

JOE LOMBARDO  
Governor

DR. KRISTOPHER SANCHE  
*Director, Dept. of B & I*

STATE OF NEVADA



PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAERE  
*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**

**NOTICE OF WORKSHOP  
TO SOLICIT COMMENTS ON SEVERAL PROPOSED NEW REGULATIONS AND  
AMENDMENTS TO EXISTING REGULATIONS  
AND  
WORKSHOP AGENDA**

The State of Nevada, Department of Business and Industry, Nevada State Board of Dental Examiners (the Board) is proposing the adoption, amendment or repeal of several regulations pertaining to chapter 631 of the Nevada Administrative Code (NAC). A workshop has been set for **10:00 a.m. on Tuesday, March 17, 2026**, at the following location:

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

Interested persons may also participate through a simultaneous videoconference link, which is available at:

**To access by phone, +1(646) 568-7788**

**To access by video webinar: <https://us06web.zoom.us/j/89267558550>**

**Webinar/Meeting ID#: 892 6755 8550**

**Webinar/Meeting Passcode: 286969**

Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify our office prior to the day before the meeting by calling (702) 486-7044 no later than two (2) working days prior to the scheduled meeting.

The purpose of the workshop is to solicit comments from interested persons on the following general topic(s) that may be addressed in the proposed regulation(s); and to assist in determining whether the proposed regulation additions and amendments are likely to impose a direct and significant burden upon a small business or directly restricts the formation, operation or expansion of a small business.

1. **Amend NAC 631.028 - Applications for licensure; payment of fees** – A regulation related to professional licensing for the practices of dentistry and dental hygiene; *[new] amends notary requirements to allow for declarations in lieu.* [Authority: there is no NRS authority on point; see NRS 53.045; NRS 53.350 for declaration allowances, generally.]

**Andrea Barraclough (General Counsel) explained that the amendment is part of a broader effort to modernize licensure application and fee requirements by reducing outdated notarization mandates. Instead of requiring notarized documents, applicants will be allowed to submit declarations under penalty of perjury, which are now recognized as legally sufficient. This change is intended to streamline the process, reduce costs, and eliminate the inconvenience of obtaining notarization, while still holding applicants accountable for the accuracy of their submissions. No public comments or questions were raised on this section.**

**No additional public input was provided**

2. **Amend NAC 631.170 - Placement of license on inactive, retired or disabled status; reinstatement** – A regulation related to professional licensing for the practices of dentistry and dental hygiene; sets forth requirements for voluntary inactivation and reactivation of a dentistry, dental hygiene, dental therapy, or expanded function dental assisting license; *[new] amends notary requirements to allow for declarations in lieu.* [Authority: there is no NRS authority on point; see NRS 53.045; NRS 53.350 for declaration allowances, generally.]

**Andrea Barraclough (General Counsel) explained that the only change is updating the language to replace required notarization with the option to use a declaration under penalty of perjury. While individuals may still choose to have documents notarized, it is no longer mandatory, allowing them to instead use a declaration under penalty of perjury as a simpler and more cost-effective alternative.**

**No additional public input was provided**

3. **Amend NAC 631.2205 - Contents of form for registration to provide continuing education** – A regulation related to the provision of continuing dental education; *[new] amends notary requirements to allow for declarations in lieu.* [Authority: there is no NRS authority on point; see NRS 53.045; NRS 53.350 for declaration allowances, generally.]

**Andrea Barraclough (General Counsel) explained that this is another update aimed at streamlining requirements by replacing notarization with a declaration under penalty of perjury.**

**No additional public input was provided**

4. **Implement NAC 631.274 - Closure or Sale of Dental Clinic; records retention obligations** – *[all new] A regulation relating to the practice of dentistry; establishes practices for patient*

*notes record retention after a dentist sells or closes their business; expands records retention to infection control inspection records; allows a practice-selling dentist continued access to patient records after the sale for purposes of responding to disciplinary complaints. [Authority: no NRS 631 or NRS 629 directly on point regarding records retention post-office closure or sell, though NRS 631.3452(1)(g) discussed records retention obligations on dental practice owners; see also NRS 629.051 for medical records retention scheduled, generally.]*

**Andrea Barraclough (General Counsel) explained that this regulation was developed in response to frequent questions and complaints from the public about who is responsible for patient records after a dental practice is sold. Because there was no clear guidance on this issue, the regulation aims to clarify responsibility, streamline the process, and help prevent future complaints from patients who are unable to locate their records after practice closes.**

**No additional public input was provided**

**5. Amend 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. – A**

regulation related to the practices of dentistry, dental hygiene, dental therapy, and expanded function dental assisting; establishes requirements for radiographic procedures; and *[new]* removing the lead apron requirement. [Authority: no NRS 631 or NRS 629 directly on point and no NRS 653 directly on point. See NRS 631.190, generally. However, the American Dental Association 2024 revised guidelines have removed the recommendation for lead aprons during dental radiography. See *e.g.*, <https://www.ada.org/about/press-releases/ada-releases-updated-recommendations-to-enhance-radiography-safety-in-dentistry>]

**Andrea Barraclough (General Counsel) stated that the regulation on radiographic procedures has been updated to reflect modern advancements in dental technology and radiation safety. Due to improved equipment and lower radiation exposure levels, along with updated research, the American Dental Association has removed the requirement for routine use of lead aprons. The Board is proposing the same change to remain consistent with current ADA guidelines and modern dental practices.**

**Dr. Tyree Davis, Chief Medical Officer for Ancillary Services for Nevada Health Center and Practicing Dentist, stated that several employees have raised questions about discontinuing the use of lead aprons. He clarified that, at this time, current regulations must still be followed, and any changes cannot be implemented until the legislation is officially passe.**

**Andrea Barraclough (General Counsel) confirmed that until the proposed changes are finalized through the LCB adoption process, the current regulation remains in effect and still requires the use of lead aprons. Dental offices are advised to continue following this**

requirement until official notice is provided, at which point an announcement will be sent to inform constituents that the requirement has been removed.

**No additional public input was provided**

6. **Implement NAC 631.028A - Priority processing of initial applications based on employment in a historically underserved community** – *[all new] A regulation relating to licensing of dental professionals; establishes practices for prioritizing licensure applications for those practitioners seeking employment in historically underserved communities.* [Authority: AB 483.]

**Andrea Barraclough (General Counsel) introduced NAC 630.1028A as entirely new language to implement requirements from AB 483, passed in the most recent legislative session. AB 483 directs all medical licensing boards to expedite the processing of applications for individuals seeking to practice in historically underserved communities, as defined in the bill. This regulation formalizes the Board’s obligation to comply with AB 483 by establishing how it will implement and carry out expedited licensure for qualifying applicants.**

**No additional public input was provided**

7. **Amend NAC 631.178 - Adoption by reference of certain guidelines; additional infection control inspection requirements; compliance with guidelines required** – A regulation relating to dentistry; revising provisions relating to certain guidelines for infection control and disinfection and sterilization adopted by reference; and *[new] establishing certain requirements for passage of an infection control inspection.* [Authority: there is no NRS 631 authority on point; *see* NRS 631.190, generally.]

**Andrea Barraclough (General Counsel) explained that there is already a carve-out for clinics serving historically underserved communities but acknowledged that larger federally qualified health centers and nonprofit clinics in areas like Washoe or Clark counties may not fall under that definition. Andrea Barraclough committed to reviewing the current language to ensure those types of organizations are also appropriately included, emphasizing that the original intent was to provide flexibility for such practices regarding infection control.**

**No additional public input was provided**

8. **Amend NAC 631.1785 - Inspection of office or facility for infection control compliance** – A regulation relating to dentistry; requiring initial inspections of offices or facilities where dental treatments are to be performed; *[new] amends inspection requirements, inspection failure appeal procedures, and reinspection availability; requires inspections of non-dental offices.* [Authority: there is no NRS 631 authority on point. But *see* NRS 631.396. See also NRS 631.190, generally.]

9. **Amend NAC 631.179 - Random inspection of office or facility; subsequent action by Executive Director** – A regulation relating to dentistry; authorizing random inspections of offices or facilities where dental treatments are to be performed; *[new] amends inspection requirements, inspection failure appeal procedures; and reinspection availability.* [Authority: there is no NRS 631 authority on point but *see* NRS 631.396. See also NRS 631.190, generally.]

Andrea Barraclough (General Counsel) combined the next two regulations (NAC 631.1785 and NAC 631.179) together for a discussion due to both items being related to inspections. Ms. Barraclough addressed inspection of offices or facilities for compliance. She noted that Dr. Davis’s earlier comment is relevant to this section as well and reiterated their intention to review the language to ensure consistency in how it applies to historically underserved community clinics, as well as larger nonprofit and federally qualified health centers.

No additional public input was provided

10. **Implement NAC 631.029 - Schedule of fees** – *[all new formatting, some changes fees] A regulation relating to the practice of dentistry, dental hygiene, dental therapy, and expanded function dental assisting, revising the schedule of fees charged by the Board for licensing and administration.* [Authority: NRS 631.345]

Andrea Barraclough (General Counsel) covered the next topic, which covers the schedule of fees. Before opening the floor for discussion, Andrea Barraclough invited Director Higginbotham to provide an overview of the reasons behind increasing certain fees and restructuring the fee schedule. Andrea Barraclough also noted that the regulation has been reformatted compared to the current version, which was previously unstructured and confusing. The new format organizes fees by dental practice type, making it easier for individuals to identify which fees apply to them.

Director Higginbotham explained that the proposed fee increases are necessary to support the Board’s efforts to modernize its operations, particularly by transitioning from paper-based processes to more efficient online systems. He noted that while steps like removing notary requirements are part of this shift, implementing full digital licensing and administrative processes requires new software, which comes with significant costs. Previous attempts to procure a licensing system were unsuccessful due to budget constraints, leaving the board to rely on outdated software from 2015, though a newer operational system was recently approved to improve some administrative functions. He also highlighted those regulatory changes—such as adding new license types and implementing required redaction of patient and provider information in complaint processes—have increased workload and expenses. Combined with the effects of inflation on long-standing, decades-old fees, these factors have made it necessary to update the fee schedule to fund improved services and sustain the Board’s operations.

Andrea Barraclough (General Counsel) added further context to justify the fee increases by referencing a significant historical event in 2002, when approximately \$700,000 was

embezzled from the Board, effectively depleting its reserves. She explained that, unlike many other boards, the organization has never been able to fully rebuild those reserves, largely due to outdated fee structures. As a result, the Board operates with minimal financial cushion, likening its situation to living “year to year” on licensure fees. The speaker also emphasized that the proposed fees were developed with transparency and careful consideration, including comparisons with similar boards in neighboring states such as California, Arizona, Utah, Oregon, and Washington. The goal was to remain competitive while still addressing operational needs, especially given the Board’s lower volume of licensees.

**No additional public input was provided.**