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**DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS**

**NEVADA STATE BOARD OF DENTAL EXAMINERS**

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

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

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

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

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

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

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

**Webinar/Meeting Passcode: 286969**

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

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

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

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

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

**4. Implement NAC 631.274 - Closure or Sale of Dental Clinic; records retention obligations** – *[all new] A regulation relating to the practice of dentistry; establishes practices for patient notes record retention after a dentist sells or closes their business; expands records retention to infection control inspection records; allows a practice-selling dentist continued access to patient records after the sale for purposes of responding to disciplinary complaints.* [Authority: no NRS 631 or NRS 629 directly on point regarding records retention post-office closure or sell, though NRS 631.3452(1)(g) discussed records retention obligations on dental practice owners; see also NRS 629.051 for medical records retention scheduled, generally.]

**5. Amend NAC 631.260 - Radiographic procedures: Lead apron required; ADA radiography best practices; certified statement and attestation of qualifications required for certain persons who assist in procedures.** – A regulation related to the practices of dentistry, dental hygiene, dental therapy, and expanded function dental assisting; establishes requirements for radiographic procedures; and *[new] removing the lead apron requirement.* [Authority: no NRS 631 or NRS 629 directly on point and no NRS 653 directly on point. See NRS 631.190, generally. However, the American Dental Association 2024 revised guidelines have removed the recommendation for lead aprons during dental radiography. See e.g., <https://www.ada.org/about/press-releases/ada-releases-updated-recommendations-to-enhance-radiography-safety-in-dentistry>]

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

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

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

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

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

A copy of all materials relating to the proposal(s) may be obtained at the workshop at the address listed above or by visiting the Division’s Internet Web site at [http:// https://dental.nv.gov/](http://https://dental.nv.gov/). A reasonable fee for copying may be charged. Members of the public who would like additional information about a proposed regulation may contact Adam Higginbotham at (702) 486-7048, or via e-mail to [ahigginbotham@dental.nv.gov](mailto:ahigginbotham@dental.nv.gov). Please submit any written comments no later than **5:00 p.m. PT, Thursday, March 12, 2025.**

Notice of the workshop was provided via electronic means to all persons on the agency’s e-mail list for noticing of administrative regulations. This *Notice of Workshop to Solicit Comments on Proposed Regulations* is also being posted to the agency’s Internet Web site at <http://dental.nv.gov/>, the Nevada Legislature’s Internet Web site at <http://www.leg.state.nv.us>, and at the following locations: 2651 N. Green Valley Parkway, Henderson, NV 89014.

DATED this 20th day of February, 2026.

*A.L. Higginbotham*

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ADAM HIGGINBOTHAM  
Executive Director

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## WORKSHOP AGENDA

1. Open Workshop: Opening remarks; intent of regulations
2. Presentation of proposed regulations/amendments and public comment on each
  - a. NAC 631.028/NAC 631.170/NAC 631.2205 (collectively notary requirements)
  - b. NAC 631.274 (closure/sale of dental practice)
  - c. NAC 631.260 (lead apron requirement)
  - d. NAC 631.028A (AB 483 compliance/HUC priority application processing)
  - e. NAC 631.178/NAC 631.1785/NAC 631.179 (collectively infection control inspections)
  - f. NAC 631.029 (schedule of fees)
3. Any general public comment
4. Close Workshop: Next steps

Note: Any agenda item may be taken out of order; items may be combined for consideration by the public body; items may be pulled or removed from the agenda at any time; and discussion relating to an item may be delayed or continued at any time. The meeting presenter, within his/her discretion, may allow for public comment on individual agenda items.

## PROPOSED REGULATIONS

The following regulations reflect the amendments and inclusions the Board feels are generally needed; however, please note that this language is a draft only and will be sent to the Legislative Counsel Bureau (LCB), who will take these ideas (along with any edits made subsequent to the workshops) and draft a version using LCB writing style. Thus, even if the language below is considered generally acceptable by stakeholders, the final written product may vary based on LCB preferred language.

Note that black lettering represents the current regulation as it exists. Red lettering represents changes to already existing language. Blue lettering represents brand new language for regulations that do not yet exist.

**APPENDIX 1 – NOTARY REQUIREMENTS PROPOSED REGULATIONS AND  
COLLECTIVE BUSINESS IMPACT STATEMENT**

**NAC 631.028 Applications for licensure; payment of fees.**

1. An application for licensure must be filed with the Board on a form furnished by the Board. The application *can either* be sworn to before a notary public or other officer authorized to administer oaths *or the applicant can sign a declaration under penalty of perjury pursuant to NRS 53.045 and submit a copy of a valid and current state issued driver's license or country-issued passport with the same name as the information and signature on the declaration. The application must include the* fee required pursuant to NAC 631.029,

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

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**NAC 631.170 Placement of license on inactive, retired or disabled status; reinstatement.**

1. A licensee may request the Board to place his or her license in an inactive or retired status. Such a request must be made in writing and before the license expires.

2. The Secretary-Treasurer may reinstate an inactive license upon the written request of an inactive licensee who has maintained an active license and practice outside this State during the time his or her Nevada license was inactive. To reinstate the license, such an inactive licensee must:

(a) Pay the appropriate renewal fees;

(b) Provide a list of his or her employment during the time the license was inactive;

(c) Report all claims of unprofessional conduct or professional incompetence against him or her or any violation of the law which he or she may have committed, including administrative disciplinary charges brought by any other jurisdiction;

(d) Report whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;

(e) Report any appearance he or she may have made before a peer review committee;

(f) Submit proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status;

(g) Provide certification from each jurisdiction in which he or she currently practices that his or her license is in good standing and that no proceedings which may affect that standing are pending;

(h) Satisfy the Secretary-Treasurer that he or she is of good moral character; and

(i) Provide any other information which the Secretary-Treasurer may require,

↪ before the license may be reinstated. In determining whether the licensee is of good moral character, the Secretary-Treasurer may consider whether the license to practice dentistry in another state has been suspended or revoked or whether the licensee is currently involved in any disciplinary action concerning the license in that state.

3. If a person whose license has been on inactive status for less than 2 years has not maintained an active license or practice outside this State, or if a person's license has been on retired status for less than 2 years, he or she must submit to the Board:

(a) Payment of the appropriate renewal fees;

(b) A written petition for reinstatement that has been signed and *either notarized or submitted with a signed declaration under penalty of perjury pursuant to NRS 53.045 and a copy of a valid and current state issued driver's license or country-issued passport with the same name as the information and signature on the declaration.*

(c) Proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status; and

(d) A list of his or her employment, if any, during the time the license was on inactive or retired status,

↪ before the license may be reinstated.

4. If a person whose license has been on inactive status for 2 years or more has not maintained an active license or practice outside this State, or if a person's license has been on retired status for 2 years or more, he or she must:

(a) Satisfy the requirements set forth in paragraphs (a) to (d), inclusive, of subsection 3; and

(b) Pass such additional examinations for licensure as the Board may prescribe,  
↳ before the license may be reinstated.

5. If the license of a person has been placed on disabled status, the person must:

(a) Satisfy the requirements of paragraphs (a), (b) and (c) of subsection 3;

(b) Submit to the Board a list of his or her employment, if any, during the time the license was on disabled status;

(c) Pass such additional examinations for licensure as the Board may prescribe; and

(d) Submit to the Board a statement signed by a licensed physician setting forth that the person is able, mentally and physically, to practice dentistry,

↳ before the license may be reinstated.

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**NAC 631.2205 Contents of form for registration to provide continuing education.**

1. A form for registration of a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry will be prescribed and furnished by the Board.

2. The form will include, without limitation:

(a) The name of each individual or entity who owns or operates the institute or organization that is registering the facility;

(b) The type of facility;

(c) The location of the facility; and

(d) A ~~notarized~~ statement executed by an owner or other person authorized on behalf of the institute or organization, *verified by either notarization or a signed declaration under penalty of perjury pursuant to NRS 53.045 with a copy of a valid and current state issued driver's license or country-issued passport with the same name as the information and signature on the declaration.*

with a Declaration consistent with NRS 53.045, that:

(1) The facility is a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry;

(2) All courses of continuing education involving live patients will be supervised by dentists licensed in this State;

(3) Any person who is actively licensed as a dentist in another jurisdiction and who is treating a patient during a course of continuing education at the facility:

(I) Has previously treated the patient in the jurisdiction in which the person performing the treatment is licensed;

(II) Is treating the patient only during a course of continuing education at the facility; and

(III) Is treating the patient under the supervision of a person licensed under NRS 631.2715; and

(4) The institute or organization is in full compliance with:

(I) All applicable regulations of the State Board of Health;

(II) All applicable guidelines issued by the Centers for Disease Control and Prevention;

(III) All applicable provisions of this chapter and chapter 631 of NRS, as they relate to the administration of moderate sedation, deep sedation and general anesthesia; and

(IV) All applicable provisions of this chapter and chapter 631 of NRS, as they relate to the operation of radiographic equipment.

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STATE OF NEVADA



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*Deputy Directors*

A.L. HIGGINBOTHAM  
*Executive Director*

DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF DENTAL EXAMINERS

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## Small Business Impact Statement

### Proposed Regulations: Omitting Notary Requirements

The Nevada State Board of Dental Examiners (NSBDE) emailed the proposed regulations and a Business Impact Statement Survey to all active licensed dental professionals to determine the impact of the proposed regulations to a small business in Nevada.

A small business is defined in Nevada Revised Statutes (NRS) 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608(3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business as stated below.

#### **Brief Background**

The proposed regulation modifications in NAC 631.028, NAC 631.170, and NAC 631.2205 would remove notary requirements and, in lieu, allow for declarations as an oath alternative. This enables the Board to develop and implement online application processing services and improve operational efficiency.

#### **Statement of Methods Used**

As part of NSBDE's due diligence, a small business impact survey was emailed directly to all active licensed dental professionals in Nevada. With the response from the survey, it was deemed by the NSBDE that these regulation changes would not affect small businesses as defined by NRS 233B. The Board concludes there is no impact on small businesses in Nevada. If anything, some survey participants indicated it would save their businesses money currently spent on notary fees.

#### **Certification by person responsible for the Board**

I, A.L. Higginbotham, Executive Director of the Nevada State Board of Dental Examiners, certify to the best of my knowledge or belief that a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and accurately.

Signature: A.L. Higginbotham

Date: 2.20.2026

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**APPENDIX 2 – CLOSURE/SALE OF DENTAL PRACTICE PROPOSED  
REGULATION AND BUSINESS IMPACT STATEMENT**

*NAC (new, possibly 631.276) 631.274 Closure or Sale of Dental Clinic; records retention obligations.*

*1. For purposes of identifying a custodian of records bound to comply with NRS 629.051 records retention schedules and processes, the dental director, designated consistent with NRS 631.3452, or the Program Director of a public health program consistent with NRS 631.3453, shall be the custodian of records required to retain patient records for 5 years after their receipt or production.*

*2. If a Dental Director custodian of records or public health Program Director custodian of records is also the owner of a practice, and that owner closes their practice with no transfer of patients or patient assets to another practitioner, the custodian of records owner shall maintain patient records in any form acceptable under NRS 629.051(1) either at a facility to which they will have direct possession or at a designated commercial repository with which they will contract for records retention services as follows:*

*(a) for patients 23 years old or older, for the following 5 years; and*

*(b) for minor patients, defined for the purpose of this regulation as anyone 22 years old and younger, for the time until the patient turns 23 years old, plus five years thereafter.*

*3. If a Dental Director custodian of records or public health Program Director custodian of records is also the owner of a practice, and that owner sells their practice to another practitioner by way of a contract that transfers the right to care for existing patients and patient assets, including patient records, the selling owner ceases to have custodian of records authority and obligations on the date of final transfer of ownership. When ownership transfers, the new owner shall be the new custodian of records unless or until they appoint another dentist to be Dental Director, at which time custodian of records authority and obligations transfer to the Dental Director.*

*4. If a Dental Director custodian of records or public health Program Director custodian of records is also the owner of a practice, and that owner sells their practice to another practitioner, but the sales contract does not transfer the right to care for existing patients and patient assets, including patient records, or the sales contract is silent on the matter, the original selling owner maintains custodian of records authority and obligations and must adhere to all records retention provisions outlined in subsection (2).*

*5. If an owner of a practice is not also the Dental Director or the Public Health Program Director and:*

*(a) the owner closes the practice without transferring patients, assets, and records, such that a Dental Director no longer exists for the practice, the owner must adhere to all records retention provisions outlined in subsection (1);*

*(b) the owner sells the practice, assets and records, such that the Dental Director under their leadership maintains their Dental Director position throughout the sale, custodian of records authority and obligations remain with the Dental Director; or*

*(c) the owner sells the practice, assets and records, but part of the sales contract is the identification of a new Dental Director, custodian of records authority and*

*obligations goes to the newly identified Dental Director immediately upon transfer of ownership.*

*6. The records retention responsibility and structure outlined for patient records in subsections 1 through 5 above also applies to infection control inspection records and anesthesia inspection and permit records, each of which must be retained by the responsible individual or entity for a minimum of 3 years after creation or receipt, whichever is latest. Records retention rules related to OSHA compliance are governed by federal law and exceed the retention schedule for Nevada, such that custodians of records should maintain those records for the federally prescribed minimum as established by OSHA.*

*7. After the sale of a practice where patient records are transferred as outlined in paragraph (3) of this subsection, the selling dentist is allowed to access his or her former patient's records, infection control records, and anesthesia permitting records now in the custody of the new Dental Director custodian of records, for up to 5 years after the close of the sale, for the sole purpose of responding to a disciplinary investigation commenced by the Nevada State Board of Dental Examiners. The new Dental Director custodian of records shall not prohibit or hinder the former owner from inspecting and copying records for that purpose so long as the new owner seeks to inspect and copy records during normal business hours and at their own expense.*

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STATE OF NEVADA



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*Deputy Directors*

A.L. HIGGINBOTHAM  
*Executive Director*

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## Small Business Impact Statement

### Proposed Regulation: Closure or Sale of Dental Clinic and Records Retention Obligations

The Nevada State Board of Dental Examiners (NSBDE) emailed the proposed regulations and a Business Impact Statement Survey to all active licensed dental professionals to determine the impact of the proposed regulations to a small business in Nevada.

A small business is defined in Nevada Revised Statutes (NRS) 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608(3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business as stated below.

#### **Brief Background**

The new proposed regulation designates the dental director of a dental office (or public health program director) as the custodian responsible for retention under Nevada's records retention framework in NRS 629.051. It also specifies who carries the responsibility of records retention in the event a dental practice is sold.

#### **Statement of Methods Used**

As part of NSBDE's due diligence, a small business impact survey was emailed directly to all active licensed dental professionals in Nevada. With the response from the survey, it was deemed by the NSBDE that this new regulation would not adversely affect small businesses as defined by NRS 233B. While there is a minor impact on storage expenses, these expenses would be required anyway and are a necessity for patient record retention.

#### **Certification by person responsible for the Board**

I, A.L. Higginbotham, Executive Director of the Nevada State Board of Dental Examiners, certify to the best of my knowledge or belief that a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and accurately.

Signature: A.L. Higginbotham

Date: 2.20.2026

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**APPENDIX 3 – LEAD APRON REQUIREMENT PROPOSED REGULATION  
AND BUSINESS IMPACT STATEMENT**

**NAC 631.260 Radiographic procedures: ~~Lead apron required~~; ADA radiography best practices;** certified statement and attestation of qualifications required for certain persons who assist in procedures.

*1. ~~Each patient who is undergoing a radiographic procedure must be covered with a lead apron. Unless otherwise impossible or impracticable, dentists shall, where possible and practicable, use radiographic imaging consistent with the provisions of the Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure, 2012, adopted by the American Dental Association (ADA) and the Food and Drug Administration, which is hereby adopted by reference, as is any superseding guidance from the ADA. The publication is available, free of charge, from the ADA at the Internet address <https://www.ada.org/resources/practice/practice-management/radiographic-imaging>.~~*

2. Each licensee who employs any person, other than a dental hygienist, to assist him or her in radiographic procedures shall include with his or her application for renewal of his or her license a certified statement:

(a) Containing the name of each person so employed, his or her position and the date he or she began to assist the licensee in radiographic procedures; and

(b) Attesting that each such employee has received:

(1) *Instruction in the use of radiographic machines and procedures sufficient to demonstrate competency as required pursuant to subsections 3 and 4 of NAC 459.552;*

(2) Training in cardiopulmonary resuscitation at least every 2 years while so employed;

(3) A minimum of 4 hours of continuing education in infection control every 2 years while so employed; and

(4) Before beginning such employment, a copy of this chapter and chapter 631 of NRS in paper or electronic format.

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## **Small Business Impact Statement**

### **Proposed Regulation: Omitting Lead Apron Requirement**

The Nevada State Board of Dental Examiners (NSBDE) emailed the proposed regulations and a Business Impact Statement Survey to all active licensed dental professionals to determine the impact of the proposed regulations to a small business in Nevada.

A small business is defined in Nevada Revised Statutes (NRS) 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608(3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business as stated below.

#### **Brief Background**

The proposed regulation modification in NAC 631.260 would remove lead apron requirements to follow the American Dental Association (ADA) recommendations; the ADA has recently removed lead apron requirements due to safety enhancements in radiographic technology and updated scientific guidance regarding lower than thought risk of radiation exposure. See <https://www.ada.org/about/press-releases/ada-releases-updated-recommendations-to-enhance-radiography-safety-in-dentistry>.

#### **Statement of Methods Used**

As part of NSBDE's due diligence, a small business impact survey was emailed directly to all active licensed dental professionals in Nevada. With the response from the survey, it was deemed by the NSBDE that this new regulation would not adversely affect small businesses as defined by NRS 233B. In fact, there is likely a benefit to small business since eliminating the lead apron equipment requirement would save on equipment expenses.

**Certification by person responsible for the Board**

I, A.L. Higginbotham, Executive Director of the Nevada State Board of Dental Examiners, certify to the best of my knowledge or belief that a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and accurately.

Signature: A.L. Higginbotham

Date: 2.20.2026

**APPENDIX 4 – AB 483 COMPLIANCE/HUC PRIORITY APPLICATION  
PROCESSING PROPOSED REGULATION AND BUSINESS IMPACT  
STATEMENT**

*NAC (new, possibly 631.028A) Priority processing of initial applications based on employment in a historically underserved community. (AB483)*

*1. Any person applying for an initial dentist, dental hygienist, dental therapist, or expanded function dental assistant license may indicate on the application form that they qualify for priority processing if:*

*(a) They affirm in their application that, as part of their employment, they are reasonably expected to provide emergency and continuing dental care in a historically underserved community; and*

*(b) They include with the application a letter from an employer located in a historically underserved community notifying the Board of the applicants' imminent employment.*

*i. The employment letter must indicate that the applicant has already accepted the offer of employment; and*

*ii. The employment letter must include the expected start date of employment.*

*2. For purposes of this regulation, priority processing means:*

*(a) Upon initial receipt of a license application form and the required fee, the Board will, within seven business days of receipt, review the application to determine if it is a complete application packet. If it is complete, processing will move to the steps outlined in section (b). If it is not complete, the Board will orally or in writing notify the applicant of any missing documents necessary to consider the application file complete and eligible for final Board review and approval.*

*(b) Once the application packet is complete and contains all necessary items outlined in statute, regulation, or on the application form, the Board will, within 14 business days of the application packet being completed, review the application for licensing approval. A decision on licensure will be communicated within that 14 business-day time frame; if licensure is granted, the certificate will issue within 30-days of packet completion.*

*(c) Any periods of time between the initial notice of application packet completion requirements outlined in subsection (a) and application packet completion outlined in subsection (b) are not considered part of priority processing, as document ordering, receipt, and submission timeliness are dependent on applicant and external vendor actions and availability not controlled by the Board. The 14-day review and approval deadline noted under subsection (b) commences on the business day immediately following the Board's receipt from an external entity the final outstanding required document needed for packet completion.*

*3. For purposes of this regulation, a "historically underserved community" is a geographic location (county, city, town, zip code area, etc.) in Nevada that is:*

*(a) Designated as a qualified census tract by the U.S. Secretary of Housing and Urban Development;*

*(b) A census tract where, in the immediately preceding census, at least 20 percent of households were not proficient in the English language; or*

*(c) Qualified tribal land under NRS 370.0325.*

*4. A license applicant who indicates they qualify for priority processing under this regulation must themselves determine whether their employer's location meets the definition of a historically underserved community; the Board will presume the validity of such an election and need not perform its own analysis of whether the geographic location of employment validly meets the definition of "historically underserved community." Later discovery of a fraudulent indication that an applicant qualified for priority processing based on employment in a historically underserved community can result in denial of the initial application, denial of renewal applications, or referral for disciplinary proceedings.*

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NEVADA STATE BOARD OF DENTAL EXAMINERS**

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## **Small Business Impact Statement**

### **Proposed Regulation: Omitting Lead Apron Requirement**

The Nevada State Board of Dental Examiners (NSBDE) emailed the proposed regulations and a Business Impact Statement Survey to all active licensed dental professionals to determine the impact of the proposed regulations to a small business in Nevada.

A small business is defined in Nevada Revised Statutes (NRS) 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608(3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business as stated below.

#### **Brief Background**

The new proposed regulation (tentatively named) NAC 631.028A acts of the NSBDE's compliance with legislative directives outlined in AB 463. Namely, that recently passed statute requires professional licensing boards related to the provision of health care to implement policies that expedite professional licensing applications for those seeking to work in Historically Underserved Communities (HUCs). This regulation establishes the NSBDE's processes for expediting the initial license of applications of HUC-employed candidates.

#### **Statement of Methods Used**

As part of NSBDE's due diligence, a small business impact survey was emailed directly to all active licensed dental professionals in Nevada. With the response from the survey, it was deemed by the NSBDE that this new regulation would not adversely affect small businesses as defined by NRS 233B, since the regulation deals with individual licensing concerns that are germane before a licensee becomes employed or affects business economic interests.

#### **Certification by person responsible for the Board**

I, A.L. Higginbotham, Executive Director of the Nevada State Board of Dental Examiners, certify to the best of my knowledge or belief that a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and accurately.

Signature: *A.L. Higginbotham*

Date: 2.20.2026

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**APPENDIX 5 – INFECTION CONTROL INSPECTIONS PROPOSED  
REGULATIONS AND COLLECTIVE BUSINESS IMPACT STATEMENT**

**NAC 631.178 Adoption by reference of certain guidelines; *additional infection control inspection requirements*; compliance with guidelines required.**

1. Each person who is licensed pursuant to the provisions of chapter 631 of NRS shall comply with:

(a) The provisions of the *Guidelines for Infection Control in Dental Health-Care Settings-2003* and the *2016 summary of these guidelines titled Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* adopted by the Centers for Disease Control and Prevention (CDC) are hereby adopted by reference, as is any superseding guidance from the CDC. These publications are available, free of charge, from the CDC at the Internet addresses <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm> and <https://www.cdc.gov/dental-infection-control/hcp/summary/>; and

(b) As applicable to the practice of dentistry, the provisions of the *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*, adopted by the CDC which is hereby adopted by reference, as is any superseding guidance from the CDC. The publication is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address [http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection\\_Nov\\_2008.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf).

(c) In the event either or both of the publications at paragraphs (a) or (b) of subsection (1) are rescinded or otherwise no longer applicable, the Board may adopt infection control protocols established by the Association for Dental Safety.

**2. *The infection control inspection will verify the presence of the following, the absence of which will result in an adverse score on the relevant section of the inspection:***

**(a) *a minimum of one standard 16-unit first-aid kit that must be kept filled and ready for use and housed at a convenient location near patient treatment areas.***

**(b) *an emergency medical kit that must contain, at minimum, the following:***

**(a) *Nitroglycerin***

**(b) *Benadryl***

**(c) *Epinephrine (injectable)***

**(d) *Aspirin***

**(e) *Albuterol***

**(f) *Glucose or Glucose substitute, and***

**(g) *Oxygen.***

**3. *The infection control inspection will verify the that each sterilization load is monitored with mechanical indicators for time, temperature, and pressure, and that each sterilization load includes, at a minimum, a Class V integrator. Failing to use a Class V integrator will result in an adverse score on the relevant section of the inspection.***

**4. *Chronological updates to the same-titled publications outlined in section 1 published by the CDC will further be incorporated by reference and used as guidelines for compliance and inspections without the need for a Board vote or regulatory change.***

*The Board shall notify licensees of any critical updates that will significantly change the infection control inspection procedures or outcomes.*

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**NAC 631.1785 Inspection of office or facility for infection control compliance.**

1. *For purposes of this section, the term “dental practice or dental office” means the physical space where a dentist provides dental treatment. For an owner or operator, this means the entire physical space of ownership, inclusive of (but not limited to) operatories, cleaning facilities, sterile and sterilization areas, patient common areas, restrooms, administrative offices and spaces, and any space holding or storing dental equipment or patient records. For a dentist that rents a physical space from another dentist, this means the physical space where a dentist is entitled to provide dental service by virtue of their rental agreement, which can include (but is not limited to) an assigned operatory or chair space, any equipment in that immediate area of access and control, and any communal equipment for sterilization of any instruments they will personally use or for the provision of anesthesia or sedation in their practice. This definition does not include the space in a patient’s home where home care or house calls could be performed.*

2. *Prior to opening or owning any new dental practice or dental office, whether created new or assuming the practice of another dentist, other than a medical facility as defined in NRS 449.0151, a licensed dentist must request in writing that the Board conduct an initial **infection control** inspection of the **dental practice or dental office** to ensure compliance with the guidelines adopted by reference in NAC 631.178.*

*(a) The Board has up to 30 days from the date the inspection request is received to conduct the initial infection control inspection. In order to open their practice on the anticipated start date, the licensed dentist should submit their inspection request no later than 30 days in advance of their anticipated opening date. There is no penalty for not submitting an infection control inspection request more than 30 days prior to the anticipated opening date, except that opening must be delayed until the infection control inspection is complete and passed.*

*(b) Except as outlined in subsection (c) below, an owner or operator of any new dental practice, office, or other space where dental treatments are to be performed cannot commence the practice of dentistry until the initial infection control inspection has occurred and has been passed. It is a disciplinary violation to provide dental services prior to passing an initial infection control inspection, for which either or both an owner-operator or non-operator owner can be liable.*

*(c) Subsections (a) and (b) do not apply to practices opening in historically underserved communities, as defined in AB483. A practice opening in a historically underserved community must still submit an infection control inspection request prior to the anticipated opening date, but said practice may commence providing dental services before the infection control inspection is completed and passed, and the Board has up to 120 days from receipt of the inspection request to complete the inspection.*

**3. Where the dental practice or dental office is not opening in a historically underserved community, no later than 7 days after receiving a written request pursuant to subsection 1:**

(a) The Executive Director shall assign **one or more agents** of the Board to conduct the inspection; and

(b) Schedule the inspection with the applicant.

**4. Where the dental practice or dental office is opening in a historically underserved community, no later than 60 days after receiving a written request pursuant to subsection 1:**

(a) **The Executive Director shall assign at least one agent of the Board to conduct the inspection; and**

(b) **Schedule the inspection with the applicant.**

**5. Prior to operating a “registered facility” as defined by NAC 631.2203 for the purpose of providing continuing or advanced education where live patients will be used for demonstrations or practice, whether that be through rental agreement or purchase of a permanent space for the purpose of providing continuing education, the operator will meet the same infection control inspection requirements as an owner or operator of a dental practice or dental office as outlined in subsection 2; the Board will have the same obligations outlined in paragraphs a, b, and c of subsection 2; and the operator will have the same reinspection rights, remedies and obligations as outlined in subsections 5, 6, 7, and 8.**

**6. Not later than 3 business days after the Board agent inspector has completed the initial infection control inspection of a dental practice or dental office—pursuant to subsection 2, the agent shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the office or facility:**

(a) Is **equipped** in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board **and by the end of the next business day after receiving the report**, issue a written notice of the agents’ findings to the **owner or operator of the practice**, office or facility. **Thereafter, the practice may open and start providing dental services.**

(b) Is not **equipped** in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board **and by the end of the next business day after receiving the report**, issue a written notice **to the owner or operator of the practice, office or facility that** identifies **the** deficiencies **causing the inspection failure. If a failure notice is received by a practice not in a historically underserved community, the practice cannot open and cannot start providing dental services. If a failure notice is received by a practice that is in a historically underserved community, the practice, office, or facility must immediately cease operations and close the practice, office, or facility to the provision of any dental services.**

~~7. Not later than 72 hours~~ Immediately upon receipt of ~~after issuing a written inspection failure notice pursuant to paragraph (b) of subsection 4, but no later than 7 business days after receiving a failure notice:~~

(a) ~~The owner or operator of a dental practice or dental office can request in writing a reinspection.~~

(b) ~~If a request for reinspection is received,~~ the Executive Director shall assign a ~~different~~ agent of the Board to conduct a reinspection to determine if the owner or operator ~~and the personnel supervised by the dentist has~~ taken corrective measures ~~to cure the deficiencies causing the prior inspection failure.~~

(1) ~~Assignment of a different Board agent inspector is only required in an area that this not defined as a historically underserved community. For historically underserved communities, staffing availability may require assignment of the same Board inspection agent.~~

(c) ~~The reinspection will be scheduled at the convenience of the owner or operator, but, if the practice, office, or facility is not in a historically underserved community, no earlier than 7 business days from the reinspection request being received by the Board, and, if the practice, office, or facility is in a historically underserved community, no earlier than 30 business days from reinspection request being received by the Board.~~

(d) ~~The Board~~ agent inspector assigned pursuant to paragraph ~~shall, no later than 3 business days after completing the reinspection,~~ issue a report to the Executive Director indicating whether the owner or operator has cured the ~~deficiencies causing the inspection failure. licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178.~~ If the report indicates that the ~~owner or operator:~~

(1) ~~Is~~ in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board ~~and by the end of the next business day after receiving the report,~~ issue a written notice of the agents' cure findings to the ~~owner or operator~~ of the ~~office, practice, or facility. Thereafter, the practice may open and start providing dental services.~~

(2) ~~Is still~~ not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board ~~and by the end of the next business day after receiving the report,~~ issue a written notice ~~to the owner or operator of the practice, office or facility notifying them of their failure to cure. If a failure to cure notice is received, the practice, regardless of whether located in historically underserved community or not, cannot open and cannot provide dental services.~~

(e) ~~If the owner or operator of a practice, office, or facility does not submit to the Board in writing a reinspection request within 7 business days after the initial inspection failure notice issues, the timelines for assigning Board agents and commencing inspections outlined in paragraphs (b) and (c) will not apply. In the event a reinspection request is received more than 7 business days from the date the initial inspection failure notice issues to the owner or operator, the Board will assign inspector agents and conduct reinspections at a pace commensurate with Board staffing resources and Board workload, but the reinspection will not occur later than 180 days from the date the reinspection request is ultimately received.~~

*(1) There is no administrative hearing entitlement until the exhaustion of other remedies; the remedy here is the reinspection, such that a reinspection will not be scheduled until after an owner or operator has an opportunity to cure the infection control deficiencies found in the initial inspection and fails inspection for a second time.*

~~*issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.*~~

~~*6. Not later than 72 hours after receiving material evidencing critical deficiencies by a licensed dentist who owns an office or facility in this State where dental treatments are to be performed, other than a medical facility as defined in NRS 449.0151, the Executive Director may assign agents of the Board to conduct an inspection of an office or facility to ensure that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. An inspection conducted pursuant to this subsection may be conducted during normal business hours with notice to the licensed dentist who owns the office or facility.*~~

~~*6. Not later than 3 days after a dentist receives a written notice pursuant to subsection 5:*~~

~~*(a) The Executive Director shall assign agents of the Board to conduct the inspection; and*~~

~~*(b) The agents shall conduct the inspection.*~~

~~*6. Not later than 72 hours after agents of the Board have completed the inspection of an office or facility pursuant to subsection 6, the agents shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the office or facility:*~~

~~*(a) Is equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.*~~

~~*(b) Is not equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice which identifies all critical deficiencies to the licensed dentist who owns the office or facility.*~~

*8. If the Executive Director issues a failure to cure notice after the failure of a reinspection, not later than 7 business days after issuing the failure to cure notice, the Board will schedule an administrative hearing for the purpose of determining whether*

*the practice, office, or facility will be allowed to open or reopen and provide dental services regardless of the infection control inspection failures.*

*(a) The administrative hearing will be scheduled for the next Board Meeting following a 30-day notice and complaint preparation period.*

*(b) The administrative hearing can be heard by, and the administrative matter can be resolved by, not less than 3 members of the Board.*

*(c) The owner or operator must submit to the Board any evidence of subsequent cures or any defenses for non-compliance no later than 7 business days before the scheduled hearing date.*

*(d) The practice, office, or facility must remain closed and must not provide dental services between the times of the initial inspection failure notice, the failure to cure notice, and the administrative hearing. This is regardless of whether the practice, office, or facility serves a historically underserved community.*

*(e) If the result of the administrative hearing is that the owner or operator, or practice, office or facility, remains non-compliant with the infection control guidelines adopted by reference in NAC 631.178, and there are no defenses warranting the allowance of practice despite noncompliance with the infection control guidelines adopted by reference in NAC 631.178, the practice, office, or facility must remain closed and the owner or operator cannot provide dental services at the facility for a minimum of one year.*

*(1) An owner or operator can request a new initial infection control inspection no earlier than 365 days from the date the administrative hearing result is announced. To open or reopen at that subsequent date, the owner or operator, or practice, office, or facility must pass the initial infection control inspection.*

*(2) If the owner or operator, or practice, office, or facility, does not pass this subsequent initial infection control inspection, the practice, office, or facility must remain closed, and the owner or operator cannot provide dental services at the facility for a minimum of another year.*

*(3) An owner or operator can request anew for an initial infection control inspection yearly until the site passes the initial infection control inspection. Only if the practice, office, or facility passes the initial infection control inspection at some point can the practice, office, or facility and open and the provision of dental services be offered therefrom.*

~~*(a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and*~~

~~*(b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:*~~

~~— (1) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.~~

~~— (2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.~~

9. Pursuant to subsection 3 of NRS 233B.127, if an initial **infection control** inspection of **a dental practice or dental office** conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

**(a) Is a summary suspension issues pursuant to subsection 7, an owner or operator is not entitled to a reinspection under the process outlined in subsection 5; instead, the administrative hearing provisions and process of subsection 6 become effective.**

**10. Due to patient property rights and privacy concerns, as well as inspector safety and practicality issues, an infection control inspection cannot be accomplished in a patient's place of residence. Thus, licensees shall not, unless they meet the exception below at paragraph (a), practice in a home care setting.**

**(a) An infection control inspection can be waived upon Board approval, and dental care rendered in a patient's home, if: (i) the patient is: homebound consistent with federal definitions found at 42 C.F.R. § 440.20(b)(4); (ii) the patient is receiving services to be billed to either or both Medicare or Medicaid; and (iii) the dental services to be provided are for treatment of active (acute or chronic) dental diseases, injuries, or conditions including but not limited to fractures, breaks, nerve damage, and significant pain, or for decay prevention such as removing biofilms and calculus. Home dental care cannot be provided for cosmetic or aesthetic purposes or for dental cleanings.**

**NAC 631.179 Random inspection of office or facility; subsequent action by Executive Director.**

1. The Executive Director may assign *one or more* Board *agents* to conduct a random inspection of a *dental practice or dental office* in this State where dental treatments are to be performed to ensure that the owner or operator and any non-owner, non-operator dentists and personnel are in compliance with the guidelines adopted by reference in NAC 631.178. Random inspections conducted pursuant to this subsection may be conducted during normal business hours without notice to the licensed dentist who owns the office or facility to be inspected.

2. All timelines and process for inspection control inspection agent reporting, Executive Director notices, reinspections, administrative hearings, and summary suspensions outlined in NAC 631.1785 (4), (5), (6), and (7) apply to random infection control inspections and the due process remedies available for failures of random infection control inspections and summary suspensions therefrom.

~~*Not later than 30 days after agents of the Board have completed a random inspection of an office or facility in this State where dental treatments are to be performed to ensure compliance with the guidelines adopted by reference in NAC 631.178, the agents shall issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:*~~

~~*— (a) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.*~~

~~*— (b) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice which identifies deficiencies to the licensed dentist who owns the office or facility.*~~

~~*3. Not later than 72 hours after a licensed dentist receives a written notice of deficiencies issued pursuant to paragraph (b) of subsection 2:*~~

~~*— (a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and*~~

~~*— (b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:*~~

~~*— (1) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.*~~

~~*— (2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an*~~

~~order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.~~

~~—4. Pursuant to subsection 3 of NRS 233B.127, if a <sup>2.20.2026</sup> random inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.~~

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STATE OF NEVADA



PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAERER  
*Deputy Directors*

A.L. HIGGINBOTHAM  
*Executive Director*

DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF DENTAL EXAMINERS

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## Small Business Impact Statement

### Proposed Regulation: Inspection of Office or Facility for Infection Control Compliance

The Nevada State Board of Dental Examiners (NSBDE) emailed the proposed regulations and a Business Impact Statement Survey to all active licensed dental professionals to determine the impact of the proposed regulations to a small business in Nevada.

A small business is defined in Nevada Revised Statutes (NRS) 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608(3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business as stated below.

#### **Brief Background**

The proposed regulation modifications for NAC 631.1785, NAC 631.178, and NAC 631.179 require an initial infection control inspection before opening or assuming a practice, establish reinspection and due process steps after a failure, clarify tools for urgent situations, and connect random inspections to the same processes for notices, reinspection, hearings, and emergency actions.

#### **Statement of Methods Used**

As part of NSBDE's due diligence, a small business impact survey was emailed directly to all active licensed dental professionals in Nevada. With the response from the survey, it was deemed by the NSBDE that this new regulation would not significantly adversely affect small businesses as defined by NRS 233B. While some survey participants felt they would be delayed in making money if they had to wait for an infection control inspection before opening, such sentiments failed to take into account patient safety versus whatever very short delay in opening might occur.

#### **Certification by person responsible for the Board**

I, A.L. Higginbotham, Executive Director of the Nevada State Board of Dental Examiners, certify to the best of my knowledge or belief that a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and accurately.

Signature: A.L. Higginbotham

Date: 2.20.2026

**APPENDIX 6 – SCHEDULE OF FEES PROPOSED REGULATION AND  
BUSINESS IMPACT STATEMENT**

*NAC 631.029 Schedule of fees. (NRS 631.190, 631.240, 631.345) The Board will charge and collect the following fees:*

<b>1. Initial Licensure Fees</b>		
<b>(a) Dentists:</b>		
(i)	<i>Application fee for an initial license to practice dentistry.....</i>	<i>\$1,300</i>
(ii)	<i>Application fee for an initial specialty dentist license under NRS 631.255 (for purposes of NRS 631.345, this is the total of the \$1,300 dental license fee plus the specialist transition license fee of \$125).....</i>	<i>1,425</i>
(iii)	<i>Application fee for an initial limited license to practice dentistry (pursuant to NRS 631.271 or 631.2715) .....</i>	<i>300</i>
(iv)	<i>Application fee for a restricted license to practice dentistry (pursuant to NRS 631.275).....</i>	<i>300</i>
(v)	<i>Application fee for an initial restricted geographical license (pursuant to NRS 631.274) or an initial restricted low-income employer license (pursuant to NRS 631.275) to practice dentistry.....</i>	<i>600</i>
(vi)	<i>Application fee for a transition from general dentistry to a specialist's license, or for a transition from a specialist's license to general dentistry, or for each additional specialist's license above the first specialty License (pursuant to NRS 631.250).....</i>	<i>125</i>
<b>(b) Dental Hygienists</b>		
(i)	<i>Application fee for an initial license to practice dental hygiene (pursuant to NRS 631.300).....</i>	<i>675</i>
(ii)	<i>Application fee for an initial limited license to practice dental hygiene (pursuant to NRS 631.271) .....</i>	<i>300</i>
(iii)	<i>Application fee for an initial restricted geographical license (pursuant to NRS 631.274) to practice dental hygiene.....</i>	<i>300</i>
<b>(c) Dental Therapists</b>		
(i)	<i>Application fee for an initial license to practice dental therapy (pursuant to NRS 631.300).....</i>	<i>750</i>
(ii)	<i>Application fee for an initial limited license to practice dental therapy (pursuant to NRS 631.271) .....</i>	<i>300</i>
(iii)	<i>Application fee for an initial restricted geographical license (pursuant to NRS 631.274) to practice dental therapy.....</i>	<i>300</i>
<b>(d) Expanded Function Dental Assistants</b>		
(i)	<i>Application fee for an initial license to practice expanded function dental assisting (pursuant to NRS 631.31286 and 631.31287).....</i>	<i>125</i>
(ii)	<i>Application fee for an initial limited license to practice expanded function dental assisting (pursuant to NRS</i>	

	631.271)		75
(iii)	Application fee for an initial restricted geographical license (pursuant to NRS 631.274) to practice expanded function dental assisting.....		125
<b>2. License Renewal Fees</b>			
		2.20	
<b>(a) Dentists (Active)</b>			
(i)	Biennial license renewal fee for a general license or specialist's license to practice dentistry.....		750
(ii)	Biennial license renewal fee to practice dentistry on a restricted geographical license (pursuant to NRS 631.274) or on a restricted low-income employer license (pursuant to NRS 631.275).....		600
(iii)	Annual license renewal fee for a limited license to practice dentistry (pursuant to NRS 631.271).....		300
(iv)	Annual license renewal fee for a restricted license to practice dentistry (pursuant to NRS 631.275).....		300
<b>(b) Dentists (Inactive/Retired/Disabled)</b>			
(i)	Biennial license renewal fee for an inactive dentist.....		400
(ii)	Biennial license renewal fee for a retired or disabled dentist.....		100
<b>(c) Dental Hygienists (Active)</b>			
(i)	Biennial license renewal fee to practice dental hygiene (pursuant to NRS 631.300) .....		375
(ii)	Biennial license renewal fee to practice dental hygiene on a restricted geographical license (pursuant to NRS 631.274) .....		375
(iii)	Annual license renewal fee for a limited license to practice dental hygiene (pursuant to NRS 631.271) .....		375
<b>(d) Dental Hygienists (Inactive/Retired/Disabled)</b>			
(i)	Biennial license renewal fee for an inactive dental hygienist...		100
(ii)	Biennial license renewal fee for a retired or disabled dental hygienist.....		50
<b>(e) Dental Therapists (Active)</b>			
(i)	Biennial license renewal fee to practice dental therapy (pursuant to NRS 631.300).....		600
(ii)	Biennial license renewal fee to practice dental therapy on a restricted geographical license (pursuant to NRS 631.274).....		300
(iii)	Annual license renewal fee for a limited license to practice dental therapy (pursuant to NRS 631.271).....		450
<b>(f) Dental Therapists (Inactive/Retired/Disabled)</b>			
(i)	Biennial license renewal fee for an inactive dental therapist...		100
(ii)	Biennial license renewal fee for a retired or disabled dental therapist.....		50

(g) <i>Expanded Function Dental Assistants (Active)</i>	
(i) <i>Biennial license renewal fee to practice expanded function dental assisting (pursuant to NRS 631.31286 and 631.31287) .....</i>	100
(ii) <i>Biennial license renewal fee to practice expanded function dental assisting on a restricted geographical license (pursuant to NRS 631.274).....</i>	100
(iii) <i>Annual license renewal fee for a limited license to practice expanded function dental assisting (pursuant to NRS 631.271).....</i>	75
(h) <i>Expanded Function Dental Assistants (Inactive/Retired/Disabled)</i>	
(i) <i>Biennial license renewal fee for an inactive expanded function dental assistant..</i>	75
(ii) <i>Biennial license restoration fee for a retired or disabled expanded function dental assistant.....</i>	50
(iii) <i>Restoration fee for a suspended expanded function dental assistant.....</i>	20
(iv) <i>Reinstatement fee for a revoked expanded function dental assistant.....</i>	25
(v) <i>Reinstatement fee for a non-active expanded function dental assistant.....</i>	25

### 3. *Permitting Fees*

#### (a) *Anesthesia Administrator Permits*

(1) <i>Examination/evaluation fee for an initial permit to administer general anesthesia or sedation.....</i>	750
(2) <i>Fee for annual or biennial renewal of a permit to administer general anesthesia or sedation paid at the same time as license renewal (pursuant to NAC 631.2217) .....</i>	30
(3) <i>Late fee, paid in addition to the renewal fee, for submitting an administrator permit application after the license renewal deadline .....</i>	50
(4) <i>Fee for a re-evaluation (either at or before 5 years or as determined by the Board under NAC 631.2219(1)) to maintain a permit to administer general anesthesia or sedation.....</i>	500
(5) <i>Late fee, paid in addition to the re-evaluation fee, for submitting an administrator re-evaluation request after the expiration of 5 years from the prior administrator evaluation .....</i>	250

#### (b) *Anesthesia Site Permits*

(1) <i>Initial inspection fee for a site permit to administer general anesthesia or sedation .....</i>	500
(2) <i>Fee for the annual or biennial renewal of a site permit to administer general anesthesia or sedation paid at the same time as license renewal ...</i>	300
(3) <i>Late fee, paid in addition to the renewal fee, for submitting a site permit application after the license renewal deadline .....</i>	50
(4) <i>Fee for a re-inspection (either at or before 5 years) to maintain a site</i>	

<i>permit for administering general anesthesia or sedation.....</i>	<i>350</i>
<i>(5) Late fee, paid in addition to the re-inspection fee, for submitting a site re-evaluation request after the expiration of 5 years from the prior site passing site inspection .....</i>	<i>250</i>
 <i>(c) Infection Control Inspections</i>	
<i>(1) Application and inspection fee for the initial inspection of a facility to ensure compliance with infection control guidelines.....</i>	<i>500</i>
<i>(2) Fee for any reinspection to demonstrate compliance with infection control guidelines .....</i>	<i>300</i>
 <i>(d) Practitioner-specific endorsements and certifications</i>	
<i>(1) Fee for special endorsement to practice restorative dental hygiene (pursuant to NRS 631.288) .....</i>	<i>50</i>
<i>(2) Fee for certifying a dental hygienist to administer nitrous oxide .....</i>	<i>25</i>
<i>(3) Fee for certifying a dental hygienist to administer local anesthesia .....</i>	<i>25</i>
 <b>4. Restoration and Reinstatement Fees</b>	
<i>(a) Fee to restore a license to practice dentistry, dental hygiene, and dental therapy that was suspended for non-renewal (not applicable to suspensions stemming from disciplinary outcomes) .....</i>	<i>375</i>
<i>(b) Fee to restore a license to practice dentistry, dental hygiene, and dental therapy that was revoked for non-renewal (not applicable to revocations stemming from disciplinary outcomes).....</i>	<i>500</i>
<i>(c) Reinstatement fee to return an inactive, retired, or disabled dentist, dental hygienist, or dental therapist to active status.....</i>	<i>375</i>
<i>(d) Late renewal fee for expanded function dental assistant license.....</i>	<i>25</i>
 <b>5. Administrative Fees</b>	
<i>(a) Fee for the certification of a license.....</i>	<i>50</i>
<i>(b) Fee for a wall certificate.....</i>	<i>25</i>
<i>(c) Fee for a pocket card receipt.....</i>	<i>25</i>
<i>(d) Application and examination fee for the Dental Jurisprudence Exam...</i>	<i>50</i>
<i>(e) Administrative processing fee for all non-licensure applications submitted to the Board (covers document generation, electronic storage, staff processing resources, credit/debit fees, etc.); including initial anesthesia site permit applications, initial anesthesia/sedation administrator permit applications, initial infection control inspection applications, initial public health program applications, all permit renewal applications, all re-inspection and re-evaluation applications, and testing applications ....</i>	<i>25</i>

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JOE LOMBARDO  
Governor

STATE OF NEVADA



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAERER  
*Deputy Directors*

A.L. HIGGINBOTHAM  
*Executive Director*

**DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF DENTAL EXAMINERS**

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## **Small Business Impact Statement**

### **Proposed Regulation: Schedule of Fees**

The Nevada State Board of Dental Examiners (NSBDE) emailed the proposed regulations and a Business Impact Statement Survey to all active licensed dental professionals to determine the impact of the proposed regulations to a small business in Nevada.

A small business is defined in Nevada Revised Statutes (NRS) 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608(3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business as stated below.

#### **Brief Background**

The proposed modifications to NAC 631.029 establish licensing fees for the new Expanded Function Dental Assistant (EFDA) and Dental Therapist license types, clarify applicable administrative fees, and adjust initial licensing and renewal fees for dentists and dental hygienists. These initial and renewal fees have not been updated in over two decades.

The need for these fee adjustments is driven by operational modernization requirements, new complaint redaction obligations, rising general operating costs, and the longstanding absence of updates to the fee schedule. The fee adjustment amount ranges from \$25 for certificates to \$225 for initial licensing fees.

#### **Statement of Methods Used**

As part of NSBDE's due diligence, a small business impact survey was emailed directly to all active licensed dental professionals in Nevada. With the response from the survey, it was deemed by the

NSBDE that this new regulation would minimally impact small businesses as defined by NRS 233B, as few small businesses pay the licensing and other fees for their employees. Most licensees pay their own fees, causing any financial impact to be a personal expense and not a business expense.

In the event a business does pay their employee's fees, dental hygienist license fees increase by \$37.50 per year for a two-year license and dentist license fees increase by \$75 per year for a two-year license. Initial license fee increases will impact general dentists by \$50 per year for a two-year license and dentists with specialties by \$112.50 per year for a two-year license. Other fees for inspections and permits will impact the business only minimally, with a \$100 annual increase in anesthesia administrator permit renewals and a \$250 annual increase in initial (one-time) infection control inspection fees.

**Certification by person responsible for the Board**

I, A.L. Higginbotham, Executive Director of the Nevada State Board of Dental Examiners, certify to the best of my knowledge or belief that a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and accurately.

Signature: A.L. Higginbotham

Date: 2.20.2026