

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD MEMBER BOOK:

**Board Teleconference
Meeting**

**Wednesday, October 9, 2024
6:00 p.m.**

PUBLIC BOOK



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

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time

Wednesday, October 9th, 2024
6 :00 P.M.

Meeting Location:

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

Video Conferencing / Teleconferencing Available

To access by phone, call +1 775-321-6111

To access by video webinar, visit:

<https://us06web.zoom.us/j/84560150874>

Webinar/Meeting ID#: 845 6015 0874

Webinar/Meeting Passcode: 437227

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form and Live Public Comment by teleconference is available after roll call (beginning of meeting and prior to adjournment (end of meeting). Live Public Comment is limited to three (3) minutes for each individual.

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov**. Written submissions received by the Board on or before **Tuesday, October 8, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

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

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

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

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

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

1. **Call to Order**

- 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 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 **Tuesday, October 8, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

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

*a. **Request to remove agenda item(s)** (For Possible Action)

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

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

*a. **Approval/Rejection of Minutes** (For Possible Action)

(1) Board Meeting – 9/11/2024

*5. **General Counsel's Report:** (For Possible Action)

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

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

*6. **New Business:** (For Possible Action)

*a. **Approval/Rejection of Temporary Anesthesia Permit – NRS 631.190; NAC 631.2254** (For Possible Action)

(1) Dale Christopher Irving, DDS – Moderate Sedation

(2) Tatiana Alhwayek, DMD – Moderate Sedation (Pediatric)

(3) May Manswer, DDS - Moderate Sedation (Pediatric)

*b. **Approval/Rejection of 90-day Extension of Temporary Anesthesia Permit – NRS 631.190; NAC 631.2234(2);** (For Possible Action)

(1) Robinpreet Singh Pannu, DDS – General Anesthesia

(2) Guadalupe Gutierrez, DMD – Moderate Sedation

(3) Romulo Guideng, DMD – Moderate Sedation

*c. **Approval/Rejection of Permanent Anesthesia Permit – NRS 631.190; NAC 631.2235** (For Possible Action)

(1) Rajan Sheth, DDS – Moderate Sedation

***d Discussion and Consideration of Referral from the Anesthesia Committee to the Board to Approve or Deny DOCS EDUCATION as a Moderate Sedation Board Approved Course of Study and to Specifically Address Whether Such Course is for Patients 13 years of Age or Older NRS 631.190 & NAC 631.2213** (For Possible Action)

***e. Discussion, Consideration and Possible Approval/Rejection of a Contract for a Lobbying Firm to Represent the Board Before the Nevada Legislature – NRS 631.190** (For Possible Action)

(1) Mike Draper – Argentum Partners

***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 **Tuesday, October 8, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

***8. Announcements**

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

PUBLIC NOTICE POSTING LOCATIONS

Office of the NSBDE 2651 N GREEN VALLEY PKWY, Ste 104, Henderson, Nevada 89014
Nevada State Board of Dental Examiners Website: www.dental.nv.gov
Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 2(a):
Public Comment



October 8, 2024

Nevada State Board of Dental Examiners and Staff,

On behalf of the member dentists of the Nevada Dental Association (NDA), I am writing to express concerns regarding the Board's consideration of hiring a legislative-affairs firm that simultaneously represents a dental-insurance plan with opposing legislative interests.

The differing legislative agenda between dental-care providers and insurance companies has consistently been adversarial, as the NDA actively advocates for dental-insurance reforms on behalf of Nevada dentists and patients. Disputes between dental-care providers and dental insurance plans include:

- Low reimbursement rates: Providers argue that payments from dental insurers do not cover the costs of patient care.
- Coverage limitations: Dental insurers often restrict coverage and access to care, especially for newer or elective procedures, leading to disputes over what's necessary.
- Administrative burden: The need for pre-authorizations and complex claims processes add significant restrictions to patient care.
- Claim denials: Frequent denials or underpayments of claims by dental insurers, with challenging appeal processes.
- Network status: Tension between being in-network at lower rates or out-of-network with potential patient loss.
- Quality vs. cost: Providers feel pressured to compromise on care quality due to cost constraints by dental insurers.
- Communication: Lack of transparency and inefficient communication about policies and claims that often pit providers against patients over an insurance-plan policy.

Further, during the 2021 legislative session, representatives of dental-insurance plans contended with advocate dentists on critical reforms to retroactive-claim denials and surprise billing ([SB269](#)). During the 2023 legislative session, representatives of dental-insurance plans again contended with advocate dentists regarding the accountability and reporting of medical-loss-ratio for dental insurance ([SB393](#)). Both instances pitted Board licensees and their patients against dental insurance profit



margins. While there are many more examples, these recent legislative efforts highlight the importance of the Board hiring conflict-free representation.

Dentists are often placed in an ethical bind where they must choose between providing the best care for their patients or adhering to an insurance company's guidelines that may not align with clinical-best practices. It shouldn't have to be this way, which is why the NDA continuously seeks dental-insurance reforms. The reality is: Board licensees are seeking to increase the quality and access to care, while dental-insurance plans restrict care through limitations, spending caps, and bureaucracy. It's because of this and more that we implore you to seek legislative representation that is conflict-free.

If you have any questions, please feel free to call me at (775) 233-1751.

Thank you,

Dr. Patrick Silvaroli, DMD

President

Nevada Dental Association

Agenda Item 4(a):
Approve/Reject Minutes
Board Meeting – 09/11/2024

Agenda Item 6(a):

**Approval/Rejection of Temporary Anesthesia Permit –
NRS 631.190; NAC 631.2254 (For Possible Action)**

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

NAC 631.2254 Temporary permits. ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 6(a)(1):
Dale Christopher Irving, DDS –
Moderate Sedation

Nevada State Board of Dental Examiners



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

(TEMPORARY)
MODERATE SEDATION ADMIN PERMIT APPLICATION
(Administration of Moderate Sedation restricted to patients 13 years of age and older)

QUALIFICATIONS OF APPLICANTS

Dale Christopher Irving, DDS APPLICANT NAME (Lic. #8033 – licensed 06/12/2024)

Yes No COMPLETED APPLICATION

Yes No PAYMENT RECEIVED (CC / \$ 750.00)

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

Program: University of Pittsburgh

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

Location: University of Pittsburgh

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: **05/14/2024 - 05/2026**


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: Dale Christopher Irving, DDS

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,
Reasons/Concerns: _____



Josh Bratico DMD (Sep 9, 2024 07:13 PDT)
Joshua Branco, DMD
Interim Anesthesia Chair

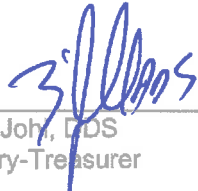
09/09/24

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns: _____



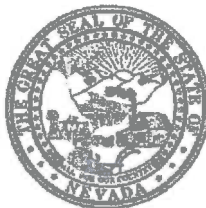
Tejpaul Johl, DDS
Secretary-Treasurer

9-11-24

Date

Agenda Item 6(a)(2):
Tatiana Alhwayek, DMD –
Moderate Sedation (Pediatric)

Nevada State Board of Dental Examiners



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(TEMPORARY)
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
QUALIFICATIONS OF APPLICANTS

Tatiana Alhwayek, DMD

APPLICANT NAME

S6-237

NEVADA LICENSE (licensed 08/22/2024)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC \$750.00 on 9/10/2024)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION
(EQUIVALENT TO 60 HOURS/25 CASES)

Specialty: Pediatric Dentist
UNLV SDM
Completion date: 06/28/2024

Yes No

PALS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
PALS VALID DATES:
06/27/2024 – 06/2026

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 by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES x NO

IF REJECTED,
Reasons/Concerns:

Signature of Joshua M Branco, DMD
Joshua M Branco, DMD
Chair of Anesthesia Committee

09/17/24
Date

REVIEW CONTINUED
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
APPLICANT: Tatiana Alhwayek, DMD

Review by Secretary- Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns: _____

Tejpaul Johl, DDS
Secretary-Treasurer

Date

Agenda Item 6(a)(3):
May Manswer, DDS -
Moderate Sedation (Pediatric)

Nevada State Board of Dental Examiners



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(TEMPORARY) PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

May Manswer, DDS

APPLICANT NAME

8080

NEVADA LICENSE (licensed 07/15/2024)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (Check \$750.00 on 8/23/2024)

SEE ATTACHED

CERTIFICATION OF MINIMUM 60 HOURS APPROVED
COURSE STUDY DEDICATED EXCLUSIVELY TO THE
ADMINISTRATION OF MODERATE SEDATION
(EQUIVALENT TO 60 HOURS/25 CASES)

**Specialty: NYU Langone Advanced Education in Pediatric
Dentistry – Hawaii Site
NYU Langone Health
Completion date: 06/30/2024**

Yes No

PALS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
**PALS VALID DATES:
06/18/2024 – 06/2026**

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 by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES_x NO

IF REJECTED,
Reasons/Concerns: _____


Josh Branco DMD (Sep 17, 2024 10:31 PDT)
Joshua M Branco, DMD
Chair of Anesthesia Committee

09/17/24

Date

REVIEW CONTINUED
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
APPLICANT: May Manswer, DDS

Review by Secretary- Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns: _____

Tejpaul Johl, DDS
Secretary-Treasurer

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

PEDIATRIC DENTISTRY SPECIALISTS PEDIATRIC MODERATE SEDATION ADMIN PERMIT APPLICATION (Administration of Moderate Sedation to pediatric patients)

Office Site Permit
Check box if you are applying for a Site Permit for this same office location as well

Name: May Manswer License Number: 8080

Dental Practice Name: Hello Kids Dental & Orthodontics Inspirada

Office Address: 2380 Via Inspirada Suite 100B, Henderson, NV 89044

Office Telephone: (702) 844-6364 Office Fax No: _____

DENTAL EDUCATION

University/College: Herman Ostrow School of Dentistry of USC

Location: Los Angeles, CA

Dates attended: 08 / 01 / 17 to 05 / 01 / 21 Degree Earned: DDS

SPECIALTY PROGRAM

University/College: NYU Langone Advanced Education in Pediatric Dentistry - Hawaii Site

Location: Hawaii

Dates attended: 07 / 01 / 22 to 06 / 30 / 24 Degree Awarded: June 30, 2024

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 specialty program accredited by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training.
- 4) Valid certification in Pediatric Advance 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

Received
AUG 28 2024
NSBDE

I hereby make application for a Pediatric Moderate Sedation Permit to administer moderate sedation to pediatric patients 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 pediatric patients at the address listed above. If I wish to administer moderate sedation to pediatric patients at another location, I understand that each site must be inspected and issued a "**Pediatric Moderate Sedation Site Permit**" and/or a "**Moderate Sedation Site Permit**" by the Board prior to the administration of moderate sedation to pediatric patients. I understand that this permit, if issued, allows only me to administer moderate sedation to pediatric patients.

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

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 Aug 23, 2024

****APPLICATION FOR PEDIATRIC MODERATE SEDATION ADMINISTRATION ****

Certification of completion of a specialty program accredited by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation to pediatric patients that is equivalent to the education and training described in subsection (1) of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to pediatric patients and submit proof of the successful administration as the operator of moderate sedation to not less than 25 pediatric patients.

SUBMISSION OF NO LESS THAN 25 CASES OF MODERATE SEDATION ADMINISTRATION

Received
'AUG 28 2024
NSBDE

Agenda Item 6(b):
Approval/Rejection of 90-Day Extension of Temporary
Anesthesia Permit – NRS 631.190;
NAC 631.2234(2)

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

NAC 631.2254 Temporary permits. ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 6(b)(1):
Robinpreet Singh Pannu, DDS – General
Anesthesia

Nevada State Board of Dental Examiners



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(TEMPORARY) GENERAL ANESTHESIA PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

APPLICANT NAME:	ROBINPREET SINGH PANNU, DDS
NEVADA LICENSE:	#7982
COMPLETED APPLICATION:	YES
PAYMENT RECEIVED:	YES (c/c \$750.00 CC)
CERTIFICATION OF MINIMUM OF 60 HOURS OF APPROVED COURSE STUDY (ACCREDITED INSTITUTION)	N/A
CERTIFICATION OF ADMINISTRATION OF MINIMUM OF 20 CASES SUCCESSFULLY MANAGED BY APPLICANT (ACCREDITED INSTITUTION)	N/A
CERTIFICATION OF SPECIALTY PROGRAM COMPLETION APPROVED BY ADA CODA WHICH INCLUDES EDUCATION/TRAINING IN GA ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)	ORAL & MAXILLOFACIAL SURGERY UNIVERSITY OF INDIANA COMPLETION DATE – 06/30/2024
ACLS CERTIFICATION	03/06/2024 – 03/31/2026
EVALUATION DATE SCHEDULED:	TBD

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.



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
 nsbde@dental.nv.gov

*Dr. Ryan Falle
 holds site permit
 #S2-136*

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Office Site Permit
 Check box if you are
 applying for a Site Permit
 for this same office
 location as well

Name: Robinpreet Singh Pannu License Number: 7982

Dental Practice Name: Sierra Oral and Facial Surgery

Office Address: 3150 Vista Blvd, Suite B1
 Sparks, NV 89436

Office Telephone: 775 284 2500

Office Fax: 775 329 2425

DENTAL EDUCATION

University/ College: University of Minnesota
 School of Dentistry

Location: 515 Delaware St SE
 Minneapolis, MN 55455

Dates attended: 08/04 /2014 to 05/18 /2018
 Degree Earned: D.D.S.

SPECIALTY EDUCATION

University / College: Indiana University
 Oral and Maxillofacial Surgery

Location: 550 N University Blvd
 Indianapolis, IN 46202

Dates attended: 07/01 /2020 to 06/21 /2024
 Degree Earned: _____

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

QUESTION SECTION:

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology? Yes No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology?

Yes No

Where: _____ When: _____

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? Yes No

Where: Indiana University When: 07/01/2020 - 06/21/2024
Oral and Maxillofacial Surgery

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

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 05/09/2024

Agenda Item 6(b)(2):
Guadalupe Gutierrez, DMD – Moderate
Sedation

Nevada State Board of Dental Examiners



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

(TEMPORARY)
MODERATE SEDATION ADMIN PERMIT APPLICATION
(Administration of Moderate Sedation restricted to patients 13 years of age and older)

QUALIFICATIONS OF APPLICANTS

Guadalupe Gutierrez, DMD APPLICANT NAME (Lic. #7888 – licensed 07/13/2023)

Yes No COMPLETED APPLICATION

Yes No PAYMENT RECEIVED (Check#767 / \$ 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

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

Location: Oregon Academy of General Dentistry

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: **02/07/2024 – 02/2026**

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.



Nevada State Board of Dental Examiners

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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: Guadalupe Gutierrez License Number: D7888

Dental Practice Name Day 1 Dental

Office Address: 9530 S. Eastern Ave, Ste 160
Henderson, NV 89123

Office Telephone TBD

Office Fax: _____

Office Site Permit
Check box if you are applying for a Site Permit for this same office location as well

Cell 2089198870

DENTAL EDUCATION

University/College: University of Kentucky

Location: Lexington, KY

Dates attended: 06/01/2011 to 05/31/2015 Degree Earned: DMD

BOARD APPROVED PROGRAM

Name/Instructor: Oregon AGD/Dr. Ken Reed

Location: 13333 SW 68th PKWY, Ste 010
Tigard, OR 97223

Dates attended: 01/25/24 to 03/24/24 Certificate Granted: Moderate IV 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.

Received
JUN 18 2024
NSBDE

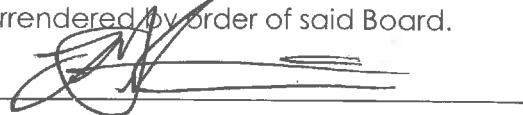
- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

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

6/12/2024

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

Agenda Item 6(b)(3):
Romulo Guideng, DMD – Moderate
Sedation

Nevada State Board of Dental Examiners



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(TEMPORARY)
MODERATE SEDATION ADMIN PERMIT APPLICATION
(Administration of Moderate Sedation restricted to patients 13 years of age and older)

QUALIFICATIONS OF APPLICANTS

Romulo Guideng, DMD

APPLICANT NAME (Lic. #6063 – licensed 08/20/2010)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC Ending #9390 / \$ 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

SEE ATTACHED

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

Location: Oregon Academy of General Dentistry

Yes No

Specialty:

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

Yes No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **6/8/2023 – 06/2025**


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: Romulo Guideng, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES X NO -

IF NO, -
Reasons/Concerns: _____



Josh Branco, DMD
Interim Anesthesia Chair

28/06/24

Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES Xxxi NO O

IF REJECTED, Na
Reasons/Concerns: _____
Na

Na



tej johl (Jun 28, 2024 14:44 PDT)
Tejpaul Johl, DDS
Secretary-Treasurer

28/06/24

Date



Nevada State Board of Dental Examiners

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Saeid Mohtashami,
3059 DDS holds

Site permit

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Romulo Guidong License Number: 6063

Dental Practice Name 4M Dental Implant Center

Office Address: 7510 W. Sahara Ave

Las Vegas, NV 89117

Office Telephone 702 490 9925

Office Fax: 702 220 8050

<input checked="" type="checkbox"/>
Office Site Permit
<i>Check box if you are applying for a Site Permit for this same office location as well</i>

DENTAL EDUCATION

University/
College: UNLV School of Dental Medicine

Location: 1700 W. Charleston Blvd.
Las Vegas, NV 89106

Dates attended:	<u>08 / 2006 /</u>	Degree Earned: <u>DMD</u>
	<u>to</u>	
	<u>05 / 2010 /</u>	

BOARD APPROVED PROGRAM

Name/
Comprehensive Training in Parenteral Moderate Sedation
Instructor: Kenneth Reed, DMD

Location: Oregon AGD, 13333 SW 68th Pkwy
Tigard, Oregon 97223

Dates attended:	<u>07 / 13 / 23</u>	Certificate Granted:
	<u>to</u>	
	<u>09 / 17 / 23</u>	

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.


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MAY 31 2024
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- 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 05/20/24

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

Received
MAY 31 2024
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Agenda Item 6(c):
Approval/Rejection of Permanent Anesthesia Permit –
NRS 631.190; NAC 631.2235

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

NAC 631.2235 Inspections and evaluations: Grading; report of recommendation of evaluator; issuance of permit for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. ([NRS 631.190](#), [631.265](#))

1. The persons performing an inspection or evaluation of a dentist and his or her office for the issuance or renewal of a general anesthesia permit or moderate sedation permit shall grade the dentist as passing or failing to meet the requirements set forth in [NAC 631.2219](#) to [631.2231](#), inclusive. Within 72 hours after completing the inspection or evaluation, each evaluator shall report his or her recommendation for passing or failing to the Executive Director, setting forth the details supporting his or her conclusion.

2. If the dentist meets the requirements set forth in [NAC 631.2219](#) to [631.2231](#), inclusive, the Board will issue the general anesthesia permit or moderate sedation permit, as applicable.

3. If the dentist does not meet the requirements set forth in [NAC 631.2219](#) to [631.2231](#), inclusive, the Executive Director shall issue a written notice to the dentist that identifies the reasons he or she failed the inspection or evaluation.

4. A dentist who has received a notice of failure from the Board pursuant to subsection 3:

(a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation until the dentist has obtained the general anesthesia permit or moderate sedation permit, as applicable; and

(b) May, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.

5. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by [NAC 631.2219](#) to [631.2231](#), inclusive, for an original evaluation.

6. No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.

7. Pursuant to subsection 3 of [NRS 233B.127](#), if an inspection or evaluation of a dentist or his or her office 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 dentist 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.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 6(c)(1):
Rajan Sheth, DDS – Moderate Sedation

Consent for Oral Surgery and Anesthesia

Patient's Name _____

Date _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

I hereby authorize Dr. _____ and staff to perform the following procedure and to administer the anesthesia I have chosen, which is:

- _____ Local Anesthesia
- _____ Local Anesthesia with Nitrous Oxide/Oxygen Analgesia
- _____ Local Anesthesia with Oral Premedication
- _____ Local Anesthesia with Intravenous Sedation
- _____ General Anesthesia

Other treatment Options : _____

1. I understand that there are known consequences of surgery and the administration of drugs and anesthetics which include (but are not limited to) pain and discomfort, swelling, bleeding, bruising and infection. Changes in the bite or restricted mouth opening secondary to stress on the jaw joint (TMJ) may occur. There is also the possibility of injury to adjacent teeth or other tissues of the face or mouth, bone/jaw fractures. Delayed healing, dry socket, or unexpected drug reactions or allergies. _____
2. With tooth extraction, I understand that there may be unexpected damage to adjacent teeth or fillings, sharp ridges or bone splinters that may require additional care, or small fragments of tooth root which may be left in place to avoid damage to vital structures such as nerves or sinus. _____
3. Lower tooth roots may be very close to the nerve and surgery may result in pain or numb feeling of the chin, lip, cheek, gums, teeth or tongue lasting for weeks, months or may rarely be permanent. On upper teeth where roots are close to the sinus, a sinus infection may develop, a root tip may enter the sinus and/or an opening from the mouth to the sinus may occur which could require later medication or surgery. _____
4. **ANESTHETIC RISK** include: discomfort, swelling, bruising, infection and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) which may cause prolonged discomfort and/or disability, and may require special care. Nausea and vomiting, although uncommon, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and although considered safe, carries with it the rate risks of heart irregularities, heart attack, stroke, brain damage or death. _____

Received
 SEP 12 2021
 NSBDE

5. **YOUR OBLIGATIONS IF IV ANESTHESIA IS USED**

- a. Because anesthetic medications cause prolonged drowsiness, you MUST be accompanied by a responsible adult to drive you home and stay with you until you are recovered sufficiently to care for yourself. This may be up to 24 hours. _____
- b. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc. _____
- c. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE THREATENING.** _____
- d. However, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or medication provided by this office, using only a small sip of water. _____

- 6. I understand that no guarantee can be promised, and I give my free voluntary consent for treatment. I realize that my doctor may discover conditions requiring different surgery from that which was planned, and I give my permission for those additional procedures that are advisable in the exercise of professional judgement. _____

INFORMATION FOR FEMALE PATIENTS

- 7. I have informed my doctor about my use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my treatment and to continue those methods until advised by my personal physician that I can return to the use of oral birth control pills. _____

CONSENT

My signature below signifies that all questions have been answered to my satisfaction regarding this consent and I fully understand the risks involved of the proposed surgery and anesthesia. I certify that I speak, read and write English.

_____	_____
Patient's (or Legal Guardian's) Signature	Date
_____	_____
Doctor's Signature	Date
_____	_____
Witness' Signature	Date

Received
SEP 12 2011
NSBDB

Treatment Consent Form

For dental treatment on : _____

I have requested and agreed to conscious sedation as a stress reduction procedure in conjunction performing my dental treatment. I understand that the following dental treatment is to be performed under moderate sedation:

I also understand that infrequently it may become necessary to do unplanned dental treatment due to unforeseen events (i.e. – cavities into nerve requiring root canal treatment). I accept this possibility and I understand that every effort will be made to follow the agreed upon treatment plan within the realm of quality dentistry.

Patient/Guardian Signature : _____

Date : _____

Witness Signature : _____

Date : _____

Received
SEP 12 2024
NSBDE

POST OPERATIVE INSTRUCTIONS FOR THE SEDATION PATIENT

Patient may sleep, but must be watched for at least 6 hours after treatment.

Please escort the patient from the vehicle to the house by supporting them under the arm. Do not let the patient go up or down stairs unescorted. No driving or operation of hazardous machinery until the next day.

Give the patient post-op meds as directed by your dentist.

Being cold is normal. Use blankets as needed.

Leave the post - op instruction sheet and medication out for patient to find easily.

If the patient experiences any complication, please use the following Directory to contact your Doctor;

Dr. Heinl: (561)284-5428 Dr. Somoza-Valle: (702)706-6177 Dr. Ostler: (702)909-0715

Dr. Rudolph: (901)289-2494 Dr. Richards: (702)900-7761

.....
RELEASE

I am escorting _____ home. I understand the Patient has been sedated. I have received a copy of the post-operative instructions for the sedated patient. I agree to follow the instructions. I have had an opportunity to ask any question I may have.

Print Escort Name : _____

Phone Number : _____

Escort Signature : _____ **Date** : _____

Print Witness (Doctor/Assistant) : _____

Witness Signature : _____ **Date** : _____

Received
SEP 12 2024
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PRE- SEDATION CHECKLIST

Date : _____ Patient : _____

			Initials
1. Escort/driver present	Yes	No	_____ (Assistant)
2. NPO	Yes	No	_____ (Dentist)
3. Medical History	Yes	No	_____ (Dentist)
4. Medical Clearance	Yes	No	_____ (Dentist)
5. Signed consents	Yes	No	_____ (Assistant)
6. Post-Op Instructions	Yes	No	_____ (Assistant)

Received
SEP 12 2001
NSBDE

PATIENT MEDICAL HISTORY FORM

Last Name:

First Name:

Birthdate: 09/27/1989

I CONSIDER MY HEALTH TO BE: Excellent Good Fair Poor

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:

ARE YOU ALLERGIC TO ANY OF THE FOLLOWING BELOW:

- | Y | N | | Y | N | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Penicillin | <input type="checkbox"/> | <input type="checkbox"/> | Sulfa Drugs/Sulfites/Sulfides |
| <input type="checkbox"/> | <input type="checkbox"/> | Aspirin/Ibuprofen | <input type="checkbox"/> | <input type="checkbox"/> | Adverse reaction to Epinephrine |
| <input type="checkbox"/> | <input type="checkbox"/> | Codeine | <input type="checkbox"/> | <input type="checkbox"/> | Acyclovir |
| <input type="checkbox"/> | <input type="checkbox"/> | Clindamycin | <input type="checkbox"/> | <input type="checkbox"/> | Chlorhexidine |
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen | <input type="checkbox"/> | <input type="checkbox"/> | Diflucan |
| <input type="checkbox"/> | <input type="checkbox"/> | Augmentin | <input type="checkbox"/> | <input type="checkbox"/> | Dexamethasone |
| <input type="checkbox"/> | <input type="checkbox"/> | Halcion | <input type="checkbox"/> | <input type="checkbox"/> | Cephalexin |
| <input type="checkbox"/> | <input type="checkbox"/> | Norco/Hydrocodone-Acetaminophen | <input type="checkbox"/> | <input type="checkbox"/> | Cipro |
| <input type="checkbox"/> | <input type="checkbox"/> | Doxycycline | <input type="checkbox"/> | <input type="checkbox"/> | Demerol |
| <input type="checkbox"/> | <input type="checkbox"/> | Flagyl | <input type="checkbox"/> | <input type="checkbox"/> | Local Anesthetic (Novocaine) |
| <input type="checkbox"/> | <input type="checkbox"/> | Medrol Dosepak | <input type="checkbox"/> | <input type="checkbox"/> | Latex/ Metals/ Plastics |
| <input type="checkbox"/> | <input type="checkbox"/> | Azithromycin | <input type="checkbox"/> | <input type="checkbox"/> | Iodine |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to any other medications? | | | |

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING BELOW:

- | Y | N | | Y | N | |
|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease/ Heart Surgery | <input type="checkbox"/> | <input type="checkbox"/> | Heart Murmur/Mitral Valve Prolapse |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke | <input type="checkbox"/> | <input type="checkbox"/> | Implants/ Artificial Joints |
| <input type="checkbox"/> | <input type="checkbox"/> | Congenital Heart Lesions | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | High/Low Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Anemia |
| <input type="checkbox"/> | <input type="checkbox"/> | Prolonged Bleeding | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis or Lung Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Hay Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Sinus Trouble | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy/ Seizures |
| <input type="checkbox"/> | <input type="checkbox"/> | Ulcers | <input type="checkbox"/> | <input type="checkbox"/> | Liver Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Jaundice | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis A, B or C |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Excessive Urination and/or Thirst |
| <input type="checkbox"/> | <input type="checkbox"/> | Herpes | <input type="checkbox"/> | <input type="checkbox"/> | Infectious Mononucleosis (Mono) |

Received
 SEP 12 2001
 NSBIDE

Date _____ Time _____		Planned Operation/Chief Complaint _____	
Age _____	Ht. _____	Wt. _____	Obese <input type="checkbox"/> yes <input type="checkbox"/> no NPO _____ hours
Cardiac History		Pulmonary History	
MI <input type="checkbox"/> yes <input type="checkbox"/> no	CHF <input type="checkbox"/> yes <input type="checkbox"/> no	Smoke <input type="checkbox"/> yes <input type="checkbox"/> no	CNS History
Angina <input type="checkbox"/> yes <input type="checkbox"/> no	HTN <input type="checkbox"/> yes <input type="checkbox"/> no	Pack-yr _____	Seizures <input type="checkbox"/> yes <input type="checkbox"/> no
HLD <input type="checkbox"/> yes <input type="checkbox"/> no	Arrhythmia <input type="checkbox"/> yes <input type="checkbox"/> no	Cessation _____	CVA <input type="checkbox"/> yes <input type="checkbox"/> no
Cardiac Surgery <input type="checkbox"/> yes <input type="checkbox"/> no	Cardiac Stent <input type="checkbox"/> yes <input type="checkbox"/> no	Asthma <input type="checkbox"/> yes <input type="checkbox"/> no	TIA <input type="checkbox"/> yes <input type="checkbox"/> no
Pacemaker/ICD <input type="checkbox"/> yes <input type="checkbox"/> no	MIETs <input type="checkbox"/> <4 <input type="checkbox"/> 4 <input type="checkbox"/> >4	Snore <input type="checkbox"/> yes <input type="checkbox"/> no	Syncope <input type="checkbox"/> yes <input type="checkbox"/> no
		Tired most of day <input type="checkbox"/> yes <input type="checkbox"/> no	Paresis <input type="checkbox"/> yes <input type="checkbox"/> no
		Gasp/choke asleep <input type="checkbox"/> yes <input type="checkbox"/> no	Medications
		OSA Dx. <input type="checkbox"/> yes <input type="checkbox"/> no	_____
Other Medical History		Anesthesia History	
Hepatic <input type="checkbox"/> yes <input type="checkbox"/> no	Renal <input type="checkbox"/> yes <input type="checkbox"/> no	Past Anesthesia <input type="checkbox"/> yes <input type="checkbox"/> no	Pregnant <input type="checkbox"/> yes <input type="checkbox"/> no
Bleeding <input type="checkbox"/> yes <input type="checkbox"/> no	Sickle Cell <input type="checkbox"/> yes <input type="checkbox"/> no	Problems <input type="checkbox"/> yes <input type="checkbox"/> no	LMP _____
Diabetes <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> no	Thyroid <input type="checkbox"/> yes <input type="checkbox"/> no	MH <input type="checkbox"/> yes <input type="checkbox"/> no	G _____ P _____ A _____
GERD <input type="checkbox"/> yes <input type="checkbox"/> no		Family Deaths <input type="checkbox"/> yes <input type="checkbox"/> no	Social History
		Difficult Airway <input type="checkbox"/> yes <input type="checkbox"/> no	Alcohol Use <input type="checkbox"/> yes <input type="checkbox"/> no
			Drug use <input type="checkbox"/> yes <input type="checkbox"/> no
Labs & Test Results			
<input type="checkbox"/> No Lab test indicated/obtained			
Ce. _____	Mg _____	TBN _____	TBil _____
ECG _____	Other _____	Direct Bil _____	ALT _____
		AST _____	LDH _____
Physical Exam			
Temp _____	BP _____	Pulse _____	Resp. Rate _____ SpO2 _____
HEENT		CARDIAC	
Motor <input type="checkbox"/> PERL <input type="checkbox"/> SOMI	<input type="checkbox"/> Abnormal _____	Orientation <input type="checkbox"/> <3	Rhythm <input type="checkbox"/> Regular <input type="checkbox"/> Irregular
Neck/Thorax <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	Tooth <input type="checkbox"/> Normal <input type="checkbox"/> Missing	<input type="checkbox"/> Confused/disoriented	Normal S1/S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4
<input type="checkbox"/> Poor dentition <input type="checkbox"/> Prosthesis	Oral Opening _____	Motor <input type="checkbox"/> Normal <input type="checkbox"/> Deficit	Murmur <input type="checkbox"/> None
Finger breaths <input type="checkbox"/> ≥3 <input type="checkbox"/> <3		<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> UE <input type="checkbox"/> LE <input type="checkbox"/> Face	<input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic _____
		Sensory <input type="checkbox"/> Normal <input type="checkbox"/> Deficit	JVD <input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> UE <input type="checkbox"/> LE <input type="checkbox"/> Face	Carotid Bruit
			<input type="checkbox"/> yes <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> no
PULMONARY			
			Breath sounds
			<input type="checkbox"/> Clear bilaterally
			<input type="checkbox"/> Rales (<input type="checkbox"/> R <input type="checkbox"/> L)
			<input type="checkbox"/> Rhonchi (<input type="checkbox"/> R <input type="checkbox"/> L)
			Respiratory Effort
			<input type="checkbox"/> Symmetrical <input type="checkbox"/> Labored
			<input type="checkbox"/> Asymmetrical
ASA Score <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> E Why? _____			
Modified Brimacombe Scale for Level of Consciousness			
<input type="checkbox"/> Cooperative, oriented and compliant		<input type="checkbox"/> Anxious, agitated or restless	
<input type="checkbox"/> Asleep with brisk response to stimulus		<input type="checkbox"/> Drowsy, but responsive to commands	
<input type="checkbox"/> Asleep with sluggish response to stimulus		<input type="checkbox"/> Asleep with no response	
Anesthetic Plan <input type="checkbox"/> General <input type="checkbox"/> Regional <input type="checkbox"/> MAC <input type="checkbox"/> Precautions _____ Autologous Blood <input type="checkbox"/> yes <input type="checkbox"/> no			
Monitoring Plan <input type="checkbox"/> Standard monitors <input type="checkbox"/> A-line <input type="checkbox"/> CVC <input type="checkbox"/> PAC <input type="checkbox"/> TEE <input type="checkbox"/> Brain monitor <input type="checkbox"/> Recovery Plan <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other _____			
I have participated in the evaluation of this patient.			
Signature: _____	Page: _____	Date: _____	Signature: _____
Page: _____	Date: _____	Page: _____	Date: _____



SCOTTSDALE
DENTAL SOLUTIONS
DENTAL IMPLANT CENTER

ANESTHESIOLOGY PREOPERATIVE ASSESSMENT

Patient Name: _____

Medical Record Number: _____

Date of Birth: _____

Reviewed: _____
(Initials/Date)

Rec'd
12
NSDD

Nevada State Board of Dental Examiners



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

(TEMPORARY)
MODERATE SEDATION ADMIN PERMIT APPLICATION
(Administration of Moderate Sedation restricted to patients 13 years of age and older)

QUALIFICATIONS OF APPLICANTS

Rajan K. Sheth, DMD

APPLICANT NAME (Lic. #8026 – licensed 05/24/2024)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC Ending #0251 / \$750.00)

SEE ATTACHED

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

Program: The Ohio State University College of Dentistry

SEE ATTACHED

CERTIFICATION IN THE FORM OF LETTER FROM PROGRAM DIRECTOR ON INSTITUTION'S LETTERHEAD (W/SEAL)

Location: The Ohio State University College of Dentistry

Yes No

Specialty:

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

Yes No

ACLS CERTIFICATION IN COMPLIANCE WITH AMERICAN HEART ASSOCIATION STANDARDS
ACLS VALID DATES: **05/11/2024 – 05/2026**

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: Rajan K. Sheth, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES NO

IF NO,
Reasons/Concerns: _____


Josh Branco, DMD (Jun 28, 2024 14:26 PDT)

Joshua Branco, DMD
Interim Anesthesia Chair

28/06/24


Date

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED, Na
Reasons/Concerns: _____
Na

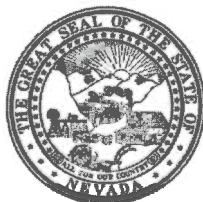
Na


tej johl (Jun 28, 2024 14:46 PDT)

Tejpal Johl, DDS
Secretary-Treasurer

28/06/24

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

*(SPMS 364)
Michael Khanna, DDS
holds site permit*

MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Rajan Kanti Sheth License Number: _____

Dental Practice Name Bionic Smile Khanna PLLC

Office Address: 4416 S Eastern Ave
Las Vegas, NV 89119

Office Telephone 702-862-2204

Office Fax: 702-369-6980

Office Site Permit
Check box if you are applying for a Site Permit for this same office location as well

DENTAL EDUCATION

University/
College: The Ohio State University College of Dentistry

Location: 305 W 12th Ave
Columbus, OH 43210

Dates attended: 06 / 01 / 06 Degree Earned: DDS
to
07 / 01 / 10

BOARD APPROVED PROGRAM

Name/
Instructor: The Ohio State University College of Dentistry

Location: 305 W 12th Ave
Columbus, OH 43210

Dates attended: 07 / 01 / 10 Certificate Granted: YES
to
06 / 30 / 11

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.

Received
MAY 24 2013
NSBDE

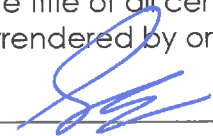
- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

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 04/11/2024

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

Received
MAY 24 2024
NSBDE

Agenda Item 6(d):

**Discussion and Consideration of Referral from the
Anesthesia Committee to the Board to Approve or
Deny DOCS EDUCATION as a Moderate Sedation
Board Approved Course of Study and to Specifically
Address Whether Such Course is for Patients 13
years of Age or Older;
NRS 631.190 & NAC 631.2213
(For Possible Action)**

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

NAC 631.2213 Permit required; qualifications of applicants. ([NRS 631.190](#), [631.265](#))

1. Except as otherwise set forth in [NAC 631.2211](#) to [631.2256](#), inclusive, no dentist may:

(a) Use general anesthesia or deep sedation for dental patients, except in a facility for which a permit is held as required by [NRS 449.442](#), unless he or she first:

- (1) Obtains a general anesthesia permit; or
- (2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit to administer general anesthesia to his or her patients, and obtains a certificate of site approval for each location at which general anesthesia, deep sedation or moderate sedation is administered to his or her patients;

(b) Use moderate sedation for dental patients who are 13 years of age or older, except in a facility for which a permit is held as required by [NRS 449.442](#), unless he or she first:

- (1) Obtains a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2; or
- (2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2 to administer moderate sedation to his or her patients who are 13 years of age or older, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 13 years of age or older; or

(c) Use moderate sedation for dental patients who are 12 years of age or younger, except in a facility for which a permit is held as required by [NRS 449.442](#), unless he or she first:

- (1) Obtains a moderate sedation permit pursuant to paragraph (b) of subsection 2; or
- (2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (b) of subsection 2 to administer moderate sedation to his or her patients who are 12 years of age or younger, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 12 years of age or younger.

2. To obtain a general anesthesia permit or moderate sedation permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to [NRS 631.345](#) and produce evidence showing that he or she is a dentist who is licensed in this State, and:

(a) For a moderate sedation permit to administer moderate sedation to a patient 13 years of age or older, the applicant must show evidence of:

- (1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation, and the successful administration as the operator of moderate sedation to not less than 20 patients; or
- (2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training described in subparagraph (1) and:

(I) Valid certification in Advanced Cardiac Life Support by the American Heart Association; or

(II) The completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

(b) For a moderate sedation permit to administer moderate sedation to a patient 12 years of age or younger, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation to patients 12 years of age or younger, and the successful administration as the operator of moderate sedation to not less than 25 patients who are 12 years of age or younger; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training described in subparagraph (1) and:

(I) Valid certification in Pediatric Advanced Life Support by the American Heart Association; or

(II) The completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

(c) For a general anesthesia permit, the applicant must show evidence of the completion of an Advanced Cardiac Life Support course given by the American Heart Association or a course providing similar instruction that is approved by the Board, and:

(1) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in a training program as described in the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, published by the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, and available, free of charge, at the Internet address http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/ADA_Sedation_Teaching_Guidelines.pdf?la=en; or

(2) The completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology which has been approved by the Commission on Dental Accreditation of the American Dental Association.

(3) A holder of a general anesthesia permit may administer general anesthesia, deep sedation or moderate sedation to a patient of any age.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009; R004-17, 5-16-2018)

Agenda Item 6(e):

**Discussion, Consideration and Possible Approval/
Rejection of a Contract for a Lobbying Firm to
Represent the Board Before the Nevada Legislature -
NRS 631.190
(*For Possible Action*)**

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)