

Nevada State Board of Dental Examiners



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

Unclassified Position Announcement

Nevada State Board of Dental Examiners

Position Title: Executive Director

Position Status: Full-time

Gross Salary: Salary range, DOE: \$110,000 - \$135,000 (Employee-Employer Paid PERS)

Location: Las Vegas. Travel throughout Nevada is required.

Position: Unclassified position entitled to standard state benefits; serves at the will of the Nevada State Board of Dental Examiners. The position is funded through profession licensing fees.

Position Summary/Scope of Work: Report to the Nevada State Board of Dental Examiners, this unclassified position is responsible for the day-to-day administrative operation of the Board office. The Executive Director is expected to facilitate and ensure the logistics of: Board meetings, agendas, meeting minutes, Board budgets, interim and yearly Board financials, state audits, employee payroll, employee benefits, outside contracts, calibration of Infection Control and Anesthesia Inspectors, compliance with NRS and NAC Chapter 631, notifying Board members of legislative matters, licensure application process, present to Board members Advisory Opinion and Declaratory Judgement requests, acting as a liaison to state agencies (PERS, PEBP, Purchasing, Attorney General and Legislative Counsel Bureau), the execution of suspensions/revocations/subpoenas, yearly reviews of all Board forms and applications, all complaints are efficiently handled by the Board, monitoring of stipulation agreements (payments, CE's, daily logs), confirming CE's pursuant to stipulation agreements, attending AADA and AADB meetings, LCB quarterly reporting and to all State Agencies, reporting to NPDB, reports to Interim Finance, Secretary of State, State Controllers and State Archives, attending Informal Hearings and acting liaison to the Board's licensing software vendor. This position requires the use of standard office equipment, ability to communicate in person and over the telephone. Further, the position may have direct supervisory responsibilities over Board staff. The selected candidate may not concurrently work for another employer, possess any other employment, or be engaged in private professional practice.

Minimum Education & Licenses Required: A minimum of an accredited four-year college or university degree, preferably with some legal and/or administrative and/or management components.

Preferred Experience: Preferred attorney licensed in any jurisdiction at the time of appointment. Preferred applicants will possess experience in understanding statutes, rules, regulations and their implementation. Preferred applicants will have experience in reviewing documents for accuracy and applying the terms of those contracts.

Skills Required: Applicants must demonstrate proficiency in the interpretation and implementation of NRS rules and NAC regulations in Chapter 631. Applicants must be skilled in verbal and written communications, planning, computer software, prioritizing and executing deadlines without need for supervision. Applicants must be highly professional, well-organized and self-motivated.

Note: This position announcement lists the major duties and requirements of the job and is not all-inclusive. The successful applicant will be expected to perform additional job-related duties and may be required to have or develop additional specific job-related knowledge and skills.

Interested applicants must submit their cover letter, resume, completed application form, and a list of three professional references no later than **December 10, 2022**, to:

Nevada State Board of Dental Examiners
C/O Dr. David Lee, Employment Committee Chair
2651 N. Green Valley Parkway, Suite 104
Henderson, NV 89014
Email: DavidLee@dental.nv.gov



Nevada State Board of Dental Examiners

Employment Application

Executive Director Position – Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: **Full-time Executive Director**

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Education

Undergraduate
College/University: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Law
School/College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Law License

Please list all states where you have been issued a law license and license information:

State: _____ License Number: _____

Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: Yes or No

State: _____ License Number: _____

Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: Yes or No

State: _____ License Number: _____

Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: Yes or No

Employment History

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____