

NEVADA STATE BOARD  
of  
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

WEDNESDAY, NOVEMBER 13, 2024

6:00 P.M.

**PUBLIC BOOK**

## 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

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## **PUBLIC MEETING NOTICE & BOARD MEETING AGENDA**

### **Meeting Date & Time**

Wednesday, November 13, 2024  
6:00 p.m.

### **Meeting Location**

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

### **Video Conferencing/ Teleconferencing Available**

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

**To access by video webinar,**

**<https://us06web.zoom.us/j/85497535023>**

**Webinar/Meeting ID#: 854 9753 5023**

**Webinar/Meeting Passcode: 425508**

### **PUBLIC NOTICE:**

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

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address [nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov)**. Written submissions received by the Board on or before Tuesday, November 12, 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.

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

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

**1. Call to Order**

**a. Roll Call/Quorum**

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

Members of the public may submit public comment via email to [nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov), or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before Tuesday, November 12, 2024, at 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)  
 i. Board Meeting – October 9, 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)
- c. Review Panel – NRS 631.3635** (For Possible Action)
- i. Discussion and Consideration of Proposed Findings and Recommendations for Matters that have been Recommended for Remand by the Review Panel, and Possible Approval/Rejection of Same by the Board – NRS 631.3635**
1. Review Panel 1
  2. Review Panel 2
  3. Review Panel 3
- ii. Discussion and Consideration of Proposed Findings and Recommendations for Matters that have been Recommended by the Attorney General's Office, and Possible Approval/Rejection of Same by the Board – NRS 631.3635**
- d. Authorized Investigative Complaints – NRS 631.360** (For Possible Action)
- i.** Dr. Z – The Board received information alleging Dr. Z may have breached the standard of care.
  - ii.** Dr. Y – The Board received information alleging Dr. Y may have breached the standard of care.

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

- a. Draft Regulation Notice (For Discussion Only):** Authorization to issue a temporary license to practice dental hygiene for dental hygienists with at least 2 years of experience in another state and authorization to apply for permanent licensure upon the renewal of the 2-year temporary license.
- b. Review and Approval of Updated Affirmation Statement for Dental and Dental Hygienist License Renewal Applications – NRS 631.220; NRS 631.190; NAC 631.028; 631.030**
- c. Request for Advisory Opinion Regarding Supervision as it Relates to NAC 631.210 and NRS 631.105 – NRS 631.105; NAC 631.210; NAC 631.279; NRS 631.190**
  - i. Samantha Sturges, RDH, BS
- d. Approval/Rejection of Voluntary Surrender of License – NAC 631.160; NRS 631.190** (For Possible Action)
  - i. Richard Novik, DDS
- e. Approval/Rejection of Temporary Anesthesia Permit – NAC 631.2254; NRS 631.190** (For Possible Action)
  - i. Richard Heintl, DDS – Moderate Sedation
  - ii. Yongjae Lee, DDS – Moderate Sedation (Pediatric)
  - iii. Carly Saxe, DMD – Moderate Sedation (Pediatric)
- f. Approval/Rejection of Permanent Anesthesia Permit – NRS 631.190 & NAC 631.2235** (For Possible Action)
  - i. Marivic De Leon, DMD – Moderate Sedation (Pediatric)
  - ii. Katelyn Hendricks, DMD – Moderate Sedation (Pediatric)
  - iii. Anita Jivan, DDS – Moderate Sedation (Pediatric)
  - iv. Eric Ochoa, DMD – Moderate Sedation (Pediatric)
  - v. Romulo Guideng, DMD – Moderate Sedation
  - vi. Kristi Agari, DMD – General Anesthesia
  - vii. Greyson Leftwich, DDS – General Anesthesia
- g. Approval/Rejection of 90-Day Extension of Temporary Anesthesia Permit – NAC 631.2254(2); NRS 631.190 (For Possible Action)**
  - i. Iraj H. Kasimi, DMD – Moderate Sedation
  - ii. Ouzhan B. Kalantari, DMD – General Anesthesia

- 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](mailto:nsbde@dental.nv.gov), or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before Tuesday, November 12, 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 Chairperson may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of speakers.

**8. Announcements:**

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

**Agenda Item 2:**  
**Public Comment Submission**

Nevada State Board of Dental Examiners

November 13, 2024, Testimony regarding agenda **Item 6a**

NDHA has long standing policies in support of licensure portability. Our existing policies are intended to allow for expedited licensing that meets the purpose of two-way movement for practitioners, meaning incoming and outgoing ease of licensure.

NDHA recognizes the current workforce issues that are prevalent throughout the country and we are collaborating with the Nevada Dental Association (NDA) to find remedies to the workforce shortage. NDHA supports several avenues to help alleviate the workforce concerns. One remedy is the proposed regulation change before the board tonight.

NDHA supports granting dental hygiene licenses to dental hygienists who graduated from a CODA accredited program, hold a valid, unencumbered license in another U.S. state/DC, practiced within the 2 years immediately preceding their application and who pass the Nevada jurisprudence examination.

The second workforce remedy is the Dental/Dental Hygiene Compact that grants oral health providers portability and mobility between states. NDHA, NDA and others are collaborating to bring the D/DH Compact to the Nevada Legislature. The Compact has been enacted in 10 states. The D/DH Compact Commission is functioning and applications for licensure are expected to begin in the spring.

Respectfully,

Caryn Solie, RDH, FADHA

NDHA Government Affairs Co-chair

[csolierdh@gmail.com](mailto:csolierdh@gmail.com)

775-771-5569

**Agenda Item 4(a)(1):**  
**Approve/Reject Minutes**  
**NSBDE Board Meeting on October 9, 2024**

**Agenda Item 5(d):**  
**Authorized Investigative Complaints – NRS 631.360**

**NRS 631.360** Investigation, notice and hearing; subpoena; search warrant; continuances; retention of complaints; regulations. [Effective January 1, 2020.]

1. Except as otherwise provided in [NRS 631.364](#), the Board may, upon its own motion, and shall, upon the verified complaint in writing of any person setting forth facts which, if proven, would constitute grounds for initiating disciplinary action, investigate the actions of any person who practices dentistry, dental hygiene or dental therapy in this State. A complaint may be filed anonymously. If a complaint is filed anonymously, the Board may accept the complaint but may refuse to consider the complaint if anonymity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. The Board shall, before initiating disciplinary action, at least 10 days before the date set for the hearing, notify the accused person in writing of any charges made. The notice may be served by delivery of it personally to the accused person or by mailing it by registered or certified mail to the place of business last specified by the accused person, as registered with the Board.

3. At the time and place fixed in the notice, the Board shall proceed to hear the charges. If the Board receives a report pursuant to subsection 5 of [NRS 228.420](#), a hearing must be held within 30 days after receiving the report.

4. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may adopt regulations that set forth a procedure pursuant to which the Executive Director may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

5. The Board may obtain a search warrant from a magistrate upon a showing that the warrant is needed for an investigation or hearing being conducted by the Board and that reasonable cause exists to issue the warrant.

6. If the Board is not sitting at the time and place fixed in the notice, or at the time and place to which the hearing has been continued, the Board shall continue the hearing for a period not to exceed 30 days.

7. The Board shall retain all complaints received by the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

[Part 11:152:1951] — (NRS A [1969, 95](#); [1981, 99](#); [1983, 1114](#); [1993, 784](#); [2007, 508](#); [2009, 883](#); [2013, 2219](#); [2017, 4415](#), effective January 1, 2020)

**Agenda Item 6(b)**

**Review and Approval of Updated Affirmation  
Statement for Dental and Dental Hygienist License  
Renewal Applications - NRS 631.220; NRS 631.190;  
NAC 631.028; NAC 631.030**

**NRS 631.220 Application for license: Filing; contents; approval or rejection without Board review; regulations.**

1. Every applicant for a license to practice dental hygiene, dental therapy, dentistry or expanded function dental assistance must:

(a) File an application with the Board.

(b) Accompany the application with a recent photograph of the applicant together with the required fee and such other documentation as the Board may require by regulation.

(c) Submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

(d) If the applicant is required to take an examination pursuant to [NRS 631.240](#), [631.300](#), [631.3121](#), [631.31286](#) or [631.31287](#), submit with the application proof satisfactory that the applicant passed the examination.

2. In addition to satisfying the requirements of subsection 1, if an applicant for a license to practice dental hygiene, dental therapy or dentistry intends to provide services through teledentistry, the applicant must submit to the Board proof that the applicant has completed:

(a) At least 2 hours of continuing education concerning teledentistry; or

(b) A course in teledentistry as part of the requirements for graduation from an accredited institution.

3. An application must include all information required to complete the application.

4. The Secretary-Treasurer may, in accordance with regulations adopted by the Board and if the Secretary-Treasurer determines that an application is:

(a) Sufficient, advise the Executive Director of the sufficiency of the application. Upon the advice of the Secretary-Treasurer, the Executive Director may issue a license to the applicant without further review by the Board.

(b) Insufficient, reject the application by sending written notice of the rejection to the applicant.

[Part 5:152:1951]—(NRS A [1967, 865](#); [1987, 858](#); [1989, 1739](#); [1995, 276](#); [1997, 2124](#); [2003, 2860](#); [2005, 2717](#), [2807](#); [2007, 505](#); [2015, 3875](#); [2019, 3208](#); [2023, 3080, 3329, 3411](#))

**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 631.028 Applications for licensure; payment of fees. ([NRS 631.190](#), [631.220](#), [631.345](#))**

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

2. All such fees must be paid with an instrument which is immediately negotiable.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 12-15-87; 4-3-89; 9-6-96; R169-01, 4-5-2002; R026-05, 12-29-2005)

**NAC 631.030 Provision of certain information and documentation by applicant for licensure; provision of certain additional information for licensure by endorsement; requirements for use of laser radiation in practice. (NRS [622.530](#), [631.190](#), [631.220](#), [631.230](#), [631.255](#), [631.272](#), [631.274](#), [631.290](#))**

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

- (a) The date and place of his or her birth;
- (b) Certification of graduation from an accredited dental school or college or from an accredited school or college of dental hygiene, whichever is applicable;
- (c) Whether he or she has applied for similar licensure in another state or a territory of the United States or the District of Columbia and, if so, the name of the state or territory of the United States or the District of Columbia, the date and the result of his or her application;
- (d) If he or she has practiced dentistry or dental hygiene in another state or a territory of the United States or the District of Columbia, certification from the licensing authority of each state or territory of the United States or the District of Columbia in which he or she has practiced or is practicing that he or she is in good standing and that there are not any disciplinary proceedings affecting his or her standing pending against him or her in the other state or territory of the United States or the District of Columbia;
- (e) Whether he or she has terminated or attempted to terminate a license from another state or territory of the United States or the District of Columbia and, if so, the reasons for doing so;
- (f) If he or she is not a natural born citizen of the United States, a copy of his or her certificate of naturalization or other document attesting that he or she is legally eligible to reside and work in the United States;
- (g) All scores obtained on the examination in which he or she was granted a certificate by the Joint Commission on National Dental Examinations and the date it was issued;
- (h) Whether he or she has ever been convicted of a crime involving moral turpitude or has entered a plea of nolo contendere to a charge of such a crime and, if so, the date and place of the conviction or plea and the sentence, if any, which was imposed;
- (i) Whether he or she has had any misdemeanor or felony convictions and, if so, any documents relevant to any misdemeanor or felony convictions;
- (j) Whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;
- (k) Whether he or she has a history of substance abuse and, if so, any documents relevant to the substance abuse;
- (l) Whether he or she has been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia, or any regional testing agency recognized by the Board and, if so, any documents relevant to the refusal;

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

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

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

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

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

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

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

(1) Is furnished by the Board; and

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

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

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

(1) Dentistry pursuant to [NRS 631.230](#); or

(2) Dental hygiene pursuant to [NRS 631.290](#);

(v) The statement required by [NRS 425.520](#); and

(w) Any other information requested by the Board.

2. An applicant for licensure by endorsement pursuant to [NRS 622.530](#) must provide the following information and documentation with his or her application:

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

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

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

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

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

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

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

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

[Bd. of Dental Exam'rs, § III, eff. 7-21-82] — (NAC A 10-21-83; 12-15-87; 4-3-89; 9-6-96; R169-01, 4-5-2002; R139-05, 12-29-2005; R159-08, 4-23-2009; R143-17, 5-16-2018)

**Agenda Item 6(c):**

**Request for Advisory Opinion Regarding Supervision as it  
Relates to NAC 631.210 and NRS 631.105 - NRS 631.105;  
NAC 631.210; NAC 631.279; NRS 631.190**

**NAC 631.210** Dental hygienists: Authorization to perform certain services; referral of patient to authorizing dentist for certain purposes. ([NRS 631.190](#), [631.310](#), [631.313](#), [631.317](#))

1. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to perform the following acts before a patient is examined by the dentist:

(a) Expose radiographs.

(b) Conduct an assessment of the oral health of the patient through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of the patient.

(c) After conducting an assessment pursuant to paragraph (b), develop a dental hygiene care plan to address the oral health needs and problems of the patient.

(d) Take impressions for the preparation of diagnostic models.

↳ The dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services authorized pursuant to this subsection are to be performed.

2. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to:

(a) Remove stains, deposits and accretions, including dental calculus.

(b) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or bur may be used only to polish a restoration. As used in this paragraph, "oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.

(c) Provide dental hygiene care that includes:

(1) Assessment of the oral health of patients through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients.

(2) Implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1).

(3) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (2) in order to identify the subsequent treatment, continued care and referral needs of the patient.

(d) Take the following types of impressions:

(1) Those used for the preparation of diagnostic models;

(2) Those used for the fabrication of temporary crowns or bridges; and

(3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.

(e) Perform subgingival curettage.

(f) Remove sutures.

(g) Place and remove a periodontal pack.

(h) Remove excess cement from cemented restorations and orthodontic appliances. A dental hygienist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.

- (i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (j) Recement and repair temporary crowns and bridges.
- (k) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.
- (l) Place a temporary restoration with nonpermanent material as a palliative treatment.
- (m) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:
  - (1) Antimicrobial agents;
  - (2) Fluoride preparations;
  - (3) Topical antibiotics;
  - (4) Topical anesthetics; and
  - (5) Topical desensitizing agents.
- (n) Apply pit and fissure sealant to the dentition for the prevention of decay.

↳ Before performing any of the services set forth in this subsection, the dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services are to be performed and the patient must have been examined by that dentist not more than 18 months before the services are to be performed. After performing any of the services set forth in this subsection, the dental hygienist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental hygienist is not authorized to perform.

3. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ and under his or her supervision to:

- (a) Place and secure orthodontic ligatures.
- (b) Fabricate and place temporary crowns and bridges.
- (c) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental hygienist to perform this procedure.
- (d) Perform nonsurgical cytologic testing.
- (e) Apply and activate agents for bleaching teeth with a light source.
- (f) Use a laser that has been cleared by the Food and Drug Administration to perform intrasulcular periodontal procedures or tooth whitening procedures if:
  - (1) The use of such a laser for those purposes is within the scope of the education, experience and training of the dental hygienist;
  - (2) Before operating the laser, the dental hygienist has provided proof to the supervising dentist that the dental hygienist has successfully completed a course in laser proficiency that:
    - (I) Is at least 6 hours in length; and
    - (II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#); and
  - (3) The supervising dentist has successfully completed a course in laser proficiency that:
    - (I) Is at least 6 hours in length; and

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

↪ The dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services authorized pursuant to this subsection are to be performed.

4. If a dentist who is licensed in this State has in his or her employ and under his or her supervision a dental hygienist who has:

(a) Successfully completed a course of continuing education in the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, which has been approved by the Board; or

(b) Graduated from an accredited program of dental hygiene which includes the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, in its curriculum,

È the dentist may authorize the dental hygienist to administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if the dental hygienist has received from the Board a certificate or permit certifying the hygienist for this level of administration. The dental hygienist must obtain the authorization from the licensed dentist of the patient on whom the services are to be performed.

5. A dental hygienist in a health care facility may administer local intraoral chemotherapeutic agents and, if he or she has complied with paragraph (a) or (b) of subsection 4, may administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if he or she first:

(a) Obtains written authorization from the licensed dentist of the patient to whom the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are to be administered; and

(b) Submits to the Secretary-Treasurer a written confirmation from the director of the health care facility that the facility has licensed medical personnel and necessary emergency supplies and equipment that will be available when the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are administered.

6. The Board may authorize a dental hygienist to perform the services set forth in subsection 1 and paragraphs (a) to (n), inclusive, of subsection 2 without supervision by a dentist and without authorization from the licensed dentist of the patient on whom the services are to be performed, at a health facility, a school or a place in this State approved by the Board after the Board:

(a) Issues a special endorsement of the dental hygienist's license.

(b) Approves the treatment protocol submitted by the dental hygienist which includes an explanation of the methods that the dental hygienist will use to:

(1) Treat patients; and

(2) Refer patients to a dentist for:

(I) Follow-up care;

(II) Diagnostic services; and

(III) Any service that the dental hygienist is not authorized to perform.

7. The Board may revoke the authorization described in subsection 6 if the:

(a) Dental hygienist fails to renew his or her license or it is cancelled, suspended or revoked;

(b) Board receives a complaint filed against the dental hygienist;

(c) Dental hygienist commits an act which constitutes a cause for disciplinary action; or

(d) Dental hygienist violates any provision of this chapter or [chapter 631](#) of NRS.

↪ Nothing in this subsection prohibits a dental hygienist from reapplying for authorization to perform the services described in subsection 6 if the Board revokes the authorization pursuant to this subsection.

8. As used in this section:

(a) “Health care facility” has the meaning ascribed to it in [NRS 162A.740](#).

(b) “Health facility” has the meaning ascribed to it in subsection 6 of [NRS 449.260](#).

(c) “School” means an elementary, secondary or postsecondary educational facility, public or private, in this State.

[Bd. of Dental Exam’rs, § XXIII, eff. 7-21-82] — (NAC A 7-30-84; 4-3-89; 3-11-96; R154-97, 1-14-98; R217-99, 4-3-2000; R231-03, 5-25-2004; R139-05, 12-29-2005; R066-11, 2-15-2012; R119-15, 6-28-2016)

**NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene; renewal.**

1. The Board shall, upon application by a dental hygienist who is licensed pursuant to this chapter and has such qualifications as the Board specifies by regulation, issue a special endorsement of the license allowing the dental hygienist to practice public health dental hygiene. The special endorsement may be renewed biennially upon the renewal of the license of the dental hygienist.

2. A dental hygienist who holds a special endorsement issued pursuant to subsection 1 may provide services without the authorization or supervision of a dentist only as specified by regulations adopted by the Board.

(Added to NRS by [2001, 2691](#); A [2013, 479](#))

**NRS 631.3453 Exemption from requirement to designate actively licensed dentist as dental director of dental office or clinic.** The provisions of [NRS 631.3452](#) requiring the designation of an actively licensed dentist as a dental director do not apply to a program for the provision of public health dental hygiene or dental therapy if:

1. The program is owned or operated by a dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to [NRS 631.287](#) or a dental therapist licensed pursuant to this chapter; and

2. Each person employed to provide public health dental hygiene pursuant to the program is either a dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to [NRS 631.287](#) or a dental therapist licensed pursuant to this chapter.

(Added to NRS by [2013, 478](#); A [2019, 3217](#))

**NRS 631.105 “Supervision by a dentist” defined.** “Supervision by a dentist” means that a dentist is:

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

(Added to NRS by [1987, 857](#))

**NAC 631.279** Proceedings to determine applicability and construction of statutes and regulations. ([NRS 631.190](#))

1. Any applicant or licensed dentist or dental hygienist may obtain a determination or advisory opinion from the Board as to the applicability of any provision of [chapter 631](#) of NRS or any regulation adopted pursuant thereto by bringing an action for a declaratory judgment before the Board.

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

(Added to NAC by Bd. of Dental Exam'rs, eff. 12-15-87)

**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)

**Agenda Item 6(d):**

**Approval/Rejection of Voluntary Surrender of License -  
NAC 631.160; NRS 631.190**

**NAC 631.160** Voluntary surrender of license. ([NRS 631.190](#))

1. If a licensee desires voluntarily to surrender his or her license, he or she may submit to the Board a sworn written surrender of the license accompanied by delivery to the Board of the certificate of registration previously issued to him or her. The Board may accept or reject the surrender of the license. If the Board accepts the surrender of the license, the surrender is absolute and irrevocable. The Board will notify any agency or person of the surrender as it deems appropriate.

2. The voluntary surrender of a license does not preclude the Board from hearing a complaint for disciplinary action filed against the licensee.

[Bd. of Dental Exam'rs, § XX, eff. 7-21-82]

**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)

# Nevada State Board of Dental Examiners



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

## VOLUNTARY SURRENDER OF LICENSE

I, RICHARD E. NOWICK, DDS, hereby surrender my Dental / Dental Hygiene (circle one)  
Print name  
License number SS-62C on the 24<sup>th</sup> day of October, 2024.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Provide full current mailing address including city, state and zip on the line below:

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

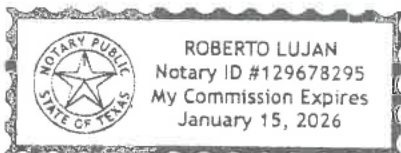
R. Nowick DDS  
Licensee Signature

10/24/2024  
Date of Signature (must correspond with notary date)

State of TX

County of El Paso

The statements on this document are subscribed and sworn before me this 24 day of October, 2024.



R. Lujan  
Notary Public

January 15, 2026  
My Commission Expires

NSBDE  
OCT 30 2024  
Received

**Agenda Item 6(e):**  
**Approval/Rejection of Temporary Anesthesia Permit -**  
**NAC 631.2254; NRS 631.190**

**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)

**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)

# 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

**Richard Heinl, DDS**

APPLICANT NAME (Lic. [REDACTED] - licensed 10/05/2023)

**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: Premier Health Miami Valley Hospital**

**SEE ATTACHED**

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

**Location: Premier Health Miami Valley Hospital**

**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: **12/05/2022 - 12/2024**


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: Richard Heini, DDS**

**Review by Chair of Anesthesia Committee:**

RECOMMEND APPROVAL: YES  NO

IF NO,  
Reasons/Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Josh Branco DMD (Oct 23, 2024 14:05 PDT)  
Joshua Branco, DMD  
Interim Anesthesia Chair

10/23/24  
\_\_\_\_\_  
Date

**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

## MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Richard Heint License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED]

[REDACTED]

[REDACTED]

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

### DENTAL EDUCATION

University/ College: SUNY University at Buffalo School of Dental Medicine

Location: 208 Hayes Rd  
Buffalo, NY 14260

Dates attended: 07 / 01 / 14 to 05 / 06 / 18 Degree Earned: DDS

### BOARD APPROVED PROGRAM

Name/ Instructor: Premier Health Miami Valley Hospital  
Dr. Steve Shufflebarger, DDS

Location: 1 Wyoming Street  
Dayton, OH 45409

Dates attended: 02 / 02 / 24 to 09 / 20 / 24 Certificate Granted: YES

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

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

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

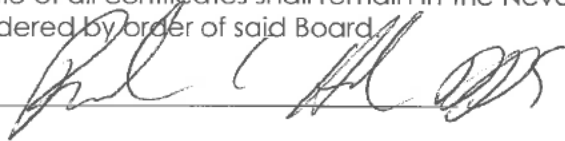
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I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer 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 OCT 04, 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**

# 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

**Yongjae Lee, DDS**

APPLICANT NAME (Lic. [REDACTED] - licensed 08/14/2024)

**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: 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: **08/23/2024 - 08/2026**

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: Yongjae Lee, DDS**

**Review by Chair of Anesthesia Committee:**


RECOMMEND APPROVAL: YES X NO

IF NO,

Reasons/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
Josh Branco DMD (Oct 8, 2024 14:17 PDT)  
Joshua Branco, DMD  
Interim Anesthesia Chair

10/08/24

\_\_\_\_\_  
Date

**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  
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*Dr. Michael Khanna  
holds site permit  
#SPMS 364.*

## MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Yongjae Lee License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED]

[REDACTED]

Office Telephone: [REDACTED]

Office Fax: [REDACTED]

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

### DENTAL EDUCATION

University/  
College: Herman Ostrow School of  
Dentistry of USC  
Location: 925 West 34th St  
Los Angeles, CA 90089

Dates attended: 5 / 1 / 20 to 5 / 13 / 22 Degree Earned: DDS

### BOARD APPROVED PROGRAM

Name/  
Instructor: Kenneth L. Reed, DMD  
Location: 13333 SW 68th Pkwy. Ste 010  
Tigard, Oregon 97223

Dates attended: 7 / 11 / 24 to 9 / 15 / 24 Certificate Granted: Yes

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**  
SEP 25 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

Yanyue Lee

Date

09/16/2024

**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

# Nevada State Board of Dental Examiners



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

**Carly Saxe, DMD**

APPLICANT NAME

■■■■■■■■■■

NEVADA LICENSE (licensed 09/09/2024)

**Yes**    No

COMPLETED APPLICATION

**Yes**    No

PAYMENT RECEIVED (CC \$750.00 on 10/14/2024)

**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**  
**NYU Langone Health**  
**Completion date: 06/30/2023**

**Yes**    No

PALS CERTIFICATION IN COMPLIANCE WITH AMERICAN  
HEART ASSOCIATION STANDARDS

**PALS VALID DATES:**  
**07/11/2023 – 07/2025**

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 by Chair of Anesthesia Committee:**

**RECOMMEND APPROVAL:**    YES<sub>x</sub>    NO

IF REJECTED,

Reasons/Concerns: \_\_\_\_\_

Josh Branco

Josh Branco (Oct 16, 2024 15:12 PDT)

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

10/16/24

\_\_\_\_\_  
Date

**REVIEW CONTINUED**  
**PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION**  
**APPLICANT: Carly Saxe, DMD**

**Review by Secretary- Treasurer:**

**APPLICATION APPROVED:    YES        NO**

**IF REJECTED,**  
**Reasons/Concerns: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Tejpaul Johl, DDS**  
**Secretary-Treasurer**

\_\_\_\_\_  
**Date**



**Nevada State Board of Dental Examiners**

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

*\*Chandler Hyer, DMD  
Permit # SPPMS331  
holds site permit.*

**PEDIATRIC DENTISTRY SPECIALIST**

**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: Carly Saxe

License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED]

Office Telephone: [REDACTED]

Office Fax: \_\_\_\_\_

DENTAL EDUCATION

University / College: UNLVSDM

Location: Las Vegas, NV

Dates attended: 9/1/17 to 5/1/21 | Degree Earned: DMD

SPECIALTY EDUCATION

University / College: NYU Langone

Location: San Diego, CA

Dates attended: 7/1/21 to 6/30/23 | Degree Earned: Certificate in pediatric dentistry

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

- 1) Completed and signed application form with all questions answered in full;
- 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.

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 to a patient 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 does NOT allow for the administration of deep sedation or general anesthesia by me, a physician, a nurse anesthetist, or any other person. I have read and I am familiar with the provision 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 Carlye Sarte  
Date 10/11/24

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

*Certification of completion of a specialty program accredited by the Commission of 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) 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**

**Agenda Item 6(f):**  
**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)

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)  
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION  
QUALIFICATIONS OF APPLICANTS

Marivic De Leon, DMD

APPLICANT NAME



NEVADA LICENSE (licensed 01/06/2023)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC \$750.00 on 8/5/2024)

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**  
University of California, San Fransico (UCSF)  
Completion date: 06/14/2024

Yes No


PALS CERTIFICATION IN COMPLIANCE WITH AMERICAN  
HEART ASSOCIATION STANDARDS

**PALS VALID DATES:**  
**04/22/2023 – 04/2025**

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.

RECOMMEND APPROVAL: YES X NO

IF NO, Reasons/Concerns: \_\_\_\_\_

  
Joshua M. Branco DMD (Aug 23, 2024 08:07 HST)  
Joshua M. Branco, DMD  
Chair of Anesthesia Committee

08/23/24  
\_\_\_\_\_  
Date

CONTINUED  
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION  
APPLICANT: De Leon, Marivic, DMD

APPLICATION APPROVED:  YES  NO

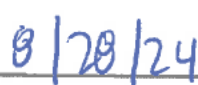
IF REJECTED, Reasons/Concerns:

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\_\_\_\_\_  
Tejpal 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: Marivic De Leon License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED]

Office Telephone: [REDACTED] Office Fax No: \_\_\_\_\_

### DENTAL EDUCATION

University/  
College: Roseman University College of Dental Medicine

Location: 10894 S River Front Pkwy  
South Jordan, UT 84095

Dates attended: 08 / 01 / 17 to 04 / 12 / 21 Degree Earned:  
Doctor of Medicine in Dentistry (DMD)

### SPECIALTY PROGRAM

University/  
College: University of California, San Francisco (UCSF)

Location: 707 Parnassus Ave  
San Francisco, CA 94143

Dates attended: 07 / 01 / 21 to 06 / 14 / 24 Degree Awarded:  
Pediatric Dentistry Certificate

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

▶ RECEIVED ◀

AUG 05 2024

- 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

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

8/4/2024

**\*\*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 05 2024



# Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014  
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nsbde@dental.nv.gov

## MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> ON-SITE/ADMINISTRATOR EVALUATION		<input type="checkbox"/> SITE ONLY INSPECTION	
Name of Practitioner: MARIVIC De LEON		Proposed Dates: 10/24/24	
Location to be Inspected: [REDACTED]		Telephone Number: [REDACTED]	
		Email Address:	
Date of Evaluation: 10/24/24		Time of Evaluation/Inspection:	
		Start Time: 9:00 AM	Finish Time: 10:15 AM

### Evaluators

1.	DR. JOSHUA SAXE
2.	DR. DANIEL ORR
3.	

### INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within **72 hours** after evaluation has been completed.

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
<b>1. Operating Room</b>		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	X	
b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	X	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	X	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	X	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	X	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	X	
b. Is there a battery powered backup lighting system?	X	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	X	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities?	X	
b. Is there a backup suction device available which can operate at the time of general power failure?	X	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	X	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	X	
<b>6. Recovery Area (Recovery area can be operating room)</b>		
a. Does recovery area have available oxygen?	X	
b. Does recovery area have available adequate suction?	X	
c. Does recovery area have adequate lighting?	X	
d. Does recovery area have available adequate electrical outlets?	X	

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
<b>7. Ancillary Equipment in Good Operating Condition?</b>		
a. Are there oral pathways?	X	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	X	
c. Is there a sphygmomanometer and stethoscope?	X	
d. Is there adequate equipment for the establishment of an intravenous infusion?	X	
e. Is there a pulse oximeter?	X	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	epi pen	12/25	X	
2. Corticosteroid drug available?	Solunacel	7/26	X	
3. Bronchodilator drug available?	Albuterol	4/25	X	
4. Appropriate drug antagonists available?	NALOXONE	6/25	X	
	FLUMAZENIL	5/25	X	
5. Antihistaminic drug available?	DPH	3/25	X	
6. Anticholinergic drug available?	Atropine	6/25	X	
7. Coronary artery vasodilator drug available?	Nitro	6/26	X	
8. Anticonvulsant drug available?	MIDAZOLAM	3/25	X	
9. Oxygen available?	O <sub>2</sub>		X	

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	X	
2. An adequate physical evaluation of the patient?	X	
3. Sedation records show patient's vital signs?	X	
4. Includes American Society of Anesthesiologists physical status classification?	X	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	X	
6. Sedation records reflecting the length of the procedure?	X	
7. Sedation records reflecting complications of the procedure, if any?	X	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?	X	

## SITE INSPECTION

	YES	NO
<b>Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)</b>		
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>	YES	NO
1. Bag valve mask with appropriate size masks	X	
2. Appropriate size blood pressure cuffs	X	
3. Appropriate size oral and nasal airways	X	
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	X	
<b>ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER</b>	YES	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	X	

**Evaluator Overall Recommendation of Site Inspection**

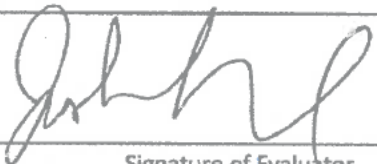
Pass     
  Fail     
  Pass Pending\*

*\*If Pass Pending, please list all deficiencies*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Evaluator

10/24/24  
 \_\_\_\_\_  
 Date

**THIS CONCLUDES THE SITE INSPECTION REPORT.**

**FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION**

## EVALUATION

DEMONSTRATION OF MODERATE SEDATION	YES	NO
1. Who administered moderate sedation? Dentist's Name: <u>MARIVIC De Leon</u>	X	
2. Was sedation case demonstrated within the definition of moderate sedation?	X	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter? If not, what type of monitoring was utilized? _____	X	
4. Was the patient monitored while recovering from sedation? Monitored by whom: <u>Dental Assistant</u> Title: _____	X	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?	X	
6. Were personnel competent?	X	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	X	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	X	
9. What was the length of the case demonstrated? <u>15 minutes</u>	X	

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	X	
2. Bronchospasm?	X	
3. Emesis and aspiration of foreign material under anesthesia?	X	
4. Angina pectoris?	X	
5. Myocardial infarction?	X	
6. Hypotension?	X	
7. Hypertension?	X	
8. Cardiac arrest?	X	

## SITE INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
9. Allergic reaction?	X	
10. Convulsions?	X	
11. Hypoglycemia?	X	
12. Asthma?	X	
13. Respiratory depression?	X	
14. Local anesthesia overdose?	X	
15. Hyperventilation syndrome?	X	
16. Syncope?	X	

**Evaluator Overall Recommendation of Site Inspection**

Pass       Fail

Comments: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Evaluator

10/24/24  
 \_\_\_\_\_  
 Date



# Nevada State Board of Dental Examiners

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nshde@dental.nv.gov

## MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> ON-SITE/ADMINISTRATOR EVALUATION		<input type="checkbox"/> SITE ONLY INSPECTION	
Name of Practitioner: Dr DeLeon		Proposed Dates:	
Location to be Inspected: [REDACTED]		Telephone Number: [REDACTED]	
Date of Evaluation: 10/24/24		Email Address:	
		Time of Evaluation/Inspection:	
		Start Time: 07:30	Finish Time:

### Evaluators

1.	Orr
2.	Saxe, Josh
3.	

### INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within 72 hours after evaluation has been completed.

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
<b>1. Operating Room</b>		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any emergency procedure?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
<b>7. Ancillary Equipment in Good Operating Condition?</b>	✓	
a. Are there oral <del>pathways</del> <i>airways</i> ?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	<i>EPIDURAL 13mg</i>	<i>12/25</i>	✓	
2. Corticosteroid drug available?	<i>Solu Medrol</i>	<i>7/26</i>	✓	
3. Bronchodilator drug available?	<i>ALBUTEROL</i>	<i>4/25</i>	✓	
4. Appropriate drug antagonists available?	<i>MAVONE FLUMAZ</i>	<i>6/25 5/25</i>	✓	
5. Antihistaminic drug available?	<i>DPH</i>	<i>3/25</i>	✓	
6. Anticholinergic drug available?	<i>Atropine</i>	<i>6/25</i>	✓	
7. Coronary artery vasodilator drug available?	<i>MTG</i>	<i>6/26</i>	✓	
8. Anticonvulsant drug available?	<i>MIDAZOLAM</i>	<i>3/25</i>	✓	
9. Oxygen available?			✓	

RECORDS - Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show patient's vital signs?	✓	
4. Includes American Society of Anesthesiologists physical status classification?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?	✓	

## SITE INSPECTION

<b>Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)</b>	✓	
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Bag valve mask with appropriate size mask	✓	
2. Appropriate size blood pressure cuffs	✓	
3. Appropriate size oral and nasal airways	✓	
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Appropriate dosage of epinephrine or a pediatric epinephrine auto-injector	✓	
<b>ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass     
  Fail     
  Pass Pending\*

*\*If Pass Pending, please list all deficiencies*

Comments: WELL PREPARED

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Signature of Evaluator

Date 10/24/24

**THIS CONCLUDES THE SITE INSPECTION REPORT.  
FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION**

## EVALUATION

DEMONSTRATION OF MODERATE SEDATION	YES	NO
1. Who administered moderate sedation? Dentist's Name: <u>Dr De Leon</u>	✓	
2. Was sedation case demonstrated within the definition of moderate sedation?	✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter? if not, what type of monitoring was utilized? _____	✓	
4. Was the patient monitored while recovering from sedation? Monitored by whom: <u>Dr De Leon</u> Title: _____	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?	✓	
6. Were personnel competent?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support? <u>(Attached Certs)</u>	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? <u>15 M 5x (&gt; 1 hr Anesth)</u>	✓	

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	

# SITE INSPECTION

SIMULATED EMERGENCIES		YES	NO
and ability in recognition and treatment of:			
9. Allergic reaction?		✓	
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?		✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass     Fail

Comments: WELL - PREPARED

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\_\_\_\_\_  
Signature of Evaluator

10/24/24  
\_\_\_\_\_  
Date

# 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

**Romulo Guideng, DMD**

APPLICANT NAME ( [REDACTED] – licensed 08/20/2010)

**Yes**      **No**

COMPLETED APPLICATION

**Yes**      **No**

PAYMENT RECEIVED (C [REDACTED] \$ 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 (Jun 28, 2024 14:26 PDT)  
Joshua Branco, DMD  
Interim Anesthesia Chair

28/06/24  
\_\_\_\_\_  
Date

**Review by Secretary-Treasurer:**

APPLICATION APPROVED: YES Xxx 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

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

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: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED]  
[REDACTED]

Office Telephone: [REDACTED]

Office Fax: [REDACTED]

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

### DENTAL EDUCATION

University/ College: UNLV School of Dental Medicine

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

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

### BOARD APPROVED PROGRAM

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

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

Dates attended: 07 / 13 / 23 to 09 / 17 / 23  
Certificate Granted: \_\_\_\_\_

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 31 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

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  
NSBDE



**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  
nshde@dental.nv.gov

### MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> <b>ON-SITE/ADMINISTRATOR EVALUATION</b>		<input type="checkbox"/> <b>SITE ONLY INSPECTION</b>	
Name of Practitioner: R. Guideng		Proposed Dates:	
Location to be inspected: [REDACTED]		Telephone Number: [REDACTED]	
Date of Evaluation: 10/30/24		Email Address:	
		Time of Evaluation/Inspection:	
		Start Time: 07:30	Finish Time: 10:30
<b>Evaluators</b>			
1. Gallob			
2. Orr			
3.			

#### INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within 72 hours after evaluation has been completed.

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT		YES	NO
<b>1. Operating Room</b>			
a.	Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b.	Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>			
a.	Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b.	Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c.	Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>			
a.	Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b.	Is there a battery powered backup lighting system?	✓	
c.	Is backup lighting system of sufficient intensity to permit completion of any operation without any risk of patient or operator exposure?	✓	
<b>4. Suction Equipment</b>			
a.	Does suction equipment permit aspiration of the oral & pharyngeal cavities?	✓	
b.	Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>			
a.	Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b.	Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>			
a.	Does recovery area have available oxygen?	✓	
b.	Does recovery area have available adequate suction?	✓	
c.	Does recovery area have adequate lighting?	✓	
d.	Does recovery area have available adequate electrical outlets?	✓	

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT		YES	NO
<b>7. Ancillary Equipment in Good Operating Condition?</b>			
a. Are there oral pathways? <i>AIRWAYS</i>		✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?		✓	
c. Is there a sphygmomanometer and stethoscope?		✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?		✓	
e. Is there a pulse oximeter?		✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	<i>EP1</i>	<i>11/25</i>	✓	
2. Corticosteroid drug available?	<i>Solumed</i>	<i>12/25</i>	✓	
3. Bronchodilator drug available?	<i>Albut</i>	<i>6/25</i>	✓	
4. Appropriate drug antagonists available?	<i>Nalox Flumez</i>	<i>2/25 1/26</i>	✓	
5. Anesthetic drug available?	<i>DPM</i>	<i>12/24</i>	✓	
6. Anticholinergic drug available?	<i>Atrop</i>	<i>11/25</i>	✓	
7. Coronary artery vasodilator drug available?	<i>NTG</i>	<i>4/25</i>	✓	
8. Anticonvulsant drug available?	<i>MIDAZ</i>	<i>9/25</i>	✓	
9. Oxygen available?	<i>O2</i>		✓	

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show patient's vital signs?	✓	
4. Includes American Society of Anesthesiologists physical status classification?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?	✓	

## SITE INSPECTION

Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)				
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>			YES	NO
1. <del>Appropriate size oxygen mask</del>				
2. Appropriate size blood pressure cuffs				
3. Appropriate size oral and nasal airways				
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>			YES	NO
1. <del>Appropriate dosage of antihistamine or a pediatric epinephrine auto-injector</del>				
<b>ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER</b>			YES	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry				

**Evaluator Overall Recommendation of Site Inspection**

Pass     
  Fail     
  Pass Pending\*

*\*If Pass Pending, please list all deficiencies*

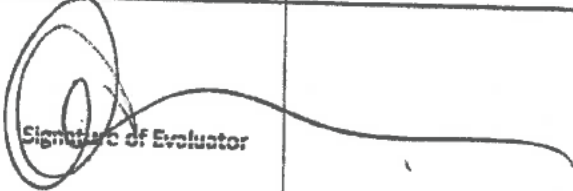
Comments:

office has req equipment but does not ≤ 12 pts

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Signature of Evaluator

10/30/24

Date

**THIS CONCLUDES THE SITE INSPECTION REPORT.**

**FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION**

## EVALUATION

DEMONSTRATION OF MODERATE SEDATION		YES	NO
1. Who administered moderate sedation? Dentist's Name: <u>R. S. Guidery, DMD</u>			
2. Was sedation case demonstrated within the definition of moderate sedation?		✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter? If not, what type of monitoring was utilized? _____		✓	
4. Was the patient monitored while recovering from sedation? Monitored by whom: <u>Dr. Guidery, Staff</u> Title: _____		✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?		✓	
6. Were personnel competent?		✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?		✓	
9. What was the length of the case demonstrated? <u>30M SX</u>		✓	

SIMULATED EMERGENCIES - Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
1. Laryngospasm?		✓	
2. Bronchospasm?		✓	
3. Emesis and aspiration of foreign material under anesthesia?		✓	
4. Angina pectoris?		✓	
5. Myocardial infarction?		✓	
6. Hypotension?		✓	
7. Hypertension?		✓	
8. Cardiac arrest?		✓	

## SITE INSPECTION

SIMULATED EMERGENCIES			YES	NO
and ability in recognition and treatment of:				
9. Allergic reaction?			✓	
10. Convulsions?			✓	
11. Hypoglycemia?			✓	
12. Asthma?			✓	
13. Respiratory depression?			✓	
14. Local anesthesia <del>overdose?</del> <i>TOXIC Rxn</i>			✓	
15. Hyperventilation syndrome?			✓	
16. Syncope?			✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass       Fail

Comments: *Well-prepared*

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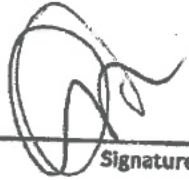
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 \_\_\_\_\_  
 Signature of Evaluator

\_\_\_\_\_  
 10/30/24  
 Date

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)  
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION  
QUALIFICATIONS OF APPLICANTS

**Katelyn Hendricks, DMD**

APPLICANT NAME



NEVADA LICENSE (licensed 07/09/2024)

**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  
(EQUIVALENT TO 60 HOURS/25 CASES)

**Specialty: Pediatric Dentist**  
**UNLV School of Dental Medicine**  
**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  NO

IF REJECTED,  
Reasons/Concerns: \_\_\_\_\_

  
Joshua M Branco, DMD  
Chair of Anesthesia Committee

08/23/24  
Date

**REVIEW CONTINUED**  
**PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION**  
**APPLICANT: Katelyn Hendricks, DMD**

Review by Secretary- Treasurer:

APPLICATION APPROVED:  YES     NO

IF REJECTED,  
Reasons/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Tejpaul J. Jh*

\_\_\_\_\_  
Tejpaul J. Jh DDS  
Secretary-Treasurer

*01/29/24*

\_\_\_\_\_  
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

*Dr. Carida Lalonde  
holds site  
permit #SPPMS191*

## 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: Katelyn Hendricks License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED]

Office Telephone: [REDACTED] Office Fax No: \_\_\_\_\_

### DENTAL EDUCATION

University/  
College: University of Nevada Las Vegas  
School of Dental Medicine

Location: 1700 W Charleston Blvd Las Vegas,  
NV 89102

Dates attended: 08 / /2018 Degree Earned: DMD  
to  
05 / 13 /2022

### SPECIALTY PROGRAM

University/  
College: University of Nevada Las Vegas School  
of Dental Medicine

Location: 1700 W Charleston Blvd Las Vegas,  
NV 89102

Dates attended: 07 / 01 / 2022 Degree Awarded: Pediatric Dental  
Residency Certificate  
to  
06 / 28 /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**  
JUL 12 2024  
NSBDE  
Revised 6/2018

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 Katelyn Hendricks  
Date 07/12/2024

**\*\*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**



**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  
nshde@dental.nv.gov

### MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> <b>ON-SITE/ADMINISTRATOR EVALUATION</b>	<input type="checkbox"/> <b>SITE ONLY INSPECTION</b>
Name of Practitioner: K. Hernandez	Proposed Dates:
Location to be Inspected: [REDACTED]	Telephone Number: [REDACTED]
Date of Evaluation: 10/30/24	Email Address:
	Time of Evaluation/Inspection: Start Time: 10:45 Finish Time:

**Evaluators**

1. Gallo
2. [Signature]
3.

#### INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within 72 hours after evaluation has been completed.

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
<b>1. Operating Room</b>		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation without loss of sight of the patient's face?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

## SITE INSPECTION

<u>OFFICE FACILITIES AND EQUIPMENT</u>		YES	NO
<b>7. Ancillary Equipment in Good Operating Condition?</b>			
a. Are there oral pathways?	always	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?		✓	
c. Is there a sphygmomanometer and stethoscope?		✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?		✓	
e. Is there a pulse oximeter?		✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	LDI	5/25	✓	
2. Corticosteroid drug available?	DEXAMETH	5/25	✓	
3. Bronchodilator drug available?	Albut	3/25	✓	
4. Appropriate drug antagonists available?	MILOX FLUMAZ	8/25 5/25	✓ ✓	
5. Antihistamine drug available?	DPM	3/25	✓	
6. Anticholinergic drug available?	Atrop	7/25	✓	
7. Coronary artery vasodilator drug available?	NTG	2/26	✓	
8. Anticonvulsant drug available?	MIDAZ	3/25	✓	
9. Oxygen available?	O <sub>2</sub>		✓	

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show patient's vital signs?	✓	
4. Includes American Society of Anesthesiologists physical status classification?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?	✓	

## SITE INSPECTION

Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (if yes, complete the section below)				
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>			YES	NO
1. Appropriate size blood pressure cuffs			✓	
2. Appropriate size oral and nasal airways			✓	
3. Appropriate size oral and nasal airways			✓	
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>			YES	NO
1. Appropriate dosage of epinephrine or a pediatric epinephrine auto-injector			✓	
<b>ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER</b>			YES	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry			✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass     
  Fail     
  Pass Pending\*

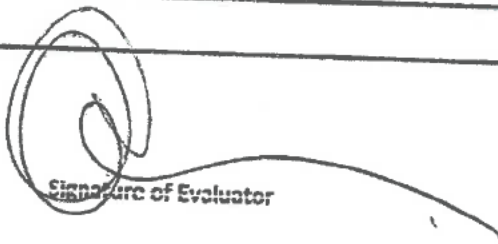
*\*If Pass Pending, please list all deficiencies*

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
 Signature of Evaluator

10/30/24  
 Date

**THIS CONCLUDES THE SITE INSPECTION REPORT.**

**FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION**

## EVALUATION

DEMONSTRATION OF MODERATE SEDATION	YES	NO
1. Who administered moderate sedation? Dentist's Name: <u>1ca Kelly N Hendricks</u>		
2. <del>Was sedation case demonstrated within the definition of moderate sedation?</del>	✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter? If not, what type of monitoring was utilized? _____	✓	
4. Was the patient monitored while recovering from sedation? Monitored by whom: <u>Dr Hendricks &amp; STAFF</u> Title: _____	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?	✓	
6. Were personnel competent?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? <u>10m</u>		

SIMULATED EMERGENCIES -- Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	

## SITE INSPECTION

SIMULATED EMERGENCIES and ability in recognition and treatment of:	YES	NO
9. Allergic reaction?	✓	
10. Convulsions?	✓	
11. Hypoglycemia?	✓	
12. Asthma?	✓	
13. Respiratory depression?	✓	
14. Local anesthesia overdose? <i>TOXIC RXN</i>	✓	
15. Hyperventilation syndrome?	✓	
16. Succinylcholine?	✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass       Fail

Comments: WELL PREPARED FOR 1ST EVAL

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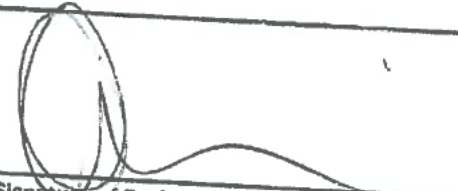
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 Signature of Evaluator

10/30/24  
 \_\_\_\_\_  
 Date

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)  
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION  
QUALIFICATIONS OF APPLICANTS

Anita Jivan, DDS

APPLICANT NAME

S6-231

NEVADA LICENSE (licensed 07/09/2024)

**Yes** No

COMPLETED APPLICATION

**Yes** No

PAYMENT RECEIVED (CC \$750.00 on 7/12/2024)

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**  
**NYU Langone Hospitals**  
**Completion date: 06/30/2024**

**Yes** No

PALS CERTIFICATION IN COMPLIANCE WITH AMERICAN  
HEART ASSOCIATION STANDARDS

**PALS VALID DATES:**  
**05/31/2024 – 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 by Chair of Anesthesia Committee:

RECOMMEND APPROVAL: YES  NO

IF NO, Reasons/Concerns: \_\_\_\_\_

-

  
Joshua M Branco, DMD (Aug 8, 2024 15:36 PDT)  
**Joshua M Branco, DMD**  
Chair of Anesthesia Committee

08/08/2024  
\_\_\_\_\_  
Date

REVIEW CONTINUED  
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION  
APPLICANT: ANITA JIVAN, DDS

Review by Secretary- Treasurer:

APPLICATION APPROVED: YES  NO

IF REJECTED, Reasons/Concerns: Na  
Na  
Na

  
tej.johi (Aug 9, 2024 09:43 PDT)

**Tejpal Johi, DDS**  
**Secretary-Treasurer**

09/08/2024

**Date**



# Nevada State Board of Dental Examiners

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nsbde@dental.nv.gov

Site permit held by  
Dr. Carla Lalonde

## PEDIATRIC DENTISTRY SPECIALIST

**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: Anita Jivan License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED] Office Telephone: [REDACTED]

[REDACTED] Office Fax: [REDACTED]

### DENTAL EDUCATION

University/  
College: New York University College of Dentistry

Location: 345 E 24th St  
New York City, NY 10010

Dates attended: 08 / 20 / 2018 Degree Earned: Doctor of Dental Surgery  
to  
05 / 18 / 2022

### SPECIALTY EDUCATION

University /  
College: NYU Langone- Columbia, MO

Location: 200 Portland Street  
Columbia, MO 65201

Dates attended: 07 / 01 / 2022 Degree Earned: Pediatric Dentist  
to  
06 / 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 with all questions answered in full;
- 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.

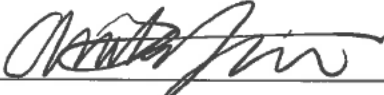
▶ RECEIVED ◀

JUL 12 2024

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 to a patient 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 does NOT allow for the administration of deep sedation or general anesthesia by me, a physician, a nurse anesthetist, or any other person. I have read and I am familiar with the provision 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 7/12/2024

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

*Certification of completion of a specialty program accredited by the Commission of 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) 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 ◀  
JUL 12 2024



**Nevada State Board of Dental Examiners**  
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nshde@dental.nv.gov

### MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> <b>ON-SITE/ADMINISTRATOR EVALUATION</b>		<input type="checkbox"/> <b>SITE ONLY INSPECTION</b>	
Name of Practitioner: <i>Amira Sivan</i>		Proposed Dates:	
Location to be inspected: [REDACTED]		Telephone Number: [REDACTED]	
Date of Evaluation: <i>11/1/24</i>		Email Address:	
		Time of Evaluation/Inspection:	
		Start Time: <i>07:30</i>	Finish Time: <i>10:30</i>
<b>Evaluators</b>			
1. <i>Orr</i>			
2. <i>Chen</i>			
3.			

#### INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within 72 hours after evaluation has been completed.

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT		YES	NO
<b>1. Operating Room</b>			
a.	Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b.	Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>			
a.	Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b.	Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c.	Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>			
a.	Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b.	Is there a battery powered backup lighting system?	✓	
c.	Is backup lighting system of sufficient intensity to permit completion of any procedure?	✓	
<b>4. Suction Equipment</b>			
a.	Does suction equipment permit aspiration of the oral & pharyngeal cavities?	✓	
b.	Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>			
a.	Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b.	Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>			
a.	Does recovery area have available oxygen?	✓	
b.	Does recovery area have available adequate suction?	✓	
c.	Does recovery area have adequate lighting?	✓	
d.	Does recovery area have available adequate electrical outlets?	✓	

## SITE INSPECTION

<u>OFFICE FACILITIES AND EQUIPMENT</u>		YES	NO
<b>7. Ancillary Equipment in Good Operating Condition?</b>		✓	
a. Are there oral pathways?	AIRWAYS	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?		✓	
c. Is there a sphygmomanometer and stethoscope?		✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?		✓	
e. Is there a pulse oximeter?		✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	ESP 0.15 / 0.30	7/25 / 12/24	✓	
2. Corticosteroid drug available?	DEX	5/25	✓	
3. Bronchodilator drug available?	ALBU	3/23	✓	
4. Appropriate drug antagonists available?	FLUMAZ MORPH	5/25 6/25	✓ ✓	
5. Antihistamine drug available?	DPM	3/25	✓	
6. Anticholinergic drug available?	ATROP	7/25	✓	
7. Coronary artery vasodilator drug available?	MTG	2/26	✓	
8. Anticonvulsant drug available?	MIDAZ	3/25	✓	
9. Oxygen available?			✓	

<u>RECORDS - Are the following records maintained?</u>		YES	NO
1. An adequate medical history of the patient?		✓	
2. An adequate physical evaluation of the patient?		✓	
3. Sedation records show patient's vital signs?		✓	
4. Includes American Society of Anesthesiologists physical status classification?		✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?		✓	
6. Sedation records reflecting the length of the procedure?		✓	
7. Sedation records reflecting complications of the procedure, if any?		✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?		✓	

## SITE INSPECTION

Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (if yes, complete the section below)				
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>			YES	NO
1. <i>Big cuffs which still appropriate</i>			✓	
2. Appropriate size blood pressure cuffs			✓	
3. Appropriate size oral and nasal airways			✓	
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>			YES	NO
1. <i>Appropriate dosage of epinephrine or a pediatric epinephrine auto-injector</i>			✓	
<b>ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER</b>			YES	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry			✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass    
  Fail    
  Pass Pending\*

*\*If Pass Pending, please list all deficiencies*

Comments: well prepared 1st visit from NSBDC MS for Dr

Signature of Evaluator \_\_\_\_\_ Date 11/1/24

**THIS CONCLUDES THE SITE INSPECTION REPORT.  
FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION**

## EVALUATION

DEMONSTRATION OF MODERATE SEDATION		YES	NO
1. Who administered moderate sedation? Dentist's Name: <u>Anita Ivan <del>MD</del> DDS</u>			
2. Was sedation case demonstrated within the definition of moderate sedation?		✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter? If not, what type of monitoring was utilized? _____		✓	
4. Was the patient monitored while recovering from sedation? Monitored by whom: <u>Dr. Ivan and staff</u> Title: <u>Deloras</u>		✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?		✓	
6. Were personnel competent?		✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?		✓	
9. What was the length of the case demonstrated? <u>10m</u>			

SIMULATED EMERGENCIES - Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
1. Laryngospasm?		✓	
2. Bronchospasm?		✓	
3. Emesis and aspiration of foreign material under anesthesia?		✓	
4. Angina pectoris?		✓	
5. Myocardial infarction?		✓	
6. Hypotension?		✓	
7. Hypertension?		✓	
8. Cardiac arrest?		✓	

# SITE INSPECTION

SIMULATED EMERGENCIES - Was the unit and crew able to respond to the scenario without error and ability in recognition and treatment of:		YES	NO
9. Allergic reaction?		✓	
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?		✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass     
  Fail

Comments: well prepared site

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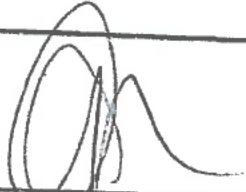
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 Signature of Evaluator

11/1/24  
 \_\_\_\_\_  
 Date



## Nevada State Board of Dental Examiners

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nsbde@dental.nv.gov

### MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> ON-SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Practitioner: <i>Anita Jivan</i>	Proposed Dates:
Location to be Inspected: [REDACTED]	Telephone Number:
	Email Address:
Date of Evaluation: <i>11/01/2024</i>	Time of Evaluation/Inspection:
	Start Time:
	Finish Time:

#### Evaluators

1. <i>Chen</i>
2. <i>Orl</i>
3.

#### INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within **72 hours** after evaluation has been completed.

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
<b>1. Operating Room</b>		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
<b>7. Ancillary Equipment in Good Operating Condition?</b>	✓	
a. Are there oral pathways?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	Epinephrine	7/25	✓	
2. Corticosteroid drug available?	Dexamethasone	6/25	✓	
3. Bronchodilator drug available?	Albuterol	3/23	✓	
4. Appropriate drug antagonists available?	Flumazenil Narcan	5/25 6/25	✓	
5. Antihistaminic drug available?	Diphenhydramine	3/25	✓	
6. Anticholinergic drug available?	Atropine	7/25	✓	
7. Coronary artery vasodilator drug available?	Nitroglycerin	3/26	✓	
8. Anticonvulsant drug available?	Midazolam	3/25	✓	
9. Oxygen available?			✓	

RECORDS - Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show patient's vital signs?	✓	
4. Includes American Society of Anesthesiologists physical status classification?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?	✓	

## SITE INSPECTION

	YES	NO
Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)	✓	
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Bag valve mask with appropriate size masks	✓	
2. Appropriate size blood pressure cuffs	✓	
3. Appropriate size oral and nasal airways	✓	
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	✓	
<b>ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass     
  Fail     
  Pass Pending\*

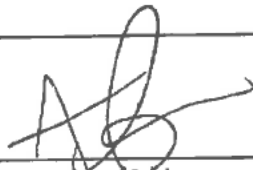
*\*If Pass Pending, please list all deficiencies*

Comments: \_\_\_\_\_

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\_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Evaluator

11/1/2024  
 \_\_\_\_\_  
 Date

**THIS CONCLUDES THE SITE INSPECTION REPORT.**

**FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION**

## EVALUATION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION		YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>Dr. Jivan</u>		✓	
2. Was case demonstrated within the definition of <del>general anesthesia?</del> <u>pediatric moderate sedation</u>		✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?		✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>Dolores</u> Title: <u>Dental Assist.</u>		✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?		✓	
6. Were personnel competent and knowledgeable of equipment operation and location?		✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?		✓	
9. What was the length of the case demonstrated? <u>15 min.</u>			

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
1. Laryngospasm?		✓	
2. Bronchospasm?		✓	
3. Emesis and aspiration of foreign material under anesthesia?		✓	
4. Angina pectoris?		✓	
5. Myocardial infarction?		✓	
6. Hypotension?		✓	
7. Hypertension?		✓	
8. Cardiac arrest?		✓	
9. Allergic reaction?		✓	

## SITE INSPECTION

<b>SIMULATED EMERGENCIES</b> – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?		✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass       Fail

Comments: \_\_\_\_\_

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Signature of Evaluator

11/1/2024  
\_\_\_\_\_  
Date

# 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) GENERAL ANESTHESIA PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

APPLICANT NAME:	<b>Kristi Agari, DMD</b>
NEVADA LICENSE:	<b>#S2-219 (specialty license granted 08/13/2024)</b>
COMPLETED APPLICATION:	<b>Yes</b>
PAYMENT RECEIVED:	<b>Yes (check#006304 \$750.00- 08/13/2024)</b>
CERTIFICATION OF MINIMUM OF 60 HOURS OF APPROVED COURSE STUDY (ACCREDITED INSTITUTION)	<b>N/A</b>
CERTIFICATION OF ADMINISTRATION OF MINIMUM OF 20 CASES SUCCESSFULLY MANAGED BY APPLICANT (ACCREDITED INSTITUTION)	<b>N/A</b>
CERTIFICATION OF SPECIALTY PROGRAM COMPLETION APPROVED BY ADA CODA WHICH INCLUDES EDUCATION/TRAINING IN GA ADMINISTRATION (EQUIVALENT TO 60 HOURS/20 CASES)	<b>University of Southern California, Ostow School of Dentistry &amp; Keck School of Medicine Department of Oral &amp; Maxillofacial Completion date – 06/30/2024</b>
ACLS CERTIFICATION	<b>04/11/2023 – 04/2025</b>
EVALUATION DATE SCHEDULED:	<b>TBD</b>

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: KRISTI AGARI, DMD**


**Review by Chair of Anesthesia Committee:**

RECOMMEND APPROVAL: YES  NO

IF NO,  
Reasons/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
Josh Branco DMD (Aug 23, 2024 07:26 HST)  
Joshua Branco, DMD  
Chair of Anesthesia Committee

08/23/24

\_\_\_\_\_  
Date

**Review by Secretary-Treasurer:**

APPLICATION APPROVED: YES  NO

IF REJECTED,  
Reasons/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
Tejpal Johi, DDS  
Secretary-Treasurer

08/28/24  
\_\_\_\_\_  
Date



# 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

## 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: Kristi Agari Specialty # SD-219  
License Number: 7998

Dental Practice Name: Henderson Oral Surgery

Office Address: [Redacted] Office Telephone: [Redacted]

[Redacted] Office Fax: [Redacted]

### DENTAL EDUCATION

University / College: University of Nevada, Las Vegas

Location: \_\_\_\_\_

Dates attended: 08/01/2014 to 05/01/2018 Degree Earned: DMD

### SPECIALTY EDUCATION

University / College: University of Southern California, Ostrow School of Dentistry + Keck School of Medicine

Location: \_\_\_\_\_

Dates attended: 07/01/2018 to 06/30/2024 Degree Earned: MD + OMFS Certificate

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

Received  
AUG 13 2024  
NSBDE

**QUESTION SECTION:**


**HAVE YOU:**

- 1) Completed one (1) year advanced training in Anesthesiology?  Yes  No  
Where: USC Ostrow/ Los Angeles  
General Medical When: 07/01/2018 - 12/31/2018 +  
07/01/2022 - 06/30/2024
- 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: USC Ostrow/ Los Angeles  
General Medical When: 07/01/2018 - 06/30/2024

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

8/12/2024

**Received**  
AUG 13 2024  
NSBDE



**Nevada State Board of Dental Examiners**  
 2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014  
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 nsbde@dental.nv.gov

Permit # GA268T

**GENERAL ANESTHESIA  
 INSPECTION AND EVALUATION REPORT**

<input checked="" type="checkbox"/> <b>SITE/ADMINISTRATOR EVALUATION</b>		<input type="checkbox"/> <b>SITE ONLY INSPECTION</b>	
Name of Licensee: <u>Kristi Agan</u>		PERMIT #:	
Location to be Inspected: <u>Henderson Oral Surgery 2835 St Rose Pkwy. #100, Henderson</u>		Proposed Dates:	
Date of Evaluation: <u>10/11/2024</u>		Time of Evaluation/Inspection:	
		Start Time: <u>8:00 am</u>	Finish Time: <u>10:00 am</u>
		Telephone Number:	

**Evaluators**

1. <u>Chen, Alive</u>	
2. <u>Dvr, Daniel</u>	
3.	

**INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA  
 INSPECTION AND EVALUATION FORM**

1. Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the inspection/evaluation report and return to the Board office within 72 hours after inspection/evaluation has been completed.

## EVALUATIONS INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>	YES	NO
<b>1. Operating Room</b>		
a. Is the operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full-face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

## EVALUATIONS INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>	YES	NO
<b>7. Ancillary Equipment Must be in Good Operating Condition</b>	✓	
a. Are there oral Airways?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?	✓	
g. Endotracheal tubes and appropriate connectors?	✓	
h. An endotracheal tube type forcep?	✓	
i. An electrocardioscope and defibrillator?	✓	
j. A capnography monitor	✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	Ephedrine	3/25	✓	
2. Corticosteroid drug available?	Solu Cortef	3/26	✓	
3. Bronchodilator drug available?	Albuterol	1/25	✓	
4. Appropriate drug antagonists available?	Naloxone	1/26	✓	
	Flumazenil	5/25		
5. Antihistaminic drug available?	Diphenhydramine	3/26	✓	
6. Anticholinergic drug available?	Atropine	11/25	✓	
7. Coronary artery vasodilator drug available?	Nitroglycerin	2/26	✓	
8. Anticonvulsant drug available?	Midazolam	12/24	✓	
9. Oxygen available?			✓	
10. Muscle relaxant?	Succinylcholine	4/25	✓	
11. Antiarrhythmic?	Amiodarone	12/25	✓	
12. Antihypertensive?	Labetalol	6/25	✓	
13. Intravenous medication for the treatment of cardiopulmonary arrest?	Amiodarone	12/25	✓	
	Atenolol	6/25	✓	
	Glycopyrrolate	3/25	✓	

## EVALUATIONS INSPECTION

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Includes American Society of Anesthesiologists physical status classification?	✓	
4. Anesthesia records show patient's vital signs?	✓	
5. Anesthesia records listing the drugs administered, amounts administered, and time administered.	✓	
6. Anesthesia records reflecting the length of the procedure?	✓	
7. Anesthesia records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?	✓	
	YES	NO
Is there a general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)	✓	
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>	YES	NO
1. Bag valve mask with appropriate size masks	✓	
2. Appropriate size blood pressure cuffs	✓	
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger	✓	
4. Appropriately sized endotracheal tubes and appropriate connectors	✓	
5. Appropriate pads for use with an electrocardioscope and defibrillator	✓	
6. Small oral and nasal airways	✓	
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	✓	
<b>ADDITIONAL RECPRDS FOR 12 YEARS OF AGE AND YOUNGER</b>	YES	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	


**SITE INSPECTION RESULTS**

**Evaluator Overall Recommendation of Site Inspection**

Pass       Fail       Pass Pending\*

*\*If Pass Pending, please list all deficiencies*

Comments: \_\_\_\_\_  
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\_\_\_\_\_  
Signature of Evaluator

10/11/2024  
\_\_\_\_\_  
Date

**THIS CONCLUDES THE SITE INSPECTION REPORT  
FOR AN EVALUATION OF AN ADMINISTERING PERMIT CONTINUT TO THE NEXT SECTION**

## EVALUATION INSPECTION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION	YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>Dr. Agari</u>	✓	
2. Was case demonstrated within the definition of general anesthesia?	✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?	✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>Dr. Agari Dr. Khama</u> Title: <u>Oral Surgeon</u>	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?	✓	
6. Were personnel competent and knowledgeable of equipment operation and location?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? <u>15 min.</u>		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	
9. Allergic reaction?	✓	

## EVALUATIONS INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
10. Convulsions?	✓	
11. Hypoglycemia?	✓	
12. Asthma?	✓	
13. Respiratory depression?	✓	
14. Local anesthesia overdose?	✓	
15. Hyperventilation syndrome?	✓	
16. Syncope?	✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass     
  Fail

Comments: \_\_\_\_\_

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 Signature of Evaluator

10/11/2024  
 \_\_\_\_\_  
 Date



# 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  
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## GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> <b>SITE/ADMINISTRATOR EVALUATION</b>		<input type="checkbox"/> <b>SITE ONLY INSPECTION</b>	
Name of Practitioner: KRISTI AGARI		Proposed Dates:	
Location to be Inspected: 2835 ST Rose Remy #100 Henderson, NV 89052		Telephone Number: 762-824-3333	Email Address:
Date of Evaluation: 10/11/24		Time of Evaluation/Inspection:	
		Start Time: 0730	Finish Time:

### Evaluators

1.	Orr
2.	Chan
3.	

### INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM

1. Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the inspection/evaluation report and return to the Board office within 72 hours after inspection/evaluation has been completed.

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227)	YES	NO
<i>All operatories used must meet criteria</i>		
<b>1. Operating Room</b>		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227)	YES	NO
<i>ALL operatories used must meet criteria</i>		
<b>7. Ancillary Equipment Must be in Good Operating Condition</b>		
a. Are there oral pathways? - <u>AIRWAYS</u>	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?	✓	
g. Endotracheal tubes and appropriate connectors?	✓	
h. An endotracheal tube type forcep?	✓	
i. An electrocardioscope and defibrillator?	✓	
j. A capnography monitor	✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	<u>EP1</u>	<u>3/25</u>	✓	
2. Corticosteroid drug available?	<u>SOLU CORTEF</u>	<u>3/26</u>	✓	
3. Bronchodilator drug available?	<u>ALBUT</u>	<u>1/25</u>	✓	
4. Appropriate drug antagonists available?	<u>MAOX</u> <u>FLUMAZ</u>	<u>1/26</u> <u>5/25</u>	✓	
5. Antihistaminic drug available?	<u>DPH</u>	<u>3/26</u>	✓	
6. Anticholinergic drug available?	<u>ATROP</u>	<u>11/25</u>	✓	
7. Coronary artery vasodilator drug available?	<u>MTG</u>	<u>2/26</u>	✓	
8. Anticonvulsant drug available?	<u>MORZ</u>	<u>12/24</u>	✓	
9. Oxygen available?			✓	
10. Muscle relaxant?	<u>SUX</u>	<u>4/25</u>	✓	
11. Antiarrhythmic?	<u>AMIOD</u>	<u>12/25</u>	✓	
12. Antihypertensive?	<u>LABET</u>	<u>6/25</u>	✓	
13. Intravenous medication for the treatment of cardiopulmonary arrest?	<u>AMIOD</u>	<u>12/25</u>	✓	
	<u>ADENO</u>	<u>6/25</u>	✓	
	<u>GLUCOPY</u>	<u>3/25</u>	✓	

## SITE INSPECTION

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Includes American Society of Anesthesiologists physical status classification?	✓	
4. Anesthesia records show patient's vital signs?	✓	
5. Anesthesia records listing the drugs administered, amounts administered, and time administered?	✓	
6. Anesthesia records reflecting the length of the procedure?	✓	
7. Anesthesia records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?	✓	
	YES	NO
Is there a general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)	✓	
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks	✓	
2. Appropriate size blood pressure cuffs	✓	
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger	✓	
4. Appropriately sized endotracheal tubes and appropriate connectors	✓	
5. Appropriate pads for use with an electrocardioscope and defibrillator	✓	
6. Small oral and nasal airways	✓	
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	✓	
ADDITIONAL RECPRDS FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	

**SITE INSPECTION RESULTS**

**Evaluator Overall Recommendation of Site Inspection**

Pass     Fail     Pass Pending\*

*\*If Pass Pending, please list all deficiencies*

Comments: well-maintained

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Signature of Evaluator

10/11/24 \_\_\_\_\_

Date

**THIS CONCLUDES THE SITE INSPECTION REPORT**

**FOR AN EVALUATION OF AN ADMINISTERING PERMIT CONTINUT TO THE NEXT SECTION**

## EVALUATION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION	YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>KRISTI AGAR</u>		
2. Was case demonstrated within the definition of general anesthesia?	✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?	✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>AGAR &amp; STAFF</u> Title: _____	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?	✓	
6. Were personnel competent and knowledgeable of equipment operation and location?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? <u>15m</u>	✓	

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	
9. Allergic reaction?	✓	

## SITE INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
10. Convulsions?	✓	
11. Hypoglycemia?	✓	
12. Asthma?	✓	
13. Respiratory depression?	✓	
14. Local anesthesia <del>overdose?</del> <i>TONIC Rxn</i>	✓	
15. Hyperventilation syndrome?	✓	
16. Syncope?	✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass

Fail

Comments: *well prepared*

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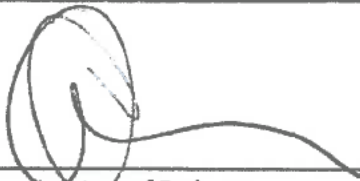
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Signature of Evaluator

*10/11/24*  
Date

## 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) GENERAL ANESTHESIA PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

**APPLICANT NAME:** GREYSON LEFTWICH, DDS

**NEVADA LICENSE:** # [REDACTED] specialty license granted 06/06/2024)

**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  
DAVID GRANT MEDICAL CENTER, TRAVIS  
AIR FORCE BASE  
COMPLETION DATE – 06/30/2021

**ACLS CERTIFICATION** 09/13/2022 – 09/2024

**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.

**REVIEW CONTINUED – APPLICANT: GREYSON LEFTWHICH, DDS**

**Review by Chair of Anesthesia Committee:**

**RECOMMEND APPROVAL:** YES  NO

IF NO, Reasons/Concerns: -  
-  
-

Josh Branco DMD 09/08/2024  
Joshua Branco, DMD Date  
Chair of Anesthesia Committee

**Review by Secretary-Treasurer:**

**APPLICATION APPROVED:** YES   NO

IF REJECTED, Reasons/Concerns: Na  
Na  
Na

 09/08/2024  
tej.johl (Aug 9, 2024 09:42 PDT) Date  
Tejpaul Johl, DDS  
Secretary-Treasurer



# Nevada State Board of Dental Examiners

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nsbde@dental.nv.gov

## 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: Grayson Leftwich License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED] Office Telephone: [REDACTED]

[REDACTED] Office Fax: [REDACTED]

### DENTAL EDUCATION

### SPECIALTY EDUCATION

University/ College: Virginia Commonwealth Univ.

University/ College: David Grant Medical Center

Location: 520 N 12th St  
Richmond, VA 23298

Location: 101 Baden Cir  
Travis AFB, CA 94533

Dates attended: 01 / June / 2008 to 01 / June / 2012 Degree Earned: DDS

Dates attended: 01 / July / 2017 to 01 / July / 2021 Degree Earned: OMFS Cert. Frate

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

Received  
JUL 15 2024  
NSBDE



# Nevada State Board of Dental Examiners

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Permit # \_\_\_\_\_

## GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Licensee: <i>Leftwich</i>	PERMIT #:
Location to be Inspected: [REDACTED]	Proposed Dates: <i>9/25/24</i>
	Telephone Number: [REDACTED]
Date of Evaluation: <i>9/25/24</i>	Time of Evaluation/Inspection:
	Start Time: <i>0730</i> Finish Time: <i>1000</i>

### Evaluators

1. <i>Br</i>
2. <i>Rundaye</i>
3.

### INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM

- Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.
- Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
- After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
- ~~Sign the inspection/evaluation report and return to the Board office within 72 hours after inspection/evaluation has been completed.~~

## EVALUATIONS INSPECTION

<b>OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227)</b> <i>ALL operatories used must meet criteria</i>	<b>YES</b>	<b>NO</b>
<b>1. Operating Room</b>		
a. Is the operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full-face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

## EVALUATIONS INSPECTION

<b>OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227)</b> <i>ALL operatories used must meet criteria</i>	YES	NO
<b>7. Ancillary Equipment Must be in Good Operating Condition</b>		
a. Are there oral Airways?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?	✓	
g. Endotracheal tubes and appropriate connectors?	✓	
h. An endotracheal tube type forcep?	✓	
i. An electrocardioscope and defibrillator?	✓	
j. A capnography monitor	✓	

<b>DRUGS</b>	<b>DRUG NAME</b>	<b>EXPIRES</b>	YES	NO
1. Vasopressor drug available?	phenyleph	2/25	✓	
2. Corticosteroid drug available?	solu med	12/25	✓	
3. Bronchodilator drug available?	Albut	1/25	✓	
4. Appropriate drug antagonists available?	flumazenil naloxon	11/26 12/26	✓	
5. Antihistaminic drug available?	PPH	3/25	✓	
6. Anticholinergic drug available?	Atrop	8/25	✓	
7. Coronary artery vasodilator drug available?	MTG	02/26	✓	
8. Anticonvulsant drug available?	MIDAZ	5/27	✓	
9. Oxygen available?				
10. Muscle relaxant?	Sux	1/25	✓	
11. Antiarrhythmic?	propofol	2/25	✓	
12. Antihypertensive?	Labetalol	2/25	✓	
13. Intravenous medication for the treatment of cardiopulmonary arrest?	EPI	12/25	✓	
	epineph	5/25	✓	

## EVALUATIONS INSPECTION

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Includes American Society of Anesthesiologists physical status classification?	✓	
4. Anesthesia records show patient's vital signs?	✓	
5. Anesthesia records listing the drugs administered, amounts administered, and time administered.	✓	
6. Anesthesia records reflecting the length of the procedure?	✓	
7. Anesthesia records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?	✓	
	YES	NO
Is there a general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)		
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>	YES	NO
1. Bag valve mask with appropriate size masks	✓	
2. Appropriate size blood pressure cuffs	✓	
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger	✓	
4. Appropriately sized endotracheal tubes and appropriate connectors	✓	
5. Appropriate pads for use with an electrocardioscope and defibrillator	✓	
6. Small oral and nasal airways	✓	
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto injector	✓	
<b>ADDITIONAL RECPRDS FOR 12 YEARS OF AGE AND YOUNGER</b>	YES	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	

*\* ALL FOR OFFICE  
DR LEFTWICH does not do kids*

## SITE INSPECTION RESULTS

<b>Evaluator Overall Recommendation of Site Inspection</b>		
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass Pending*

*\*If Pass Pending, please list all deficiencies*

Comments: will pre-approve

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\_\_\_\_\_  
Signature of Evaluator

9/25/21  
\_\_\_\_\_  
Date

**THIS CONCLUDES THE SITE INSPECTION REPORT**

**FOR AN EVALUATION OF AN ADMINISTERING PERMIT CONTINUT TO THE NEXT SECTION**

## EVALUATION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION	YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>WESTMICH</u>		
2. Was case demonstrated within the definition of general anesthesia?	✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?	✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>WESTMICH &amp; STAFF</u> Title: _____	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?	✓	
6. Were personnel competent and knowledgeable of equipment operation and location?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? <u>35MSX</u>		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	
9. Allergic reaction?	✓	

## EVALUATIONS INSPECTION

<b>SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:</b>	<b>YES</b>	<b>NO</b>
10. Convulsions?	✓	✓
11. Hypoglycemia?	✓	✓
12. Asthma?	✓	✓
13. Respiratory depression?	✓	✓
14. Local anesthesia overdose? <i>TOXIC RXN</i>	✓	✓
15. Hyperventilation syndrome?	✓	✓
16. Syncope?	✓	✓

**Evaluator Overall Recommendation of Site Inspection**

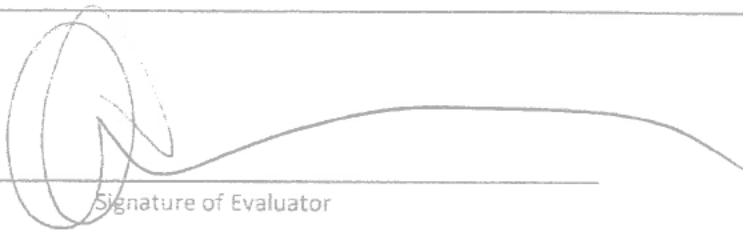
Pass

Fail

Comments: \_\_\_\_\_

*WELL PREPARED*

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\_\_\_\_\_  
Signature of Evaluator

*9/25/24*  
\_\_\_\_\_  
Date



# Nevada State Board of Dental Examiners

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nsbde@dental.nv.gov

Permit # \_\_\_\_\_

## GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION	
Name of Licensee: <i>Loftwich</i>	PERMIT #:	
Location to be Inspected: [REDACTED]	Proposed Dates: <i>9/25/24</i>	
	Telephone Number: [REDACTED]	
Date of Evaluation: <i>9/25/24</i>	Time of Evaluation/Inspection:	
	Start Time: <i>0730</i>	Finish Time: <i>1000</i>

### Evaluators

1. <i>CR</i>
2. <i>ORundaye</i>
3.

### INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM

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3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the inspection/evaluation report and return to the Board office within 72 hours after inspection/evaluation has been completed.

## EVALUATIONS INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>	YES	NO
<b>1. Operating Room</b>		
a. Is the operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full-face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

## EVALUATIONS INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <i>ALL operatories used must meet criteria</i>	YES	NO
<b>7. Ancillary Equipment Must be in Good Operating Condition</b>		
a. Are there oral Airways?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?	✓	
g. Endotracheal tubes and appropriate connectors?	✓	
h. An endotracheal tube type forcep?	✓	
i. An electrocardioscope and defibrillator?	✓	
j. A capnography monitor	✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	phenyleph	2/25	✓	
2. Corticosteroid drug available?	solu med	12/15	✓	
3. Bronchodilator drug available?	Albut	1/25	✓	
4. Appropriate drug antagonists available?	Fluniv Narcan	1/26 12/26	✓	
5. Antihistaminic drug available?	PPH	3/25	✓	
6. Anticholinergic drug available?	Atrop	8/25	✓	
7. Coronary artery vasodilator drug available?	MTG	02/26	✓	
8. Anticonvulsant drug available?	MIDAZ	5/27	✓	
9. Oxygen available?				
10. Muscle relaxant?	Sux	1/25	✓	
11. Antiarrhythmic?	propofol	2/25	✓	
12. Antihypertensive?	Labetalol	2/25	✓	
13. Intravenous medication for the treatment of cardiopulmonary arrest?	EPI	12/25	✓	
	epineph	5/25	✓	

## EVALUATIONS INSPECTION

<b>RECORDS – Are the following records maintained?</b>	<b>YES</b>	<b>NO</b>
1. An adequate medical history of the patient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. An adequate physical evaluation of the patient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Includes American Society of Anesthesiologists physical status classification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Anesthesia records show patient's vital signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Anesthesia records listing the drugs administered, amounts administered, and time administered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Anesthesia records reflecting the length of the procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Anesthesia records reflecting complications of the procedure, if any?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Is there a general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)</b>	<b>YES</b>	<b>NO</b>
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Bag valve mask with appropriate size masks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Appropriate size blood pressure cuffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Appropriately sized endotracheal tubes and appropriate connectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Appropriate pads for use with an electrocardioscope and defibrillator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Small oral and nasal airways	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL RECPRDS FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\* OK FOR OFFICE  
DR LEFTWICH DEPT OF KIDS

**SITE INSPECTION RESULTS**

**Evaluator Overall Recommendation of Site Inspection**

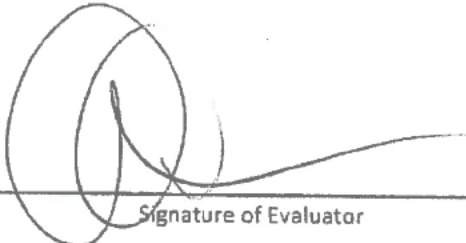
Pass

Fail

Pass Pending\*

*\*If Pass Pending, please list all deficiencies*

Comments: well presented  
\_\_\_\_\_  
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\_\_\_\_\_  
Signature of Evaluator

9/25/21  
\_\_\_\_\_  
Date

**THIS CONCLUDES THE SITE INSPECTION REPORT  
FOR AN EVALUATION OF AN ADMINISTERING PERMIT CONTINUT TO THE NEXT SECTION**

## EVALUATION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION	YES	NO
1. Who administered General Anesthesia? Dentist's Name: <u>WESTWICK</u>		
2. Was case demonstrated within the definition of general anesthesia?	✓	
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?	✓	
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: <u>WESTWICK &amp; STAFF</u> Title: _____	✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?	✓	
6. Were personnel competent and knowledgeable of equipment operation and location?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? <u>35MSX</u>		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	
9. Allergic reaction?	✓	

## EVALUATIONS INSPECTION

<b>SIMULATED EMERGENCIES</b> – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
10. Convulsions?	✓	✓
11. Hypoglycemia?	✓	✓
12. Asthma?	✓	✓
13. Respiratory depression?	✓	✓
14. Local anesthesia overdose? <i>TOXIC RXN</i>	✓	✓
15. Hyperventilation syndrome?	✓	✓
16. Syncope?	✓	✓

**Evaluator Overall Recommendation of Site Inspection**

Pass

Fail

Comments:

*WELL PREPARED*

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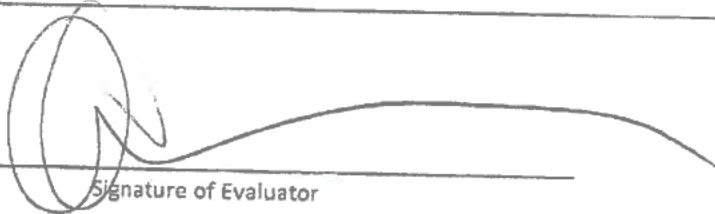
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Signature of Evaluator

*9/25/24*

Date

# 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) PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

**Eric Ochoa, DMD**

APPLICANT NAME

**S6-233**

NEVADA LICENSE (licensed 07/09/2024)

**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  
(EQUIVALENT TO 60 HOURS/25 CASES)

**Specialty: Pediatric Dentist**  
**UNLV School of Dental Medicine**  
**Completion date: 06/2024**

**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  NO**

IF REJECTED,

Reasons/Concerns: \_\_\_\_\_

  
Joshua M Branco, DMD (Aug 23, 2024 11:26 HST)  
**Joshua M Branco, DMD**  
**Chair of Anesthesia Committee**

08/23/24

**Date**

**REVIEW CONTINUED**  
**PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION**  
**APPLICANT: Eric Ochoa, DMD**

**Review by Secretary- Treasurer:**

**APPLICATION APPROVED:**  YES  NO

IF REJECTED,  
Reasons/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
\_\_\_\_\_  
Tejpal Johi, 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: ERIC OCHOA License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED]

Office Telephone: [REDACTED] Office Fax No: [REDACTED]

### DENTAL EDUCATION

University/ College: UNLV SCHOOL OF DENTAL MEDICINE

Location: 1700 W. CHARLESTON BLVD. LAS VEGAS, NV 89106

Dates attended: SEPTEMBER 2018 to MAY 2022  
Degree Earned: DMD

### SPECIALTY PROGRAM

University/ College: UNLV SCHOOL OF DENTAL MEDICINE

Location: 1700 W. CHARLESTON BLVD. LAS VEGAS, NV 89106

Dates attended: JULY 2022 to JUNE 2024  
Degree Awarded: CERTIFICATE IN PEDIATRIC DENTISTRY

### 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**  
**JUL 12 2024**  
**NSBDE**  
Revised 6/2018

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

7/11/24

**\*\*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

JUL 12 2024

NSBDE

Revised 06/2018



**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

**MODERATE SEDATION  
 INSPECTION AND EVALUATION REPORT**

<input type="checkbox"/> <b>ON-SITE/ADMINISTRATOR EVALUATION</b>		<input type="checkbox"/> <b>SITE ONLY INSPECTION</b>	
Name of Practitioner: <i>Eric Ochoa</i>		Proposed Dates:	
Location to be Inspected: [REDACTED]		Telephone Number:	
		Email Address:	
Date of Evaluation: <i>11/01/2024</i>		Time of Evaluation/Inspection:	
		Start Time:	Finish Time:

**Evaluators**

1.	<i>CMW</i>
2.	<i>OR</i>
3.	

**INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE  
 INSPECTION AND EVALUATION FORM**

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within **72 hours** after evaluation has been completed.

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
<b>1. Operating Room</b>		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b. Is there a battery powered backup lighting system?	✓	
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	✓	
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities?	✓	
b. Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>		
a. Does recovery area have available oxygen?	✓	
b. Does recovery area have available adequate suction?	✓	
c. Does recovery area have adequate lighting?	✓	
d. Does recovery area have available adequate electrical outlets?	✓	

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
<b>7. Ancillary Equipment in Good Operating Condition?</b>	✓	
a. Are there oral pathways?	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?	✓	
c. Is there a sphygmomanometer and stethoscope?	✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?	✓	
e. Is there a pulse oximeter?	✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	Epinephrine	7/25	✓	
2. Corticosteroid drug available?	Dexamethasone	5/25	✓	
3. Bronchodilator drug available?	Albuterol	3/23	✓	
4. Appropriate drug antagonists available?	Flumazenil Narcan	5/25 6/25	✓	
5. Antihistaminic drug available?	Diphenhydramine	3/25	✓	
6. Anticholinergic drug available?	Atropine	7/25	✓	
7. Coronary artery vasodilator drug available?	Nitroglycerin	2/26	✓	
8. Anticonvulsant drug available?	Midazolam	3/25	✓	
9. Oxygen available?			✓	

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show patient's vital signs?	✓	
4. Includes American Society of Anesthesiologists physical status classification?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?	✓	

## SITE INSPECTION

	YES	NO
Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)	✓	
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Bag valve mask with appropriate size masks	✓	
2. Appropriate size blood pressure cuffs	✓	
3. Appropriate size oral and nasal airways	✓	
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector	✓	
<b>ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER</b>	<b>YES</b>	<b>NO</b>
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry	✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass     
  Fail     
  Pass Pending\*

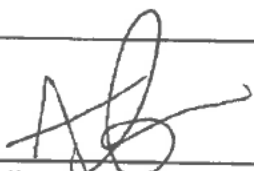
*\*If Pass Pending, please list all deficiencies*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Evaluator

11/1/2024  
 \_\_\_\_\_  
 Date

**THIS CONCLUDES THE SITE INSPECTION REPORT.**

**FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION**

## EVALUATION

DEMONSTRATION OF MODERATE SEDATION	YES	NO
1. Who administered moderate sedation? Dentist's Name: <u>Dr. Ochoa</u>	✓	
2. Was sedation case demonstrated within the definition of moderate sedation?	✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter? If not, what type of monitoring was utilized? _____	✓	
4. Was the patient monitored while recovering from sedation? Monitored by whom: <u>Elena</u> Title: <u>DENTAL ASSISTANT</u>		
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?	✓	
6. Were personnel competent?	✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?	✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?	✓	
9. What was the length of the case demonstrated? <u>20 min.</u>		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?	✓	
2. Bronchospasm?	✓	
3. Emesis and aspiration of foreign material under anesthesia?	✓	
4. Angina pectoris?	✓	
5. Myocardial infarction?	✓	
6. Hypotension?	✓	
7. Hypertension?	✓	
8. Cardiac arrest?	✓	

## SITE INSPECTION

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
9. Allergic reaction?	✓	
10. Convulsions?	✓	
11. Hypoglycemia?	✓	
12. Asthma?	✓	
13. Respiratory depression?	✓	
14. Local anesthesia overdose?	✓	
15. Hyperventilation syndrome?	✓	
16. Syncope?	✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass
  Fail

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Evaluator

11/1/2021  
 \_\_\_\_\_  
 Date



**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  
nshde@dentral.nv.gov

### MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input checked="" type="checkbox"/> <b>ON-SITE/ADMINISTRATOR EVALUATION</b>		<input type="checkbox"/> <b>SITE ONLY INSPECTION</b>	
Name of Practitioner: DIC OCHOA, DMD		Proposed Dates:	
Location to be Inspected: 3600 N. Buffalo #110 LV, NV 89129		Telephone Number: 702-254-8858	
Date of Evaluation: 11/1/24		Email Address:	
		Time of Evaluation/Inspection:	
		Start Time: 0730	Finish Time: 1130

**Evaluators**

1.	Or
2.	Chen
3.	

#### INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the evaluation report and return to the Board office within 72 hours after evaluation has been completed.

## SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT		YES	NO
<b>1. Operating Room</b>			
a.	Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	✓	
b.	Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?	✓	
<b>2. Operating Chair or Table</b>			
a.	Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	✓	
b.	Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	✓	
c.	Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	✓	
<b>3. Lighting System</b>			
a.	Does lighting system permit evaluation of the patient's skin and mucosal color?	✓	
b.	Is there a battery powered backup lighting system?	✓	
c.	Is backup lighting system of sufficient intensity to permit completion of any procedure?	✓	
<b>4. Suction Equipment</b>			
a.	Does suction equipment permit aspiration of the oral & pharyngeal cavities?	✓	
b.	Is there a backup suction device available which can operate at the time of general power failure?	✓	
<b>5. Oxygen Delivery System</b>			
a.	Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?	✓	
b.	Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?	✓	
<b>6. Recovery Area (Recovery area can be operating room)</b>			
a.	Does recovery area have available oxygen?	✓	
b.	Does recovery area have available adequate suction?	✓	
c.	Does recovery area have adequate lighting?	✓	
d.	Does recovery area have available adequate electrical outlets?	✓	

## SITE INSPECTION

<u>OFFICE FACILITIES AND EQUIPMENT</u>		YES	NO
<b>7. Ancillary Equipment in Good Operating Condition?</b>			
a. Are there oral pathways?	AIRWAYS	✓	
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?		✓	
c. Is there a sphygmomanometer and stethoscope?		✓	
d. Is there adequate equipment for the establishment of an intravenous infusion?		✓	
e. Is there a pulse oximeter?		✓	

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?	EPI 15 / 130	7/25 / 12/24	✓	
2. Corticosteroid drug available?	Dex	5/25	✓	
3. Bronchodilator drug available?	ALBUT	3/23	✓	
4. Appropriate drug antagonists available?	FLUNAX NALOX	5/25 6/25	✓	
5. Antibiotaminic drug available?	DPH	3/25	✓	
6. Anticholinergic drug available?	ATROP	7/25	✓	
7. Coronary artery vasodilator drug available?	NTG	2/26	✓	
8. Anticonvulsant drug available?	MIDAZ	3/25	✓	
9. Oxygen available?			✓	

RECORDS - Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?	✓	
2. An adequate physical evaluation of the patient?	✓	
3. Sedation records show patient's vital signs?	✓	
4. Includes American Society of Anesthesiologists physical status classification?	✓	
5. Sedation records listing the drugs administered, amounts administered, and time administered?	✓	
6. Sedation records reflecting the length of the procedure?	✓	
7. Sedation records reflecting complications of the procedure, if any?	✓	
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?	✓	

## SITE INSPECTION

Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger? (If yes, complete the section below)			
<b>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</b>		YES	NO
1. <i>Eng rule which tests appropriate</i>		✓	
2. Appropriate size blood pressure cuffs		✓	
3. Appropriate size oral and nasal airways		✓	
<b>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</b>		YES	NO
1. Appropriate dosage of anticonvulsant or pediatric anticonvulsant auto injector		✓	
<b>ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER</b>		YES	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry		✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass     
  Fail     
  Pass Pending\*

*\*If Pass Pending, please list all deficiencies*

Comments:

WDL - PREPARED

[Signature]

Signature of Evaluator

11/1/24

Date

**THIS CONCLUDES THE SITE INSPECTION REPORT.**

**FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION**

## EVALUATION

DEMONSTRATION OF MODERATE SEDATION		YES	NO
1. Who administered moderate sedation? Dentist's Name: <u>ERIC OCTAVIA BMD</u>		✓	
2. Was sedation case demonstrated within the definition of moderate sedation?		✓	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter? If not, what type of monitoring was utilized? <u>B</u>		✓	
4. Was the patient monitored while recovering from sedation? Monitored by whom: <u>DR OCTAVIA and staff</u> Title: <u>EZRA</u>		✓	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?		✓	
6. Were personnel competent?		✓	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		✓	
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life-threatening situation to the patient?		✓	
9. What was the length of the case demonstrated? <u>20m (restore X2)</u>		✓	

SIMULATED EMERGENCIES - Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:		YES	NO
1. Laryngospasm?		✓	
2. Bronchospasm?		✓	
3. Emesis and aspiration of foreign material under anesthesia?		✓	
4. Angina pectoris?		✓	
5. Myocardial infarction?		✓	
6. Hypotension?		✓	
7. Hypertension?		✓	
8. Cardiac arrest?		✓	

# SITE INSPECTION

SIMULATED EMERGENCIES		YES	NO
and ability in recognition and treatment of:			
9. Allergic reaction?		✓	
10. Convulsions?		✓	
11. Hypoglycemia?		✓	
12. Asthma?		✓	
13. Respiratory depression?		✓	
14. Local anesthesia overdose?	Toxic Rxn	✓	
15. Hyperventilation syndrome?		✓	
16. Syncope?		✓	

**Evaluator Overall Recommendation of Site Inspection**

Pass       Fail

Comments: Well-prepared 1st eval by MSBIDE MS

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 \_\_\_\_\_  
 Signature of Evaluator

\_\_\_\_\_  
 11/1/24  
 Date

**Agenda Item 6(g):**  
**Approval/Rejection of 90-day Extension of**  
**Temporary Anesthesia Permit - NAC 631.2254(2);**  
**NRS 631.190**

**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)

**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)

# 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) GENERAL ANESTHESIA PERMIT APPLICATION QUALIFICATIONS OF APPLICANTS

**APPLICANT NAME:** **OUZHAN B KALANTARI, DMD**

**NEVADA LICENSE:** [REDACTED] (specialty license granted 12/12/2023)

**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 HOSPITAL CLEVELAND  
MEDICAL CENTER  
COMPLETION DATE – 06/30/2022**

**ACLS CERTIFICATION** **05/08/2023 – 05/2025**

**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.

**REVIEW CONTINUED – APPLICANT: OUZHAN B KALANTARI, DDS**

**Review by Chair of Anesthesia Committee:**

**RECOMMEND APPROVAL:** YES NO

**IF NO, Reasons/Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Josh Branco DMD 03/21/24  
\_\_\_\_\_  
**Joshua Branco, DMD** **Date**  
**Chair of Anesthesia Committee**

**Review by Secretary-Treasurer:**

**APPLICATION APPROVED:** YES NO

**IF REJECTED,**  
**Reasons/Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
te|johl Mar 21, 2024 11:00 PDT  
\_\_\_\_\_  
**Tejpal Johl, DDS** **Mar 21, 2024**  
**Secretary-Treasurer** **Date**

**Signature:**   
Josh Branco DMD (Mar 21, 2024 07:59 PDT)  
**Email:** jbranco@dental.nv.gov

**Received**  
**MAR 21 2024**  
**NSBDE**



**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

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**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: Ouzhan Kalantari License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED] Office Telephone: [REDACTED]

[REDACTED] Office Fax: \_\_\_\_\_

**DENTAL EDUCATION**

**SPECIALTY EDUCATION**

University/ College: UCLA

University / College: Case Western Reserve University

Location: 714 Tiverton Ave,  
Los Angeles, CA 90024

Location: 9601 Chester Ave,  
Cleveland, OH 4410

Dates attended: 09 / 01 / 13 to 06 / 31 / 17 Degree Earned: DDS

Dates attended: 07 / 01 / 17 to 06 / 15 / 22 Degree Earned: MD, OMFS Certificate

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

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**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: Case Western Reserve University When: 2017-2022

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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

okalantari

Date

3/19/24

# 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

**Iraj H Kasimi, DMD**

APPLICANT NAME (Lic. ██████ - licensed 01/26/2018)

**Yes,** No

COMPLETED APPLICATION

**Yes** No

PAYMENT RECEIVED (CHECK #1198 / \$ 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: **03/18/2024 - 03/2026**

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: Iraj H Kasimi, DMD**


**Review by Chair of Anesthesia Committee:**

RECOMMEND APPROVAL: YES NO

IF NO,  
Reasons/Concerns: \_\_\_\_\_

Yes \_\_\_\_\_

Yes \_\_\_\_\_

  
Josh Branco DMD (Apr 12, 2024 09:08 PDT)  
Joshua Branco, DMD  
Interim Anesthesia Chair

Apr 12, 2024  
Date

**Review by Secretary-Treasurer:**

APPLICATION APPROVED:  YES  NO

IF REJECTED,  
Reasons/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
tej johl (Apr 16, 2024 17:55 PDT)  
Tejpal Johl, DDS  
Secretary-Treasurer

Apr 16, 2024  
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

Already holds site Permit  
SP6409 (13+)

## MODERATE SEDATION ADMIN PERMIT APPLICATION

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

Name: Iraj Kasimi License Number: [REDACTED]

Dental Practice Name: [REDACTED]

Office Address: [REDACTED]  
[REDACTED]

Office Telephone: [REDACTED]

Office Fax: [REDACTED]

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

### DENTAL EDUCATION

University/  
College: Oregon Health & Science University

Location: 2730 S Moody Ave  
Portland, OR 97201

Dates attended: 08 / 15 / 09 to 06 / 2 / 13 Degree Earned: DMD

### BOARD APPROVED PROGRAM

Name/  
Instructor: Dr. Kenneth Reed

Location: Oregon AGD, 1333 SW 68th Pkwy. Ste. 010  
Tigard, OR 97223

Dates attended: 01 / 25 / 24 to 03 / 24 / 24 Certificate Granted: Comp Training in Parenteral Mod Sedati

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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Revised 06/2018

- 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

3/31/2024

**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**

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