support a finding that the Respondent's treatment was below the standard of care, to wit: The restorations provided to the patient were below the standard of care.

21 8. Respondent acknowledges that the PSC's preliminary review proceeded through
22 the Review Panel process as required pursuant to NRS 631.3635; that the Review Panel found that
23 there is sufficient evidence to support the findings and recommendations as contained herein; and
24 that the above findings and recommendations were made and/or adopted by the Review Panel.

25 9. Respondent understands and acknowledges the following: (1) that the PSC's
26 findings and recommendations were not binding on the Review Panel; (2) neither the PSC's
27 findings and recommendations, nor the findings and recommendation of the Review Panel, are
28 binding on the Board; and (3) Respondent understands and acknowledges that he has the right to

Respond

Respondent's Attorney's Initials

Respondent's Initials

111

2 dispute these findings at a full Board hearing pursuant to NRS 631.360, including the right to call
3 and examine witnesses and present evidence, but he has knowingly waived this right in order to
4 resolve this matter via this Stipulation Agreement.

5 10. For settlement purposes only, and not for any other purpose (including any
6 subsequent civil or administrative action), even though Respondent denies the findings of the
7 Review Panel, Respondent acknowledges that if this matter were to proceed to a Board hearing, a
8 sufficient quantity and/or quality of evidence could be proffered to meet a preponderance of the
9 evidence standard of proof demonstrating that Respondent violated the regulatory and/or statutory
10 provisions noted above in Paragraph 7. Respondent's acceptance and agreement of this Stipulation
11 does not act as their admission of any wrongdoing or agreement with the accuracy of the factual
12 findings or opinions of the PSC or Review Panel.

III. Terms and Conditions

16 11. Based upon the investigation conducted to date, the opinions of the PSC, the
17 findings of the Review Panel contained in Paragraph 7, and the acknowledgments of Respondent
18 contained in Paragraphs 8 through 10, the parties have agreed to resolve the above-referenced
19 investigation pursuant to the following terms and conditions:

21 (a) In addition to completing the required continuing education necessary for
22 license renewal, Respondent agrees to obtain an additional sixteen (16) hours
23 of supplemental continuing education regarding crowns and bridges, which
24 must contain in-person, hands-on instruction; Respondent also agrees to
obtain an additional eight (8) hours of supplemental continuing education
regarding record keeping.

Information, documents, and/or descriptions for the above-referenced supplemental education must be submitted in writing to the Executive Director of the Board for approval *prior* to attendance. Upon receipt of the written request to attend the

DS
Respondent

Respondent's Attorney's Initials

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Respondent's Initials

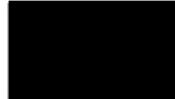
1 supplemental education, the Executive Director of the Board shall notify
2 Respondent in writing whether the requested supplemental education is approved
3 for attendance and meets the requirement outlined in Paragraph 11.A. Respondent
4 agrees that all required supplemental education in restorative dentistry shall be
5 completed through attendance at live presentations; however, the remaining
6 required supplemental education related to record keeping may be completed
7 through webinars, online, or home study courses or in-person. The cost associated
8 with this supplemental education shall be paid by Respondent. All supplemental
9 education must be completed within six (6) months of the adoption of this
10 Agreement by the Board.

11 In the event Respondent fails to complete the supplemental education set forth in
12 Paragraph 11.A. within six (6) months of the adoption of this Agreement by the
13 Board, Respondent agrees that their license to practice dentistry in the State of
14 Nevada may be automatically suspended by the Board's Executive Director without
15 any further action of the Board other than the issuance of an Order of Suspension
16 by the Executive Director. Respondent agrees not to seek injunctive relief from any
17 Federal or State of Nevada District Court to prevent the automatic suspension of
18 Respondent's license to practice dentistry in the State of Nevada due to
19 Respondent's failure to comply with Paragraph 11.A and also agrees to waive any
20 other legal claims and remedies resulting from the automatic suspension of
21 Respondent's license to practice dentistry in the State of Nevada due to
22 Respondent's failure to comply with Paragraph 11.A.

23 If Respondent later completes the required continuing education and submits
24 written proof of the completion of the supplemental education and paying the
25 reinstatement fee pursuant to NRS 631.345, Respondent's license to practice
26 dentistry in the State of Nevada will automatically be reinstated by the Executive
27 Director of the Board without further notice, provided that there are no other
28 violations of any of the provisions contained in this Agreement.

29 Respondent shall be responsible for any costs or attorneys' fees incurred in the
30 event the Board must seek injunctive relief or other legal remedies to prevent
31 Respondent from practicing dentistry during the period Respondent's license is
32 automatically suspended pursuant to this paragraph.

33 Respondent understands and acknowledges that the completion of these continuing
34 education classes for purposes of fulfilling the obligations of this Stipulation does
35 not relieve them of the continuing education obligations required of a dental



1 licensee upon license renewal, including but not limited to the courses required by
2 NRS 631.342, NAC 631.173, NAC 631.175 and/or AB 474.

3 **(b) Respondent agrees that, within sixty (60) days of adoption of this**
4 **Stipulation Agreement by the Board, Respondent shall reimburse the Board**
5 **One Thousand dollars and 00/100 cents (\$1,000.00), which was the flat rate of**
6 **costs and fees for the Board's investigation and resolution process at the time**
7 **the complaint was filed. Payment shall be made payable to the Nevada State**
8 **Board of Dental Examiners and mailed directly to 2651 N. Green Valley Pkwy,**
9 **Ste 104, Henderson, NV 89014.**

10 **(c) Respondent agrees to reimburse [REDACTED] the costs they paid**
11 **for the treatment rendered, minus any insurance payments or partial refunds**
12 **already provided. Payment shall be made within thirty (30) days of the Board**
13 **adopting this Stipulation Agreement and should include an invoice/ledger to**
14 **show the exact amounts billed, offset, and reimbursed. Respondent shall**
15 **deliver/mail payment and the ledger to the Board (2651 N Green Valley Pkwy,**
16 **Ste 104, Henderson, NV 89014); the check should be made payable to**
17 **[REDACTED]**

18 In the event Respondent defaults on any payment set forth in this Stipulation
19 Agreement (which includes failure to timely pay the fee outlined in Paragraph 11.B
20 or the reimbursement in Paragraph 11.C), Respondent agrees that their license to
21 practice dentistry in the State of Nevada may be suspended upon further action of
22 the Board if they determine Respondent has failed to comply with the terms of this
23 Stipulation.

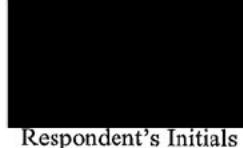
24 If suspension results from not paying the required fees and costs outlined in
25 Paragraphs 11.B and 11.C subsequent to the issuance of the Order of Suspension
26 from the Board, Respondent agrees to pay a liquidated damage amount of Twenty-
27 Five dollars and zero cents (\$25.00) for each day Respondent is in default on the
28 payment(s) outlined in Paragraphs 11.B and 11.C.

29 Upon curing the applicable defaulted payment(s) contained in this Stipulation
30 Agreement and paying the reinstatement fee plus any liquidated damage amount,
31 Respondent's license to practice dentistry in the State of Nevada will automatically
32 be reinstated by the Board's Executive Director without further notice, provided that
33 there are no other violations by Respondent of any of the provisions contained in
34 this Stipulation Agreement.



35 Respondent's Attorney's Initials

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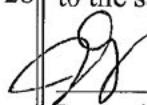
37 Respondent's Initials

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2 Respondent shall be responsible for any costs or attorney's fees incurred in the
3 event the Board must seek injunctive relief or other legal remedies to either or both
4 prevent Respondent from practicing dentistry during the period Respondent's
5 license is automatically suspended pursuant to this paragraph and/or recoup fines,
6 fees, damages or assessments addressed in this paragraph. In the event Respondent
7 fails to cure any defaulted payments within forty-five (45) days of the default,
8 Respondent agrees that the total amount owed to the Board in recoup fines, fees,
9 damages or assessments may be reduced to a civil judgment; Respondent's review
10 of this Paragraph and signature below will act as a Confession of Judgement should
11 this subsection become effective. Respondent waives any right to have any fines,
12 fees, damages or assessments owed pursuant to this Stipulation discharged in
13 bankruptcy.
14

15 **IV.**
16 **Consent**
17

18 12. **Acknowledgement of Review of this Agreement.** Respondent acknowledges that
19 they have read the entirety of this Stipulation Agreement and agree with all provisions contained
20 herein. They acknowledge that their counsel has fully discussed the terms and conditions of this
21 Stipulation with them to their satisfaction; however, they have not relied solely on counsel to read
22 and understand this Stipulation and has also read this Stipulation themselves.
23

24 13. **Representation by Counsel.** Respondent acknowledges that they have been
25 advised that they have the right to have this matter, including this Stipulation Agreement, reviewed
26 by independent counsel, that review and advice by independent counsel is in their best interest,
27 and that they had ample opportunity to seek independent counsel. Having been advised of their
28 right to independent counsel, as well as having had the opportunity to seek independent counsel,
Respondent did seek the advice of counsel and was represented by counsel during the investigation
of this matter and at the time of the execution of this Stipulation Agreement. Respondent
specifically acknowledges that they have been advised by said counsel with respect to this
Stipulation Agreement, and that after consultation with, and upon the advice of, independent
counsel, Respondent understands this Stipulation Agreement's terms and conditions and consents
to the same.
29



30 Respondent's Attorney's Initials

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2 14. **Waiver of Rights.** Respondent is aware that, by entering into this Stipulation
3 Agreement, they are waiving certain valuable due process rights contained in, but not limited to,
4 NRS 631, NAC 631, NRS 233B and NAC 233B. Respondent knowingly, willingly and
5 intelligently waives these due process rights, and any other legal rights that may apply in
6 connection with the administrative proceedings resulting from the Authorized Investigative
7 Complaint. Respondent further agrees to settle and resolve this matter as set forth in this Stipulation
8 Agreement without a hearing or any further proceedings, other than Board approval of this
9 Stipulation Agreement. Respondent agrees that, in the event the Board adopts this Stipulation
10 Agreement, they hereby waive any and all rights to seek judicial review or appeal, or otherwise to
11 challenge or contest the validity of the provisions contained herein.

12 15. **No Coercion or Duress.** Respondent acknowledges they are consenting to and
13 have signed/initialed this Stipulation Agreement voluntarily, without coercion, duress, undue
14 influence or intimidation, and in the exercise of their own free will.

15 16. **Result of Voluntary Negotiations.** Respondent recognizes and agrees that this
16 Stipulation Agreement is the result of voluntary settlement negotiations, and that this Stipulation
17 Agreement is a voluntary compromise and a final agreement.

18 17. **Joint Agreement.** Respondent and the Board agree that this Stipulation Agreement
19 has been jointly drafted; therefore, no rule of construction shall be applied. In the event this
20 Stipulation Agreement is construed by a court of law or equity to contain ambiguous terms, such
21 court shall not construe it or any provision hereof against the Board, Respondent, or any party as
22 the drafter. The parties hereby acknowledge that all parties have contributed substantially and
23 materially to the preparation of this Stipulation Agreement.

18. **Entire Agreement.** Respondent acknowledges the provisions in this Stipulation
Agreement contain the entire agreement between Respondent and the Board and the provisions of
this Stipulation Agreement can only be modified in writing and with Board approval. Respondent
further acknowledges that no other promises in reference to the provisions contained in this
Stipulation Agreement have been made by any agent, employee, counsel or any person affiliated

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2 with the Nevada State Board of Dental Examiners.

3 19. **Contingent Upon Board Approval.** Respondent understands and acknowledges
4 that this Stipulation Agreement is contingent upon approval of same by the Board. Respondent
5 further understands and acknowledges that said approval will be sought during a Board meeting
6 governed by Nevada's Open Meeting Laws.

7 20. **Release From Liability.** In consideration of the execution of this Stipulation
8 Agreement, Respondent hereby releases and forever discharges the State of Nevada, the Board,
9 and each of their members, agents, investigators, panel members, employees and legal counsel in
10 their individual and representative capacities, from any and all manner of actions, causes of action,
11 suits, debts, judgments, executions, claims, and demands whatsoever, known and unknown, in law
12 or equity, that Respondent ever had, now has, may have, or claims to have against any or all of the
13 persons or entities named in this section, arising out the investigation or complaint authorized as a
14 result of information received from the Nevada Board of Pharmacy.

15 21. **Board Consideration of Stipulation Agreement.** Respondent understands and
16 acknowledges that this Stipulation Agreement will be considered by the Board in an open meeting,
17 to which Respondent hereby specifically waives any and all notice requirements for same, whether
18 required by NRS 241.033 or any other statute or regulation. It is understood and stipulated that it
19 is within the Board's sole discretion to accept or reject this Stipulation Agreement.

20 22. **Effect of Acceptance of Agreement by Board.** Respondent understands and
21 agrees that this Stipulation Agreement will only become effective if and when the Board has
22 approved the same in an open meeting. Should the Board adopt this Stipulation Agreement, such
23 adoption shall be considered a final disposition of a contested case; upon acceptance of this
24 Stipulation Agreement by the Board, this Stipulation becomes binding and enforceable.
25 Respondent understands and acknowledges that, upon approval by the Board, this Stipulation
26 Agreement will become a public record, and the terms and conditions herein will be effective
27 immediately, without any requirement of a further Order from the Board. Respondent understands
28 it is their responsibility to follow up with the Board to ascertain the status of this Stipulation and

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Respondent's Initials

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2 when and if it becomes effective.

3 23. **Use in Future Board Proceeding(s).** Respondent acknowledges that, in the event
4 the Board adopts this Stipulation Agreement, it may be considered in any future Board
5 proceeding(s) concerning Respondent or in any future judicial review concerning Respondent
6 and/or this Stipulation Agreement, whether such judicial review is performed by either the State
7 or Federal District Court(s).

8 24. **Effect of Rejection of Agreement by Board.** Respondent acknowledges that, in
9 the event this Stipulation Agreement is rejected by the Board, the Board may take other and/or
10 further action as allowed by statute, regulation, and/or appropriate authority. In the event that this
11 Stipulation Agreement is not approved by the Board and this matter proceeds to a full Board
12 hearing, Respondent expressly waives any right to challenge the Board or its members appearing,
13 considering and deciding the resolution of the Complaint at the full Board hearing based upon an
14 assertion of bias as a result of the Board having reviewed this Stipulation Agreement prior to
15 rejecting this Stipulation Agreement.

16 25. **Disciplinary Nature of this Stipulation Agreement.** Respondent understands, and
17 the Board agrees, that the Board considers this Stipulation Agreement to be disciplinary in nature,
18 such that the Board will report this action to the National Practitioner Data Bank.

19 26. **Choice of Law.** In the event Respondent resides in or moves to another jurisdiction
20 while the Complaint is being investigated, resolved, or effectuated, and Respondent and/or the
21 Board seek court intervention related to any aspect of Respondent's case, both parties
22 acknowledge and agree that any court intervention will be solely filed in a Nevada state or federal
23 district court and/or justice court with appropriate jurisdiction, and that, aside from any applicable
24 federal law, Nevada law will govern the adjudication of all legal claims related to the investigation,
25 resolution, and effectuation of the Complaint and/or Stipulation Agreement. In the event any trial
26 (jury or bench) results from any legal action related to the investigation, resolution, or effectuation
27 of the Complaint and/or Stipulation Agreement, and said proceedings began in a court outside of
28 Clark County, Las Vegas, NV, both parties agree to the removal of the case to a trial court located

1 | / / /

2 in Clark County, Las Vegas, NV.

3 27. **Headings.** All sections, titles, captions or headings contained in this Stipulation
4 Agreement are for convenience only and shall not affect the meaning or interpretation of this
5 Stipulation Agreement.

DATED this 14 day of January

2025.
2024

Respondent

APPROVED AS TO FORM AND CONTENT

By 
Jessica R. Gandy, Esq.
Attorney for Respondent

this 20 day of June, 2025. JG

APPROVED AS TO FORM AND CONTENT

By Andrea Barracough this 20 day of January, 2025.
Andrea Barracough, Esq.
Nevada State Board of Dental Examiners
General Counsel

APPROVED AS TO FORM AND CONTENT

By Josh Branco DMD
Josh Branco DMD (Jan 20, 2028 14:02:19 PST) this 20 day of January, 2025.
Joshua Branco, DMD
Review Panel Member

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BOARD ACTION

This *Stipulation Agreement* in the matter captioned as Nevada State Board of Dental Examiners vs. [REDACTED] Case No. 7314-2266, was (check appropriate action):

Approved _____

Disapproved _____

by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting

DATED this _____ day of _____, 2025.

Ronald West, DMD
President
NEVADA STATE BOARD OF DENTAL EXAMINERS

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

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

- (1) Adam Higginbotham, Executive Director for the Nevada State Board of Dental Examiners (the Board); and
- (2) Andrea Barraclough, General Counsel for the Board,

hereby attest and declare based on personal knowledge and/or information and belief, that the following is true and accurate, regarding information received on 12/8/2025 related to licensee with initials [REDACTED]

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.

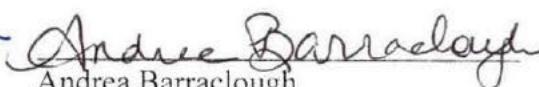
3. We each attest that we are aware of the identity of the person who is the subject of the allegations and recommendation, but that we have not and will not disclose the identity of the proposed Respondent to either or both the screening consultant and/or the Review Panel. Any identifying information 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

12/9/25
Date


Andrea Barraclough
General Counsel, NSBDE

12/9/2025
Date

1 BERTOLDO CARTER SMITH & CULLEN
2 7408 West Sahara Avenue
3 Las Vegas, Nevada 89117
4 702-228-2600 • Fax 702-228-2333

1 Cliff W. Marcek, Esq.
2 Nevada Bar No. 5061
3 BERTOLDO CARTER SMITH & CULLEN
4 7408 West Sahara
5 Las Vegas, NV 89104
6 Telephone : (702) 800-0000
7 Facsimile : (702) 228-2333
8 Email : cmarcek@nvlegaljustice.com

9
10 Attorney for Plaintiff
11 [REDACTED]
12
13

14 Electronically Filed
15 9/1/2023 3:01 PM
16 Steven D. Grierson
17 CLERK OF THE COURT
18 *Steven D. Grierson*

19 CASE NO: A-23-877098-C
20 Department 18

21 DISTRICT COURT

22 CLARK COUNTY, NEVADA

23 [REDACTED]
24 Plaintiff,
25 v.
26 [REDACTED]
27 a Nevada
28 General Partnership; DOE DEFENDANTS I
through X; and ROE CORPORATIONS XI
through XX,

29 Defendants.

30 Case No. :
31 Dept. No. :

32 COMPLAINT FOR MEDICAL
33 MALPRACTICE

34 Exempted from Arbitration

35 COMES NOW Plaintiff, [REDACTED] in the above-entitled action, by and
36 through his attorney, CLIFF W. MARCEK, ESQ., of BERTOLDO CARTER SMITH &
37 CULLEN, and for his claims for relief against the Defendants, and each of them, alleges as
38 follows:

39 1. At all times mentioned herein, [REDACTED] (hereinafter referred to as
40 [REDACTED] was and is a resident of Clark County, State of Nevada, and the actions which are
41 alleged herein occurred in Clark County, Nevada.

42 2. At all times mentioned herein, Defendant [REDACTED], M.D. (hereinafter
43 referred to as " [REDACTED]"), was and is a resident of Clark County, State of Nevada and is a
44 medical doctor duly licensed to practice medicine in the State of Nevada.

1 3. At all times mentioned herein, Defendant [REDACTED]
2 [REDACTED] [REDACTED] [REDACTED] [REDACTED] (hereafter referred to as "SURGERY
3 ASSOCIATES"), was and is a general partnership entity established for the purpose of
4 practicing medicine in Clark County, Nevada.

5 4. At all times mentioned herein, [REDACTED] was a partner of SURGERY
6 ASSOCIATES, and he was in the course and scope of his employment at all times he treated
7 [REDACTED] SURGERY ASSOCIATES was and is vicariously liable for the acts and omissions of
8 [REDACTED]

9 5. Pursuant to NRCP 10(a) and *Nurenberger Hercules-Werke GMBH v. Virostek*,
10 107 Nev. 873, 822 P.2d 1100 (1991), the identity of defendants designated as DOES I through
11 X and ROE CORPORATIONS XI through XX is unknown at the present time; however, it is
12 alleged and believed these defendants were involved in the initiation, approval, support or
13 execution of the wrongful acts upon which this litigation is premised, or of similar actions
14 directed against Plaintiff about which he is presently unaware. As the specific identities of
15 these parties are revealed through the course of discovery, the DOE or ROE appellations will
16 be replaced to identify these parties by their true names and capacities.

17 6. On August 12, 2022, [REDACTED] saw [REDACTED] for a consultation for pain on the
18 right and left side of his jaw and that is locked up occasionally. [REDACTED] performed an
19 examination and determined he was a surgical candidate.

20 7. On or about September 1, 2022, [REDACTED] returned to [REDACTED] after having an
21 MRI of his jaw. The MRI revealed that [REDACTED] had bilateral TMJ menisci dislocation and
22 [REDACTED] recommended bilateral TMJ arthroscopy.

23 8. On September 17, 2022, [REDACTED] performed surgery on [REDACTED] at Southern
24 Hills Hospital.

25 9. After the surgery, [REDACTED] was having pain and could not hear out of his right
26 ear. [REDACTED] was shocked that he was having hearing problems because he was never informed
27 by [REDACTED] that the surgery would be anywhere near his ear or eardrum.

1 10. [REDACTED] had post operative visits September 26, 2022, in which there was blood
2 in the right ear and [REDACTED] was unable to "assess perforation." [REDACTED] attended another
3 post operative visit October 7, 2022. On October 21, 2022, [REDACTED] informed [REDACTED] he was
4 going to fly on a plane and, for the first time, was notified that the right eardrum was
5 perforated and that [REDACTED] had damaged it during surgery.

6 11. [REDACTED] stated the hole was healing and hearing would improve.

7 12. [REDACTED] hearing has not returned, and he now has to wear hearing aids to hear
8 anything out of the right ear. His job requires him to interact with people, and his injury has
9 made his work more difficult. He has had to drastically change his lifestyle since the injury, he
10 gets headaches and still has difficulty hearing.

11 13. [REDACTED] never informed [REDACTED] his eardrum could be damaged during the
12 TMJ surgery, and he never would have consented to the surgery had he known that was
13 possible.

14 14. [REDACTED] performed an unauthorized surgery on [REDACTED] and committed a
15 battery.

16 15. As a direct and proximate result of the [REDACTED] conduct, [REDACTED] has
17 suffered from a serious and severe injury that will require future medical treatment to repair his
18 damaged ear.

19 16. As a direct and proximate result of the Defendant's conduct, [REDACTED] has
20 suffered lost earnings and been damaged in excess of \$15,000.

21 17. As a further direct and proximate result of the negligence of Defendants, and
22 each of them, Plaintiff has had to engage the services of an attorney to prosecute this action
23 and the Court should order that Defendants pay reasonable attorney's fees to Plaintiff, together
24 with costs of suit incurred herein.

25 ///

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27 ///

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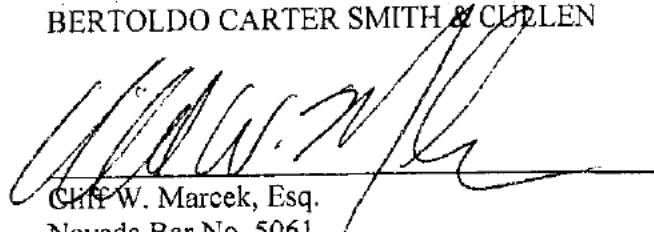
1 WHEREFORE, Plaintiff, [REDACTED] prays for judgment against Defendants
2 [REDACTED] and [REDACTED]

3 [REDACTED], M.D., as follows:

4 1. For compensatory damages;
5 2. For pre-judgment interest;
6 3. For an award of costs of suit;
7 4. For an award of attorney's fees; and
8 5. For such other and further relief as the Court deems just and proper.

9 DATED this 1 day of September 2023.

10 11 BERTOLDO CARTER SMITH & CULLEN

12 13 
14 Cliff W. Marcek, Esq.
15 Nevada Bar No. 5061
16 BERTOLDO CARTER SMITH & CULLEN
17 7408 West Sahara
18 Las Vegas, NV 89117
19 (702) 800-0000
20 Attorney for Plaintiff
21 [REDACTED] [REDACTED]

22 BERTOLDO CARTER SMITH & CULLEN
23 7408 West Sahara Avenue
24 Las Vegas, Nevada 89117
25 702-228-2600 • Fax 702-228-2333

DECLARATION OF MERIT

[REDACTED] DMD, MD, FACS., of full age, being duly sworn to law, upon his oath deposes and says:

1. I am Board Certified by the American Board of Oral and Maxillofacial Surgeons and have been practicing oral and maxillofacial surgeon since 2007.
2. I currently hold a Connecticut dental license, a Connecticut medical license, and a Connecticut license in dental anesthesia and conscious sedation. I also hold certification in advanced cardiac life support, pediatric life support and basic life support.
3. I received my Doctor of Dental Medicine from the University of Connecticut School of Dental Medicine in 2001. I received my Doctor of Medicine from the University of Pittsburgh School of Medicine in 2005, as well as my Certificate of Oral and Maxillofacial Surgery in 2007.
4. I have held numerous academic and administrative appointments during my career. I am currently a Clinical Professor at Yale New Haven Hospital Oral and Maxillofacial Surgery. I serve on the Yale OMS Clinical Competency Committee, as well as the Resident Selection Committee. I also serve as the course director for the Yale OMS Anesthesia and Office Emergency Simulation course through the Yale SYN: APSE Simulation Center.
5. Additionally, I am a Fellow of the American College of Surgeons and have served on national committees.
6. I am a member of the American Associate of Oral and Maxillofacial Surgeons, the Connecticut State of Oral and Maxillofacial Surgery Society, the American Association of Cosmetic Surgeons, the American Association of Sleep Medicine, the American Dental Association and the Milford Dental Society.
7. I have no financial interest in the outcome of this case entitled [REDACTED] v. [REDACTED] L. [REDACTED] MD, DDS, FACS.
8. That Exhibit "A" attached hereto is a true and complete copy of my Curriculum Vitae, which is incorporated herein by reference.
9. I have reviewed the following records concerning [REDACTED] in this matter:
 - a. Southern Hills Hospital & Medical Center
 - b. [REDACTED] MD, DDS, FACS
 - c. Southwest Medical Associates
 - d. Urgent Care
 - e. Advanced Audiology/[REDACTED]
 - f. [REDACTED]

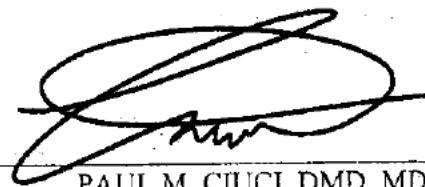
g. Dignity Health Medical Group
h. Aspire Dental

10. Based upon my review of the above medical records, it is my opinion that, within a reasonable degree of medical certainty and probability, the care, skill and knowledge exercised or exhibited in the treatment of [REDACTED] fell below the accepted standards of medical practice and resulted in the injuries he suffered. In order to maintain patient autonomy a doctor is required to obtain the informed consent of the patient before performing a surgical procedure. Informed consent is a process and discussion between the patient and the surgeon performing the surgery. The informed consent process should include the patients' diagnosis, a description of the proposed surgery, the potential benefits of the surgery, risks of the surgery, alternative methods of treatment if any, the risks of these alternate treatments and the likely results if the patient is not treated. The patient should also be allowed to ask questions to be fully informed prior to undergoing surgery. Though there is a passing reference in Dr. [REDACTED] records that the risks and benefits were mentioned, there is no written record that Dr. [REDACTED] and Mr. [REDACTED] completed the informed consent process.

11. I specifically hold this opinion with regard to the care and treatment rendered by [REDACTED] MD, DDA, FACS.

12. My opinions and professional qualifications have never been rejected or disqualified by a Court of Law.

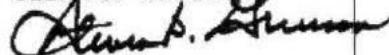
I declare to the best of my knowledge under penalty of perjury that the foregoing is true and correct.



PAUL M. CIUCI, DMD, MD, FACS

1 **NODP**
2 CLIFF W. MARCEK (NSB #5061)
3 BERTOLDO CARTER SMITH & CULLEN
4 7408 W. Sahara Avenue
5 Las Vegas, Nevada 89117
Telephone : (702) 228-2600
Facsimile : (702) 228-2333
E-mail : CMarcek@NVLegalJustice.com
Attorneys for Plaintiff

Electronically Filed
11/26/2025 1:29 PM
Steven D. Grierson
CLERK OF THE COURT



Received

DEC 08 2025

NSBDE

6 **DISTRICT COURT**
7 **CLARK COUNTY, NEVADA**

8 [REDACTED] Plaintiff,

9 vs.

10 [REDACTED], M.D. and [REDACTED]
11 [REDACTED], a Nevada General Partnership;
12 DOE DEFENDANTS I through X, , and ROE
13 CORPORATIONS XI through XX,

14 Defendants.

CASE NO: A-23-877098-C
DEPT. NO: 18

**NOTICE OF ENTRY OF
STIPULATION AND ORDER FOR
DISMISSAL WITH PREJUDICE**

15 PLEASE TAKE NOTICE the attached STIPULATION AND ORDER FOR DISMISSAL
16 WITH PREJUDICE was entered by this Court on the 26th day of November, 2025.

17 DATED: November 26, 2025

BERTOLDO CARTER SMITH & CULLEN

18
19 By: /s/Cliff W. Marcek
CLIFF W. MARCEK (NSB #5061)
7408 W. Sahara Avenue
20 Las Vegas, Nevada 89117
21 Attorneys for Plaintiff

22
23
24
25
26
27
28

CERTIFICATE OF SERVICE

I hereby certify I am an employee of BERTOLDO CARTER SMITH & CULLEN and on the 26th day of November, 2025, I served via electronic service, a true and correct copy of the above and foregoing **NOTICE OF ENTRY OF STIPULATION AND ORDER FOR DISMISSAL WITH PREJUDICE** on the parties addressed as shown below:

KEITH A. WEAVER (NSB #10271)
ALISSA N. BESTICK (NSB #14979)
LEWIS BRISBOIS BISGAARD & SMITH
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118
Attorney for Defendants

By: Susan C. Fox

An Employee of:
BERTOLDO CARTER SMITH & CULLEN

1 **SODW**
2 CLIFF W. MARCEK (NSB #5061)
3 BERTOLDO CARTER SMITH & CULLEN
4 7408 W. Sahara Avenue
5 Las Vegas, Nevada 89117
6 Telephone : (702) 228-2600
7 Facsimile : (702) 228-2333
8 E-mail : CMarcek@NVLegalJustice.com
9 Attorneys for Plaintiff

10 **DISTRICT COURT**

11 **CLARK COUNTY, NEVADA**

12 [REDACTED] [REDACTED] CASE NO: A-23-877098-C
13 Plaintiff, DEPT. NO: 18

14 vs.

15 [REDACTED] . and [REDACTED]
16 [REDACTED], a Nevada General Partnership;
17 DOE DEFENDANTS I through X, , and ROE
18 CORPORATIONS XI through XX,
19 Defendants.

**STIPULATION AND ORDER FOR
DISMISSAL WITH PREJUDICE**

**STIPULATION AND ORDER
FOR DISMISSAL WITH PREJUDICE**

20 Plaintiff [REDACTED] by and through his attorney CLIFF W. MARCEK, with the law
21 firm of BERTOLDO CARTER SMITH & CULLEN and Defendants [REDACTED] M.D.
22 and [REDACTED] by and through
23 their attorneys KEITH A. WEAVER and ALISSA N. BESTICK, with the law offices of LEWIS
24 BRISBOIS BISGAARD & SMITH, hereby stipulate and agree that Plaintiff's Complaint should be
25 dismissed, with prejudice, with each party to bear their own fees and costs.

26 There is a Status Check hearing regarding trial status on January 6, 2026 at 10:00 a.m. The
27 Pre-Trial Conference is scheduled for February 10, 2026 at 10:00 a.m. Calendar Call is scheduled
28

1 for April 7, 2026 at 10:00 a.m. and Trial is scheduled for April 20, 2026 at 1:00 PM. and should be
2 vacated.

3 STIPULATED AND AGREED to this **25th** day of **November**, 2025.

4 BERTOLDO CARTER SMITH & CULLEN

LEWIS BRISBOIS BISGAARD & SMITH

6 By: /s/Cliff W. Marcek
7 CLIFF W. MARCEK (NSB #5061)
8 7408 W. Sahara Avenue
9 Las Vegas, Nevada 89117
10 Attorneys for Plaintiff

6 By: /s/Alissa N. Bestick
7 KEITH A. WEAVER (NSB #10271)
8 ALISSA N. BESTICK (NSB #14979)
9 6385 S. Rainbow Blvd., Ste. 600
10 Las Vegas, NV 89118
11 Attorney for Defendants

BERTOLDO CARTER SMITH & CULLEN
7408 West Sahara Avenue
Las Vegas, Nevada 89117
702-228-2600* Fax 702-228-2233

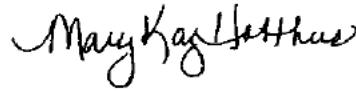
1 [REDACTED] v. [REDACTED] et al.
2 Case No.: A-23-877098-C
3 *Stipulation and Order for Dismissal
With Prejudice*

4 **ORDER**

5 IT IS HEREBY ORDERED this matter be dismissed, with prejudice as to all claims, each
6 party to bear their own fees and costs.

7 IT IS FURTHER ORDERED THAT the Trial in this matter and all pending trial-related
8 dates are hereby VACATED.

9 Dated this 26th day of November, 2025

10 

11 086 19C 7D13 CE45
12 Mary Kay Holthus
13 District Court Judge

14 SUBMITTED BY:

15 BERTOLDO CARTER SMITH & CULLEN

16 By: /s/Cliff W. Marcek
17 CLIFF W. MARCEK (NSB #5061)
18 7408 W. Sahara Avenue
19 Las Vegas, Nevada 89117
20 Attorneys for Plaintiff

21 BERTOLDO CARTER SMITH & CULLEN
22 7408 West Sahara Avenue
23 Las Vegas, Nevada 89117
24 702-228-2600• Fax 702-228-2333

Susan Fox

From: Bestick, Alissa <Alissa.Bestick@lewisbrisbois.com>
Sent: Tuesday, November 25, 2025 2:32 PM
To: Susan Fox; Weaver, Keith
Cc: Gonzales, Emma; Hilton, Andrew; Cliff Marcek
Subject: Re: [REDACTED] v. [REDACTED]

****Notice, this email is from an External Source. Use caution when clicking links or opening attachments.****

Hi Susan,

Please use my e-signature. Thank you.

Get [Outlook for iOS](#)



Alissa N. Bestick
Partner
Alissa.Bestick@lewisbrisbois.com
T: 702.693.4343 F: 702.893.3789

6385 South Rainbow Blvd., Suite 600, Las Vegas, NV 89118 | [LewisBrisbois.com](#)

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Mansfield Rule
Certified Plus 2023-2025

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From: Susan Fox <susanf@nvlegaljustice.com>
Sent: Tuesday, November 25, 2025 4:27:33 PM
To: Bestick, Alissa <Alissa.Bestick@lewisbrisbois.com>; Weaver, Keith <Keith.Weaver@lewisbrisbois.com>
Cc: Gonzales, Emma <Emma.Gonzales@lewisbrisbois.com>; Hilton, Andrew <Andrew.Hilton@lewisbrisbois.com>; Cliff Marcek <CMarcek@nvlegaljustice.com>
Subject: [REDACTED] v. [REDACTED]

EXTERNAL

Counsel,

Attached for your review/approval is the proposed Stipulation and Order for Dismissal with Prejudice.

Please advise if you have any changes or corrections.

If the SODW meets with your approval, please advise if I have your authority to affix your e-signature and submit to the Department.

Thank you,

Susan C. Fox

Senior Litigation Paralegal

BERTOLDO CARTER SMITH & CULLEN

7408 W. Sahara Avenue, Las Vegas, Nevada 89117

Telephone 702.228.2600 | Fax 702.228.2333

email: SusanF@NVLegalJustice.com

Nothing we do can change the past; however everything we do changes the future.



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1 CSERV

2
3 DISTRICT COURT
CLARK COUNTY, NEVADA

4

5 [REDACTED] Plaintiff(s)	CASE NO: A-23-877098-C
6 vs.	DEPT. NO. Department 18
7 [REDACTED] M.D.,	
8 Defendant(s)	

9

10
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District
13 Court. The foregoing Stipulation and Order for Dismissal With Prejudice was served via the
14 court's electronic eFile system to all recipients registered for e-Service on the above entitled
case as listed below:

15 Service Date: 11/26/2025

16 Lydia Carver Lydia@nvlegaljustice.com
17 Susan Fox SusanF@NVLegalJustice.com
18 Keith Weaver keith.weaver@lewisbrisbois.com
19 Alissa Bestick Alissa.Bestick@lewisbrisbois.com
20 Cliff Marcek cmarcek@nvlegaljustice.com
21 Andrew Hilton Andrew.Hilton@lewisbrisbois.com
22 Emma Gonzales Emma.Gonzales@lewisbrisbois.com
23
24
25
26
27
28

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

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

- (1) Adam Higginbotham, Executive Director for the Nevada State Board of Dental Examiners (the Board); and
- (2) Andrea Barraclough, General Counsel for the Board,

hereby attest and declare based on personal knowledge and/or information and belief, that the following is true and accurate, regarding information received on 12/01/2025 related to licensee with initials 

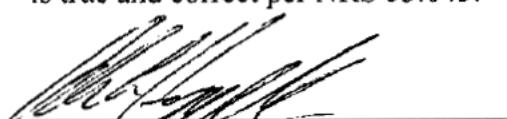
1. The Board received information that led both the Executive Director and General Counsel for the Board to conclude that a licensee may have engaged in conduct that is grounds for disciplinary action.

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.

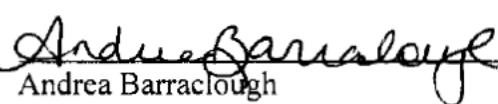
We each attest that, in reviewing the redacted Complaint, we had no knowledge of the identity of the person who was the subject of the complaint; we have not communicated with any person concerning the subject matter of the Complaint prior to our review; and we have not been unduly influenced in our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

12/2/25
Date



Andrea Barraclough
General Counsel, NSBDE

12/2/2025
Date

Andrea Barraclough

From: Makiyah Tracy
Sent: Monday, December 1, 2025 5:57 PM
To: Andrea Barracough; Adam Higginbotham
Cc: Arielle Cymerman
Subject: Fw: INFO/URGENT: RDH [REDACTED]
Attachments: Screenshot_[REDACTED] Venmo 1.jpg; Screenshot_[REDACTED] 3.jpg; Screenshot_[REDACTED] 2.jpg; Screenshot_[REDACTED] 4.jpg; Screenshot_[REDACTED] 1.jpg; Screenshot_[REDACTED] Venmo 2.jpg; Screenshot_Messages Spetember 16th.jpg; Screenshot_Venmo 1.jpg; Screenshot_Messages December 15th.jpg; Screenshot_Venmo 2.jpg; Screenshot_Messages July 4th_1.jpg; Screenshot_Messages June 5th_1.jpg; Screenshot_Messages June 5th_2.jpg; Screenshot_Messages July 4th_2.jpg; Screenshot_Messages July 4th_3.jpg; Screenshot_Messages April 9th_1.jpg; Screenshot_Messages April 9th_2.jpg; Screenshot_Messages April 9th_3.jpg; Screenshot_Messages April 13th.jpg; Screenshot_Messages April 16th.jpg; Screenshot_Messages April 17th.jpg; Screenshot_Messages April 23rd.jpg; Screenshot_Messages April 24th.jpg

Makiyah Tracy
Licensing Service Specialist
Nevada State Board of Dental Examiners
Email: mtracy@dental.nv.gov
Office: (702) 486-0442

From: Anthony Sham <tonys917@vt.edu>
Sent: Monday, December 1, 2025 3:07 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: INFO/URGENT: RDH [REDACTED]

ALCON,

In October of 2021, I assisted my then-girlfriend, [REDACTED] in obtaining licensure in the state of Nevada through NSBDE. It has come to my attention that she has been abusing both Federally Classified Schedule 1 and 2 substances during her tenure as an RDH. As a veteran of the United States Air Force and current Federal Law Enforcement candidate, I can no longer condone such actions while she continues to receive patients under her care.

Since I've known her, ██████ has consistently been attending retreats under the guise of obtaining Indigenous Spiritual Wisdom. I later discovered that she was being administered Ayahuasca at these retreats, which is an extremely potent psychoactive drug that induces high degrees of hallucinations and a Schedule 1 Substance due to its DMT content. In 2022, ██████ began attending retreats in New Mexico hosted by Courtni Hale Starheart, and her involvement in the retreats eventually escalated to the point

where Courtni threatened [REDACTED] and my safety. [REDACTED] declined to reach out to law enforcement due to her willing involvement in the use and administration of a scheduled substance. [REDACTED] later attended similar retreats between the local Las Vegas area and in Sedona, AZ after the situation with Courtni was resolved. Finally, in 2023, [REDACTED] attended a Spiritual Retreat in Peru, during which she boasted multiple times about using Huachuma. Upon her return to the US, she revealed her luggage contained a gallon-sized ziplock bag filled with dried leaves which was hidden in with her intimates. I had confronted her about the contents of the bag, to which she admitted it was Coca, classified a Schedule 2 Substance, and that she knowingly brought it back into the United States through Customs. However, [REDACTED] consistent use of Coca immediately before arriving to work at Dr. [REDACTED] office ([REDACTED]) was most concerning. Above all, [REDACTED] frequently abuses other Schedule 1 substances. Beginning in January of 2025, she began socializing with a neighbor in The Douglas at Stonelake, [REDACTED] I discovered that [REDACTED] was abusing both LSD and Psilocybin with Amy on Sunday evenings, despite having to return to work less than 12 hours after. [REDACTED] later persuaded Dr. [REDACTED] to take Amy in as a patient, to which Dr. [REDACTED] agreed and sent in-patient paperwork to Amy not knowing she was abusing LSD and Psilocybin with [REDACTED]

The purpose of the email is to call [REDACTED] fitness to practice into question under NRS 453 Controlled Substances and 18 U.S.C. § 3282 Offenses not Capital. While [REDACTED] may attempt to claim membership of the Indigenous Religious Faith, very few exemptions exists for Federal Statutes prohibiting the possession and use of Ayahuasca. However, no such exemptions exist for the abuse and possession of Coca and Huachuma, much less for smuggling Coca into the US through Customs. Furthermore, 18 U.S.C. § 3282(a) states that Drug-Related Offenses remain chargeable for up to 5 years. I invite you to refer to the attached files detailing multiple instances in which [REDACTED] mentions use of Huachuma, Ayahuasca, and Coca. The attached files have also been submitted to several Federal Law Enforcement Agencies as part of an ongoing investigation into [REDACTED] criminal activity. Among these agencies are the Drug Enforcement Administration, US Customs and Border Protection, and Immigration and Customs Enforcement, for [REDACTED] willing participation in smuggling Coca through Customs upon her return to the US from Peru.

[REDACTED] continued willingness to disregard State and Federal Statutes and Regulations while actively practicing as a healthcare professional is concerning. To my knowledge, impairment while practicing is not necessary to be charged for a crime; merely possessing and abusing controlled substances regardless of profession is enough cause for concern. I hope you understand the urgency of my concern and take appropriate action in addressing this situation.

Very Respectfully,

Thursday, Apr 13, 2023 • 19:12

Awww that sucks

I mean, I know I passed, but damn that
was rough

I'm rolling pretty hard on hauchuma rn 😊



Oh oof

I mean. You literally signed up for it lol

No it's good!

OH lol

I feel good but these medicines come in

Monday, Apr 17, 2023 • 22:59

That's cool! We had hauchuma today and I am still going strong....uhg

Tuesday, Apr 18, 2023 • 01:02

Yeeesh

Had another rude customer today. This one was worse

Tuesday, Apr 18, 2023 • 07:37

Welcome to the world of customer service
lol

Tuesday, Apr 18, 2023 • 14:18

Hey bunny! Love and miss you! Hope you

**ATTESTATION/DECLARATION OF RETIREMENT FROM PRACTICE AND
VOLUNTARY SURENDER OF DENTAL LICENSE**

I, [REDACTED] attest and declare as follows:

1. I am a dentist licensed to practice in the State of Nevada under licens [REDACTED]
2. I was the subject of the complaint received by the Nevada State Board of Dental Examiners (the Board) on or about August 15, 2022. I received initial notice of said complaint on or about August 26, 2022. The Board and I did attempt resolution of this matter from 2023 to 2025; however, since the time I received the Notice, I have retired, sold my practice, no longer see patients, and no longer perform dental services of any kind.
3. The Board reached out to me in November of 2025, asking me to re-direct attention to this matter as it was still considered a live case on their docket. I notified the Board of my retirement.
4. Since I am retired and do not intend to see dental patients or practice dentistry again, I agreed to immediately surrender my license in lieu of stipulating to a disciplinary violation and penalties.
5. Based on the above, I am seeking dismissal of my pending case. I understand that, pursuant to the Nevada Administrative Code, a Review Panel and the Board must vote to approve this surrender. In the event they do not, I understand the case will remain active and the Board will reach out to me with further information.

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

[REDACTED]
Signature

[REDACTED]
Print Name

Dec. 11, 2025

Date Signed

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director, Dept. of B & I

STATE OF NEVADA



PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHÄFER
Deputy Directors, Dept. of B & I

A.L. HIGGINBOTHAM
Executive Director, NSBDE

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

NEVADA STATE BOARD OF DENTAL EXAMINERS

DECLARATION OF INTENT TO WITHDRAW A VERIFIED COMPLAINT

I, [REDACTED], filed a Verified Complaint with the Nevada State Board of [REDACTED] state full name as it appears on original complaint

Dental Examiners (the Board) on or about September 2024 against [REDACTED] state approximate date you filed your complaint

[REDACTED]. Since originally filing, I have decided to [REDACTED] state full name of dentist/hygienist as it appears on original complaint

withdraw my Verified Complaint due to: (check at least one, but check all that apply)

- I have privately settled with the dentist/hygienist and/or they have agreed to a refund amount I find acceptable
- A subsequent dentist fixed my problem, and I am satisfied with this outcome
- New facts have come to light which change my perception of the facts originally stated
- I lack time, resources, or energy to follow through on the claim, though it has not been resolved to my satisfaction
- Other (Please specify) _____

The Nevada Administrative Code (LCB R073-22)[amending NAC 631.240] allows a Complainant to withdraw a complaint either (a) at any time before a screening consultant is retained to evaluate the complaint, or (b) if at any other time, with the permission of the Board. In my case, I understand that a Preliminary Screening Consultant already reviewed my Complaint; thus, the Board must approve my withdrawal. To that end, this withdrawal request will be placed on the next scheduled Board meeting agenda. The Board can elect to (1) accept my withdrawal request and dismiss the case or (2) not accept my withdrawal request and order the case continue through the disciplinary process. I will be notified either way how the Board votes.

I also understand that, if the Board accepts my withdrawal, I am now and forever waiving my right to have the original Complaint heard and decided by the Board. The case will be dismissed, and I will have no rights to appeal or to reassert my Complaint with the Board. (This withdrawal does not change or withdraw any private rights of action you may have in civil court.)

I declare, **under penalty of perjury under the laws of the State of Nevada**, that the above is true and accurate to the best of my knowledge, or, true based on information and belief, consistent with NRS 53.045.

[REDACTED]
Signature of Complainant

12/22/25
Date Signed

Board Mission Statement Modernization

The current mission statement requires modernization to reflect the expanding scope of licensed dental professionals regulated under the NRS. Expanded Function Dental Assistants (EFDA) and Dental Therapists are newer license types overseen by the Board and are not currently reflected in the Board's Mission Statement.

Current Mission Statement:

The mission of the Nevada State Board of Dental Examiners is to protect the dental health interest of Nevadans by developing and maintaining programs to:

- Ensure that only qualified professionals are licensed to practice dentistry and dental hygiene.
- Ensure that violators of the laws regulating the dental and dental hygiene professions are sanctioned as appropriate.

Proposed Mission Statement A:

The mission of the Nevada State Board of Dental Examiners is to protect the public by licensing and regulating dental professionals consistent with NRS 631 and NAC 631 and by establishing and enforcing standards of practice to ensure dental professionals provide safe, competent, and ethical oral health care for all people who receive care in Nevada.

Proposed Mission Statement B:

The mission of the Nevada State Board of Dental Examiners is to protect the public by establishing and enforcing standards of practice and by licensing and regulating qualified dental professionals to ensure safe and ethical oral health care is provided to for all dental patients in Nevada.

2026 Committee - Proposed

Anesthesia Committee
Dr. Branco (Chair)
Dr. Hoban
Dr. Hock
Dr. Landron
Dr. West
Dr. Alice Chen-Advisor
Dr. Jade Miller-Advisor
Dr. Kevin Moore-Advisor
Dr. Amanda Okundaye-Advisor
Dr. James Schlesinger-Advisor

Dental Hygiene, Dental Therapy, and EFDA Committee
Dr. Branco (Chair)
Ms. Arias
Dr. Landron
Ms. McIntyre
Ms. Petrilla

Employment Committee
Dr. West (Chair)
Dr. Hock
Dr. Landron
Ms. McIntyre
Dr. Streifel

Budget and Finance Committee
Dr. Streifel (Chair)
Dr. Hock
Dr. Kim
Ms. McIntyre
Mr. Pontoni

Legislative, Legal, and Dental Practice Committee
Dr. West (Chair)
Dr. Branco
Ms. McIntyre
Mr. Pontoni

Continuing Education Committee
Dr. Kim (Chair)
Ms. Arias
Dr. Hoban
Dr. Landron
Dr. Streifel

Infection Control Committee
Ms. Petrilla (Chair)
Dr. Branco
Dr. Hoban
Dr. Landron
Dr. Streifel

Examination Liaisons
Dr. Kim
Dr. Landron
Ms. Arias

Review Panel 1	Review Panel 2	Review Panel 3
Dr. West (Chair)	Dr. Branco (Chair)	Dr. Kim (Chair)
Ms. Arias	Ms. McIntyre	Dr. Gallob
Dr. Thompson	Dr. Moore	Ms. Petrilla

NAC 631.028 Applications for licensure; payment of fees. (NRS 631.190, 631.220, 631.345)

1. An application for licensure must be filed with the Executive Director on a form furnished by the Board. The application must be ~~sworn to before a notary public or other officer authorized to administer oaths~~ verified with a Declaration consistent with NRS 53.045, and accompanied by the fee required pursuant to [NAC 631.029](#).
2. All such fees must be paid with an instrument which is immediately negotiable.

NAC 631.170 Placement of license on inactive, retired or disabled status; reinstatement. (NRS 631.190, 631.335)

1. A licensee may request the Board to place his or her license in an inactive or retired status. Such a request must be made in writing and before the license expires.
2. The Secretary-Treasurer may reinstate an inactive license upon the written request of an inactive licensee who has maintained an active license and practice outside this State during the time his or her Nevada license was inactive. To reinstate the license, such an inactive licensee must:
 - (a) Pay the appropriate renewal fees;
 - (b) Provide a list of his or her employment during the time the license was inactive;
 - (c) Report all claims of unprofessional conduct or professional incompetence against him or her or any violation of the law which he or she may have committed, including administrative disciplinary charges brought by any other jurisdiction;
 - (d) Report 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;
 - (e) Report any appearance he or she may have made before a peer review committee;
 - (f) Submit proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status;
 - (g) Provide certification from each jurisdiction in which he or she currently practices that his or her license is in good standing and that no proceedings which may affect that standing are pending;
 - (h) Satisfy the Secretary-Treasurer that he or she is of good moral character; and
 - (i) Provide any other information which the Secretary-Treasurer may require, → before the license may be reinstated. In determining whether the licensee is of good moral character, the Secretary-Treasurer may consider whether the license to practice dentistry in another state has been suspended or revoked or whether the licensee is currently involved in any disciplinary action concerning the license in that state.
3. If a person whose license has been on inactive status for less than 2 years has not maintained an active license or practice outside this State, or if a person's license has been on retired status for less than 2 years, he or she must submit to the Board:

- (a) Payment of the appropriate renewal fees;
- (b) A written petition for reinstatement that has been signed and ~~notarized~~ **verified with a Declaration consistent with NRS 53.045**;
- (c) Proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status; and
- (d) A list of his or her employment, if any, during the time the license was on inactive or retired status,
 - before the license may be reinstated.

4. If a person whose license has been on inactive status for 2 years or more has not maintained an active license or practice outside this State, or if a person's license has been on retired status for 2 years or more, he or she must:

- (a) Satisfy the requirements set forth in paragraphs (a) to (d), inclusive, of subsection 3; and
- (b) Pass such additional examinations for licensure as the Board may prescribe,
 - before the license may be reinstated.

5. If the license of a person has been placed on disabled status, the person must:

- (a) Satisfy the requirements of paragraphs (a), (b) and (c) of subsection 3;
- (b) Submit to the Board a list of his or her employment, if any, during the time the license was on disabled status;
- (c) Pass such additional examinations for licensure as the Board may prescribe; and
- (d) Submit to the Board a statement signed by a licensed physician setting forth that the person is able, mentally and physically, to practice dentistry,
 - before the license may be reinstated.

NAC 631.2205 Contents of form for registration to provide continuing education. ([NRS 631.190, 631.2715](#))

1. A form for registration of a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry will be prescribed and furnished by the Board.
2. The form will include, without limitation:
 - (a) The name of each individual or entity who owns or operates the institute or organization that is registering the facility;
 - (b) The type of facility;
 - (c) The location of the facility; and
 - (d) A ~~notarized~~ statement, executed by an owner or other person authorized on behalf of the institute or organization, **verified with a Declaration consistent with NRS 53.045**, that:
 - (1) The facility is a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry;

- (2) All courses of continuing education involving live patients will be supervised by dentists licensed in this State;
- (3) Any person who is actively licensed as a dentist in another jurisdiction and who is treating a patient during a course of continuing education at the facility:
 - (I) Has previously treated the patient in the jurisdiction in which the person performing the treatment is licensed;
 - (II) Is treating the patient only during a course of continuing education at the facility; and
 - (III) Is treating the patient under the supervision of a person licensed under [NRS 631.2715](#); and
- (4) The institute or organization is in full compliance with:
 - (I) All applicable regulations of the State Board of Health;
 - (II) All applicable guidelines issued by the Centers for Disease Control and Prevention;
 - (III) All applicable provisions of this chapter and [chapter 631](#) of NRS, as they relate to the administration of moderate sedation, deep sedation and general anesthesia; and
 - (IV) All applicable provisions of this chapter and [chapter 631](#) of NRS, as they relate to the operation of radiographic equipment.

NAC 631.260 Radiographic procedures: Lead apron required; ADA radiography best practices; certified statement and attestation of qualifications required for certain persons who assist in procedures. (NRS 631.190)

1. Each patient who is undergoing a radiographic procedure must be covered with a lead apron. Unless otherwise impossible or impracticable, dentists should:
 - (a) Use digital instead of conventional x-ray film for imaging;
 - (b) Restrict the beam size during an x-ray exam to the area requiring assessment;
 - (c) Properly position patients before imaging to reduce the need for repeat radiation exposure; and
 - (d) Incorporate cone-beam computed tomography only when lower exposure options will not provide necessary diagnostic information.
2. Each licensee who employs any person, other than a dental hygienist, to assist him or her in radiographic procedures shall include with his or her application for renewal of his or her license a certified statement:
 - (a) Containing the name of each person so employed, his or her position and the date he or she began to assist the licensee in radiographic procedures; and
 - (b) Attesting that each such employee has received:
 - (1) Adequate instruction concerning radiographic procedures and is qualified to operate radiographic equipment as required pursuant to subsection 3 of NAC 459.552;
 - (2) Training in cardiopulmonary resuscitation at least every 2 years while so employed;
 - (3) A minimum of 4 hours of continuing education in infection control every 2 years while so employed; and
 - (4) Before beginning such employment, a copy of this chapter and chapter 631 of NRS in paper or electronic format.

[Bd. of Dental Exam'rs, § XXV, eff. 7-21-82] — (NAC A 7-30-84; 9-13-85; 9-6-96; R020-14, 6-23-2014)

NAC _____ (maybe 631.028A) Priority processing of initial applications based on employment in a historically underserved community. (AB483)

1. Any person applying for an initial dentist, dental hygienist, dental therapist, or expanded function dental assistant license may indicate on the application form that they qualify for priority processing if:
 - a. They affirm in their application that, as part of their employment, they are reasonably expected to provide emergency dental care in a historically underserved community; and
 - b. They include with the application a letter from an employer located in a historically underserved community notifying the Board of the applicants' imminent employment.
 - i. The employment letter must indicate that the applicant has already accepted the offer of employment; and
 - ii. The employment letter must include the expected start date of employment.
2. For purposes of this regulation, priority processing means:
 - a. Upon initial receipt of a license application form and the required fee, the Board will, within seven business days of receipt, review the application to determine if it is a complete application packet. If it is complete, processing will move to the steps outlined in section (b). If it is not complete, the Board will orally or in writing notify the applicant of any missing documents necessary to consider the application file complete and eligible for final Board review and approval.
 - b. Once the application packet is complete and contains all necessary items outlined in statute, regulation, or on the application form, the Board will, within 14 business days of the application packet being completed, review the application for licensing approval. A decision on licensing will be communicated within that 14 business-day time frame; if licensure is granted, the certificate will issue within 30-days of packet completion.
 - c. Any periods of time between the initial notice of application packet completion requirements outlined in subsection (a) and application packet completion outlined in subsection (b) are not considered part of priority processing, as document ordering, receipt, and submission timeliness are dependent on applicant and external vendor actions and availability not controlled by the Board. The 14-day review and approval deadline noted under subsection (b) commences on the business day immediately following the Board's receipt from

an external entity the final outstanding required document needed for packet completion.

3. For purposes of this regulation, a “historically underserved community” is a geographic location (county, city, town, zip code area, etc.) in Nevada that is:

- a. Designated as a qualified census tract by the U.S. Secretary of Housing and Urban Development;
- b. A census tract where, in the immediately preceding census, at least 20 percent of households were not proficient in the English language; or
- c. Qualified tribal land under NRS 370.0325.

4. A license applicant who indicates they qualify for priority processing under this regulation must themselves determine whether their employer’s location meets the definition of a historically underserved community; the Board will presume the validity of such an election and need not perform its own analysis of whether the geographic location of employment validly meets the definition of “historically underserved community.” Later discovery of a fraudulent indication that an applicant qualified for priority processing based on employment in a historically underserved community can result in denial of the initial application, denial of renewal applications, or referral for disciplinary proceedings.

NAC 631.028 Applications for licensure; payment of fees. (NRS 631.190, 631.220, 631.345)

1. An application for licensure must be filed with the Board on a form furnished by the Board. The application must be sworn to before a notary public or other officer authorized to administer oaths and accompanied by the fee required pursuant to [NAC 631.029](#).

2. All such fees must be paid with an instrument which is immediately negotiable. (Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 12-15-87; 4-3-89; 9-6-96; R169-01, 4-5-2002; R026-05, 12-29-2005)

NAC 631.029 Schedule of fees. (NRS 631.190, 631.240, 631.345) The Board will charge and collect the following fees:

1. Initial Licensure Fees

(a) Dentists:		
(i)	Application fee for an initial license to practice dentistry.....	\$1,300
(ii)	Application fee for an initial specialty dentist license under NRS 631.255 (for purposes of NRS 631.345, this is the total of the \$1,300 dental license fee plus the specialist transition license fee of \$125).....	1,425
(iii)	Application fee for an initial limited license to practice dentistry (pursuant to NRS 631.271 or 631.2715)	300
(iv)	Application fee for a restricted license to practice dentistry (pursuant to NRS 631.275).....	300
(v)	Application fee for an initial restricted geographical license (pursuant to NRS 631.274) or an initial restricted low-income employer license (pursuant to NRS 631.275) to practice dentistry.....	600
(vi)	Application fee for a transition from general dentistry to a specialist's license, or for a transition from a specialist's license to general dentistry, or for each additional specialist's license above the first specialty License (pursuant to NRS 631.250).....	125
(b) Dental Hygienists		
(i)	Application fee for an initial license to practice dental hygiene (pursuant to NRS 631.300).....	675
(ii)	Application fee for an initial limited license to practice dental hygiene (pursuant to NRS 631.271)	300
(iii)	Application fee for an initial restricted geographical license (pursuant to NRS 631.274) to practice dental hygiene.....	300
(c) Dental Therapists		
(i)	Application fee for an initial license to practice dental therapy (pursuant to NRS 631.300).....	750
(ii)	Application fee for an initial limited license to practice dental therapy (pursuant to NRS 631.271)	300

(iii)	Application fee for an initial restricted geographical license (pursuant to NRS 631.274) to practice dental therapy.....	300
(d)	Expanded Function Dental Assistants	
(i)	Application fee for an initial license to practice expanded function dental assisting (pursuant to NRS 631.31286 and 631.31287).....	125
(ii)	Application fee for an initial limited license to practice expanded function dental assisting (pursuant to NRS 631.271)	75
(iii)	Application fee for an initial restricted geographical license (pursuant to NRS 631.274) to practice expanded function dental assisting.....	125

2. License Renewal Fees

(a)	Dentists (Active)	
(i)	Biennial license renewal fee for a general license or specialist's license to practice dentistry.....	750
(ii)	Biennial license renewal fee to practice dentistry on a restricted geographical license (pursuant to NRS 631.274) or on a restricted low-income employer license (pursuant to NRS 631.275).....	600
(iii)	Annual license renewal fee for a limited license to practice dentistry (pursuant to NRS 631.271).....	300
(iv)	Annual license renewal fee for a restricted license to practice dentistry (pursuant to NRS 631.275).....	300
(b)	Dentists (Inactive/Retired/Disabled)	
(i)	Biennial license renewal fee for an inactive dentist.....	400
(ii)	Biennial license renewal fee for a retired or disabled dentist.....	100
(c)	Dental Hygienists (Active)	
(i)	Biennial license renewal fee to practice dental hygiene (pursuant to NRS 631.300)	375
(ii)	Biennial license renewal fee to practice dental hygiene on a restricted geographical license (pursuant to NRS 631.274)	375

(iii)	Annual license renewal fee for a limited license to practice dental hygiene (pursuant to NRS 631.271)	375
(d)	Dental Hygienists (Inactive/Retired/Disabled)	
(i)	Biennial license renewal fee for an inactive dental hygienist...	100
(ii)	Biennial license renewal fee for a retired or disabled dental hygienist.....	50
(e)	Dental Therapists (Active)	
(i)	Biennial license renewal fee to practice dental therapy (pursuant to NRS 631.300).....	600
(ii)	Biennial license renewal fee to practice dental therapy on a restricted geographical license (pursuant to NRS 631.274).....	300
(iii)	Annual license renewal fee for a limited license to practice dental therapy (pursuant to NRS 631.271).....	450
(f)	Dental Therapists (Inactive/Retired/Disabled)	
(i)	Biennial license renewal fee for an inactive dental therapist...	100
(ii)	Biennial license renewal fee for a retired or disabled dental therapist.....	50
(g)	Expanded Function Dental Assistants (Active)	
(i)	Biennial license renewal fee to practice expanded function dental assisting (pursuant to NRS 631.31286 and 631.31287)	100
(ii)	Biennial license renewal fee to practice expanded function dental assisting on a restricted geographical license (pursuant to NRS 631.274).....	100
(iii)	Annual license renewal fee for a limited license to practice expanded function dental assisting (pursuant to NRS 631.271).....	75
(h)	Expanded Function Dental Assistants (Inactive/Retired/Disabled)	
(i)	Biennial license renewal fee for an inactive expanded function dental assistant...	75
(ii)	Biennial license restoration fee for a retired or disabled expanded function dental assistant.....	50
(iii)	Restoration fee for a suspended expanded function dental assistant.....	20
(iv)	Reinstatement fee for a revoked expanded function dental assistant.....	25
(v)	Reinstatement fee for a non-active expanded function dental assistant.....	25

3. Permitting Fees

(a) Anesthesia Administrator Permits

(1)	Examination/evaluation fee for an initial permit to administer general anesthesia or sedation.....	750
(2)	Fee for annual or biennial renewal of a permit to administer general anesthesia or sedation paid at the same time as license renewal (pursuant to NAC 631.2217)	300
(3)	Late fee, paid in addition to the renewal fee, for submitting an administrator	

permit application after the license renewal deadline	50
(4) Fee for a re-evaluation (either at or before 5 years or as determined by the Board under NAC 631.2219(1)) to maintain a permit to administer general anesthesia or sedation.....	500

(5) Late fee, paid in addition to the re-evaluation fee, for submitting an administrator re-evaluation request after the expiration of 5 years from the prior administrator evaluation	250
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(b) Anesthesia Site Permits

(1) Initial inspection fee for a site permit to administer general anesthesia or sedation	500
(2) Fee for the annual or biennial renewal of a site permit to administer general anesthesia or sedation paid at the same time as license renewal ...	300
(3) Late fee, paid in addition to the renewal fee, for submitting a site permit application after the license renewal deadline	50
(4) Fee for a re-inspection (either at or before 5 years) to maintain a site permit for administering general anesthesia or sedation.....	350
(5) Late fee, paid in addition to the re-inspection fee, for submitting a site re-evaluation request after the expiration of 5 years from the prior site passing site inspection	250

(c) Infection Control Inspections

(1) Application and inspection fee for the initial inspection of a facility to ensure compliance with infection control guidelines.....	500
(2) Fee for any reinspection to demonstrate compliance with infection control guidelines	300

(d) Practitioner-specific endorsements and certifications

(1) Fee for special endorsement to practice restorative dental hygiene (pursuant to NRS 631.288)	50
(2) Fee for certifying a dental hygienist to administer nitrous oxide	25
(3) Fee for certifying a dental hygienist to administer local anesthesia	25

4. Restoration and Reinstatement Fees

(a) Fee to restore a license to practice dentistry, dental hygiene, and dental therapy that was suspended for non-renewal (not applicable to suspensions stemming from disciplinary outcomes)	375
(b) Fee to restore a license to practice dentistry, dental hygiene, and dental therapy that was revoked for non-renewal (not applicable to revocations stemming from disciplinary outcomes).....	500
(c) Reinstatement fee to return an inactive, retired, or disabled dentist, dental hygienist, or dental therapist to active status.....	375
(d) Late renewal fee for expanded function dental assistant license.....	25

5. Administrative Fees	
(a) Fee for the certification of a license.....	50
(b) Fee for a wall certificate.....	25
(c) Fee for a pocket card receipt.....	25
(d) Application and examination fee for the Dental Jurisprudence Exam...	50
(e) Administrative processing fee for all non-licensure applications submitted to the Board (covers document generation, electronic storage, staff processing resources, credit/debit fees, etc.); including initial anesthesia site permit applications, initial anesthesia/sedation administrator permit applications, initial infection control inspection applications, initial public health program applications, all permit renewal applications, all re-inspection and re-evaluation applications	25

Dentists

Initial Application Fee per License Type

1(a)(i)	General Dentist	\$1,300.00
1(a)(ii)	Specialty Dentist by Credential	\$1,425.00
1(a)(v)	Restricted Geographical	\$600.00
1(a)(iv)	Restricted License	\$300.00
1(a)(iii)	Limited License Resident/Intern	\$300.00
1(a)(iii)	Limited License Instructor	\$300.00
1(a)(iii)	Limited License Supervisor CE	\$300.00
1(a)(vi)	NV General Dentist to or from Specialty Dentist Transition	\$125.00

Renewal Fee per License Type AND Active Status

2(a)(i)	General Dentist	\$750.00
2(a)(i)	Specialty Dentist	\$750.00
2(a)(ii)	Restricted Geographical	\$600.00
2(a)(iv)	Restricted License	\$300.00
2(a)(iii)	Limited License Resident/Intern	\$300.00
2(a)(iii)	Limited License Instructor	\$300.00
2(a)(iii)	Limited License Supervisor CE	\$300.00

Renewal Fee per License Type AND Inactive Status

2(b)(i)	General Dentist	\$400.00
2(b)(i)	Specialty Dentist	\$400.00
2(b)(ii)	Restricted Geographical	N/A ¹
2(b)(ii)	Restricted License	N/A
2(b)(ii)	Limited License Resident/Intern	N/A
2(b)(ii)	Limited License Instructor	N/A
2(b)(ii)	Limited License Supervisor CE	N/A

Renewal Fee per License Type AND Retired/Disabled Status

2(b)(ii)	General Dentist	\$100.00
2(b)(ii)	Specialty Dentist	\$100.00
2(b)(ii)	Restricted Geographical	N/A
2(b)(ii)	Restricted License	N/A
2(b)(ii)	Limited License Resident/Intern	N/A
2(b)(ii)	Limited License Instructor	N/A
2(b)(ii)	Limited License Supervisor CE	N/A

Restoration Fee² per License Type AND Suspended Status

4(a)	General Dentist	\$375.00
4(a)	Specialty Dentist	\$375.00
4(b)(i)	Restricted Geographical	N/A
4(b)(i)	Restricted License	N/A
4(b)(i)	Limited License Resident/Intern	N/A
4(b)(i)	Limited License Instructor	N/A
4(b)(i)	Limited License Supervisor CE	N/A

¹ N/A – these license types are not permitted to have Non-Active (Inactive/Retired/Disabled) statuses or be restored/reinstated

² Restoration fees are charged in addition to the biennial renewal fee (one renewal period).

Reinstatement³ Fee per License Type AND Revoked Status

4(b)	General Dentist	\$500.00
4(b)	Specialty Dentist	\$500.00
	Restricted Geographical	N/A
	Restricted License	N/A
	Limited License Resident/Intern	N/A
	Limited License Instructor	N/A
	Limited License Supervisor CE	N/A

Reinstatement Fee per License Type AND Non-Active Status (Inactive/Retired/Disabled)

4(c)	General Dentist	\$375.00
4(c)	Specialty Dentist	\$375.00
	Restricted Geographical	N/A
	Restricted License	N/A
	Limited License Resident/Intern	N/A
	Limited License Instructor	N/A
	Limited License Supervisor CE	N/A

Permits

3(a)(1)	Administrator Permit for Anesthesia/Moderate Sedation Initial Examination	\$750.00
3(a)(4)	Administrator Permit for Anesthesia/Moderate Sedation Reevaluation	\$500.00
3(a)(2)	Administrator Permit Anesthesia/Moderate Sedation Annual/Biennial Renewal	\$300.00
3(a)(3)	Administrator Permit Anesthesia/Moderate Sedation Renewal Late Fee	\$50.00
3(a)(5)	Administrator Permit Anesthesia/Moderate Sedation Reevaluation Late Fee	\$250.00
3(b)(1)	Site Permit Initial Inspection	\$500.00
3(b)(4)	Site Permit Reevaluation	\$350.00
3(b)(2)	Site Permit Annual/Biennial Renewal	\$300.00
3(b)(3)	Site Permit Renewal Late Fee	\$50.00
3(b)(5)	Site Permit Reevaluation Late Fee	\$250.00

Registered Dental Hygienist

Initial Application Fee per License Type

1(b)(i)	Registered Dental Hygienist	\$675.00
1(b)(ii)	Restricted Geographical License	\$300.00
1(b)(ii)	Limited License Instructor	\$300.00

Renewal Fee per License Type AND Active Status

2(c)(i)	Registered Dental Hygienist	\$375.00
2(c)(ii)	Restricted Geographical License	\$375.00
2(c)(iii)	Limited License Instructor	\$375.00

³ Reinstatement fees are charged in addition to the biennial renewal fee (one renewal period).

Renewal Fee per License Type AND Inactive Status		
2(d)(i)	Registered Dental Hygienist	\$100.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A
Renewal Fee per License Type AND Retired/Disabled Status		
2(d)(ii)	Registered Dental Hygienist	\$50.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Restoration Fee per License Type AND Suspended Status		
4(a)	Registered Dental Hygienist	\$375.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Reinstatement Fee per License Type AND Revoked Status		
4(b)	Registered Dental Hygienist	\$500.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A
Reinstatement Fee per License Type AND Non-Active Status (Inactive/Retired/Disabled)		
4(c)	Registered Dental Hygienist	\$375.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Permits		
3(d)(3)	Local Anesthesia Certificate	\$25.00
3(d)(2)	Nitrous Oxide Certificate	\$25.00
3(d)(1)	Restorative Dental Hygiene Special Endorsement	\$50.00
5(d)	PHE Individual Endorsement	

Dental Therapists		
Initial Application Fee per License Type		
1(c)(i)	Dental Therapist	\$750.00
1(c)(ii)	Restricted Geographical License	\$300.00
1(c)(iii)	Limited License Instructor	\$300.00

Renewal Fee per License Type AND Active Status		
2(e)(i)	Dental Therapist	\$600.00
2(e)(ii)	Restricted Geographical License	\$300.00
2(e)(iii)	Limited License Instructor	\$450.00
Renewal Fee per License Type AND Inactive Status		
2(f)(i)	Dental Therapist	\$100.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A
Renewal Fee per License Type AND Retired/Disabled Status		
2(f)(ii)	Dental Therapist	\$50.00

	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Restoration Fee per License Type AND Suspended Status

4(a)	Dental Therapist	\$375.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Reinstatement Fee per License Type AND Revoked Status

4(b)	Dental Therapist	\$500.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Reinstatement Fee per License Type AND Non-Active Status (Inactive/Retired/Disabled)

4(c)	Dental Therapist	\$375.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Permits

3(d)(3)	Local Anesthesia Certificate	\$25.00
3(d)(2)	Nitrous Oxide Certificate	\$25.00

EFDAs

Initial Application Fee per License Type

1(d)(i)	EFDAs	\$125.00
1(d)(ii)	Restricted Geographical License	\$125.00
1(d)(iii)	Limited License Instructor	\$75.00

Renewal Fee per License Type AND Active Status

2(g)(i)	EFDAs	\$100.00
2(g)(ii)	Restricted Geographical License	\$100.00
2(g)(iii)	Limited License Instructor	\$75.00

Renewal Fee per License Type AND Inactive Status

2(h)(i)	EFDAs	\$75.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Renewal Fee per License Type AND Retired/Disabled Status

2(h)(ii)	EFDAs	\$50.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Restoration Fee per License Type AND Suspended Status

2(h)(iii)	EFDAs Late Fee	\$20.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Reinstatement Fee per License Type AND Revoked Status		
2(h)(iv)	EFDAs	\$25.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A
Reinstatement Fee per License Type AND Non-Active Status (Inactive/Retired/Disabled)		
2(h)(v)	EFDAs	\$25.00
	Restricted Geographical License	N/A
	Limited License Instructor	N/A

Permits		
3(d)(3)	Local Anesthesia Certificate	\$25.00
3(d)(2)	Nitrous Oxide Certificate	\$25.00

Administrative		
Administrative Fees		
5(a)	License Certification Fee	\$50.00
5(b)	Wall Certificate Fee	\$25.00
5(c)	Jurisprudence Exam	\$50.00
3(c)(1)	Infection Control Inspection	\$500.00
3(c)(2)	Infection Control Re-inspection	\$300.00
	CE Program Application	\$150.00 initial (\$50.00 per additional CE course hour)
5(d)	Administrative Processing Fee of Non-Licensure Applications (PHE Program Application, PHE Individual Endorsement Application, Practice Management Registration, Name Change, Infection Control Inspection Application, etc.)	\$25.00

NAC _____ (maybe 631.274) Closure or Sale of Dental Clinic; records retention obligations.

1. For purposes of identifying a custodian of records bound to comply with NRS 629.051 records retention schedules and processes, the dental director, designated consistent with NRS 631.3452, or the Program Director of a public health program consistent with NRS 631.3453, shall be the custodian of records required to retain patient records for 5 years after their receipt or production.
2. If a Dental Director custodian of records or public health Program Director custodian of records is also the owner of a practice, and that owner closes their practice with no transfer of patients or patient assets to another practitioner, the custodian of records owner shall maintain patient records in any form acceptable under NRS 629.051(1) either at a facility to which they will have direct possession or at a designated commercial repository with which they will contract for records retention services as follows:
 - (a) for patients 23 years old or older, for the following 5 years; and
 - (b) for minor patients, defined for the purpose of this regulation as anyone 22 years old and younger, for the time until the patient turns 23 years old, plus five years thereafter.
3. If a Dental Director custodian of records or public health Program Director custodian of records is also the owner of a practice, and that owner sells their practice to another practitioner by way of a contract that transfers the right to care for existing patients and patient assets, including patient records, the selling owner ceases to have custodian of records authority and obligations on the date of final transfer of ownership. When ownership transfers, the new owner shall be the new custodian of records unless or until they appoint another dentist to be Dental Director, at which time custodian of records authority and obligations transfer to the Dental Director.
4. If a Dental Director custodian of records or public health Program Director custodian of records is also the owner of a practice, and that owner sells their practice to another practitioner, but the sales contract does not transfer the right to care for existing patients and patient assets, including patient records, or the sales contract is silent on the matter, the original selling owner maintains custodian of records authority and obligations and must adhere to all records retention provisions outlined in subsection (2).
5. If an owner of a practice is not also the Dental Director or the Public Health Program Director and:

- (a) the owner closes the practice without transferring patients, assets, and records, such that a Dental Director no longer exists for the practice, the owner must adhere to all records retention provisions outlined in subsection (1);
- (b) the owner sells the practice, assets and records, such that the Dental Director under their leadership maintains their Dental Director position throughout the sale, custodian of records authority and obligations remain with the Dental Director; or
- (c) the owner sells the practice, assets and records, but part of the sales contract is the identification of a new Dental Director, custodian of records authority and obligations goes to the newly identified Dental Director immediately upon transfer of ownership.

6. The records retention responsibility and structure outlined for patient records in subsections 1 through 5 above also applies to infection control inspection records and anesthesia inspection and permit records, each of which must be retained by the responsible individual or entity for a minimum of 3 years after creation or receipt, whichever is latest. Records retention rules related to OSHA compliance are governed by federal law and exceed the retention schedule for Nevada, such that custodians of records should maintain those records for the federally prescribed minimum as established by OSHA.

7. After the sale of a practice where patient records are transferred as outlined in paragraph (3) of this subsection, the selling dentist is allowed to access his or her former patient's records, infection control records, and anesthesia permitting records now in the custody of the new Dental Director custodian of records, for up to 5 years after the close of the sale, for the sole purpose of responding to a disciplinary investigation commenced by the Nevada State Board of Dental Examiners. The new Dental Director custodian of records shall not prohibit or hinder the former owner from inspecting and copying records for that purpose so long as the new owner seeks to inspect and copy records during normal business hours and at their own expense.

NAC 631.1785 Inspection of office or facility for infection control compliance. (NRS 631.190, 631.363)

1. For purposes of this section, the term “dental practice or dental office” means the physical space where a dentist provides dental treatment. For an owner/operator, this means the entire physical space of ownership, inclusive of (but not limited to) operatories, cleaning facilities, sterile and sterilization areas, patient common areas, restrooms, administrative offices and spaces, and any space holding or storing dental equipment or patient records. For a dentist that rents a physical space from another dentist, this means the physical space where one is entitled to provide dental service by virtue of their rental agreement, which can include (but is not limited to) an assigned operatory or chair space, any equipment in that immediate area of access and control, and any communal equipment for sterilization of any instruments they will personally use or for the provision of anesthesia or sedation in their practice. This definition does not include the space in a patient’s home where home care or house calls could be performed.

2. Prior to opening or owning any new dental practice or dental office, whether created new or assuming the practice of another dentist, other than a medical facility as defined in NRS 449.0151 where that medical facility has within the prior 5 years been successfully been inspected by the State Board of Health, a licensed dentist or public health endorsed dental hygienist must request in writing that the Board conduct an initial infection control inspection of the dental practice or dental office to ensure compliance with the guidelines adopted by reference in NAC 631.178.

(a) The Board has up to 30 days from the date the inspection request is received to conduct the initial infection control inspection. In order to open their practice on the anticipated start date, the licensed dentist should submit their inspection request no later than 30 days in advance of their anticipated opening date. There is no penalty for not submitting an infection control inspection request more than 30 days prior to the anticipated opening date, except that opening must be delayed until the infection control inspection is complete and passed.

(b) Except as outlined in subsection (c) below, an owner or operator of any new dental practice, office, or other space where dental treatments are to be performed cannot commence the practice of dentistry until the initial infection control inspection has occurred and has been passed. It is a disciplinary violation to provide dental services prior to passing an initial infection control inspection, for which either or both an owner-operator or non-operator owner can be liable.

(c) Subsections (a) and (b) do not apply to practices opening in historically underserved communities, as defined in AB483. A practice opening in a

historically underserved community must still submit an infection control inspection request prior to the anticipated opening date, but said practice may commence providing dental services before the infection control inspection is completed and passed, and the Board has up to 120 days from receipt of the inspection request to complete the inspection.

3. Where the dental practice or dental office is not opening in a historically underserved community, no later than 7 days after receiving a written request pursuant to subsection 1:

- (a) The Executive Director shall assign at least one agent of the Board to conduct the inspection; and
- (b) Schedule the inspection with the applicant.

4. Where the dental practice or dental office is opening in a historically underserved community, no later than 60 days after receiving a written request pursuant to subsection 1:

- (a) The Executive Director shall assign at least one agent of the Board to conduct the inspection; and
- (b) Schedule the inspection with the applicant.

5. Not later than 3 business days after the Board agent inspector has completed the initial infection control inspection of a dental practice or dental office pursuant to subsection 2, the agent shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the office or facility:

(a) Is equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board and by the end of the next business day after receiving the report, issue a written notice of the agents' findings to the owner or operator of the practice, office or facility. Thereafter, the practice may open and start providing dental services.

(b) Is not equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board and by the end of the next business day after receiving the report, issue a written notice to the owner or operator of the practice, office or facility that identifies the deficiencies causing the inspection failure. If a failure notice is received by a practice not in a historically underserved community, the practice cannot open and cannot start providing dental services. If a failure notice is received by a practice that is in a historically underserved community, the practice, office, or facility must immediately cease operations and close the practice, office, or facility to the provision of any dental services.

6. ~~Not later than 72 hours~~ Immediately upon receipt of after issuing a written inspection failure notice pursuant to paragraph (b) of subsection 4, but no later than 7 business days after receiving a failure notice:

(a) The owner or operator of a dental practice or dental office can request in writing a reinspection.

(b) If a request for reinspection is received, the Executive Director shall assign a different agent of the Board to conduct a reinspection to determine if the owner or operator ~~and the personnel supervised by the dentist has taken corrective measures to cure the deficiencies casing the prior inspection failure~~

(1) Assignment of a different Board agent inspector is only required in an area that is not defined as a historically underserved community. For historically underserved communities, staffing availability may require assignment of the same Board inspection agent.

(c) The reinspection will be scheduled at the convenience of the owner or operator, but, if the practice, office, or facility is not in a historically underserved community, no earlier than 7 business days from the reinspection request being received by the Board, and, if the practice, office, or facility is in a historically underserved community, no earlier than 30 business days from reinspection request being received by the Board.

(d) The Board agent inspector assigned pursuant to paragraph shall, no later than 3 business days after completing the reinspection, issue a report to the Executive Director indicating whether the owner or operator has cured the ~~deficiencies causing the inspection failure, licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178.~~ If the report indicates that the ~~owner or operator~~:

(1) ~~Is~~ in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board ~~and by the end of the next business day after receiving the report~~, issue a written notice of the agents' cure findings to the ~~owner or operator of the office, practice, or facility~~. Thereafter, the practice may open and start providing dental services.

(2) ~~Is still~~ not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board ~~and by the end of the next business day after receiving the report~~, issue a written notice to the owner or operator of the practice, office or facility notifying them of their failure to cure. If a failure to cure notice is received, the practice, regardless of whether located in historically underserved community or not, cannot open and cannot provide dental services.

(e) If the owner or operator of a practice, office, or facility does not submit to the Board in writing a reinspection request within 7 business days after the initial inspection failure notice issues, the timelines for assigning Board agents and commencing inspections outlined in paragraphs (b) and (c) will not apply. In the event a reinspection

request is received more than 7 business days from the date the initial inspection failure notice issues to the owner or operator, the Board will assign inspector agents and conduct reinspections at a pace commensurate with Board staffing resources and Board workload, but the reinspection will not occur later than 180 days from the date the reinspection request is ultimately received.

(1) There is no administrative hearing entitlement until the exhaustion of other remedies; the remedy here is the reinspection, such that a reinspection will not be scheduled until after an owner or operator has an opportunity to cure the infection control deficiencies found in the initial inspection and fails inspection for a second time.

~~issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.~~

6. Not later than 72 hours after receiving material evidencing critical deficiencies by a licensed dentist who owns an office or facility in this State where dental treatments are to be performed, other than a medical facility as defined in NRS 449.0151, the Executive Director may assign agents of the Board to conduct an inspection of an office or facility to ensure that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. An inspection conducted pursuant to this subsection may be conducted during normal business hours with notice to the licensed dentist who owns the office or facility.

6. Not later than 3 days after a dentist receives a written notice pursuant to subsection 5:

(a) The Executive Director shall assign agents of the Board to conduct the inspection; and

(b) The agents shall conduct the inspection.

6. Not later than 72 hours after agents of the Board have completed the inspection of an office or facility pursuant to subsection 6, the agents shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the office or facility:

(a) Is equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.

~~(b) Is not equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice which identifies all critical deficiencies to the licensed dentist who owns the office or facility.~~

7. If the Executive Director issues a failure to cure notice after the failure of a reinspection, not later than 7 business days after issuing the failure to cure notice, the Board will schedule an administrative hearing for the purpose of determining whether the practice, office, or facility will be allowed to open or reopen and provide dental services regardless of the infection control inspection failures.

- (a) The administrative hearing will be scheduled for the next Board Meeting following a 30-day notice and complaint preparation period.
- (b) The administrative hearing can be heard by, and the administrative matter can be resolved by, not less than 3 members of the Board.
- (c) The owner or operator must submit to the Board any evidence of subsequent cures or any defenses for non-compliance no later than 7 business days before the scheduled hearing date.
- (d) The practice, office, or facility must remain closed and must not provide dental services between the times of the initial inspection failure notice, the failure to cure notice, and the administrative hearing. This is regardless of whether the practice, office, or facility serves a historically underserved community.
- (e) If the result of the administrative hearing is that the owner or operator, or practice, office or facility, remains non-compliant with the infection control guidelines adopted by reference in NAC 631.178, and there are no defenses warranting the allowance of practice despite noncompliance with the infection control guidelines adopted by reference in NAC 631.178, the practice, office, or facility must remain closed and the owner or operator cannot provide dental services at the facility for a minimum of one year.

(1) An owner or operator can request a new initial infection control inspection no earlier than 365 days from the date the administrative hearing result is announced. To open or reopen at that subsequent date, the owner or operator, or practice, office, or facility must pass the initial infection control inspection.

(2) If the owner or operator, or practice, office, or facility, does not pass this subsequent initial infection control inspection, the practice, office, or facility must remain closed and the owner or operator cannot provide dental services at the facility for a minimum of another year.

(3) An owner or operator can request anew for an initial infection control inspection yearly until the site passes the initial infection control inspection. Only if the practice, office, or facility passes the initial

infection control inspection at some point can the practice, office, or facility and open and the provision of dental services be offered therefrom.

- (a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and
- (b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:
 - (1) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.
 - (2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

8. Pursuant to subsection 3 of NRS 233B.127, if an initial infection control inspection of a dental practice or dental office conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

- (a) Is a summary suspension issued pursuant to subsection 7, an owner or operator is not entitled to a reinspection under the process outlined in subsection 5; instead, the administrative hearing provisions and process of subsection 6 become effective.

9. Due to patient property rights and privacy concerns, as well as inspector safety and practicality issues, an infection control inspection cannot be accomplished in a patient's place of residence. Thus, licensees shall not, unless meeting the exception below at paragraph (a), practice in a home care setting.

(a) An infection control inspection can be waived upon Board approval, and dental care rendered in a patient's home, if: (i) the patient is homebound consistent with federal definitions found at 42 C.F.R. § 440.20(b)(4); (ii) the patient is receiving services to be billed to either or both Medicare or Medicaid; and (iii) the dental services to be provided are for treatment of active (acute or chronic) dental diseases, injuries, or conditions including but not limited to fractures, breaks, nerve damage, and significant pain, or for decay prevention such as removing biofilms and calculus. Home dental care cannot be provided for cosmetic or aesthetic purposes or for dental cleanings.

NAC 631.179 Random inspection of office or facility; subsequent action by Executive Director. ([NRS 631.190](#), [631.363](#))

1. The Executive Director may assign one or more Board agents to conduct a random inspection of a dental practice or dental office in this State where dental treatments are to be performed to ensure that the owner or operator and any non-owner, non-operator dentists and personnel are in compliance with the guidelines adopted by reference in [NAC 631.178](#). Random inspections conducted pursuant to this subsection may be conducted during normal business hours without notice to the licensed dentist who owns the office or facility to be inspected.

2. All timelines and process for inspection control inspection agent reporting, Executive Director notices, reinspections, administrative hearings, and summary suspensions outlined in NAC 631.1785 (4), (5), (6), and (7) apply to random infection control inspections and the due process remedies available for failures of random infection control inspections and summary suspensions therefrom.

~~Not later than 30 days after agents of the Board have completed a random inspection of an office or facility in this State where dental treatments are to be performed to ensure compliance with the guidelines adopted by reference in NAC 631.178, the agents shall issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by~~

reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist: [REDACTED]

(a) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility. [REDACTED]

(b) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice which identifies deficiencies to the licensed dentist who owns the office or facility. [REDACTED]

3. Not later than 72 hours after a licensed dentist receives a written notice of deficiencies issued pursuant to paragraph (b) of subsection 2:

(a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and [REDACTED]

(b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist: [REDACTED]

(1) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility. [REDACTED]

(2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist. [REDACTED]

4. Pursuant to subsection 3 of NRS 233B.127, if a random inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. [REDACTED]

Blue references proposed ARB changes based on feedback in business impact statements.



INFECTION CONTROL INSPECTION/AUDIT COMPLIANCE FORM

Dental Office Name:		Date of Inspection:	
Licensee/Owner Name:		Opening date:	
Address:		INSPECTOR(S) (1) _____ (2) _____	
City:	State: NV	Zip Code:	PURPOSE OF INSPECTION Initial Inspection: <input type="checkbox"/> Random Inspection: <input type="checkbox"/>
COMPLIANCE CRITERIA			
<p>IF YOU RECEIVE A "N" (or NO) on any section highlighted in RED that is not or cannot be corrected before the conclusion of the inspection, this item indicates a CRITICAL DEFICIENCY. Failure to meet ANY ONE OF THESE standards prior to the conclusion of the inspection will result in NON-COMPLIANT STATUS. Facility will have 72 hours (approx. three days) to correct any remaining CRITICAL DEFICIENCY; a reinspection by the Board will occur not later than 72 hours of the initial inspection to confirm the CRITICAL DEFICIENCIES have been corrected. Failure of the reinspection can result in either or both a further reinspection or site closure.</p>			
<p>IF YOU RECEIVE A "N" (or NO) on any section not highlighted in red that is not or cannot be corrected before the conclusion of the inspection, this item indicates a NON-CRITICAL DEFICIENCY. Failure to meet ANY ONE OF THESE standards prior to the conclusion of the inspection will result in NON-COMPLIANT STATUS. Facility must imminently correct remaining NON-CRITICAL DEFICIENCY within 72 hours, in lieu of an in-person reinspection you must demonstrate noted deficiencies have been cured by sending documentation, photographs, or evidence to the Board within 72 hours of the initial inspection. Failure to provide the required evidence of cure can result in a subsequent reinspection.</p>			
<p>ALL ITEMS IDENTIFIED AS DEMONSTRATE: 1 team member will be selected by the Infection Control inspector to demonstrate the required task or process. The selected team member must demonstrate satisfactory knowledge, proper technique, and evidence of training in line with the written policies to the specific practice being evaluated.</p>			
ADMINISTRATIVE MEASURES			
1	<p><u>Infection Control Program Manual:</u> Is there a written Infection Control Program that is <u>specific</u> to this location and easily accessible by all staff available as a single printable document on your computer server?</p> <p>Is there a designated Infection Control Coordinator? Name: **Prior to inspection, print a physical hard-copy of your IC Program for inspectors review.**</p>	<input type="checkbox"/>	<input type="checkbox"/>
2	<p><u>Bloodborne Pathogen Policy:</u> Are there written policies and procedures for preventing and controlling the transmission of bloodborne pathogens?</p>	<input type="checkbox"/>	<input type="checkbox"/>
3	<p><u>Bloodborne Pathogen Training:</u> Is there documentation of bloodborne pathogens training at the date of hire for each clinical staff member?</p>	<input type="checkbox"/>	<input type="checkbox"/>
4	<p><u>Critical & Semi-Critical Instruments:</u> Is there documentation of education and training that is appropriate to each dental personnel/staff member including hands-on training for personnel that process semi-critical and critical instruments?</p>	<input type="checkbox"/>	<input type="checkbox"/>
5	<p><u>Annual Review:</u> Is there documentation of review of the Infection Control Program at least annually to ensure compliance with best practices?</p>	<input type="checkbox"/>	<input type="checkbox"/>
6	<p><u>Training Records:</u> Are there written policies and procedures for training records to be kept for a minimum of 3 years?</p>	<input type="checkbox"/>	<input type="checkbox"/>
7	<p><u>Corrective Action:</u> Are there written policies and procedures for corrective action for deviations from the Infection Control Program including documentation of corrective actions taken?</p>	<input type="checkbox"/>	<input type="checkbox"/>
8	<p><u>Medical Conditions, Patients:</u> Does the practice have written policies to ensure compliance with NAC 441A.225 for reporting cases or suspected cases of communicable diseases to the state health authority? Does the policy include the list of reportable diseases from NAC 441A.040 and provide contact information for the applicable local health department?</p>	<input type="checkbox"/>	<input type="checkbox"/>
9	<p><u>Medical Conditions, Staff:</u> Are there written policies and procedures for <u>PROVIDERS/STAFF</u> with an acute or chronic medical condition(s) that may expose others to infection?</p>	<input type="checkbox"/>	<input type="checkbox"/>

	Vaccinations: Are there written policies and procedures requiring that the following vaccinations be offered at no cost to all DHCP, and is a signed, confidential form documenting the offered vaccinations included in each employee's record? **Policy review only** <u>Vaccines offered should include:</u> 1. Hepatitis B 2. Influenza 3. MMR 4. Varicella 5. Tetanus <u>This form should consist of the following:</u> a. Informed Consent b. Exposure Risk c. Employee Acceptance/Declination d. Employee Signature	Y	N
10	Exposure Management: Are there written policies and procedures regarding all occupational exposures, which include a post-exposure medical plan, and is this documented in a log?	Y	N
12	24/7 Contact Telephone Number: Is a 24/7 contact telephone number for a qualified healthcare provider to handle occupational/post exposure care posted in an accessible area?	Y	N
13	Records: Does the office maintain a confidential employee health record that includes any exposure and post exposure care received? **Y/N only – cannot review confidential records**	Y	N
STANDARD PRECAUTIONS			
Section 1: Hand Hygiene			
14	Hand Hygiene: Are there written policies and procedures for hand hygiene, including documentation of training?	Y	N
15	Demonstrate: Are team members adequately able to demonstrate appropriate hand hygiene techniques in line with the written policies and procedures?	Y	N
16	Accessible Supplies: Are there supplies for hand hygiene accessible to employees at point of need? (e.g., soap, water, alcohol rub if used)	Y	N
Section 2: Personal Protective Equipment (PPE)			
17	PPE: Are there written policies and procedures for proper use of personal protective equipment?	Y	N
18	Demonstrate: Do health care workers display appropriate use of PPE?	Y	N
19	Occupational Safety: Are there written policies and procedures and supplies available for personnel to wear puncture-resistant, heavy-duty utility gloves when processing contaminated instruments? (not exam/patient care gloves)	Y	N
20	Are gloves available in appropriate sizes, including both latex and latex-free options, utility gloves and sterile surgical gloves IF surgeries are performed in the office?	Y	N
21	Is the level of masks appropriate to the procedure type performed in the office?	Y	N
22	Are safety glasses with side shields and/or full-face shields, and/or loupes used in conjunction with safety glasses available?	Y	N
23	Are disposable and/or laundered gowns available for use in the office?	Y	N
Section 3: Respiratory Hygiene			
24	Are there written policies and procedures to manage patients who exhibit signs of respiratory infection/illness?	Y	N
25	Prevention: Is there documentation of education and training on infection prevention measures to contain/prevent the spread of respiratory pathogens?	Y	N
26	Patient Resources: Is there signage posted in the public lobby instructing proper cough etiquette? Are there appropriate supplies available for patients to minimize spread of illness? (e.g., tissues, masks, hand sanitizer)	Y	N
Section 4: Sharps Safety			
27	Occupational Safety: Are there written policies and procedures for the handling and management of sharps and safe injection practices, as well as exposure and incident reporting forms, including a sharps injury log?	Y	N
28	Demonstrate: Are safe recapping techniques/devices used and demonstrated by the staff?	Y	N
29	Are approved sharps containers utilized, accessible and secured to counter/wall?	Y	N
30	Do employees use engineering controls (e.g., forceps, hemostats, etc) to retrieve contaminated sharps from syringe, handles, trays or containers?	Y	N
31	Are single use sharps (blades, needles, sutures, etc) disposed of after use?	Y	N
32	Are sharps containers removed from service when full and processed appropriately?	Y	N
Section 5: Sterilization and Disinfection of Patient-Care Items and Devices			
33	Is the instrument processing area CLEARLY marked and separated into "Dirty/Clean" sections following the outlined workflow: 1. Decontamination/Packaging 2. Sterilization 3. Storage	Y	N
34	Is sterilization equipment available and fully functional?	Y	N

	a. What is the number of working ultrasonic cleaners? _____	N/A	Y	N
	b. What is the number of working autoclaves? _____	N/A	Y	N
	c. What is the number of working flash steam sterilizers (statim)? _____	N/A	Y	N
	d. Other sterilizers: _____	N/A	Y	N
35	<u>Instrument transport:</u> Are there written policies and procedures outlining the entire sterilization process, beginning with transporting contaminated instruments through the completion of the sterilization process?	Y	N	
36	<u>Testing & Maintenance Logs:</u> Are appropriate testing and maintenance logs kept for each piece of equipment such as sterilizers, ultrasonic cleaners, eyewash station(s)?	Y	N	
37	<u>Instrument loading:</u> Are there written policies and procedures for proper sterilization loading techniques for each sterilizer?	Y	N	
38	<u>Sterilizer Testing:</u> Are there written policies and procedures for sterilization, biological monitoring, including how to handle a failed biological monitoring test?	Y	N	
39	Is biological testing of sterilizer(s) completed weekly according to manufacturer recommendations? Is testing performed on each cycle with a full bioburden load under normal processing parameters? (e.g., full load of instruments, not overloaded, using spore test strip or vial)	Y	N	
	a. Is in-office or mail-in biological testing used? _____	Y	N	
	b. If in-office: Is a control processed for each test?	N/A	Y	N
	c. Is this documented in a log?	Y	N	
40	Are weekly biological monitoring logs kept for each sterilizer that include the machine tested, date tested, date test was sent, date test results were returned, and the results of testing?	Y	N	
41	Are weekly biological monitoring logs kept for a minimum of 3 years or since the office opened?	Y	N	
42	Are biofilm and organic matter removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization, following manufacturer recommendations that may require temperature and time?	Y	N	
43	Are single-use items, supplies or devices and items labeled with  discarded after use and not re-processed?	Y	N	
44	Are critical items (any instrument that penetrates soft tissue or bone) sterilized after each use?	Y	N	
45	Are heat tolerant handpieces sterilized after each use, such as high & low speed handpieces, prophylaxis angles and motors, ultrasonic and sonic handpiece and tips, air abrasion devices, air and water syringe tips, and motors, with exception of some electric type models?	Y	N	
46	Are semi-critical items sterilized after each use if not heat sensitive?	Y	N	
47	Are semi-critical items, such as digital sensors, intraoral cameras, intraoral scanners, and curing lights that are not heat or chemical-tolerant, used with FDA approved barriers and then cleaned and disinfected with an intermediate-level disinfectant between patients?	Y	N	
48	Are heat sensitive semi-critical item processed at a minimum of high-level disinfection or chemical sterilization after each use according to manufacturer's instructions?	N/A	Y	N
49	<u>Demonstrate:</u> Is proper sterilization loading technique demonstrated by staff in accordance with the manufacturer guidelines?	Y	N	
50	Are packages monitored for event-related integrity according to manufacturer guidelines, including proper folding such as folding along the dotted lines, reprocessing if compromised, correct storage, date stamping, sterilizer used (if multiple sterilizers used), and recording of the cycle or load number?	Y	N	
51	Are sterilization cycles verified as follows: for pouches without cassettes and containers, by chemical/heat processes; for wrapped/closed cassettes and containers (either wrapped in pouches or not), by a class V integrator (also known as a multiple variable indicator or ISO-1440 Type V)?	Y	N	
Section 6: Environmental Infection Prevention and Control				
52	<u>Patient Operatory:</u> Are there written policies and procedures for aseptic management during patient care, including disinfection and environmental barrier protection?	Y	N	
53	Are appropriate barrier products available for patient use during procedures? (e.g., dental dams, protective eyewear, etc.)	Y	N	
54	<u>Radiographs:</u> Are there written policies and procedures in place to prevent cross contamination when taking and processing dental radiographs?	Y	N	
55	Are all clinical contact surfaces protected with barriers, especially areas that are difficult to clean?	Y	N	
56	Are there written policies and procedures for cleaning and disinfecting dental chair between patients?	Y	N	
57	Are barriers removed, followed by cleaning and disinfection of surfaces, before new barriers are applied between patients?	Y	N	

58	Are unprotected clinical contact surfaces cleaned and then disinfected after each patient using an EPA-registered hospital disinfectant, low-intermediate level, in accordance with the manufacturer's instructions?			Y	N
59	Is an intermediate-level disinfectant with tuberculocidal (TB) claim used if surfaces are visibly contaminated by blood?			Y	N
60	Are EPA registered disinfectants prepared following the manufacturer's instruction of use? (shelf life, storage, use of material compatibility)		N/A	Y	N
61	<u>Biological Spills:</u> Are there written policies and procedures for decontaminating biohazardous fluids with necessary supplies present for decontamination?			Y	N
	a. Is there a biological spill kit?			Y	N
62	<u>Medical Waste:</u> Are there written policies and procedures for medical waste management and is the name telephone number of licensed waste hauler for regulated waste available?			Y	N
	a. Name of company used: _____			Y	N
	b. Is biohazardous waste stored properly?			Y	N
63	Housekeeping: Are there written policies and procedures for housekeeping surfaces (e.g., sinks, floors, walls, drawers, supply containers) to be cleaned and disinfected with an EPA-registered low to intermediate- level disinfectant regularly as a part of routine maintenance?			Y	N
	a. In house?			N/A	Y
	b. Hired? If yes, name of company: _____			N/A	Y
	Is there a written job description which outlines proper sharps safety and management?			N/A	N

Section 7: Laboratory

64	<u>Lab:</u> Are there written policies and procedures to maintain asepsis and prevent cross-contamination during dental laboratory procedures?			Y	N
65	Are splash shields and equipment guards used on dental laboratory lathes and grinders?			N/A	Y
66	Is fresh pumice and a sterilized or new rag wheel used for each patient?			N/A	Y
67	Are devices used to polish, trim or adjust contaminated intraoral devices disinfected and/or sterilized between patients?			N/A	Y
68	Are intraoral items such as impressions, bite registrations, prosthetics, crown and bridge, and orthodontic appliances cleaned and disinfected before lab procedures and before delivering to the patient?			Y	N

DENTAL UNIT WATER QUALITY

69	Is sterile saline or sterile water coolant used for surgical implant procedures?			Y	N
70	<u>Water Lines:</u> Are there written policies and procedures for meeting EPA potable water standard and treating biofilm, including treating, testing and re-testing water lines?			Y	N
71	<u>Water Line Documentation:</u> Is documentation kept for dental unit water line testing to meet the potable water standard of EPA <500 CFU/ml?			Y	N
	a. Product used to treat water to meet the potable water standard: _____			Y	N
	b. How are the water lines tested? _____			Y	N
	c. Are the water lines being tested quarterly and is this documented in a log?			Y	N
72	<u>Line Flushing:</u> Are there written policies and procedures for dental unit water lines to be flushed for 2 minutes each day prior to use and in between patients for a minimum of 20 seconds?			Y	N

OTHER

73	Are basic first aid products and equipment available?			Y	N
74	Are emergency medical supplies available? (Recommended to include: Nitroglycerin, Benadryl, Epinephrine Auto Injector for adult and child if applicable, Aspirin, Albuterol, Glucose, or Glucose substitute, Oxygen etc.)			Y	N
75	<u>Medical History Form:</u> Is a comprehensive and annually updated medical history form used to evaluate patients?			Y	N
76	Is there a working eyewash station available?			Y	N
77	Is an FDA-approved chemical sterilant being used, and are written policies and procedures in place to ensure proper exposure time is followed?			N/A	Y
78	Are all applicable label instructions followed on the FDA approved chemical sterilant including expiration date, shelf life, storage, safe use, disposal and material compatibility?			N/A	Y

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Receipt of a copy of the foregoing is hereby acknowledged:

By: _____

Print name: _____

This _____ day of _____, 20____ at ____:____ .m. Title and/or Position/Capacity: _____

**Nevada Board of Dental Examiners**

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

Page 1 of 5

MOBILE UNIT & PORTABLE DENTAL EQUIPMENT - INFECTION CONTROL INSPECTION/AUDIT COMPLIANCE FORM Cr. 1/2026			
Dental Business/Mobile Unit Name:		Date of Inspection:	
Licensee/Owner Name:		Operating date:	
Address/Location:		INSPECTOR(S)	
		(1) _____ (2) _____	
City:	State: NV	Zip Code:	PURPOSE OF INSPECTION
		Initial Inspection: <input type="checkbox"/> Random Inspection: <input checked="" type="checkbox"/>	
COMPLIANCE CRITERIA			
<p>IF YOU RECEIVE A "N" (or NO) on any section highlighted in RED that is not or cannot be corrected before the conclusion of the inspection, this item indicates a CRITICAL DEFICIENCY. Failure to meet ANY ONE OF THESE standards prior to the conclusion of the inspection will result in NON-COMPLIANT STATUS. Facility will have 72 hours (approx. three days) to correct any remaining CRITICAL DEFICIENCY; a reinspection by the Board will occur not later than 72 hours of the initial inspection to confirm the CRITICAL DEFICIENCIES have been corrected. Failure of the reinspection can result in either or both a further reinspection or site closure.</p> <p>IF YOU RECEIVE A "N" (or NO) on any section not highlighted in red that is not or cannot be corrected before the conclusion of the inspection, this item indicates a NON-CRITICAL DEFICIENCY. Failure to meet ANY ONE OF THESE standards prior to the conclusion of the inspection will result in NON-COMPLIANT STATUS. Facility must imminently correct remaining NON-CRITICAL DEFICIENCY within 72 hours, in lieu of an in-person reinspection you must demonstrate noted deficiencies have been cured by sending documentation, photographs, or evidence to the Board within 72 hours of the initial inspection. Failure to provide the required evidence of cure can result in a subsequent reinspection.</p>			
ADMINISTRATIVE MEASURES			
Section 1: Infection Control Program Operating Procedures			
1	<u>Infection Control Program Manual:</u> Is there an easily accessible Infection Control Program that is <u>specific</u> to this business/mobile unit and available to all staff? Is there a designated Infection Control Coordinator? Name:		<input type="checkbox"/> <input checked="" type="checkbox"/>
2	<u>Training:</u> Is there a training program and documentation for all DHCP (initial and ongoing) in infection control policies and procedures?		<input type="checkbox"/> <input checked="" type="checkbox"/>
3	<u>Annual Review:</u> Is there documentation of review of the Infection Control Program at least annually to ensure compliance with best practices?		<input type="checkbox"/> <input checked="" type="checkbox"/>
4	<u>Training Records:</u> Are there written policies and procedures for training records to be kept for a minimum of 3 years?		<input type="checkbox"/> <input checked="" type="checkbox"/>
5	<u>Critical & Semi-Critical Instruments:</u> Is there documentation of education and training that is appropriate to each dental personnel/staff member including hands-on training for personnel that process semi-critical and critical instruments?		<input type="checkbox"/> <input checked="" type="checkbox"/>
6	<u>Corrective Action:</u> Are there written policies and procedures for corrective action for deviations from the Infection Control Program including documentation of corrective actions taken?		<input type="checkbox"/> <input checked="" type="checkbox"/>
7	<u>Bloodborne Pathogen Training:</u> Are there written policies and procedures for the prevention and transmission of bloodborne pathogens?		<input type="checkbox"/> <input checked="" type="checkbox"/>
8	<u>Vaccinations:</u> Are there written policies and procedures requiring that the following vaccinations be offered at no cost to all DHCP, and is a signed, confidential form documenting the offered vaccinations included in each employee's record? <i>**Policy review only**</i> <u>Vaccines offered should include:</u> 1. Hepatitis B 2. Influenza 3. MMR 4. Varicella 5. Tetanus <u>This form should consist of the following:</u> a. Informed Consent b. Exposure Risk c. Employee Acceptance/Declination d. Employee Signature		<input type="checkbox"/> <input checked="" type="checkbox"/>
9	<u>Medical Conditions, Staff:</u> Are there written policies and procedures for <u>PROVIDERS/STAFF</u> with an acute or chronic medical condition(s) that may expose others to infection?		<input type="checkbox"/> <input checked="" type="checkbox"/>
10	<u>Medical Conditions, Patients:</u> Does the practice have written policies to ensure compliance with NAC 441A.225 for reporting cases or suspected cases of communicable diseases to the state health authority? Does the policy include the list of reportable diseases from NAC 441A.040 and provide contact information for the applicable local health department?		<input type="checkbox"/> <input checked="" type="checkbox"/>

STANDARD PRECAUTIONS			
Section 1: Hand Hygiene			
11	<u>Hand Hygiene</u> : Are there written policies and procedures for hand hygiene, including documentation of training and appropriate selection of antiseptic agents?	Y	N
12	<u>Accessible Supplies</u> : Are there supplies for hand hygiene accessible to employees at point of need? (e.g., soap, water, alcohol rub if used)	Y	N
Section 2: Respiratory Hygiene			
13	Are there written policies and procedures to manage patients who exhibit signs of respiratory infection/illness?	Y	N
14	<u>Prevention</u> : Is there documentation of education and training on infection prevention measures to contain/prevent the spread of respiratory pathogens?	Y	N
15	<u>Patient Resources</u> : Is there signage posted in the public lobby instructing proper cough etiquette? Are there appropriate supplies available for patients to minimize spread of illness? (e.g. tissues, masks, hand sanitizer)	Y	N
Section 3: Environmental Surfaces: Clinical Contact Surfaces			
16	<u>Patient Operatory</u> : Are there written policies and procedures for aseptic management during patient care, including disinfection and environmental barrier protection?	Y	N
17	Are environmental surfaces in the service area covered, cleaned and disinfected between uses?	Y	N
18	Are there written policies and procedures for what surfaces will be cleaned, disinfected or barrier protected, including the process and products used?	Y	N
19	If chemical disinfectants are used, are there written policies and procedures for how they are managed, stored, and disposed of?	N/A	Y
20	Is there adequate ventilation for disinfectants?	Y	N
21	Is there adequate space for equipment? (e.g., chairs, lights, sterilizers)	Y	N
Section 4: Environmental Infection Prevention and Control			
22	Are all clinical contact surfaces protected with barriers, especially areas that are difficult to clean?	Y	N
23	Are appropriate barrier products available for patient use during procedures? (e.g. dental dams, protective eyewear, etc.)	Y	N
24	Are unprotected clinical contact surfaces cleaned and then disinfected after each patient using an EPA-registered hospital disinfectant, low-intermediate level, in accordance with the manufacturer's instructions?	Y	N
25	Is an intermediate-level disinfectant with tuberculocidal (TB) claim used if surfaces are visibly contaminated by blood?	Y	N
26	Are barriers removed, followed by cleaning and disinfection of surfaces, before new barriers are applied between patients?	Y	N
27	Are there written policies and procedures for cleaning and disinfecting dental chair between patients?	Y	N
28	Are EPA registered disinfectants prepared following the manufacturer's instruction of use? (shelf life, storage, use of material compatibility)	N/A	Y
29	<u>Radiographs</u> : Are there written policies and procedures in place to prevent cross contamination when taking and processing dental radiographs?	N/A	Y
30	<u>Lab</u> : Are there written policies and procedures to maintain asepsis and prevent cross contamination during dental laboratory procedures?	N/A	Y
31	Are splash shields and equipment guards used on dental laboratory lathes and grinders?	N/A	Y
Section 5: Personal Protective Equipment (PPE)			
32	<u>PPE</u> : Are there written policies and procedures for proper use of personal protective equipment?	Y	N
33	Are gloves available in appropriate sizes, including both latex and latex-free options, utility gloves and sterile surgical gloves IF surgeries are performed?	Y	N
34	Is the level of masks appropriate to the procedure type performed?	Y	N
35	Are safety glasses with side shields and/or full-face shields, and/or loupes used in conjunction with safety glasses available?	Y	N
36	Are disposable and/or laundered gowns used?	Y	N
37	<u>Occupational Safety</u> : Are there written policies and procedures and supplies available for personnel to wear puncture-resistant, heavy-duty utility gloves when processing contaminated instruments? (not exam/patient care gloves)	Y	N
Section 6: Sharps Safety			
38	<u>Occupational Safety</u> : Are there written policies and procedures for the handling and management of sharps and safe injection practices, as well as exposure and incident reporting forms, including a sharps injury log?	Y	N

39	Are all DHCP trained in the safe handling and management of sharps?	Y	N
40	Do employees use engineering controls (e.g., forceps, hemostats, etc) to retrieve contaminated sharps from syringe, handles, trays or containers?	Y	N
41	Are single use sharps (blades, needles, sutures, etc) disposed of after use?	Y	N
42	Are approved sharps containers utilized, accessible and secured?	Y	N
43	Are there written policies and procedures for transporting and disposing of sharps and sharps containers?	Y	N
Section 7: Management and Follow-Up of Occupational Exposures			
44	<u>Exposure Management:</u> Are there written policies and procedures regarding all occupational exposures, which include a post-exposure medical plan, and is this documented in a log?	Y	N
	a. Is there a designated person responsible for post-exposure management?	Y	N
45	<u>24/7 Contact Telephone Number:</u> Is a 24/7 contact telephone number for a qualified healthcare provider to handle occupational/post exposure care posted in an accessible area?	Y	N
Section 8: Single-Use and Reusable Patient Items			
46	Are only single-use disposable items being used?	Y	N
IF YES: Proceed to questions 47-50 below <input type="checkbox"/> N/A (Not Applicable)			
47	Are there written policies and procedures for which single-use disposable items will be used and how they will be disposed of?	Y	N
48	Are single-use items, supplies or devices and items labeled with  discarded after use and not re-processed?	Y	N
49	Are syringes that deliver sealant and composite material barrier protected if they aren't single-use, disposable syringes?	Y	N
50	Are disposable items unit-dosed for each patient?	Y	N
51	Are reusable patient items processed onsite?	Y	N
52	Is there an adequate inventory of instruments used for the number of patients treated if sterilized off-site?	Y	N
IF NO: An Infection Control inspection of the off-site sterilization equipment will be completed in conjunction with this inspection.			
IF YES: Proceed to questions below <input type="checkbox"/> N/A (Not Applicable)			
53	<u>Instrument transport:</u> Are there written policies and procedures outlining the entire sterilization process, beginning with transporting contaminated instruments through the completion of the sterilization process?	Y	N
54	Is there documentation of training that is appropriate for all DHCP processing semi-critical and critical instruments?	Y	N
55	Are semi-critical items sterilized after each use if not heat sensitive?	Y	N
56	Are semi-critical items, such as digital sensors, intraoral cameras, intraoral scanners, and curing lights that are not heat- or chemical-tolerant, used with FDA-approved barriers and then cleaned and disinfected with an intermediate-level disinfectant between patients?	Y	N
57	Are heat sensitive semi-critical item processed at a minimum of high-level disinfection or chemical sterilization after each use according to manufacturer's instructions?	N/A	Y
58	Is the instrument processing area CLEARLY marked and separated into "Dirty/Clean" sections following the outlined workflow: 1. Decontamination/Packaging 2. Sterilization 3. Storage	Y	N
59	Is sterilization equipment available and fully functional?	Y	N
	a. What is the number of working ultrasonic cleaners? _____	N/A	Y
	b. What is the number of working autoclaves? _____	N/A	Y
	c. What is the number of working flash steam sterilizers (statim)? _____	N/A	Y
	d. Other sterilizers: _____	N/A	Y
60	Are containers for holding and transporting contaminated instruments puncture-proof, secured, and labeled as a biohazard?	Y	N
61	<u>Testing & Maintenance Logs:</u> Are appropriate testing and maintenance logs kept for each piece of equipment such as sterilizers, ultrasonic cleaners, eyewash station(s)?	Y	N
62	<u>Instrument loading:</u> Are there written policies and procedures for proper sterilization loading techniques for each sterilizer?	Y	N
63	<u>Sterilizer Testing:</u> Are there written policies and procedures for sterilization, biological monitoring, including how to handle a failed biological monitoring test?	Y	N
64	Can dental equipment and patient items be safely stored and secured if left on site?	Y	N
65	Is biological testing of sterilizer(s) completed weekly according to manufacturer recommendations? Is testing performed on each cycle with a full bioburden load under normal processing parameters? (e.g. full load of instruments, not overloaded, using spore test strip or vial)	Y	N

	a. Is in-office or mail-in biological testing used? _____	Y	N
	b. Is a control processed for each test? _____	Y	N
	c. Is this documented in a log? _____	Y	N
66	Are weekly biological monitoring logs kept for each sterilizer that include the machine tested, date tested, date test was sent, date test results were returned, and the results of testing?	Y	N
67	Are weekly biological monitoring logs kept for a minimum of 3 years or since opened?	Y	N
DENTAL UNIT WATER QUALITY			
68	Is sterile saline or sterile water coolant used for surgical implant procedures?	Y	N
69	<u>Water Lines:</u> Are there written policies and procedures for meeting EPA potable water standard and treating biofilm, including treating, testing and re-testing water lines?	Y	N
70	<u>Water Line Documentation:</u> Is documentation kept for dental unit water line testing to meet the potable water standard of EPA <500 CFU/ml?	Y	N
	a. Product used to treat water to meet the potable water standard: _____	Y	N
	b. How are the water lines tested? _____	Y	N
	c. Are the water lines being tested quarterly and is this documented in a log? _____	Y	N
71	<u>Line Flushing:</u> Are there written policies and procedures for dental unit water lines to be flushed for 2 minutes each day prior to use and in between patients for a minimum of 20 seconds?	Y	N
MANAGEMENT OF REGULATED AND NON-REGULATED MEDICAL WASTE			
72	<u>Medical Waste:</u> Are there written policies and procedures for medical waste management and is the name telephone number of licensed waster hauler for regulated waste available?	Y	N
	a. Name of company used: _____	Y	N
	b. Is biohazardous waste stored properly?	Y	N
73	<u>Biological Spills:</u> Are there written policies and procedures for decontaminating biohazardous fluids with necessary supplies present for decontamination?	Y	N
	a. Is there a biological spill kit?	Y	N
OTHER			
74	Are basic first aid products and equipment available?	Y	N
75	Are emergency medical supplies available? (Recommended to include: Nitroglycerin, Benadryl, Epinephrine Auto Injector for adult and child if applicable, Aspirin, Albuterol, Glucose, or Glucose substitute, Oxygen etc.)	Y	N
76	<u>Medical History Form:</u> Is a comprehensive and annually updated medical history form used to evaluate patients?	Y	N
77	Is there a working eyewash station available?	Y	N
78	Is an FDA-approved chemical sterilant being used, and are written policies and procedures in place to ensure proper exposure time is followed?	N/A	Y
79	Are all applicable label instructions followed on the FDA approved chemical sterilant including expiration date, shelf life, storage, safe use, disposal and material compatibility?	N/A	Y

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Receipt of a copy of the foregoing is hereby acknowledged:

By: _____

Print name: _____

This ____ day of _____, 20__ at ____:____ .m.

Title and/or Position/Capacity: _____

**Nevada Board of Dental Examiners**

2651 N Green Valley Parkway, Suite 104 Henderson, NV 89014

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

Page 1 of 2

OFF-SITE STERILIZATION INSPECTION ATTACHMENT FORM for MOBILE UNITS & PORTABLE DENTAL EQUIPMENT Cr. 1/26

Dental Office Name:		Date of Inspection:	
Licensee/Owner Name:		Opening date:	
Address/Location:		INSPECTOR(S)	
		(1) _____	(2) _____
City:	State: NV	Zip Code:	PURPOSE OF INSPECTION
		Off-site Inspection: <input type="checkbox"/> Random Inspection: <input type="checkbox"/>	
COMPLIANCE CRITERIA			
IF YOU RECEIVE A "N" (or NO) on any section highlighted in RED that is not or cannot be corrected before the conclusion of the inspection, this item indicates a CRITICAL DEFICIENCY. Failure to meet ANY ONE OF THESE standards prior to the conclusion of the inspection will result in NON-COMPLIANT STATUS. Facility will have 72 hours (approx. three days) to correct any remaining CRITICAL DEFICIENCY; a reinspection by the Board will occur not later than 72 hours of the initial inspection to confirm the CRITICAL DEFICIENCIES have been corrected. Failure of the reinspection can result in either or both a further reinspection or site closure.			
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ALL ITEMS IDENTIFIED AS DEMONSTRATE: 1 team member will be selected by the Infection Control inspector to demonstrate the required task or process. The selected team member must demonstrate satisfactory knowledge, proper technique, and evidence of training in line with the written policies to the specific practice being evaluated.			
Sterilization and Disinfection of Patient-Care Items and Devices			
1	Is the instrument processing area CLEARLY marked and separated into "Dirty/Clean" sections following the outlined workflow: 1. Decontamination/Packaging 2. Sterilization 3. Storage		Y N
2	Is sterilization equipment available and fully functional?		Y N
	a. What is the number of working ultrasonic cleaners? _____	N/A	Y N
	b. What is the number of working autoclaves? _____	N/A	Y N
	c. What is the number of working flash steam sterilizers (statim)? _____	N/A	Y N
	d. Other sterilizers: _____	N/A	Y N
3	Instrument transport: Are there written policies and procedures outlining the entire sterilization process, beginning with transporting contaminated instruments through the completion of the sterilization process?		Y N
4	Testing & Maintenance Logs: Are appropriate testing and maintenance logs kept for each piece of equipment such as sterilizers, ultrasonic cleaners, eyewash station(s)?		Y N
5	Instrument loading: Are there written policies and procedures for proper sterilization loading techniques for each sterilizer?		Y N
6	Sterilizer Testing: Are there written policies and procedures for sterilization, biological monitoring, including how to handle a failed biological monitoring test?		Y N
7	Is biological testing of sterilizer(s) completed weekly according to manufacturer reccomendations? Is testing preformed on each cycle with a full bio burden load under normal processing parameters? (e.g. full load of instruments, not overloaded, using spore test strip or vial)		Y N
	a. Is in-office or mail-in biological testing used? _____	Y	N
	b. If in-office: Is a control processed for each test? _____	N/A	Y N
	c. Is this documented in a log? _____	Y	N
8	Are weekly biological monitoring logs kept for each sterilizer that include the machine tested, date tested, date test was sent, date test results were returned, and the results of testing?		Y N
9	Are weekly biological monitoring logs kept for a minimum of 2 years or since the office opened?		Y N

Inspector Initials _____ Licensee Initials _____

10	Are biofilm and organic matter removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization, following manufacturer recommendations that may require temperature and time?	Y	N
11	Are single-use items, supplies or devices and items labeled with  discarded after use and not re-processed?	Y	N
12	Are critical items (any instrument that penetrates soft tissue or bone) sterilized after each use?	Y	N
13	Are heat tolerant handpieces sterilized after each use, such as high & low speed handpieces, prophylaxis angles and motors, ultrasonic and sonic handpiece and tips, air abrasion devices, air and water syringe tips, and motors, with exception of some electric type models?	Y	N
14	Are semi-critical items sterilized after each use if not heat sensitive?	Y	N
15	Are semi-critical items, such as digital sensors, intraoral cameras, intraoral scanners, and curing lights that are not heat- or chemical-tolerant, used with FDA-approved barriers and then cleaned and disinfected with an intermediate-level disinfectant between patients?	Y	N
16	Are heat sensitive semi-critical item processed at a minimum of high-level disinfection or chemical sterilization after each use according to manufacturer's instructions?	N/A	Y
17	Demonstrate: Is proper sterilization loading technique demonstrated by staff?	Y	N
18	Are packages monitored for event-related integrity according to manufacturer guidelines, including proper folding such as folding along the dotted lines, reprocessing if compromised, correct storage, date stamping, sterilizer used (if multiple sterilizers used), and recording of the cycle or load number?	Y	N
19	Are sterilization cycles verified as follows: for pouches without cassettes and containers, by chemical/heat processes; for wrapped/closed cassettes and containers (either wrapped in pouches or not), by a class V integrator (also known as a multiple variable indicator or ISO-1440 Type V)?	Y	N

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2. The owner of the dental practice hereby acknowledges that NAC 631.178 requires every licensee to comply with CDC guidelines related to infection control. One such CDC guideline states, "dental health care personnel who have contact with patients can also be exposed to persons with infectious [tuberculosis] and should have a baseline tuberculin skin test (TST), preferably by using a two-step test, at the beginning of employment." Based on same, I acknowledge that, during the interview process with prospective employees, I will enquire whether the applicant has had a recent negative tuberculosis test. The Board has determined that this screening question meets compliance requirements, as employers are not entitled to personal health information of applicants absent consent per the Health Insurance Portability and Accountability Act, and the CDC does not require an employer to provide or pay for tuberculosis testing.
3. In the event the dental practice has satisfactorily completed the inspection, as noted in this inspection/survey form, the owner/licensee will receive from the Board's Executive Director and/or representative, written notice of satisfactorily completing the inspection conducted.
4. If the initial inspection or random inspection is failed, the licensee has 72 hours to correct any defects before the Board schedules a re-inspection. If the re-inspection is also failed, the licensee may refer to NAC 631.1785 for information on further reinspection procedures and failure consequences.
5. In the event the deficiencies pose an immediate threat to the safety and/or welfare of the public, the President of the Board may, without further action of the Board, issue an Order of Summary Suspension pursuant to NAC 631.179(4). This action can be taken at any time, including after the initial inspection or before the re-inspection.

Receipt of a copy of the foregoing is hereby acknowledged:

By: _____

Print name: _____

This _____ day of _____, 20____ at ____ : ____ .m. Title and/or Position/Capacity: _____

JOE LOMBARDO
Governor

STATE OF NEVADA



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHÄFER
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

Wilyam F. Abdelmalik, DMD APPLICANT NAME
[REDACTED] NEVADA LICENSE (licensed 04/21/2022)

Yes **No** COMPLETED APPLICATION

Yes **No** PAYMENT RECEIVED (CC 09/17/2025 / \$ 750.00)

SEE ATTACHED CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION:
Program: Oregon Academy of General Dentistry – Comprehensive Training in Parenteral Moderate Sedation

SEE ATTACHED CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY THE APPLICANT
Location: Oregon Academy of General Dentistry – Comprehensive Training in Parenteral Moderate Sedation

Yes **No** CERTIFICATION OF SPECIALTY PROGRAM COMPLETION APPROVED BY ADA CODA WHICH INCLUDES EDUCATION/TRAINING IN MS ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)
Specialty:

Yes **No** ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **08/22/2025-08/2027**

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: Wilyam F. Abdelamlik, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,

Reasons/Concerns: _____


Joshua Branco, DMD (Oct 9, 2025 18:18:16 PDT)

09/10/2025

Date

Joshua Branco, DMD
Anesthesia Chair

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,

Reasons/Concerns: _____


Daniel Streifel, DDS

Secretary-Treasurer

Date

10-10-25



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: _____
Payment Amount: _____
Staff Initials: _____

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: Wilyam	Middle Name: Fouad	Last Name: Abdelmalik	_____
-----------------------	-----------------------	--------------------------	-------

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**

Office Name: _____
Office Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

B. EDUCATION INFORMATION

1. Highest Degree Earned:	<input type="checkbox"/> Certificate <input type="checkbox"/> Bachelors <input type="checkbox"/> Doctoral (DDS)	<input type="checkbox"/> Associates <input type="checkbox"/> Masters <input checked="" type="checkbox"/> Doctoral (DMD)
2. Educational Institution Name: Temple University School of Dentistry		
3. Institution City: Philadelphia	Institution State: PA	Did you Graduate? <input checked="" type="radio"/> Yes <input type="radio"/> No
4. *If Yes, Graduation Date: 5/18/19	**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:		
9. Institution City:	Institution State:	Did you Graduate? <input type="radio"/> Yes <input type="radio"/> No
10. *If Yes, Graduation Date:	Did you receive Specialty Certificate/Diploma? <input type="radio"/> Yes <input type="radio"/> No	
Certificate/Diploma: _____		

C. APPLICANT ATTESTATIONS

1. By selecting this box, I attest that I have received and attached said certification to this application proving I have completed no less than sixty (60) hours of course study as subject to the approval of the Board, dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older	<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.



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/N2O 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:

9/15/25

NEVADA STATE BOARD OF DENTAL EXAMINERS



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

(TEMPORARY)

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation restricted to patients 13 years of age and older)
QUALIFICATIONS OF APPLICANTS

Roberto Rodriguez, DMD

APPLICANT NAME



NEVADA LICENSE (licensed 05/29/2025)

Yes

No

COMPLETED APPLICATION

Yes

No

PAYMENT RECEIVED (CC 11/05/2025 / \$ 750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

**Program: Meharry Medical College School of Dentistry affiliated with
DOCS Education**

SEE ATTACHED

CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM
OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY
THE APPLICANT

Location: Happy Smiles, Lexington Kentucky

Yes

No

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH

Specialty:

INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Yes

No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS

ACLS VALID DATES: **10/01/2025 – 10/2027**

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S
LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY
BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: Roberto Rodriguez, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,

Reasons/Concerns: _____

Josh Branco DMD

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

06/11/2025

Joshua Branco, DMD
Anesthesia Chair

_____ Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,

Reasons/Concerns: _____

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: Dr. Roberto Rodriguez

Office Site Permit

Check box if you are

DENTAL EDUCATION

University/
College: Nova Southeastern University

Location: Davie, Florida

Dates attended: 8 / 5 / 24 to 1 / 20 Degree Earned: DMD

BOARD APPROVED PROGRAM

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

Location: Happy Smiles, Lexington Kentucky

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

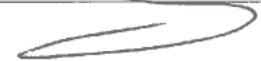
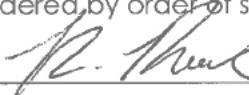
I also understand that this permit does NOT allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions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

10/31/2025



NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

NEVADA STATE BOARD OF DENTAL EXAMINERS



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

(TEMPORARY)

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation restricted to patients 13 years of age and older)
QUALIFICATIONS OF APPLICANTS

Kevin T. Major, DMD

APPLICANT NAME



NEVADA LICENSE (licensed 05/24/2022)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC 09/24/2025 / \$ 750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

**Program: Oregon Academy of General Dentistry – Comprehensive
Training in Parenteral Moderate Sedation**

SEE ATTACHED

CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM
OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY
THE APPLICANT

**Location: Oregon Academy of General Dentistry – Comprehensive
Training in Parenteral Moderate Sedation**

Yes No

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Specialty:

Yes No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **07/23/2025 – 07/2027**

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: Kevin T. Major, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,

Reasons/Concerns: _____


Joshua Branco, DMD (Oct 9, 2025 18:17:34 PDT)

09/10/2025

Joshua Branco, DMD
Anesthesia Chair

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
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

<u>OFFICE USE ONLY</u>	
Received: <u>SEP 23 2025</u>	
Date Received:	<u>SEP 23 2025</u>
Payment Amount:	<u>SEP 23 2025</u>
Staff Initials:	<u>NSBDE</u>

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: <u>Kevin</u>	Middle Name: <u>Tibor</u>	Last Name: <u>Major</u>	
--------------------------	---------------------------	-------------------------	--

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, PLEASE LIST EACH PRACTICE ADDRESS**

1. Highest Degree Earned:	<input type="checkbox"/> Certificate <input type="checkbox"/> Bachelors <input type="checkbox"/> Doctoral (DDS)	<input type="checkbox"/> Associates <input type="checkbox"/> Masters <input checked="" type="checkbox"/> Doctoral (DMD)
2. Educational Institution Name:	<u>University of Nevada, Las Vegas School of Dental Medicine</u>	
3. Institution City: <u>Las Vegas</u>	Institution State: <u>NV</u>	Did you Graduate? <input checked="" type="radio"/> Yes <input type="radio"/> No
4. *If Yes, Graduation Date: <u>5/13/2022</u>	**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	

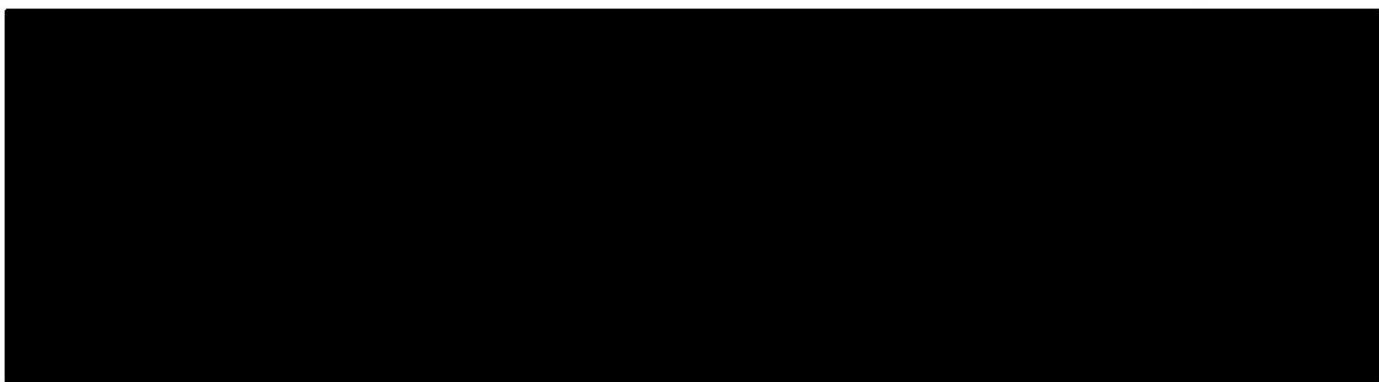
***Specialty Education**

7. Educational Program Name:		
9. Institution City:	Institution State:	Did you Graduate? <input type="radio"/> Yes <input checked="" type="radio"/> No
10. *If Yes, Graduation Date:	Did you receive Specialty Certificate/Diploma? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Certificate/Diploma:		

C. APPLICANT ATTESTATIONS

1. By selecting this box, I attest that I have received and attached said certification to this application proving I have completed no less than sixty (60) hours of course study as subject to the approval of the Board, dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older	<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.



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
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:

9/10/25

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG

MARCEL F. SCHÄFERER
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 Wills, DMD

APPLICANT NAME



NEVADA LICENSE (licensed 07/17/2024)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC 06/30/2025 / \$ 750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

Program: Happy Smiles – DOCS EDUCATION

SEE ATTACHED

CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM
OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY
THE APPLICANT

Location: Salt Lake City, Utah

Yes No

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Specialty:

Yes No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **06/11/2025 – 06/2027**

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S
LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY
BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: Michael Wills, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,

Reasons/Concerns: _____


Joshua Branco, DMD (au11-2025.09-58.PDF)

Joshua Branco, DMD
Anesthesia Chair

07/01/2025

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,

Reasons/Concerns: _____


Daniel Streifel, DDS

Secretary-Treasurer

12-5-25

Date



Nevada State Board of Dental Exam

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

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MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Michael Wills

Office Site Permit

Check box if you are

DENTAL EDUCATION

University of Nevada, Las Vegas

University/
College: School of Dental Medicine

Location: Las Vegas, NV

Dates attended: 08 / 07 Degree Earned:
to
05 / 12 DMD

BOARD APPROVED PROGRAM

Name/
Instructor: Happy Smiles SLC
Margaret Walker, DMD

Location: Salt Lake City, Utah

Dates attended: 04 / 06 / 25 Certificate Granted:
to
06 / 14 / 25 Conscious Sedation

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

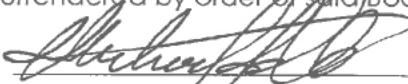
- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate 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 06.24.2015

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

NEVADA STATE BOARD OF DENTAL EXAMINERS



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

(TEMPORARY)

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation restricted to patients 13 years of age and older)
QUALIFICATIONS OF APPLICANTS

Joseph N. Taylor, DDS

APPLICANT NAME



NEVADA LICENSE (licensed 01/27/2020)

Yes

No

COMPLETED APPLICATION

Yes

No

PAYMENT RECEIVED (CC 10/21/2025 / \$ 750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

Program: DOCS Education in affiliation with Idaho State University

SEE ATTACHED

CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM
OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY
THE APPLICANT

Location: Happy Smiles - Salt Lake City, UT

Yes

No

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Specialty:

Yes

No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **12/11/2024 – 12/2026**

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S
LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY
BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: Joseph N. Taylor, DDS

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,

Reasons/Concerns: _____

28/10/2025


Joshua Branco, DMD
Anesthesia Chair

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,

Reasons/Concerns: _____


Daniel Streifel, DDS

Secretary-Treasurer

Date

12-5-25



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

OFFICE USE ONLY
Received

Date Received: **OCT 21 2025**
Payment Amount:
Staff Initials: **NSBDE JF**

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: **Joseph** Middle Name: **Nicholas** Last Name: **Taylor**

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

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

[REDACTED]

B. EDUCATION INFORMATION

1. Highest Degree Earned:	<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:	USC Herman Ostrow School of Dentistry	
3. Institution City: L.A.	Institution State: CA	Did you Graduate? <input checked="" type="checkbox"/> Yes <input type="radio"/> No
4. *If Yes, Graduation Date: 2017	**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="checkbox"/> No	

*Specialty Education			
7. Educational Program Name: Docs Education			
9. Institution City: Salt Lake	Institution State: UT	Did you Graduate? <input checked="" type="radio"/> Yes <input type="radio"/> No	
10. *If Yes, Graduation Date: 12/2024	Did you receive Specialty Certificate/Diploma? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Certificate/Diploma: _____			

C. APPLICANT ATTESTATIONS

1. By selecting this box, I attest that I have received and attached said certification to this application proving I have completed no less than sixty (60) hours of course study as subject to the approval of the Board, dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older	<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.

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 checked="" type="checkbox"/> Site Permit	\$500.00
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OPTIONAL REQUEST FEES

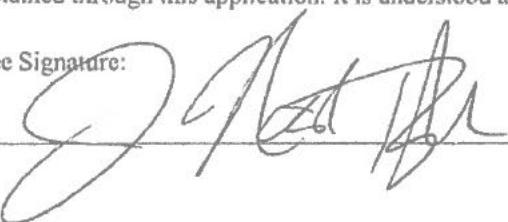
<input type="checkbox"/> Duplicate Anesthesia Permit	\$25.00	Quantity: _____
<input type="checkbox"/> Duplicate DH Local Anesthesia/N20 Permit	\$25.00	Quantity: _____
<input type="checkbox"/> Name Change	\$25.00	

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:

10/20/2025

NEVADA STATE BOARD OF DENTAL EXAMINERS



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

(TEMPORARY)

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation restricted to patients 13 years of age and older)
QUALIFICATIONS OF APPLICANTS

Caitlin M. Caraballo, DDS

APPLICANT NAME

[REDACTED]

NEVADA LICENSE (licensed 04/03/2025)

Yes **No**

COMPLETED APPLICATION

Yes **No**

PAYMENT RECEIVED (CC 03/05/2025 / \$ 750.00)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION:

Program: Vesper Institute

SEE ATTACHED

CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM
OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY
THE APPLICANT

Location: Vesper Institute – Cincinnati, OH

Yes **No**

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Specialty:

Yes **No**

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **02/14/2025 – 02/2027**

CERTIFICATION CAN INCLUDE LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S
LETTERHEAD (W/SEAL) OR CERTIFICATE OF COMPLETION BY RECOGNIZED SPECIALTY
BOARD PURSUANT TO NAC 631.190.

REVIEW CONTINUED – APPLICANT: Caitlin M. Caraballo, DDS

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,

Reasons/Concerns: _____


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

28/10/2025

Joshua Branco, DMD
Anesthesia Chair

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,

Reasons/Concerns: _____


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: Caitlin Caraballo

Office Site Permit

Check box if you are

DENTAL EDUCATION

University/
College: Loma Linda University

Name/
Instructor: Vesper Institute

Location: Loma Linda, CA

Location: Cincinnati, OH

Dates
attended: 8/1/115 to 6/1/119 Degree Earned:
DDS

Dates
attended: 3/16/125 to 4/13/125 Certificate
Granted:
Moderate Sedation

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

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

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

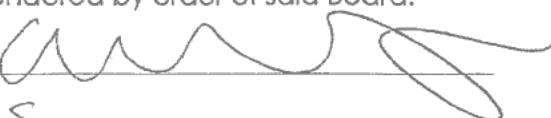
I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation ONLY to patients 13 years of age or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

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

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

Signature of Applicant

Date


4/3/2025

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

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

Abdulmohsin Alhashim, DDS APPLICANT NAME

[REDACTED] NEVADA LICENSE (licensed 05/11/2022)

Yes No COMPLETED APPLICATION

Yes No PAYMENT RECEIVED (CC 12/12/2025 / \$ 750.00)

SEE ATTACHED CERTIFICATION OF MINIMUM 60 HOURS APPROVED COURSE STUDY DEDICATED EXCLUSIVELY TO THE ADMINISTRATION OF MODERATE SEDATION:

Program: Idaho State University affiliated with DOCS Education

SEE ATTACHED CERTIFICATION OF THE ADMINISTRATION OF A MINIMUM OF 20 SEDATION CASES SUCCESSFULLY MANAGED BY THE APPLICANT

Location: Salt Lake City, Utah

Yes No CERTIFICATION OF SPECIALTY PROGRAM COMPLETION APPROVED BY ADA CODA WHICH INCLUDES EDUCATION/TRAINING IN MS ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)
Specialty:

Yes No ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **11/19/2025 – 11/2027**

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: Abdulmohsin Alhashim, DDS

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO, Reasons/Concerns: _____

Josh Branco DMD
Josh Branco DMD [Dec 16, 2025 20:05:25 PST]
Joshua Branco, DMD
Anesthesia Chair

12/16/2025
Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED, Reasons/Concerns: _____

Dan Streifel
Daniel Streifel, DDS
Secretary-Treasurer

1-8-26
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: 12/12/2025

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: <u>Abdulmonsin</u>	Middle Name:	Last Name: <u>Al hashim</u>	
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Pursuant to NAC 631.150, all licensees are required to keep the Board informed of their current address. 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 type="checkbox"/> Doctoral (DDS)	<input type="checkbox"/> Associates <input checked="" type="checkbox"/> Masters <input type="checkbox"/> Doctoral (DMD)
2. Educational Institution Name:	<u>Rutgers University</u>	
3. Institution City:	Institution State: <u>NJ</u>	Did you Graduate? <input checked="" type="checkbox"/> Yes <input type="radio"/> No
4. *If Yes, Graduation Date: <u>3/10/2010</u>	**If No, Expected Graduation Date:	
5. Did you attend a Postdoctoral program in a specialty or advanced education in dentistry?	<input checked="" type="checkbox"/> Yes* <input type="radio"/> No Received	

DEC 12 2025

NSBDE

Page 1 | 4

*Specialty Education			
7. Educational Program Name: DOCS Education - Idaho State University			
9. Institution City: Salt Lake City		Institution State: Utah	Did you Graduate? <input checked="" type="checkbox"/> Yes <input type="radio"/> No
10. *If Yes, Graduation Date: 11/22/2025		Did you receive Specialty Certificate/Diploma? <input checked="" type="checkbox"/> Yes <input type="radio"/> No	
Certificate/Diploma: _____			

C. APPLICANT ATTESTATIONS

1. By selecting this box, I attest that I have received and attached said certification to this application proving I have completed no less than sixty (60) hours of course study as subject to the approval of the Board, dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older	<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.** 

Received
DEC 12 2025
NSBDE

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 checked="" type="checkbox"/> Site Permit	\$500.00
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:

12/9/25

Received
DEC 12 2025
NSBDE



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 07/27/2018)

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**

CERTIFICATION OF SPECIALTY PROGRAM
COMPLETION APPROVED BY ADA CODA WHICH
INCLUDES EDUCATION/TRAINING IN MS
ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)

Specialty:

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

Joshua Branco DMD (Dec 22, 2025 13:55:51 PST)

22/12/2025

Joshua Branco, DMD
Anesthesia Chair

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,

Reasons/Concerns: _____

Daniel Streifel, DDS
Secretary-Treasurer

Date



NEVADA STATE BOARD OF DENTAL EXAMINERS
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: _____

Payment Amount: _____

Staff Initials: _____

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	License Number: [REDACTED]
------------------------	------------------------	---------------------	-------------------------------

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

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

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: Herman Ostrow School of Dentistry at the University of Southern California		
3. Institution City: Los Angeles	Institution State: CA	Did you Graduate? <input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input checked="" type="radio"/> Yes* <input type="radio"/> No	

***Specialty Education**

7. Educational Program Name:

Vesper Institute

9. Institution City:

Cincinnati

Institution State:

OH

Did you Graduate?

 Yes No

10. *If Yes, Graduation Date:

11/24/2025

Did you receive Specialty Certificate/Diploma?

 Yes NoCertificate/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.



E. FEES

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

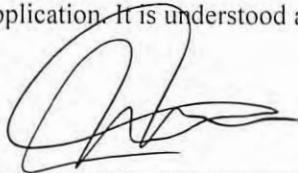
<input checked="" type="checkbox"/> Moderate Sedation	\$750.00	<input type="checkbox"/> Site Permit	\$500.00
OPTIONAL REQUEST FEES			
<input type="checkbox"/> Duplicate Anesthesia Permit	\$25.00	Quantity: _____	
<input type="checkbox"/> Duplicate DH Local Anesthesia/N20 Permit	\$25.00	Quantity: _____	
<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:

12/12/25



Outlook

New Board Petition Request

From Mckinney | 4- Petition (via Airtable) <noreply+automations@airtableemail.com>

Date Sat 12/6/2025 1:21 PM

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

Cc Adam Higginbotham <ahigginbotham@dental.nv.gov>; Lauren Chagolla <lchagolla@dental.nv.gov>; Arielle Cyberman <acyberman@dental.nv.gov>; Board of Dental Examiners <nsbde@dental.nv.gov>

2 attachments (8 MB)

IMG_0158.jpeg; IMG_0157.jpeg;

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

Please see the Petition to Appear Before the Board.

First Name

Kweisi

Last Name

Mckinney

Petition Request Type

Criminal Background Review

Petition Description

Wanted to know if my background would disbar me from the state board examination test and licensing...

ld

Sent via Automations on  **Airtable**

[Unsubscribe](#)

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