

**LCB File No. R200-09**

**PROPOSED REGULATION OF THE  
BOARD OF DENTAL EXAMINERS OF NEVADA**

*Registration for Postgraduate Live Patient Continuing Education Programs: Any institute or organization offering live patient continuing education course(s) in dentistry and is not accredited by the American Dental Association Commission on Dental Accreditation as defined in NRS 631.015, must, prior to providing those services or courses register with the Board on a form prescribed, prepared and furnished by the Board with the following information:*

- 1. Name(s) of the individual(s) or entity who own(s) and operate(s) the institute or organization with a permanent facility for the sole purpose of providing postgraduate continuing education;*
- 2. Type of permanent facility to be operated offering a supervised live patient continuing education course(s) for the sole purpose of providing postgraduate continuing education in dentistry;*
- 3. Location of the permanent facility;*
- 4. A notarized statement executed by an owner or authorized individual(s) on behalf of an institute or organization that owns and operates the facility that the facility is in compliance with the following:*
  - a. The facility is a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry*
  - b. All applicable guidelines issued by the Center for Disease Control and Prevention;*
  - c. All applicable regulations of the State Board of Health of the State of Nevada;*
  - d. All applicable provisions of NRS 631 and NAC 631 governing the administration of conscious sedation, deep sedation, and general anesthesia;*
  - e. All applicable provisions of NRS 631 and NAC 631 governing the operating of radiographic equipment at the permanent facility.*
  - f. All postgraduate continuing education live patient courses offered at the permanent facility pursuant to NAC 631.173 and registered with the board;*
  - g. All postgraduate continuing education live patient courses offered at the facility will be supervised by dentist(s) licensed in the State of Nevada;*

*h. All dentist(s) who are licensed in another jurisdiction attending the postgraduate continuing education live patient courses offered at the permanent facility have treated only patients who have been previously treated by the dentist in the jurisdiction where the treating dentist is licensed and only during a course of supervised continuing education by a dentist(s) licensed in this state at the permanent facility.*

*Record Retention for Permanent Facilities offering Postgraduate Live Patient Continuing Education Courses: Any institute or organization offering live patient continuing education course(s) in dentistry and is not accredited by the American Dental Association Commission on Dental Accreditation as defined in NRS 631.015,, shall maintain at the facility for inspection and copying during normal business hours the following documentation:*

- 1. All live patient consent forms;*
- 2. All employment applications and credentials for supervising instructors;*
- 3. Publicly display the limited license for supervision issued by the Board*
- 3. Documentation that live patient continuing education participants not licensed in Nevada are actively licensed in another jurisdiction;*
- 4. A copy of all live patient health care records which may be reviewed by the Board upon consent of the live treatment patient or if otherwise permitted by law NRS 631.3485(5) and NRS 629.061.*

*Application for a Limited Licensure to Supervise Live Patient Continuing Education. (NRS 631.190, 631.220, 631.(AB314)*

*1. An applicant for limited licensure to supervise live patient continuing education courses must provide the Board the following information and documentation in his application:*

- (a) Date and place of his birth;*
- (b) Certification of graduation from an accredited dental school or college or from an accredited school or college of dental hygiene, whichever is applicable;*
- (c) Whether he has applied for similar licensure in another state or a territory of the United States or the District of Columbia and, if so, the name of the state or territory of the United States or the District of Columbia, the date and the result of his application;*
- (d) If he has practiced dentistry or dental hygiene in another state or a territory of the United States or the District of Columbia, certification from the licensing authority of each*

*state or territory of the United States or the District of Columbia in which he has practiced or is practicing that he is in good standing and that there are not any disciplinary proceedings affecting his standing pending against him in the other state or territory of the United States or the District of Columbia;*

*(e) Whether he has terminated or attempted to terminate a license from another state or territory of the United States or the District of Columbia and, if so, his reasons for doing so;*

*(f) If he is not a natural born citizen of the United States, a copy of his certificate of naturalization or other document attesting that he is legally eligible to reside and work in the United States;*

*(g) Whether he has ever been convicted of a crime involving moral turpitude or has entered a plea of nolo contendere to a charge of such a crime and, if so, the date and place of his conviction or plea and the sentence, if any, which was imposed;*

*(h) Whether he has had any misdemeanor or felony convictions and, if so, any documents relevant to any misdemeanor or felony convictions;*

*(i) Whether any malpractice judgment has been entered against him and, if so, any documents relevant to the malpractice judgment;*

*(j) Whether he has a history of substance abuse and, if so, any documents relevant to the substance abuse;*

*(k) Whether he has been refused permission to take an examination for licensure by this state, any other state or territory of the United States or the District of Columbia and, if so, any documents relevant to the refusal;*

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

*(m) Whether he has had his license to practice dentistry or dental hygiene suspended, revoked or placed on probation in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the suspension, revocation or probation;*

*(n) Whether his practice of dentistry or dental hygiene has been subject to mandatory supervision in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the mandatory supervision;*

*(o) Whether he has received a public reprimand or is currently involved in any disciplinary action concerning his license to practice dentistry or dental hygiene in this State,*

*another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the reprimand or disciplinary action;*

*(p) Two sets of certified fingerprint cards, or livescan fingerprinting at the offices of the Nevada State Board of Dental Examiners and an authorization form allowing the Board to submit the fingerprint forms to law enforcement agencies for verification;*