

NEVADA STATE BOARD
of
DENTAL EXAMINERS



DENTAL HYGIENE & DENTAL
THERAPIST COMMITTEE
TELECONFERENCE MEETING

WEDNESDAY, NOVEMBER 6, 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

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE DENTAL HYGIENE-DENTAL THERAPY COMMITTEE MEETING

Meeting Date & Time

Wednesday, November 6, 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 Zoom teleconference Phone Number: +1-646-568-7788

To access by video webinar, visit www.zoom.com or use the Zoom app

Zoom Webinar/Meeting ID#: **832 7175 8562**

Zoom Webinar/Meeting Passcode: **864055**

PUBLIC NOTICE:

Public comment by pre-submitted email/written form and live public comment in person 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, November 5, 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 in person, 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, November 5, 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. Chairman's Report:** Joshua Branco, DMD & Yamilka Arias, RDH (For Possible Action)

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

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

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

***a. Discussion, Consideration and Possible Approval/Rejection for Public Health Dental Hygiene Program – NRS 631.190; NAC 631.210** (For Possible Action)

(1) Amber Juliano, RDH – Access Oral Health PLLC (DBA: Tiny Teeth Express Oral Health Program)

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

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6. Announcements***7. Adjournment** (For Possible Action)**PUBLIC NOTICE POSTING LOCATIONS**

Office of the N.S.B.D.E., 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014

State Board of Dental Examiners website: www.dental.nv.gov

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

Agenda Item 4(a):

**Discussion, Consideration and Possible Approval/
Rejection for Public Health Dental Hygiene Program
– NRS 631.190; NAC 631.210 (For Possible Action)**

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

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

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

NAC 631.210 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)

Nevada State Board of Dental Examiners



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Application for Proposed Public Health Dental Hygiene Program

Name of Program: Access Oral Health PLLC DBA: Tiny Teeth Express Oral Health Program

Nevada State Business License No: NV 20243182898

Location(s) of health facility, school, or place in the State of Nevada approved by the Board where the services for this program are intended to be performed (attach additional page if needed):

Address: 718 Pacific Cascades Dr City, State & Zip Henderson NV 89074

Will this program be providing professional liability coverage to licensees with a valid Nevada Dental Hygiene Public Health Endorsement who provide services for this program: NO YES If Yes, provide policy information below:

Name of Carrier: Liberty Mutual Insurance (or HPSO)

Policy No. BKS107381523 Effective Date: 2/20/24 Expiration Date: 2/20/25
or 0296268135 02/21/2024 02/02/2025

Program Director/Administrator Contact Information:

Name: Amber Juliano NSBDE License No.: 101225
Address: 718 Pacific Cascades Dr. City, State & Zip Code: Henderson NV 89074
Telephone: (509) 981-9390 Email Address: tinyteethexpress@gmail.com

Program Protocol Summary:

1) Provide a detailed description of the intended population and mission of the proposed program (attach additional pages if needed):
please see attached

2) Provide a detailed description of each service intended to be offered in the proposed program (attach additional pages if needed):
please see attached

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Cont. Application for Proposed Public Health Dental Hygiene Program

3) Provide specific treatment protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use to:

a) Treat patients (attach additional pages if needed)

please see attached

b) Refer patients to a dentist for follow-up care; diagnostic services; and any other service that a dental hygienist is not authorized to perform (attach additional pages if needed)

please see attached

4) Provide specific protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use for emergencies:

please see attached

5) Provide infection control protocols for clinical and sterilization equipment (attach additional pages if needed):

Note: A program may be subject to an Initial Infection Control Inspection. Fee for inspection is \$250.

please see attached

6) Provide a detailed description of how recordkeeping will be maintained on patients as well as services rendered by Nevada licensees with an active Nevada Dental Hygiene Public Health Endorsement for this program (attach additional pages if needed):

please see attached.


Signature of Program Director/Administrator

8/15/2024
Date

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Access Oral Health PLLC – School Based & Early Learning Services.

(DBA: Tiny Teeth Express)

1. Target Population & Mission

a. Target Population: Children ages birth-14 years primarily from low-income families.

b. Mission: Our goal is to provide access to vital preventive and educational oral health services for children in marginalized and underserved populations by providing mobile preventive oral health services, education, and referrals to dental homes. As a public health dental hygienist in the state of Washington, I have been the Clinical Director for ToothSavers of Washington School Based Oral Health Program for the past 8 years. My WA state team and myself have been privileged to provide oral health services to almost 10,000 children in over two hundred centers and schools statewide per school year. We use evidence-based data to utilize best practices in our mobile oral health model. We use up to date state statistics to identify areas with the highest need for access to care. We primarily bill Medicaid for school based preventive services. My Medicaid National Provider ID# is 1881112746. Access Oral Health PLLC group NPI number is 1871088633. Access Oral Health aims to provide interim oral health prevention, intervention, and education to those in need and connect families to a permanent dental home for routine & emergent care needs. We collaborate with local dentists and try our best to not overlap billable services so families may see our program AND their regular dental office without issue. As a former (and near future) resident of Nevada, I hope to continue my passion and use the valuable knowledge and skills I have gained in my WA state program to share with Nevada state families.

1. Description of Services: All services provided by licensed dental hygienists (within their scope of practice), with a public health endorsement in the state of Nevada.

Parental/guardian consent required for each child prior to providing any services.

- a. Visual Oral Screening:** An assessment of a child's overall oral health to include but, not limited to any suspicious areas of decay, abscessing, or any oral health issues. This is in no way a diagnosis of any kind. This assessment is used to determine the immediate preventive needs and any suspected concerns or emergent needs that will need further assessment by a dentist.
- b. Fluoride Varnish application:** Application of fluoride varnish for caries prevention onto the enamel of the teeth. As per the ADA (ADA.org) 2.26% fluoride varnish is recommended every 3-6 months for children ages birth-18, beginning with primary tooth eruption.

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- c. **Dental sealants:** applied to healthy primary and permanent molars using glass ionomer sealant material.
- d. **Silver Diamine Fluoride-** applied to suspected incipient carious lesions, on primary posterior teeth, to arrest caries and prevent further demineralization.
- e. **Prophylaxis-** Performed on a selective basis, based on presence of debris and plaque deposits...supragingival coronal plaque and debris removal only.
- f. **Oral health Education-** Age-appropriate hygiene education given to each child, with a toothbrush & prize or sticker given.

2. Program Protocols

a. Patient treatment:

- i. Each provider will follow Nevada State Department of Health, Legislative, and NSBDE rules and guidelines.
- ii. Each provider and administrative team member will triple check for parental consent and proper identification of each child.
- iii. Each provider will demonstrate nondiscriminatory methods and equity in the treatment of every patient.
- iv. Each provider will assess and treat each patient to the best of their abilities, providing quality preventive services described above (upon parental/guardian consent) and age-appropriate oral health education.
- v. Each team member will follow the rules of the school or center they are providing services in and carry professional liability insurance with a \$1,000,000 policy.

b. Referrals

- i. Teams refer to a network of local dentist offices, community programs, public health entities, and federally qualified health centers as needed. We will also utilize Delta Dental and Arcora Foundation as a source with their Dentistlink program. A list of these resources is given to each center director or school nurse. A "Tooth Report" sent home with each patient for parents and guardians to view what procedures completed and any concerns or recommendations. Any emergencies or rampant decay suspicions reported on a 'Nurse Note" to give to school nurse or director AND parent/guardian called within 24 hrs. of our visit.

3. Emergency protocol

- a. Each provider will hold a current CPR/BLS training card.
- b. Each provider will be given program protocol procedures upon hire to include: In case of a medical emergency -call EMS/911, utilize BLS/CPR skills if necessary, including making sure the area is safe and hazard free, have other attending team member (if present) inform the school nurse (if present) and ask for assistance if necessary and inform office to let EMS services enter the building.

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- c. Each team member is to ask the school staff upon arrival where the eye washing station is and location of AED. Each team provided with a complete first aid kit to keep in their set up as well.

4. Infection Control

- a. Each provider will follow universal infection control, safety, and treatment protocols recommended by the ADA, OSHA, and the CDC. All will wear proper PPE to include Nitrile gloves, three ply mask, disposable gown or lab coat, and safety glasses or loupes. Optional face shield.
- b. Each provider will provide patients with proper eye protection.
- c. Disposable materials are used to include mouth mirrors, two-by-two gauze, cotton rolls, individual sealant cartridges, toothbrushes, micro brushes, fluoride brushes, and bibs.
- d. Spray-wipe-spray method used with Cavicide or like hospital grade disinfectant spray/wipe for dental chair, provider stool, triturator, and all other touch surfaces. We do not use compressors or any compressed air/water delivery.
- e. Providers will follow proper CDC handwashing and sanitizing methods.
- f. Providers with any signs of illness asked to stay or go home. Children with signs of illness reported to school nurses or center staff without treatment.

5. Record keeping

- a. Returned parental/guardian consent forms stored in a locked file cabinet in the main storage area of program headquarters for 7 years after each visit.
- b. All charted records are kept electronically in HIPAA compliant practice management software, *Dentimax*.
- c. Written release must be provided by parent or DSHS for any dental records request.



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CERTIFICATE OF LIABILITY INSURANCE

Pg 14
DATE (MM/DD/YYYY)
02/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Liberty Mutual Insurance PO BOX 188065 Fairfield OH 45018	CONTACT NAME:		
	PHONE (A/C, No, Ext):	800-962-7132	FAX (A/C, No): 800-845-3666
	E-MAIL ADDRESS:	BusinessService@LibertyMutual.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Ohio Security Insurance Company		24082
INSURED ACCESS ORAL HEALTH PLLC 3419 E 65th Ave Spokane WA 99223	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES CERTIFICATE NUMBER: 0335593798 REVISION NUMBER: 2016-03

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BKS67381523	02/14/2024	02/14/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

CERTIFICATE HOLDER


Access Oral Health Pllc

3419 E 65th Ave

Spokane WA 99223

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Curtis Luken

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AUG 21 2024
NSBDE



Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 7/12/2024

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER 018098	BRANCH 970	PREFIX HPG	POLICY NUMBER 0296268135	POLICY PERIOD From: 02/02/24 to 02/02/25 at 12:01 AM Standard Time
Named Insured and Address: Amber J Juliano 3419 E 65th Ave Spokane, WA 99223-7232			Program Administered by: Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-982-9491 www.hpso.com	
Medical Specialty: Dental Hygienist		Code: 80712		Insurance Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606

Professional Liability \$ 1,000,000 each claim \$ 3,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability
- * Malplacement Liability
- * Personal Injury Liability
- * Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit

Coverage Extensions

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate:
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate:
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to the Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate:
Information Privacy (HIPAA) Fines and Penalties	\$ 25,000	per incident	\$ 25,000	aggregate:
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate

Workplace Liability

Workplace Liability	Included in Professional Liability Limit shown above	
Fire & Water Legal Liability	Included in the PL limit shown above subject to \$150,000	aggregate sublimit
Personal Liability	\$1,000,000 aggregate	

Total \$ 67.00

Base Premium \$67.00

Premium reflects Employed , Part Time

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Secretary

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AUG 21 2024
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Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

COMMON POLICY FORMS & ENDORSEMENTS

FORM #	FORM NAME
G-121500-D (04-08)	Common Policy Conditions
G-121503-C (07-01)	Workplace Liability Form
G-123854-C46 (02-02)	Washington Amendatory Change
G-121501-C (07-01)	Occurrence Policy Form
G-123811-C46 (02-02)	Washington Amendatory Change
CNA94164 (11-18)	Amendment Definition of Claim Endorsement
G-145184-A (06-03)	Policyholder Notice - OFAC Compliance Notice
G-147292-A (03-04)	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563 (02-10)	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564 (10-09)	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565 (03-10)	Healthcare Providers Professional Liability Assault Coverage
GSL17101 (02-10)	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424 (05-09)	Services to Animals
CNA80051 (09-14)	Amended Definition of Personal Injury Endorsement
CNA80052 (09-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123846-C46 (07-01)	Washington Cancellation and Non-Renewal
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758 (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA82011 (04-15)	Related Claims Endorsement
CNA84018 (02-16)	Exclusion of Dental Midlevel Provider Procedures Endorsement
CNA89027 (10-17)	Entity Exclusion Endorsement
CNA89026 (05-17)	Media Expense Coverage

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax. As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents:

Form #: CNA93692 (11-2018)

Master Policy #: 188711433

Named Insured: Amber J Juliano

Policy #: 0296268135

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