22 - 11/10/26

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
OFFICE OF THE EXECUTIVE DIRECTOR

Deanna E. Jurius
Executive Director

Heather A. Kelley
Director

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TDD Access: Relay NH 1-800-735-2964
www.oplc.nh.gov

October 5, 2026

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Office of Professional Licensure and Certification (OPLC) to enter into a **Retroactive Sole Source** amendment to an existing contract with Zachary Daniels, DMD, MD (VC# 573664), Bow, NH, for Dental Anesthesia Inspection Services, by extending the completion date from September 30, 2026, to September 30, 2028, with no change to the price limitation. The original contract was approved by the Governor and Executive Council on January 28, 2026, Item #37. Effective upon Governor and Executive Council approval. 100% Agency Funds.

01-21-21-211010-24040000 Division of Administration	**FY 2027**	**FY2028**	**FY2029**
046-500462 – Consultants	**$10,000**	**$10,000**	**$5,000**

EXPLANATION

This request is **Sole Source** because the original contract was sole source due to the increased need to conduct initial inspections and subsequent evaluations of dental facilities and/or dental offices with permits to administer Deep Sedation/General Anesthesia. The inspections are to ensure compliance with statutory and regulatory provisions. This request is **Retroactive** because of delays in processing and receiving the amendment documents.

As previously stated, the original contract was approved by the Governor and Executive Council on January 28, 2026, Item #37.

The Board of Dental Examiners' Administrative Rules part DEN 304 requires a permit to administer anesthesia in the practice of dentistry, which in turn requires a facility inspection and comprehensive evaluation of the providers' abilities and responses to Board approved emergency scenarios. The contractor shall conduct these inspections and evaluations to support the Board with the issuance of anesthesia permits of the appropriate level to dental facilities and administering dentists. The contractors shall also assist the Board in reviews of complaints, claims, suits, and facility inspections involving licensees where the safety of the public could be adversely affected.

The OPLC requests approval of this contract extension with Zachary Daniels, DMD, MD to provide continued support to the OPLC Licensing and Enforcement Division regarding facility inspections and comprehensive evaluations.

In the event that Agency funds become no longer available, General Funds will not be requested to support this program.

Based on the foregoing, I am respectfully recommending approval of the contract amendments with Zachary Daniels, DMD, MD.

Respectfully submitted,

Deanna E. Jurius

Deanna E. Jurius
Executive Director

State of New Hampshire
Office of Professional Licensure and Certification
Amendment #1

This Amendment #1 to the Dental Anesthesia Inspections contract is by and between the State of New Hampshire, Office of Professional Licensure and Certification ("State" or "OPLC") and Zachary Daniels ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 28, 2026, (Item #37) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit A, Revisions/Modifications to the Standard Term and Conditions, Paragraph 1.2, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   September 30, 2028

All terms and conditions of the Contract not modified by this Amendment #1 remain in full force and effect. This Amendment #1 shall be effective September 30, 2026, or upon Governor and Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Office of Professional Licensure and Certification

05/27/2026
Date

Deanna E. Jurius
Name: Deanna Jurius,
Title: Executive Director

4/30/2026
Date

Zachary Daniels
Name: Zachary Daniels

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

October 12, 2026
Date

Jackson Place
Name: Jackson place
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/24/2026

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

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

PRODUCER Integrated Insurance Solutions, LLC 1881 Worcester Road Suite 200 Framingham MA 01701	**CONTACT NAME:** Michelle Crocker **PHONE (A/C, No, Ext):** 508-370-0002 **FAX (A/C, No):** 508-370-0758 **E-MAIL ADDRESS:** certificates@iisagency.com
INSURED ZACHDAN-01 Zachary Daniels, DMD NHOMS 33 Trafalgar Nashua NH 03063	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** OMSNIC — 17171 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1030322736 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ $ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **Y / N** ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	**N / A**					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT 	 $ $ $
A	PROFESSIONAL LIABILITY CLAIMS MADE RETRO DATE 9/1/2021			2024869	8/11/2026	8/11/2027	PER CLAIM AGGREGATE	$3,000,000 $6,000,000

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

Subject to policy terms, forms and conditions.

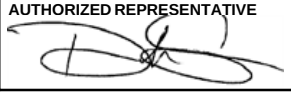
CERTIFICATE HOLDER

NH-OPLC
7 Eagle Sq.
Concord NH 03301
United States

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



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State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

Board of Dental Examiners

Pursuant to RSA 310:8, I - this is to certify that

Zachary Daniels

is licensed to practice as a(n)

General Anesthesia/Deep Sedation Permit

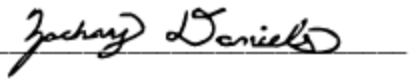
LICENSE NO. 04229

EXPIRATION DATE: 04/30/2028

Always verify licenses online at https://forms.nh.gov/licenseverification/

To whom it may concern, as an independent contractor providing services under my own name and having no employees, I am not subject to RSA 281-A, Workers' Compensation Law.

Name: Zachary Daniels

Signed: 

Date: October 5, 2026

State of New Hampshire
Independent Contractor Certification Form

Describe the services that the individual will perform for your agency.

Provide consultant services to OPLC Enforcement and Board of Dental Examiners to assist in the review of complaints and daims and perform inspections and evaluations for anesthesia permits

1.	Does the agency have State employees that perform the same or similar services? a. List the position titles _____ b. List the position numbers _____	☐ Yes	☑ No
2.	Will the Agency exercise authority over the means by which the service is rendered by:		
	a. Setting work hours	☐ Yes	☑ No
	b. Setting the work location or providing work space	☐ Yes	☑ No
	c. Training the individual in how the services must be performed	☐ Yes	☑ No
	d. Supervising how services are rendered	☐ Yes	☑ No
	e. Providing tools, materials or office supplies to perform the services	☐ Yes	☑ No
	f. Requiring periodic reports on the individual's services	☐ Yes	☑ No
	g. Requiring performance by the contracting individual, rather than allowing subcontractors or assistants	☑ Yes	☐ No
3.	Will the individual perform the services exclusively for the agency?	☐ Yes	☑ No
4.	Does the individual offer these services for individuals or entities other than the State?	☐ Yes	☑ No
5.	Does the individual hold himself or herself out to be in business for himself or herself, including by being registered with the state as a business and having continuing or recurring business liabilities or obligations?	☑ Yes	☐ No
6.	Will the individual be responsible for satisfactory completion of work and can the agency hold the individual contractually responsible for failure to complete the work?	☑ Yes	☐ No
7.	Will the Agency have the right to terminate the relationship at any time?	☐ Yes	☑ No
8.	Can the individual terminate the relationship at any time without liability?	☐ Yes	☑ No
9.	Are the services the individual will provide an independently established trade, occupation, profession, or business? Please Identify Dental Consultant/Inspector	☑ Yes	☐ No
10.	As a matter of economic reality is the individual dependent on the State for work?	☐ Yes	☑ No
11.	What is the individual's name? Zachary Daniels		
12.	Have they previously been employed by the State? If so, what was the latest year of service? _____	☐ Yes	☑ No
13.	What agency did they last work for? _____		
14.	What was the title of the last position they held with the State? _____		

I have reviewed the certification form and the facts and circumstances relevant to the certification and attest it is true to the best of my knowledge and belief. By signing this form, I certify that the individual being hired meets the independent contractor test.

Commissioner or Director

10/5/26
Date