

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

WEDNESDAY, SEPTEMBER 11, 2024

6:00 P.M.

PUBLIC BOOK



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

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time

Wednesday, September 11th, 2024
6 :00 P.M.

Meeting Location:

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

Video Conferencing / Teleconferencing Available

To access by phone, call +1 646-568-7788

To access by video webinar: <https://us06web.zoom.us/j/87349677548>

Webinar/Meeting ID#: 873 4967 7548

Webinar/Meeting Passcode: 225015

PUBLIC NOTICE:

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

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov**. Written submissions received by the Board on or before **Tuesday, September 10, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

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

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

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

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

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

1. Call to Order

- Roll call/Quorum

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

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

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, September 10, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

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

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

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

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

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

- (1) Board Meeting – 8/14/2024

***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. Consideration, Review, and Possible Approval/Rejection of Stipulation Agreement NRS 631.3635; NRS 622A.170; NRS 622.330** (For Possible Action)

- (1) Mike Golpa, DDS

- (2) Karen Hom, DDS

- (3) Michael Daccache, DDS

***d. Authorized Investigative Complaints – NRS 631.360; NRS 631.190** (For Possible Action)

- (1) Dr. X - The Board received information alleging Dr. X may have breached the standard of care, thereby potentially violating NRS 631.3475; NRS 631.349.

- (2) Dr. Y - The Board received information alleging Dr. Y may have breached the standard of care, thereby potentially violating NRS 631.34582; NRS 631.34583; NRS 631.3475; NRS 631.348; NRS 631.349.

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

***a. Update on Continuing Education Committee's proposed amendments, additions, and/or revisions to regulations in Nevada Administrative Code Chapter 631 (NAC 631) as it relates to education and training for dental hygienists – NRS 631.3105; NRS 631.190** (For Possible Action)

- (1) Education/Training for dental hygienists to be permitted to prescribe/dispense drugs.

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

***a. Approval/Rejection of Voluntary Surrender of License – NAC 631.160; NRS 631.190**

(For Possible Action)

(1) Brittany Rich, DMD

***b. Approval/Rejection of Temporary Anesthesia Permit–NAC 631.225; NRS 631.190.** (For Possible Action)

(1) Kristi Agari, DMD – General Anesthesia

(2) Katelyn Hendricks, DMD – Pediatric Moderate Sedation

(3) Eric Ochoa, DMD – Pediatric Moderate Sedation

(4) Marivic De Leon, DMD – Pediatric Moderate Sedation

(5) Joseph Lee, DMD – Pediatric Moderate Sedation

***c. Approval/Rejection of 90-day Extension of Temporary Anesthesia Permit – NAC 631.2234(2);**

NRS 631.190 (For Possible Action)

(1) Nathan Antoine, DMD – Moderate Sedation

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

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, September 10, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

***9. Announcements**

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

PUBLIC NOTICE POSTING LOCATIONS

Office of the NSBDE 2651 N GREEN VALLEY PKWY, Ste 104, Henderson, Nevada 89014

Nevada State Board of Dental Examiners Website: www.dental.nv.gov

Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 4(a)(1):

Board Meeting – 08/14/2024

Agenda Item 4(a):

Approval/Rejection on Minutes
(For Possible Action)

Agenda Item 5(c):

**Consideration, Review, and Possible Approval/Rejection
of Stipulation Agreements**

NRS 631.3635; NRS 622A.170; NRS 622.330

(For Possible Action)

NRS 631.3635 Appointment of panel to review investigation or informal hearing; members; requirements of review; findings and recommendation.

1. The Board shall appoint a panel to review an investigation or informal hearing conducted pursuant to [NRS 631.363](#). Such a panel must consist of:

(a) If the subject of the investigation or informal hearing is a holder of a license to practice dental hygiene, one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dental hygiene who is not a member of the Board and is not the subject of the investigation or informal hearing.

(b) If the subject of the investigation or informal hearing is a holder of a license to practice dentistry or any other person not described in paragraph (a), one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dentistry who is not a member of the Board and is not the subject of the investigation or informal hearing.

2. A review panel appointed pursuant to subsection 1 shall, in conducting a review of an investigation or informal hearing conducted pursuant to [NRS 631.363](#), review and consider, without limitation:

(a) All files and records collected or produced by the investigator;

(b) Any written findings of fact and conclusions prepared by the investigator; and

(c) Any other information deemed necessary by the review panel.

3. The investigator who conducted the investigation or informal hearing pursuant to [NRS 631.363](#) shall not participate in a review conducted pursuant to subsection 1.

4. Before the Board takes any action or makes any disposition relating to a complaint, the review panel appointed pursuant to subsection 1 to conduct a review of the investigation or informal hearing relating to the complaint shall present to the Board its findings and recommendation relating to the investigation or informal hearing, and the Board shall review and consider those findings and recommendations.

5. Meetings held by a review panel appointed pursuant to subsection 1 are not subject to the provisions of [chapter 241](#) of NRS.

(Added to NRS by [2017, 988](#))

NRS 622A.170 Informal dispositions; consent and settlement agreements; designation of hearing panels.

1. The provisions of this chapter do not affect or limit the authority of a regulatory body, at any stage of a contested case, to make an informal disposition of the contested case pursuant to subsection 5 of [NRS 233B.121](#) or to enter into a consent or settlement agreement approved by the regulatory body pursuant to [NRS 622.330](#).

2. The provisions of this chapter do not affect or limit the authority of a regulatory body to designate a panel of its members to hear a contested case pursuant to this chapter.

(Added to NRS by [2005, 744](#))

NRS 622.330 Consent and settlement agreements: Conditions for entry; deemed public records; exceptions.

1. Except as otherwise provided in this section, a regulatory body may not enter into a consent or settlement agreement with a person who has allegedly committed a violation of any provision of this title which the regulatory body has the authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body, unless the regulatory body discusses and approves the terms of the agreement in a public meeting.

2. A regulatory body that consists of one natural person may enter into a consent or settlement agreement without complying with the provisions of subsection 1 if:

(a) The regulatory body posts notice in accordance with the requirements for notice for a meeting held pursuant to [chapter 241](#) of NRS and the notice states that:

(1) The regulatory body intends to resolve the alleged violation by entering into a consent or settlement agreement with the person who allegedly committed the violation; and

(2) For the limited time set forth in the notice, any person may request that the regulatory body conduct a public meeting to discuss the terms of the consent or settlement agreement by submitting a written request for such a meeting to the regulatory body within the time prescribed in the notice; and

(b) At the expiration of the time prescribed in the notice, the regulatory body has not received any requests for a public meeting regarding the consent or settlement agreement.

3. If a regulatory body enters into a consent or settlement agreement that is subject to the provisions of this section, the agreement is a public record.

4. The provisions of this section do not apply to a consent or settlement agreement between a regulatory body and a licensee that provides for the licensee to enter a diversionary program for the treatment of an alcohol or other substance use disorder.

(Added to NRS by [2003, 3417](#))

Agenda Item 5(c)(1):

Mike Golpa, DDS

Agenda Item 5(c)(2):

Karen Hom, DDS

Agenda Item 5(c)(3):

Michael Daccache, DDS

Agenda Item 5(d):

Authorized Investigative Complaints

NRS 631.360; NRS 631.190

(For Possible Action)

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)

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 5(d)(1):

Dr. X – The Board received information alleging Dr. X may have breached the standard of care, thereby potentially violating NRS 631.3475; NRS 631.349

Agenda Item 5(d)(2):

Dr. Y – The Board received information alleging Dr. Y may have breached the standard of care, thereby potentially violating NRS 631.34582; NRS 631.34583; NRS 631.3475; NRS 631.348; NRS 631.349

Agenda Item 6(a):

**Update on Continuing Education Committee's
Proposed Amendments, Additions, and/or Revisions
to Regulations in Nevada Administrative Code
Chapter 631 (NAC 631) as it Relates to Education
and Training for Dental Hygienists
NRS 631.3105; NRS 631.190
(*For Possible Action*)**

NRS 631.3105 Dental hygienists: Authorization to prescribe or dispense certain drugs and devices; limitations and prohibitions; regulations.

1. A dental hygienist who meets the requirements prescribed by regulation of the Board pursuant to subsection 4 and is issued a certificate by the State Board of Pharmacy pursuant to [NRS 639.1374](#) may prescribe and dispense only:

(a) Topical or systemic prescription drugs, other than controlled substances, for preventative care;

(b) Fluoride preparations for which a prescription is not required;

(c) Topical antimicrobial oral rinses; and

(d) Medicament trays or mouthguards.

2. A dental hygienist shall not prescribe or dispense:

(a) A controlled substance; or

(b) Any drug or device not listed in subsection 1 or authorized under the certificate issued pursuant to [NRS 639.1374](#).

3. A dental hygienist may only prescribe and dispense a drug or device pursuant to subsection 1:

(a) In compliance with any applicable regulations adopted by the Board; and

(b) In compliance with any applicable law governing the handling, prescribing and dispensing of the drug or device.

4. The Board shall adopt regulations prescribing the:

(a) Education and training that a dental hygienist must complete before prescribing and dispensing a drug or device pursuant to subsection 1; and

(b) Continuing education that a dental hygienist must complete to be authorized to continue prescribing and dispensing drugs or devices pursuant to subsection 1.

(Added to NRS by [2023, 3407](#))

NRS 631.190 Powers and duties. 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](#))

Agenda Item 6(a)(1):

**Education/Training for Dental Hygienists to be Permitted
to Prescribe/Dispense Drugs.**

Agenda Item 7(a):

**Approval/Rejection of
Voluntary Surrender of License
NAC 631.160; NRS 631.190
*(For Possible Action)***

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)

Agenda Item 7(a)(1):

Brittany Rich, DMD

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, Brittany Rich, hereby surrender my Dental / Dental Hygiene (circle one)
Print name
License number 4461 on the 22 day of August, 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:

[Redacted address line]

Email address: [Redacted email address]

Home Phone: ([Redacted]) Cell Phone: ([Redacted])

B. Rich
Licensee Signature

08/22/2024
Date of Signature (must correspond with notary date)

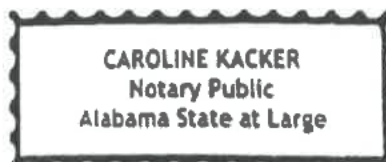
State of Alabama

County of Jefferson

The statements on this document are subscribed and sworn before me this 22nd day of August, 2024.

[Signature]
Notary Public

My Commission Expires _____ My Commission Expires December 1, 2027



Received
AUG 22 2024
NSBDE 06/2019

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
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Full Name : Rich, Brittany Nicole , DMD

Primary Office Address : [REDACTED]

City, State Zip : [REDACTED]

Office Phone :

License Number : 6661

License Date : 06/19/2015

Status : Revoked-Non Renewal

Expiration Date : 06/30/2023

Graduated From : Nevada-University of Nevada, Las Vegas School of Dental Medicine

Graduation Date : 04/17/2015

Permits :

Permit	Permit Number	Issue Date	Exp Date
Temporary Conscious Sedation Administering Permit	CS323T	09/23/2016	01/31/2017

Board Action / Malpractice :

Action Type	Date	Document Link
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← Close detail

First () Previous () 1 () 2 () 3 () 4 () 5 () Next () Last ()

Agenda Item 7(b):

Approval/Rejection of Temporary Anesthesia Permit
NAC 631.225; NRS 631.190
(For Possible Action)

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

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
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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 7(b)(1)

Kristi Agari, DMD - General Anesthesia

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:	Kristi Agari, DMD
NEVADA LICENSE:	#S2-219 (specialty license granted 08/13/2024)
COMPLETED APPLICATION:	Yes
PAYMENT RECEIVED:	Yes (check#006304 \$750.00- 08/13/2024)
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)	University of Southern California, Ostow School of Dentistry & Keck School of Medicine Department of Oral & Maxillofacial Completion date – 06/30/2024
ACLS CERTIFICATION	04/11/2023 – 04/2025
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: 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

8/28/24

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: _____

Office Address: _____ Office Telephone: _____

_____ Office Fax: _____

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

Agenda Item 7(b)(2)

Katelyn Hendricks, DMD - Pediatric Moderate Sedation

Nevada State Board of Dental Examiners



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

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

Katelyn Hendricks, DMD

APPLICANT NAME

S6-232

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 (Aug 23, 2024 11:27 HST)
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 Johl
Tejpaul Johl, DDS
Secretary-Treasurer

01/28/24
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

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: 7685



Office Telephone: 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

Received
JUL 12 2024
NSBDE
REVISED 06/2018

Agenda Item 7(b)(3)

Eric Ochoa, DMD - Pediatric Moderate Sedation

Nevada State Board of Dental Examiners



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

(TEMPORARY) 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: _____


Josh 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: SG-233

Dental Practice Name: CHILDREN'S DENTAL CARE

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 DENTIST

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

Agenda Item 7(b)(4)

Marivic De Leon, DMD - Pediatric Moderate Sedation

Nevada State Board of Dental Examiners



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

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

Marivic De Leon, DMD

APPLICANT NAME

S6-234

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:



Tejpal Johl, D.D.S.
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: S6-234



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

Agenda Item 7(b)(5)

Joseph Lee, DMD - Pediatric Moderate Sedation

Nevada State Board of Dental Examiners



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

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

Joseph Lee, DMD

APPLICANT NAME

S6-236

NEVADA LICENSE (specialty license conversion date:
08/22/2024)

Yes No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CC \$750.00 on 7/15/2024)

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
Gelsinger Medical Center
Completion date: 06/28/2024

Yes No

PALS CERTIFICATION IN COMPLIANCE WITH AMERICAN
HEART ASSOCIATION STANDARDS
PALS VALID DATES:
05/29/2024 – 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 REJECTED,

Reasons/Concerns: _____

Josh Branco DMD (Sep 5, 2024 15:09 PDT)

Joshua M Branco, DMD
Chair of Anesthesia Committee

05/09/24

Date

REVIEW CONTINUED
PEDIATRIC MODERATE SEDATION ADMINISTERING PERMIT APPLICATION
APPLICANT: Joseph Lee, 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

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: Joseph Lee License Number: ~~7988~~ ⁵⁶⁻²³⁶



DENTAL EDUCATION

University/ College: University of Kentucky College of Dentistry

Location: 770 Rose Street
Lexington, KY, 40508

Dates attended: 8 17 118 to 5 17 122 Degree Earned: DMD

SPECIALTY PROGRAM

University/ College: Geisinger Medical Center

Location: 100 N Academy Ave
Danville, PA, 17822

Dates attended: 6 120 122 to 6 128 124 Degree Awarded: Certificate

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 15 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 6/25/24

****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 15 2024
NSBDE

Agenda Item 7(c):

**Approval/Rejection of 90-Day Extension of Temporary
Anesthesia Permit**

NAC 631.2234(2); NRS 631.190
(For Possible Action)

NRS 631.190 Powers and duties. 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](#))

Agenda Item 7(c)(1)

Nathan Antoine, DMD - Moderate Sedation

Nevada State Board of Dental Examiners



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

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

QUALIFICATIONS OF APPLICANTS

Nathan M Antoine, DMD

APPLICANT NAME LIC #S4-133 – licensed 03/06/2023
(Previous license # 6915 – licensed 06/09/2017)

Yes, No

COMPLETED APPLICATION

Yes No

PAYMENT RECEIVED (CHK#1019 \$ 750.00)

SEE ATTACHED

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

Program: St. Louis University – Periodontics Center for Advanced Dental Education

SEE ATTACHED

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

Location: St. Louis University – Periodontics Center for Advanced Dental Education

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: **03/09/2022 – 03/2024**

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: NATHAN M ANTOINE, DMD

Review by Chair of Anesthesia Committee:

RECOMMEND APPROVAL YES NO

IF NO,
Reasons/Concerns:


William T. Thompson, DMD
Chair of Anesthesia Committee

8/15/23
Date

Received

AUG 16 2023

NSBDE

Review by Secretary-Treasurer:

APPLICATION APPROVED: YES NO

IF REJECTED,
Reasons/Concerns:


Tejpat Shah, DDS
Secretary-Treasurer

8-29-23
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: Nathan Antoine License Number: 6915 ⁵⁴⁻¹³³

Dental Practice Name Team Perio

Office Address: [Redacted]

Office Telephone: [Redacted]

Office Fax: _____

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

DENTAL EDUCATION

University/ College: Midwestern University - AZ
College of Dental Medicine

Location: Glendale, AZ

Dates attended: 08/2013 to 05/2017
Degree Earned: DMD

BOARD APPROVED PROGRAM

Name/ Instructor: St. Louis University - Periodontics
Center for Advanced Dental Education

Location: 3320 Rutger St.
St. Louis, MO 63104

Dates attended: 07/2020 to 06/2023
Certificate Granted: MS Dentistry +
Certificate in periodontics

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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- 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 *Nathan Austin*
 Date 8/10/23

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

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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 checked="" type="checkbox"/> ON-SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Practitioner: NATHAN ANTOINE	Proposed Dates: 5-15-24
Location to be Inspected: 855 W 7 th ST, SUITE 130 RENO, NV 89503	Telephone Number: [REDACTED]
	Email Address:
Date of Evaluation: 5-15-24	Time of Evaluation/Inspection:
	Start Time: 08:45

Evaluators

1. EDWARD GRAY	Supervisor
2. THOMAS MYATT	
3.	

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

Page 1 of 6

- Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
- 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.
- 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 evaluation report and return to the Board office within **72 hours** after evaluation has been completed.

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SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
1. Operating Room		
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?	✓	
2. Operating Chair or Table		
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?	✓	
3. Lighting System		
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?	✓	
4. Suction Equipment		
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?	✓	
5. Oxygen Delivery System		
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?	✓	
6. Recovery Area (Recovery area can be operating room)		
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
7. Ancillary Equipment in Good Operating Condition?		
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?	EPI SYRINGE	6-30	✓	
2. Corticosteroid drug available?	DEXAMETHASONE	5-25	✓	
3. Bronchodilator drug available?	ALBUTEROL MDI	12-25	✓	
4. Appropriate drug antagonists available?	FLUMAZENIL NALOXONE	3-25 2-25	✓ ✓	
5. Antihistaminic drug available?	BENADRYL	6-25	✓	
6. Anticholinergic drug available?	ATROPINE	7-25	✓	
7. Coronary artery vasodilator drug available?	NTG	9-24	✓	
8. Anticonvulsant drug available?	MIDAZOLAM	10-25	✓	
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)		<input checked="" type="checkbox"/>
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks		<input checked="" type="checkbox"/>
2. Appropriate size blood pressure cuffs		<input checked="" type="checkbox"/>
3. Appropriate size oral and nasal airways		<input checked="" type="checkbox"/>
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector		<input checked="" type="checkbox"/>
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry		<input checked="" type="checkbox"/>

Evaluator Overall Recommendation of Site Inspection

Pass Fail Pass Pending*

**If Pass Pending, please list all deficiencies*

Comments: _____

Signature of Evaluator

Date

5-15-25

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>NATHAN ANTOINE</u>		<input checked="" type="checkbox"/>	
2. Was sedation case demonstrated within the definition of moderate sedation?		<input checked="" type="checkbox"/>	
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter? If not, what type of monitoring was utilized? <u>CRITA CARE</u>		<input checked="" type="checkbox"/>	
4. Was the patient monitored while recovering from sedation? Monitored by whom: <u>SARA / EMMA</u> Title: <u>SURV ASSISTANT</u>		<input checked="" type="checkbox"/>	
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?		<input checked="" type="checkbox"/>	
6. Were personnel competent?		<input checked="" type="checkbox"/>	
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>	
9. What was the length of the case demonstrated? <u>1 HR</u>		<input checked="" type="checkbox"/>	

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

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

5-15-24

Comments: _____ Date: _____

[Handwritten Signature]

Signature of Evaluator

5-15-24

Date