



Scott Walker, Governor
Dave Ross, Secretary

DENTISTRY EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Brittany Lewin (608) 266-2112
May 6, 2015

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Pledge of Allegiance

B. Adoption of Agenda (1-4)

C. Approval of Minutes – March 4, 2015 (5-8)

D. APPEARANCE: Deputy Secretary Jay Risch and Assistant Deputy Secretary Eric Esser

E. Administrative Matters

- 1) Staff Updates
- 2) The Commission on Dental Competency Assessments Update

F. APPEARANCE: Albert Albena, D.D.S., and James Tarrant – Dentist Professional Review and Evaluation Program (9-20)

G. Legislative/Administrative Rule Matters – Discussion and Consideration

- 1) Review of Preliminary Rule Draft of DE 3, 11, 15, Relating to Certificate for Dental Hygienist to Administer Nitrous Oxide Inhalation Analgesia (21-27)
- 2) Review of Preliminary Rule Draft DE 14, Relating to Informed Consent (28-32)
- 3) Update on CR15-013, Relating to Foreign Trained Dentists (33-40)
- 4) Update on Pending and Possible Rules

H. Prescription Drug Monitoring Program (PDMP) Update (41-46)

I. Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Election of Board Officers

- 3) Appointment of Board Liaison(s)
- 4) Administrative Matters
- 5) Education and Examination Matters
- 6) Credentialing Matters
- 7) Practice Matters
- 8) Legislative/Administrative Rule Matters
- 9) Liaison Report(s)
- 10) Informational Item(s)
- 11) Disciplinary Matters
- 12) Presentations of Petition(s) for Summary Suspension
- 13) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 14) Presentation of Proposed Decisions
- 15) Presentation of Interim Orders
- 16) Petitions for Re-Hearing
- 17) Petitions for Assessments
- 18) Petitions to Vacate Orders
- 19) Petitions for Designation of Hearing Examiner
- 20) Requests for Disciplinary Proceeding Presentations
- 21) Motions
- 22) Petitions
- 23) Appearances from Requests Received or Renewed
- 24) Speaking Engagement(s), Travel, or Public Relation Request(s)

J. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (Wis. Stat. s. 19.85(1)(a),); to consider licensure or certification of individuals (Wis. Stat. s. 19.85(1)(b), Stats.; to consider closing disciplinary investigations with administrative warnings (Wis. Stat. s. 19.85 (1)(b), and 440.205,); to consider individual histories or disciplinary data (Wis. Stat. s. 19.85 (1)(f),); and to confer with legal counsel (Wis. Stat. s. 19.85(1)(g),).

K. Credentialing Matters

- 1) Application Reviews
 - a) **APPEARANCE:** Arndt Guentsch, D.M.D. (Faculty License) **(47-56)**
 - b) **APPEARANCE:** Waeli Elmisalati, B.D.S. (Faculty License) **(57-78)**

L. Review of Administrative Warning

- 1) **APPEARANCE:** T.M.D. – 14 DEN 091/WARN00000291 **(79-81)**

M. Deliberation on Monitoring Matters (82-83)

- 1) Bradley Byce, D.D.S. – Requesting Full Licensure **(84-103)**
- 2) Daniel Humiston, D.D.S. – Requesting Consideration of Tabled Petition **(104-121)**
- 3) Christopher Kania, D.D.S. – Requesting Modification **(122-143)**

N. Deliberation on Proposed Final Decisions and Orders

- 1) Allen W. Knox, D.D.S., Respondent (DHA Case # SPS-14-0061/
DSPS Case # 14 DEN 035) **(144-152)**

O. Presentation and/or Deliberation on Proposed Stipulations, Final Decisions and Orders

- 1) 11 DEN 098, 13 DEN 121, 14 DEN 038, 14 DEN 061 – John R. Kregenow, D.D.S. **(153-158)**
- 2) 13 DEN 085 – Patrick J. Crawford, D.D.S. **(159-165)**
- 3) 14 DEN 069 – James Curran, D.D.S. **(166-170)**
- 4) 14 DEN 079 – Christopher Kania, D.D.S. **(171-176)**
- 5) 14 DEN 086 – Farshad Rouhani, D.M.D. **(177-183)**
- 6) 15 DEN 001 – Robert B. Pultz, D.D.S. **(184-195)**

P. Deliberation on Administrative Warnings

- 1) 13 DEN 008 **(196-195)**

Q. Deliberation on Case Closings

- 1) 14 DEN 032 **(196-198)**

R. Case Status Report (199-200)

S. Consulting with Legal Counsel

T. Deliberation of Items Received After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP)
- 6) Petition(s) for Summary Suspensions
- 7) Proposed Stipulations, Final Decisions and Orders
- 8) Administrative Warnings
- 9) Review of Administrative Warning
- 10) Proposed Decisions
- 11) Matters Relating to Costs
- 12) Case Closings
- 13) Case Status Report
- 14) Proposed Interim Orders
- 15) Petitions for Assessments and Evaluations
- 16) Petitions to Vacate Orders
- 17) Remedial Education Cases
- 18) Motions
- 19) Petitions for Re-Hearing
- 20) Appearances from Requests Received or Renewed

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

U. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

V. Open Session Items Noticed Above not Completed in the Initial Open Session

ADJOURNMENT

**DENTISTRY EXAMINING BOARD
MEETING MINUTES
March 4, 2015**

PRESENT: Mark Braden, DDS; Eileen Donohoo, RDH; Lyndsay Knoell, DDS; Timothy McConville, DDS; Wendy Pietz, DDS; Carrie Stempski, RDH; Beth Welter, DDS

EXCUSED: Debra Beres, RDH; Leonardo Huck, DDS

STAFF: Brittany Lewin, Executive Director; Gretchen Mrozinski, Legal Counsel; Kimberly Wood, Program Assistant Supervisor; and other Department staff

CALL TO ORDER

Lyndsay Knoell, Chair, called the meeting to order at 8:30 a.m. A quorum of seven (7) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- After Item G. (Open Session) – ADD: “Informational Item – North Carolina State Board of Dental Examiners v. Federal Trade Commission”

MOTION: Eileen Donohoo moved, seconded by Beth Welter, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

Amendments to the Minutes:

- Page 4 of the Minutes: Correct the names of the board members that made and seconded the motion to convene to closed session from “Beres moved, seconded by Welter” to “Debra Beres moved, seconded by Beth Welter”

MOTION: Eileen Donohoo moved, seconded by Timothy McConville, to approve the minutes of January 7, 2015 as amended. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Review of Updated Monitoring Liaison/Delegation Authorities Document

MOTION: Mark Braden moved, seconded by Beth Welter, to adopt the updated “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” document as presented in the March 4, 2015 agenda packet. Motion carried unanimously.

**8:35 AM PUBLIC HEARING: CLEARINGHOUSE RULE 15-013,
RELATING TO FOREIGN TRAINED DENTISTS**

Review and Respond to Clearinghouse Report and Public Hearing Comments

MOTION: Eileen Donohoo moved, seconded by Beth Welter, to accept all Clearinghouse comments for CR 15-013, relating to foreign trained dentists, and to delegate Dr. Wendy Pietz to work with DSPS staff to respond to Clearinghouse comments. Motion carried unanimously.

Legislative Report & Draft

MOTION: Timothy McConville moved, seconded by Beth Welter, to authorize Dr. Wendy Pietz to approve the Legislative Report and Draft for Clearinghouse Rule 15-013, relating to foreign trained dentists, for submission to the Governor's Office and Legislature. Motion carried unanimously.

CLOSED SESSION

MOTION: Eileen Donohoo moved, seconded by Beth Welter, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Lyndsay Knoell, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Mark Braden-yes; Eileen Donohoo-yes; Lyndsay Knoell-yes; Timothy McConville-yes; Wendy Pietz-yes; Carrie Stempski-yes; and Beth Welter-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:17 a.m.

RECONVENE TO OPEN SESSION

MOTION: Eileen Donohoo moved, seconded by Wendy Pietz, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 11:29 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Lyndsay Knoell moved, seconded by Timothy McConville, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

CREDENTIALING MATTERS

Application Reviews

J.L. RDH (Endorsement Application)

MOTION: Wendy Pietz moved, seconded by Eileen Donohoo, to **extend** the timeframe for submission of items pertaining to the Dental Hygiene application of **J.L., RDH**, until June 1, 2015. Motion carried unanimously.

DELIBERATION ON MONITORING MATTERS

Gretchen Evenson, D.D.S., Requesting Termination of Therapy

MOTION: Lyndsay Knoell moved, seconded by Beth Welter, to delegate the authority to Dr. Braden to determine and implement modifications to the Order dated May 3, 2006 for **Gretchen Evenson, D.D.S.** Motion carried. Recused: Carrie Stempski

(Carrie Stempski recused herself and left the room for deliberation, and voting in the matter concerning the request for termination of therapy requirements submitted by Gretchen Evenson, D.D.S.)

Edward McGrath, D.D.S., Requesting Modification

MOTION: Eileen Donohoo moved, seconded by Beth Welter, to **grant** the request of **Edward McGrath, D.D.S.**, for a reduction in the frequency of drug and alcohol screens to thirty-six (36) per year, plus one annual hair test. Motion carried unanimously.

PRESENTATION AND/OR DELIBERATION ON PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

14 DEN 097 – Chul-Ha Baik

MOTION: Timothy McConville moved, seconded by Eileen Donohoo, to **accept** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against **Chul-Ha Baik**, DLSC case # **14 DEN 097**. Motion carried unanimously.

DELIBERATION ON ADMINISTRATIVE WARNINGS

13 DEN 077

MOTION: Eileen Donohoo moved, seconded by Timothy McConville, to issue an Administrative Warning in the matter of DLSC case # **13 DEN 077**. Motion carried unanimously.

14 DEN 034

MOTION: Beth Welter moved, seconded by Eileen Donohoo, to issue an Administrative Warning in the matter of DLSC case # **14 DEN 034**. Motion carried unanimously.

14 DEN 043

MOTION: Mark Braden moved, seconded by Timothy McConville, to issue an Administrative Warning in the matter of DLSC case # **14 DEN 043**. Motion carried unanimously.

14 DEN 050

MOTION: Timothy McConville moved, seconded by Carrie Stempski, to issue an Administrative Warning in the matter of DLSC case # **14 DEN 050**. Motion carried unanimously.

14 DEN 091

MOTION: Eileen Donohoo moved, seconded by Beth Welter, to issue an Administrative Warning in the matter of DLSC case # **14 DEN 091**. Motion carried unanimously.

DELIBERATION ON CASE CLOSINGS

13 DEN 032

MOTION: Beth moved, seconded by Timothy McConville, to close DLSC case # **13 DEN 032** for **Prosecutorial Discretion (P1)**. Motion carried. Recused: Lyndsay Knoell

(Lyndsay Knoell recused himself and left the room for deliberation, and voting in the matter concerning the case closing for 13 DEN 032. Mark Braden assumed the role of Chair during deliberation of this item.)

14 DEN 030

MOTION: Eileen Donohoo moved, seconded by Carrie Stempski, to close DLSC case # **14 DEN 030** for **Prosecutorial Discretion (P2)**. Motion carried. Recused: Timothy McConville

(Timothy McConville recused himself and left the room for deliberation, and voting in the matter concerning the case closing for 14 DEN 030.)

14 DEN 084

MOTION: Eileen Donohoo moved, seconded by Beth Welter, to close DLSC case # **14 DEN 084** for **Insufficient Evidence**. Motion carried. Recused: Wendy Pietz

(Wendy Pietz recused himself and left the room for deliberation, and voting in the matter concerning the case closing for 14 DEN 084.)

14 DEN 093

MOTION: Timothy McConville moved, seconded by Eileen Donohoo, to close DLSC case # **14 DEN 093** for **No Violation**. Motion carried unanimously.

ADJOURNMENT

MOTION: Eileen Donohoo moved, seconded by Timothy McConville, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:30 a.m.

American Association of Dental Boards

A S P Assessment Services Program

211 E. Chicago Ave., Ste. 760 • Chicago, IL 60611 • 312.440.7464



The American Association of Dental Board's (AADB) Assessment Services Program (ASP) is a comprehensive program of services designed to assist dental boards throughout the discipline process and includes two major components: Dentist-Professional Review and Evaluation Program (D-PREP) and the Expert Review Assessment (ERA).

Dental Board Directed

In collaboration with state dental boards, AADB works to promote patient safety and the highest possible quality of patient care. Our mission is to offer dental professionals assessment and resources for remediation as directed by the state dental board. These assessments are prepared for those who are seeking to reenter practice and to assess the safety and competence of a practitioner to continue practicing as a dental professional.

Assessment Services Program (ASP) is recognized by dental boards across the country as a comprehensive assessment and remediation program for dental professionals in the country. If you would like to know more about ASP, please contact us at 1.800.440.2894.

Background:

American Association of Dental Boards (AADB)

Incorporated in 1883, the AADB is the national organization representing state dental boards whose responsibility is to ensure the public's safety by monitoring practitioners who do not meet acceptable standards of dental practice.

Expert Review Assessment

The American Association of Dental Boards (AADB) has launched the Assessment Services Program, a comprehensive program of review services designed to assist dental boards throughout the discipline process. One of the major components of ASP is the Expert Review Assessment (ERA). *Please note that this program is for dental boards only.*

The Expert Review Assessment program is a service provided to dental boards in need of an independent expert witness in disciplinary case review. The AADB will collect and package a respondent's information provided by the board and refer the file to a specially trained expert assessor who will review the practitioner's patient care and treatment and/or the practitioner's conduct and offer an opinion regarding whether or not that care, treatment and conduct met acceptable standards. AADB worked with a cadre of individuals to develop a format and process to train reviewers to maintain the quality of the review no matter which AADB reviewer completes the case.

Since its inception, ERA has expanded its reviewers to include all specialties to provide expert reviews to match a practitioner's practice setting. Geography is also considered in the assignment of a reviewer, when possible, in the event they later are called to be an expert witness.

Those boards interested in participating in ERA will fill out a request form at www.dentalasp.org accompanied by a nonrefundable \$1,500 fee sent directly to the American Association of Dental Boards. The form will be reviewed and documents needed for the assessment will be specified. It will be the state dental board's responsibility to supply the AADB with all necessary documents needed for the assessment which will be forwarded to the expert assessor for review. Please note that all relevant patient files should be redacted before being sent to the AADB. This fee is paid by the dental board.

Dentist Professional Review and Evaluation Program – D-PREP

After completion of the disciplinary process, state dental boards are sometimes faced with a decision on whether or not a practitioner can return to practice and, if so, is there a remediation protocol to address the clinical deficiencies which resulted in the board actions. Previous assessments did not adequately address the evaluation of a dentist's general clinical knowledge and judgment and its impact on clinical treatment. In the case where a respondent's deficiencies are so significant as to restrict the ability to practice or provide a complete discipline of service, D-PREP will provide dental boards with a standardized and comprehensive assessment and remediation curriculum, if appropriate.

Critical care can be compromised by cognitive issues, deficiency in the knowledge of appropriate clinical techniques and milestones, hand skills, general clinical knowledge, ethical issues and appropriate judgment in diagnosis and treatment planning. During a disciplinary and hearing process, state dental boards most often focus on the treatment provided and are usually ill-equipped to determine the reasons for poor clinical care. This program will address the question, "Is remediation possible?" If it is determined that remediation is appropriate, the applicant will complete the remediation curriculum at an AADB or state board approved location.

Currently, state dental boards often prescribe remediation without a background analysis or rationale. Most assessment services offer a hand skills performance examination, usually on a simulated platform such as a mannequin. This process provides little information not already determined by the hearing process when examining the actual clinical treatment of patients. A comprehensive assessment of clinical knowledge and judgment and its application to treatment has not been available until now. D-PREP evaluators will respond in a standardized, in-person three to five day process and will provide dental boards with assessment and remediation recommendations designed to address comprehensively deficiencies contributing to poor clinical care.

D-PREP

Phase I

Practitioners, either referred by their state dental boards or self-referred with board approval/acknowledgment, will complete the application including release forms and a copy of the board order/consent agreements, accompanied by a nonrefundable \$1,000 application fee payable to the American Association of Dental Boards (AADB). The practitioner will be asked to provide contact information, practice information and a signed release form as well as the contact information for the dental board staff handling the case.

Phase II

The practitioner will then schedule a complete medical history and physical examination which should include information on whether or not there is any condition or disease that would affect hand/eye coordination or any condition that would result in diminishing motor skills, as well as undergo a MicroCog™ or a St. Louis University Mental Status exam (SLUMS) which are tools used to assess cognitive function. The providers of the medical H&P and the evaluation of the cognitive exam must be performed by a provider acceptable to the dental board. The appointments should be made as soon as possible to meet the assessment center's schedule requirements. All material must be received by the AADB within a maximum of 45 days of the initial application. The physical exam and cognitive

exam fees will be determined by the providers of the examinations. (Please note: To facilitate the process - board orders/consent agreements and typed, redacted patient records should be sent to the AADB as soon as possible for summarization by an AADB expert reviewer. The dental board should indicate to the respondent which patient records should be included.) In addition, the respondent must request a self-query from the National Practitioner Data Bank to be sent, unopened, to the AADB.

Phase III

The AADB will assemble the assessment focus packet for the applicant analyzing all board materials submitted by state dental boards, all relevant reports from the AADB Clearinghouse for Board Actions, reports from the National Practitioner Data Bank, the MicroCog™ or SLUMS (cognitive exams) analysis, the medical H&P, typed, redacted patient records and any other relevant materials from the practitioner or dental board. (Please note that it is the applicant's responsibility to have the patient records redacted and typed for legibility.) The nonrefundable fee for this phase is \$3,000 remittable to AADB.

Phase IV

The assessment packet from AADB will be provided to the relevant university assessment center for review. If the applicant is appropriate for the assessment process, the applicant will go to one of the centers for an in-depth assessment (usually 3-5 days). The respondent's fees for this phase are \$15,000 and payable to AADB. The universities involved in D-PREP are among the preeminent dental schools in the country with state-of-the-art equipment and the highest caliber of dental professionals.

Phase V

Within 45 - 60 days of the assessment's completion, the center will provide a comprehensive analysis, assessment of any deficiencies, and a recommended remediation curriculum, if appropriate, directly to the state dental board or referring agency with a copy to AADB.

Phase VI

If the recommendations of the assessment centers are approved by the board, the applicant will complete the remediation curriculum at an AADB or state board approved remediation location.

Fees

All costs of the D-PREP program are the responsibility of the practitioner.

Application Process

Part 1

A non-refundable fee of \$1,000 is required to process Part 1 of the D-PREP application. You will be asked to provide contact information, practice information, a signed release and the contact information for the board staff responsible for the case.

Part 2

You must provide the following:

Recent, complete medical history and physical examination reports by a physician(s) acceptable to the dental board.

MicroCog™ or St. Louis University Mental Status exam (SLUMS), which are cognitive assessments administered by a psychologist/psychiatrist acceptable to the dental board.

National Practitioner Data Bank self-query (it is recommended that you send and receive the query by overnight mail)

Signed HIPAA release form(s) supplied by your medical providers so that the medical history, physical exam and cognitive assessment reports can be sent to AADB.

Part 3

Once all forms have been submitted and if you are admitted into the program, additional documents may be requested to be sent to the AADB. There will be an additional non-refundable \$3,000 fee to the AADB at this time for preparation of the assessment focus package which includes all materials submitted by state dental boards, all relevant reports from the AADB Clearinghouse for Board Actions, reports from the National Practitioner Data Bank, a summary of your board action and all other necessary materials and redacted, typed records pertinent to the case. These reports will be added to a secure website set up for your records that can be retrieved by the reviewing center. The AADB will coordinate the date and location for your assessment. Neither you nor a family member can have any affiliation with the selected assessment center; i.e., alumnus, board member, contributor, faculty, etc.

**SAMPLE - Schedule of Assessment Activities
(Subject to modification)**

Day 1

9:00 a.m. - 10:15 a.m.	Intake Interview
10:15 a.m. - 10:30 a.m.	Break
10:30 a.m. - 12:00 p.m.	Patient Skills Assessment
12:00 p.m. - 1:00 p.m.	Lunch Break
1:00 p.m. - 2:30 p.m.	Continuation of Patient Skills Assessment
2:30 p.m. - 2:45 p.m.	Break
2:45 p.m. - 4:00 p.m.	Continuation of Patient Skills Assessment

Day 2

9:00 a.m. - 10:30 a.m.	Simulated Dental Patient Examination
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 p.m.	Continuation of Simulated Dental Patient Examination
12:00 a.m. - 1:00 p.m.	Lunch Break
1:00 p.m. - 2:45 p.m.	Continuation of Simulated Dental Patient Examination
2:45 p.m. - 3:00 p.m.	Break
3:00 p.m. - 4:00 p.m.	Evidence-based Literature Review Exercise

Day 3

9:00 a.m. - 10:30 a.m.	Comprehensive General Knowledge of Dentistry Examination (240 questions)
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 p.m.	Continuation of Comprehensive General Knowledge of Dentistry Examination
12:00 - 1:00 p.m. Lunch	Break
1:00 p.m. - 2:45 p.m.	Continuation of Comprehensive General Knowledge of Dentistry Examination
2:45 p.m. - 3:00 p.m.	Break
3:00 p.m. - 4:00 p.m.	Ethics Review Questions

Day 4

9:00 a.m. - 10:00 a.m.	Written Examination Completion (if needed)
10:00 a.m. - 10:15 a.m.	Break
10:15 a.m. - 12:00 p.m.	Exit Interview

Please note:

- Scheduled activity times are approximate and may be modified based on respondent performance/need.
- Break periods are provided during assessment activities.
- Unscheduled break periods during an activity are discouraged and will be noted on the assessment report.

Post-Assessment Timeline

Due to the complexity of dentist competence assessments, issuing a final report typically takes 45-60 days after completion of the assessment. While every effort is made to complete the program as quickly as possible, ensuring the accuracy and reliability of the assessment process remains our first priority.

Dental Boards acceptance

The ASP program has been well received by dental boards across the country. Many dental boards have had AADB present at a board meeting to gain a greater understanding of the programs and the benefits for the disciplinary process.

Uniformly, dental boards have indicated positive response to the program being pleased AADB has developed this tool for the boards.

Remediation

AADB is creating a process for dental schools to become involved in the ASP program as remediation centers. Dental schools will apply for acceptance outlining the school's capability to conduct rigorous remediation curriculum to address the serious deficiencies determined in the assessment phase. The creation of a network of remediation centers is focused on maintaining a high quality, consistent result which dental boards can accept as meeting the completion of the deficiencies.

Reassessment

In some cases the assessment center may recommend a reassessment of the practitioner after completing the remediation. This is to determine the practitioner has assimilated the material during the remediation phase and behavior has changes as a result.

APPENDIX A
ERA Request Form

A non-refundable fee of \$1,500 is required to process the Expert Review Assessment (ERA) request form. The board will be asked to provide contact information, all background information on the practitioner's case and the state's immunity provision in law or waiver for ERA assessors and the AADB which includes the date and signature of the party providing the immunity provision/waiver. Once this information has been reviewed, additional documents may be requested. These documents will be analyzed by a specially trained expert who will summarize the findings and provide the board with an opinion.

Board Contact Information

Board Name:

Contact Name (First and Last Name):

Contact E-mail:

Contact Phone Number:

Board Address (Please do NOT use P.O. Boxes as a destination for correspondence)

Board Address - Line 1:

Board Address - Line 2:

Board City:

Board State/Province:

Board Zip:

Board Main Phone Number:

Please provide appropriate links and/or references to your state immunity provision for the Expert Review Assessors and the AADB.

You may also email dadler@dentalboards.org or fax this information (312-440-3525) or mail to the AADB Central Office: American Association of Dental Boards - 211 E Chicago Ave, Suite 760 - Chicago, IL 60611

Phone: (800) 621-8099 ext 2894 - E-mail: dadler@@dentalboards.org

APPENDIX B

DENTIST PROFESSIONAL REVIEW AND EVALUATION PROGRAM
(D-PREP)
CONSENT AND RELEASE OF INFORMATION

I authorize the Dentist Professional Review and Evaluation Program to disclose and exchange information pertaining to my participation in the Dentist Professional Review and Evaluation Program and any of its offerings with (please write in the name of the person(s) or entities to whom we can release your information - e.g. State Medical Boards, Hospital Executive Committees, Attorneys, etc.):

I understand that one or more of the standard testing modalities that I will participate in will be videotaped for documentation as part of the routine assessment protocol. These tapes may be used for training purposes and to enhance consistency in scoring and standardization in testing. There will be no disclosure of the video images outside of the treatment team and training program, except as required by law.

I understand that information about my participation in the D-PREP program shall be available for inspection and review by above agencies and/or persons or by their designee at any time, and agree that it shall not be privileged in any way to the above agencies and/or designees.

By my signature below, I agree to hold harmless the American Association of Dental Boards, its officers, agents and employees from any liability resulting from or arising in connection with this agreement.

Signature _____

Print Name _____

Date _____

You application is complete. Please click on the link below for payment options:

[Please click here for access to our secure payment center.](#)

THIS IS A PRELIMINARY APPLICATION. ONCE YOUR APPLICATION IS RECEIVED, WE WILL SEND YOU A CONFIRMATION LETTER WITH FURTHER INSTRUCTIONS.

MAILING ADDRESS:

American Association of Dental Boards
211 E. Chicago Ave., Ste. 760
Chicago, IL 60611

FOR MORE INFORMATION OR TO
CONTACT US:

Voice: 800-621-8099, ext. 2894
Fax: 312-440-3525
E-mail: asp@dentalasp.org
Internet: www.dentalasp.org

Appendix C – D-PREP Application

Please include a non-refundable \$1,000 processing fee with this application. At the end of the application form there is a link that will take you to our secure payment center. Once admitted to the program, there will be an additional \$3,000 fee to the AADB for preparation of the assessment focus package analyzing all materials submitted by state dental boards, all relevant reports from the AADB Clearinghouse for Board Actions; reports from the National Practitioner Data Bank; and all other relevant materials and records pertinent to the case.

CONTACT INFORMATION NAME: _____

Last

First

Middle Initial

Gender : Male Female

Date of Birth: _____

HOME ADDRESS (Please do not use P.O. Boxes as a destination for correspondence):

Street Address _____

City

State

Zip Code

WORK ADDRESS (Please do not use P.O. Boxes as a destination for correspondence):

Company Name (If applicable)

Street Address

City

State

Zip Code

Correspondence should be sent to: Email Address Home Address Work Address

Please indicate the best way to reach you and preferred fax number:

Home Phone: _____ Home Fax: _____

Work Phone: _____ Work Fax: _____

Mobile Phone: _____ Email: _____

Pager: _____

PRACTICE INFORMATION

Degree (Please check one): DDS DMD Other_____

School attended: _____

Year of graduation: _____ SS# (if available): _____

Type of practice: _____

Types of clinical services provided: _____

Specialty: _____

Board eligible in: _____

Board certified in: _____

Date of last recertification: _____

State License Number(s): _____ DEA Number _____ Are you currently practicing dentistry? Yes No – If no, please briefly state why:

Do you have a Probation Monitor? No Yes – If Yes, please provide his/her name and contact information:

Who referred you to the D-PREP Program (please select one)?

State Dental Board (please identify): _____

Private Hospital (Name of Hospital): _____

Attorney: _____

Self – How did you hear about our program?

Other: _____

If you have been referred by a hospital, are you coming as a requirement of the medical/dental staff or Medical/Dental Quality Assurance or Credentials Committee?

Yes No

If you selected “yes” to the previous question, we will need to contact the chair of the referring committee. Please provide his/her name and contact information in the space below:

What are the circumstances that led up to your referral or application to the D-PREP Program? (If more space is needed, please write on the back of this page or on a separate piece of paper.)

If accepted into the D-PREP Program, please rank in order of preference the following centers.

You may not select a center from which you are an alumni, donor, or have any significant conflict of interest or a family member who would have a similar conflict of interest as determined by D-PREP:

Louisiana State University School of Dentistry ____

Marquette University School of Dentistry ____

University of Maryland School of Dentistry ____

Self-Queries:

As part of this program, you must have a self-query submitted directly from the National Practitioner Data Bank. Please follow this link to access the instructions and self-query form.

<https://www.npdb-hipdb.hrsa.gov/ext/servlet/SQStartInitialServlet>

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Katie Paff Administrative Rule Coordinator		2) Date When Request Submitted: 4/22/2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 5/6/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Preliminary Rule Draft for DE 3, 11, 15 relating to certificate for dental hygienist to administer nitrous oxide inhalation analgesia	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will review the preliminary rule draft for DE 3, 11, 15 relating to certificate for dental hygienist to administer nitrous oxide inhalation analgesia. The Board will authorize the Chair (or other member) to approve the preliminary rule draft for posting for EIA comments and submission to the Clearinghouse.			
11) Authorization			
Kathleen Paff		4/22/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING
	:	BOARD
DENTISTRY EXAMINING	:	ADOPTING RULES
BOARD	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Dentistry Examining Board to amend DE 3.03 (1) and 11.03 (1) and to create Chapter DE 15 relating to certificate for dental hygienists to administer nitrous oxide inhalation analgesia.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Sections 447.04 (2) (d) 1., 447.06 (2) (e) 4., Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 447.02 (2) (j), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats. Each examining board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession

Section 227.11 (2) (a), Stats., provides that “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Section 447.02 (2) (j), Stats. The examining board shall promulgate rules specifying, “[t]he educational requirements for a dental hygienist licensed under this chapter to administer nitrous oxide inhalation analgesia under s. 447.06 (2) (e) 4.”

Related statute or rule:

Section 447.065 (2), Stats.

Plain language analysis:

2013 Wisconsin Act 354 required the Dentistry Examining Board to grant a certificate to administer nitrous oxide inhalation analgesia to a dental hygienist who is licensed by the Board and who satisfies certain educational requirements that the Act directs the Board to establish by rule. Under 2013 Wisconsin Act 354, the certificate to administer nitrous oxide inhalation analgesia remains in effect while the dental hygienist holds a valid license to practice dental hygiene in Wisconsin, unless the Dentistry Examining Board suspends or revokes the certificate. The proposed rule implements 2013 Wisconsin Act 354 by establishing the requirements for the certificate.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois:

Iowa:

Michigan:

Minnesota:

Summary of factual data and analytical methodologies:

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule will be posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days.

Fiscal Estimate and Economic Impact Analysis:

~~The Fiscal Estimate and Economic Impact Analysis are attached.~~

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Katie Paff, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4472; email at Kathleen.Paff@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Katie Paff, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Kathleen.Paff@wisconsin.gov. ~~Comments must be received on or before * to be included in the record of rule-making proceedings.~~

TEXT OF RULE

SECTION 1. DE 3.03 (1) is amended to read:

DE 3.03 (1) Administer or prescribe, either narcotic or analgesics or systemic-affecting nonnarcotic drugs, or anesthetics except as provided under ch. DE 15.

SECTION 2. DE 11.03 (1) is amended to read:

DE 11.03 (1) A dentist or a dental hygienist who holds a valid certificate under ch. DE 15 may use nitrous oxide inhalation on an outpatient basis for dental patients provided that he or she has adequate equipment with failsafe features and a 25% minimum oxygen flow.

SECTION 3. Chapter DE 15 is created to read:

CHAPTER DE 15

CERTIFICATION OF DENTAL HYGIENISTS TO ADMINISTER NITROUS OXIDE
INHALATION ANALGESIA

DE 15.01 Authority. The rules in this chapter are adopted pursuant to ss. 15.085 (5) (b), 227.11 (2) (a), and 447.02 (2) (j), Stats.

DE 15.02 Definitions. As used in this chapter “accredited” has the meaning under s. 447.01 (1), Stats.

DE 15.03 Qualifications for certification of licensed dental hygienists to administer nitrous oxide inhalation analgesia. An applicant for certification to

administer nitrous oxide inhalation analgesia shall be granted a certificate by the board if the applicant complies with all of the following:

- (1) Has a current license to practice as a dental hygienist in this state.
- (2) Has completed the educational requirements of s. DE 15.05.
- (3) Has submitted the information required in the application under s. DE 15.04.

DE 15.04 Application procedure. An applicant for a certificate to administer nitrous oxide inhalation analgesia shall file a completed application on a form provided by the board. The application shall include all of the following:

- (1) The dental hygienist license number in this state and the signature of the applicant.
- (2) Evidence of successful completion of a didactic and clinical program sponsored by an accredited dental or dental hygiene program, resulting in the dental hygienist becoming competent to administer nitrous oxide inhalation analgesia under the delegation and supervision of a dentist, the curriculum of which meets or exceeds the basic course requirements set forth in s. DE 15.05.

DE 15.05 Educational requirements. The following educational requirements are necessary for the board to approve and grant certification to a licensed dental hygienist in the administration of nitrous oxide inhalation analgesia:

(1) The course in the administration of nitrous oxide inhalation analgesia shall be provided by an accredited dental or dental hygiene school.

(2) The nitrous oxide inhalation analgesia administration course shall provide a minimum of 12 hours of instruction and shall consist of all of the following:

(a) A minimum of 10 hours of didactic instruction including but, not limited to, all of the following:

1. Legal aspects of nitrous oxide inhalation analgesia administration in Wisconsin.
2. Physiological and psychological aspects of anxiety.
3. Stages of consciousness and the levels of sedation.
4. Respiratory and circulatory physiology and related anatomy.
5. Pharmacology of nitrous oxide.

6. Advantages and disadvantages as well as the indications and contraindications for nitrous oxide inhalation analgesia administration.

7. Patient evaluation, selection, and preparation for nitrous oxide inhalation analgesia administration.

8. The function of the basic components of nitrous oxide inhalation analgesia delivery and scavenging systems including all of the following:

a. Inspecting all components of the nitrous oxide inhalation analgesia delivery equipment.

b. Assembling and disassembling components.

c. Operating nitrous oxide inhalation analgesia equipment.

d. Disinfecting and sterilizing nitrous oxide inhalation analgesia equipment.

9. Safe and effective administration of nitrous oxide inhalation analgesia to patients in a clinical setting including all of the following:

a. Determining the patient's ideal flow rate and tidal volume.

b. Performing titration to effect.

c. Determining the ideal percentage of nitrous oxide flow rate for individual patients.

d. Calculating the percentage of nitrous oxide at peak flow.

10. Monitoring and documenting a patient undergoing nitrous oxide inhalation analgesia.

11. Complications associated with nitrous oxide inhalation analgesia administration and the prevention, recognition, and management of associated medical emergencies.

12. Troubleshooting problems with nitrous oxide inhalation analgesia administration.

13. Potential health hazards associated with nitrous oxide inhalation analgesia administration.

(b) A minimum of 2 hours of clinical experience consisting of three inductions of nitrous oxide inhalation analgesia on another person under supervision of the instructor.

(c) A dentist licensed under ch. 447, Stats., shall be present in the facility and available to both the patients and to the students of the class.

DE 15.06 Dentist responsibility for the administration of nitrous oxide inhalation analgesia. The dentist is ultimately responsible for all decisions regarding the administration of nitrous oxide inhalation analgesia, particularly in determining the pharmacological and physiological considerations of each individual treatment plan.

SECTION 4. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Dentistry Examining Board

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Katie Paff Administrative Rules Coordinator		2) Date When Request Submitted: 4/20/2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 5/6/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of Preliminary Rule Draft for DE 14 relating to informed consent	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will review and approve, or authorize the Chair to approve, the preliminary rule draft of DE 5 and 14 relating to informed consent.			
11) Authorization			
Katie Paff		4/20/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING
	:	BOARD
DENTISTRY EXAMINING	:	ADOPTING RULES
BOARD	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Dentistry Examining Board to create DE Chapter 14 relating to informed consent.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 447.40, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 447.02 (2) (i), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats. Each examining board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

Section 227.11 (2) (a), Stats., provides that “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Section 447.02 (2) (i), Stats. The examining board shall promulgate rules specifying the provisions for implementing s. 447.40.

Related statute or rule:

Sections 446.08, 448.697, and 449.25, Stats.

Plain language analysis:

The duty of certain health care professionals, other than physicians, to obtain informed consent from their patients before conducting treatment had not been codified as a statutory duty prior to the passage of 2013 Wisconsin Act 345. Act 345 sets forth the dentists' duty to obtain informed consent from their patients and institutes the reasonable dentist standard as the standard for informing patients regarding their treatment options. The reasonable dentist standard requires disclosure only of the information that a reasonable dentist would know and disclose under the circumstances.

Summary of, and comparison with, existing or proposed federal regulation:

Although several federal agencies require investigators to obtain informed consent of human subjects participating in investigative trials, there are no specific federal regulations regarding dentists obtaining informed consent from their patients or the reasonable dentist standard.

Comparison with rules in adjacent states:

Illinois: Illinois Administrative Code is silent with regards to dentists' duty to obtain informed consent (68 Il. Admin. Code pt. 1220).

Iowa: Iowa Administrative Code regarding record keeping states that dental records must include, at a minimum, documentation of informed consent that includes a discussion of procedures, treatment options, potential complications, and known risks, and patient's consent to proceed with treatment (Iowa Admin. Code r. 650-27.11).

Michigan: Michigan Administrative Code is silent with regards to dentists' duty to obtain informed consent (Mich. Admin. Code r. 338.11101 - 338.11821).

Minnesota: Minnesota Administrative Code requires that dental records must include a notation that the dentist, advanced dental therapist, or dental therapist discussed with the patient the treatment options and the prognosis, benefits, and risks of each; and the patient has consented to the treatment chosen (Minn. R. 3100.9600 subp. 9).

Summary of factual data and analytical methodologies:

No factual data or analytical methodologies were used in drafting the proposed rule due to the proposed rule being prompted by the passage of 2013 WI Act 345. Adjacent states' requirements were reviewed.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule will be posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days.

Fiscal Estimate and Economic Impact Analysis:

~~The Fiscal Estimate and Economic Impact Analysis is attached.~~

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Katie Paff, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4472; email at Kathleen.Paff@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Katie Paff, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Kathleen.Paff@wisconsin.gov. ~~Comments must be received on or before * to be included in the record of rule-making proceedings.~~

TEXT OF RULE

SECTION 1. Chapter DE 14 is created to read:

CHAPTER DE 14

INFORMED CONSENT

DE 14.01 Authority and purpose. (1) AUTHORITY. The rules in this chapter adopted pursuant to the authority delegated in ss. 15.085 (5) (b), 227.11 (2) (a), and 447.02 (2) (i), Stats.

(2) PURPOSE. The purpose of the rules is to define the obligation of a dentist to communicate alternate modes of treatment to a patient.

DE 14.02 Informed consent. Any dentist who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments. The reasonable dentist standard is the standard for informing a patient under this section. The reasonable dentist standard requires disclosure only of information that a reasonable dentist would know and disclose under the circumstances.

DE 14.03 Exceptions to communication of alternate modes of treatment. The dentist's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (5) Information in cases where the patient is incapable of consenting.
- (6) Information about alternate modes of treatment for any condition the dentist has not included in his or her diagnosis at the time the dentist informs the patient.

DE 14.04 Recordkeeping. A dentist's patient record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient in keeping with ch. DE 8.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Dentistry Examining Board

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Katie Paff Administrative Rules Coordinator		2) Date When Request Submitted: 4/22/2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 5/6/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Update on CR15-013 relating to foreign trained dentists	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will receive an update on the Legislative Report and Final Rule draft for CR15-013 relating to foreign trained dentists.			
11) Authorization			
Kathleen Paff		4/22/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD**

**IN THE MATTER OF RULEMAKING :
PROCEEDINGS BEFORE THE : REPORT TO THE LEGISLATURE
: CR 15-013
DENTISTRY EXAMINING :
BOARD :**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

N/A

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA are attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

The current rule requires an applicant who is a graduate of a foreign dental school to provide evidence that they have completed a postgraduate program or a residency program. The proposed rule eliminates this requirement. To bring Wisconsin's requirements in line with other states, the proposed rule requires a foreign trained dentist to provide verification of being awarded a DDS or DMD degree from an accredited dental school or a dental diploma, degree, or certificate from a dental education program lasting at least two years at an accredited dental school which is equivalent to the didactic and clinical education at the level of a DDS or DMD degree.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Dentistry Examining Board held a public hearing on March 4, 2015. No one testified at the hearing or submitted written comments.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

All of the recommendations suggested in the Clearinghouse Report have been accepted in whole.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:

N/A

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING BOARD
DENTISTRY EXAMINING BOARD	:	ADOPTING RULES
	:	CLEARINGHOUSE RULE 15-013

PROPOSED ORDER

An order of the Dentistry Examining Board to repeal DE 2.01(1m) (c) and create DE 2.01(1m) (d) relating to foreign trained dentists.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 447.04, Wis. Stats.

Statutory authority: ss. 15.08(5) (b) and 447.04 (1) (b) 1., Wis. Stats.

Explanation of agency authority:

The Board shall promulgate rules for the guidance of the profession not inconsistent with the law relating to the profession. The Board shall establish requirements for licensure established by rule for granting a license to an applicant licensed in another state, territory or country.

Related statute or rule:

None

Plain language analysis:

The current rule requires an applicant who is a graduate of a foreign dental school to provide evidence that they have completed a postgraduate program or a residency program. The proposed rule eliminates this requirement. To bring Wisconsin's requirements in line with other states, the proposed rule requires a foreign trained dentist to provide verification of being awarded a DDS or DMD degree from an accredited dental school or a dental diploma, degree, or certificate from a dental education program lasting at least two years at an accredited dental school which is equivalent to the didactic and clinical education at the level of a DDS or DMD degree.

Summary of, and comparison with, existing or proposed federal regulation:

None

Comparison with rules in adjacent states:

Illinois: Illinois requires graduates of programs outside of the United States or Canada to provide certification of completion of a minimum of 2 years of clinical training from an approved dental college in the United States or Canada in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or certification of completion of no less than 2 academic years of advanced dental education program.

Iowa: Iowa requires foreign trained applicants to receive a dental diploma, degree or certificate from a full-time, undergraduate supplemental dental education program of at least 2 academic years at an accredited dental college. The program must provide didactic and clinical education to the level of a DDS or DMD graduate.

Michigan: Michigan requires foreign trained applicants to complete a minimum 2 year program in dentistry in an approved school that leads to the awarding of a DDS or DMD or a minimum 2 year master's degree or certificate program in an approved dental school that leads to the awarding of a degree or certificate from a dental specialty program.

Minnesota: Minnesota requires foreign trained applicants to have an evaluation of the foreign dental school done by the International Credentialing Associates that the foreign dental school's education is equivalent to a dental school accredited by the Commission on Dental Accreditation.

Summary of factual data and analytical methodologies:

The Board reviewed the requirements of the surrounding states.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days and received no comment.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Kathleen Paff, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone (608) 261-4472; email at Kathleen.Paff@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Kathleen Paff, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Kathleen.Paff@wisconsin.gov. Comments must be received at or before the public hearing to be held on March 4, 2015 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. DE 2.01 (1m) (c) is repealed.

SECTION 2. DE 2.01 (1m) (d) is created to read:

DE 2.01 (1m) (d) Evidence of one of the following:

1. Verification of having been awarded a DDS or DMD degree from an accredited dental school.
2. Verification of having received a dental diploma, degree or certificate from a full time, undergraduate supplemental dental education program of at least two academic years at an accredited dental school. The program must provide didactic and clinical education to the level of a DDS or DMD graduate.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

This Proposed Order of the Dentistry Examining Board is approved for submission to the Governor and Legislature.

Dated

4/22/2015

Agency

Cliff M. Goss
Chairperson
Dentistry Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

DE 2

3. Subject

Foreign trained dentists

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165(1)(g)

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses (if checked, complete Attachment A)

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

The policy problem addressed is a pathway for foreign trained dentists to become licensed in Wisconsin.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

This rule was posted for economic impact comments and none were received.

11. Identify the local governmental units that participated in the development of this EIA.

None. It does not affect local governmental units.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This rule does not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local governmental units and the State's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit to implementing the rule is to provide for foreign trained dentists to become licensed in Wisconsin without compromising patient safety. The rule requires a foreign trained dentist to obtain a DDS or DMD from an accredited dental school or obtain a dental diploma, degree or certificate from a dental education program lasting at least two years at an accredited dental school which results in the equivalent education to a DDS or DMD degree.

14. Long Range Implications of Implementing the Rule

The long range implications of implementing the rule is that foreign trained dentists will have a clear pathway to licensure and the public will be protected.

15. Compare With Approaches Being Used by Federal Government

None

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois requires foreign trained applicants to complete a minimum of 2 years of clinical training from an approved dental college. Iowa requires foreign trained applicants to receive a dental diploma, degree or certificate of at least 2 years to

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

the level of a DDS or DMD graduate. Michigan requires foreign trained applicants to complete a minimum 2 year program in dentistry that leads to the awarding of a DDS or DMD or a minimum 2 year master's or certificate program from a dental specialty program. Minnesota requires foreign trained applicants to have an evaluation of the foreign dental school done by the International Credentialing Associates that the foreign dental school is equivalent to a dental school accredited by the Commission on Dental Accreditation.

17. Contact Name

Katie Paff

18. Contact Phone Number

(608) 261-4472

This document can be made available in alternate formats to individuals with disabilities upon request.



2015 SENATE BILL 21

February 3, 2015 – Introduced by JOINT COMMITTEE ON FINANCE, by request of Governor Scott Walker. Referred to Joint Committee on Finance.

1 **AN ACT relating to:** state finances and appropriations, constituting the
2 executive budget act of the 2015 legislature.

Analysis by the Legislative Reference Bureau

INTRODUCTION

This bill is the “executive budget bill” under section 16.47 (1) of the statutes. It contains the governor’s recommendations for appropriations for the 2015–2017 fiscal biennium.

The bill repeals and recreates the appropriation schedule in chapter 20 of the statutes, thereby setting the appropriation levels for the 2015–2017 fiscal biennium. The descriptions that follow relate to the most significant changes in the law that are proposed in the bill. In most cases, changes in the amounts of existing spending authority and changes in the amounts of bonding authority under existing bonding programs are not discussed.

For additional information concerning this bill, see the Department of Administration’s publication *Budget in Brief* and the executive budget books, the Legislative Fiscal Bureau’s summary document, and the Legislative Reference Bureau’s drafting files, which contain separate drafts on each policy item. In most cases, the policy item drafts contain a more detailed analysis than is printed with this bill.

GUIDE TO THE BILL

As is the case for all other bills, the sections of the budget bill that affect statutes are organized in ascending numerical order of the statutes affected.

SENATE BILL 21

12. A program to award grants to a nonprofit organization to provide education on hunting, fishing, and trapping and to establish programs to recruit persons to engage in those activities.

13. A program to award grants to promote the safe operation of all-terrain vehicles.

RETIREMENT AND GROUP INSURANCE

Currently, state employees may receive health care coverage under Group Insurance Board plans and qualify for employer contributions toward the payment of their health insurance premiums depending on the number of hours they are employed during the year. This bill permits state employees to be paid an annual stipend of \$2,000 in lieu of health insurance coverage.

This bill increases the terms of appointed members of the Group Insurance Board from two years to four years, expiring on May 1 of the odd-numbered years.

SAFETY AND PROFESSIONAL SERVICES**ELIMINATION OF DSPTS**

Under current law, DSPTS and the various boards and councils attached to DSPTS regulate professional licensure and buildings and safety in Wisconsin. Effective January 1, 2016, this bill eliminates DSPTS and transfers all of its functions to DFIPS. The bill attaches to DFIPS the various boards and councils attached to DSPTS under current law.

PROFESSIONAL LICENSURE

Under current law, the licensure period for most credentials issued by DSPTS or a credentialing board under DSPTS is two years, with renewal dates in either the odd-numbered or even-numbered year.

This bill instead provides that the licensure period for most credentials is four years, staggered so that the actual renewal dates for credential holders who have even-numbered birth years are two years apart from the renewal dates for credential holders who have odd-numbered birth years. The bill also provides that the change from two-year to four-year credential periods may be phased in over time.

Under current law, the Veterinary Examining Board (board) regulates the practice of veterinarians and veterinary technicians in Wisconsin. Currently, the board is under the umbrella of DSPTS. This bill transfers the board to the DATCP.

Current law requires the Pharmacy Examining Board (PEB) to establish by rule and administer a prescription drug monitoring program (PDMP). The PDMP requires pharmacies and physicians or other practitioners to generate a record documenting each dispensing of a prescription drug by the pharmacy or practitioner that is covered by the PDMP, generally a controlled substance or other drug the PEB identifies as having a substantial potential for abuse. Among other requirements, the pharmacy or practitioner must deliver records generated under the PDMP to the PEB. This bill transfers the PDMP to the Controlled Substances Board (CSB), which, like the PEB, is attached to DSPTS.

The bill also adds all of the following members to the current membership of the CSB:

SENATE BILL 21

1. The chairperson of the Medical Examining Board or his or her designee.
2. The chairperson of the Dentistry Examining Board or his or her designee.
3. The chairperson of the Board of Nursing or his or her designee.

The bill also specifies that the PEB may disclose a record generated under the PDMP to law enforcement agencies, including under circumstances indicating suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient.

Current law further requires the PEB to specify by rule the discipline for failure to comply with the PDMP. Under the bill, those rules must permit the board to refer to the appropriate board for discipline, or the appropriate law enforcement agency for investigation and possible prosecution, a pharmacist, pharmacy, or practitioner that fails to comply with the PDMP.

BUILDINGS AND SAFETY

This bill transfers DSPS's responsibilities with respect to administration of the laws regulating private on-site wastewater treatment systems (POWTS) to DNR and eliminates a program to provide grants to individuals and businesses who are served by failing POWTS.

This bill further transfers \$21,000,000 from the petroleum inspection fund to the transportation fund in each year of the fiscal biennium.

STATE GOVERNMENT**STATE FINANCE**

This bill increases the amount of state public debt to refund any unpaid indebtedness used to finance tax-supported or self-amortizing facilities from \$3,785,000,000 to \$5,285,000,000.

The bill extends into the 2016-17 fiscal year a lapse requirement imposed for most state agencies during the 2013-15 fiscal biennium. Under the bill, the secretary of administration must lapse moneys to the general fund from executive branch state agency general purpose revenue and program revenue appropriations.

The bill requires the cochairpersons of the Joint Committee on Legislative Organization, during the 2015-17 fiscal biennium, to ensure that \$9,232,200 is lapsed from sum certain general purpose revenue appropriation accounts or is subtracted from the expenditure estimates for any other types of appropriations, or both.

Currently, in any fiscal year, the secretary of administration may temporarily reallocate moneys to the general fund from other funds in an amount not to exceed 5 percent of the total general purpose revenue appropriations for that fiscal year. In 2013 Wisconsin Act 20, this amount was increased to 9 percent for the 2013-15 fiscal biennium. This bill makes the increase to 9 percent permanent.

Current statutes provide that no bill directly or indirectly affecting general purpose revenues may be adopted if the bill would cause the estimated general fund balance on June 30 of any fiscal year to be less than a certain amount of the total general purpose revenue appropriations for that fiscal year. For fiscal years 2017-18 and 2018-19, and for each fiscal year thereafter, the amount is 2 percent of total general purpose revenue appropriations for that fiscal year.

SENATE BILL 21**SECTION 4474**

1 **SECTION 4474.** 450.11 (1b) (bm) of the statutes is amended to read:

2 450.11 **(1b)** (bm) A pharmacist or other person dispensing or delivering a drug
3 shall legibly record the name on each identification card presented under par. (b) to
4 the pharmacist or other person, and the name of each person to whom a drug is
5 dispensed or delivered subject to par. (e) 2., and shall maintain that record for a time
6 established by the board by rule or, for a record that is subject to s. ~~450.19~~ 961.385,
7 until the name is delivered to the controlled substances board under s. ~~450.19~~
8 961.385, whichever is sooner.

9 **SECTION 4475.** 450.11 (1m) of the statutes is amended to read:

10 450.11 **(1m)** ELECTRONIC TRANSMISSION. Except as provided in s. ~~453.068~~ 89.068
11 (1) (c) 4., a practitioner may transmit a prescription order electronically only if the
12 patient approves the transmission and the prescription order is transmitted to a
13 pharmacy designated by the patient.

14 **SECTION 4476.** 450.125 of the statutes is amended to read:

15 **450.125 Drugs for animal use.** In addition to complying with the other
16 requirements in this chapter for distributing and dispensing, a pharmacist who
17 distributes or dispenses a drug for animal use shall comply with s. ~~453.068~~ 89.068.

18 **SECTION 4477.** 450.19 of the statutes is renumbered 961.385, and 961.385 (1)
19 (ar), (2) (a) 3., (c) and (f) and (2m) (b), as renumbered, are amended to read:

20 **961.385 (1) (ar)** "Practitioner" has the meaning given in s. 450.01 (17) but does
21 not include a veterinarian licensed under ch. ~~453~~ 89.

22 **(2) (a) 3.** The prescription order is for a monitored prescription drug that is a
23 substance listed in the schedule in s. 961.22 and is not a narcotic drug, as defined in
24 s. ~~961.01 (15)~~, and the prescription order is for a number of doses that is intended to
25 last the patient 7 days or less.

SENATE BILL 21

SECTION 4477

1 (c) Specify the persons to whom a record may be disclosed and the
2 circumstances under which the disclosure may occur. The rule promulgated under
3 this paragraph shall permit the board to ~~share~~ disclose a record generated by the
4 program ~~with~~ to relevant state and local boards and agencies, including law
5 enforcement, and relevant agencies of other states, including under circumstances
6 indicating suspicious or critically dangerous conduct or practices of a pharmacy,
7 pharmacist, practitioner, or patient. The board shall define what constitutes
8 suspicious or critically dangerous conduct or practices for purposes of the rule
9 promulgated under this paragraph.

10 (f) ~~Specify~~ Permit the board to refer to the appropriate board for discipline for
11 failure, or the appropriate law enforcement agency for investigation and possible
12 prosecution, a pharmacist, pharmacy, or practitioner that fails to comply with rules
13 promulgated under this subsection, including by failure to generate a record that is
14 required by the program.

15 (2m) (b) After consultation with representatives of licensed pharmacists and
16 pharmacies, and subject to the approval of the secretary of safety and professional
17 services, the board may delay the requirement that a record delivered to the board
18 contain the name recorded under s. 450.11 (1b) (bm) for an additional period beyond
19 the date specified in par. (a).

20 SECTION 4478. 451.04 (4) of the statutes is amended to read:

21 451.04 (4) EXPIRATION AND RENEWAL. Renewal applications shall be submitted
22 to the department on a form provided by the department on or before the applicable
23 renewal date ~~specified~~ determined under s. 440.08 (2) (a) and (ag) and shall include
24 the applicable renewal fee determined by the department under s. 440.03 (9) (a).

25 SECTION 4479. 452.025 (5) (a) of the statutes is amended to read:

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kaoyee Lee License/Permit Program Associate		2) Date When Request Submitted: 4/15/2015 Items will be considered late if submitted after 4:30 p.m. on the deadline date: • 8 business days before the meeting for paperless boards • 14 business days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: May 6, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Application Review - A.G. (Faculty License)	
7) Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: An applicant for the Faculty License is required to either appear in person for an interview or any other interview per DE 2.015(d): "Submits to an initial interview and any other interview that the board may require that demonstrates, to the board's satisfaction, that the applicant is competent to practice dentistry." Please review A.G.'s application to determine if he can receive the dental faculty license to practice at Marquette University.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post-Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

531064

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

DENTISTRY EXAMINING BOARD

APPLICATION FOR A DENTAL FACULTY LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

Your name and address are available to the public.
 Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

PLEASE TYPE OR PRINT IN INK

Last Name GUENTSCH	First Name ARNOT	MI	Former / Maiden Name(s)
------------------------------	----------------------------	----	-------------------------

Your Street Address (number, street, city, state, zip)
4041 N. OAKLAND AVE, UNIT 206, SHOREWOOD, WI, 53211

Mail To Address (if different)

Date of Birth 04 / 23 / 1976 <small>month day year</small>	Daytime Telephone Number (414) 379 - 6633
--	--

Ethnic/gender status information is optional. Sex: M F Ethnic: White, not of Hispanic origin Black, not of Hispanic origin Hispanic American Indian or Alaskan Asian or Pacific Islander Other

Have you ever held a license/credential in the state of Wisconsin? Yes No (please indicate)
If yes, provide your Wisconsin license/credential number.

Name of Dental School From Which You Graduated: **FRIEDRICH-SCHILLER-UNIVERSITY JENA**
School Address: **JENA ; GERMANY**
(City) (State)

Date of Graduation: **01/09/2001**
month/day/year

Degree: **DMD, PHD, MBA**
Specialty: **PERIODONTICS**

<p>APPLICATION FEE: Make one check payable to DSPS for the total DSPS fee and attach to this application.</p> <p>Dental Faculty License</p> <p>\$ 123.00 Initial Credential Fee</p> <p>\$ 75.00 State Law Exam</p> <p>\$ 198.00 Total fee attached</p>	<p style="text-align: center;">For Receiving Use Only</p> <p style="text-align: right;">Trn# 27454 03/11/2015 10:22 AM</p> <p style="text-align: center;">CHECK</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">0154CF</td> <td style="width: 40%; text-align: right;">123.00</td> </tr> <tr> <td>015-EXAM</td> <td style="text-align: right;">75.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">-----</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL 198.00</td> </tr> </table>	0154CF	123.00	015-EXAM	75.00	-----		TOTAL 198.00	
0154CF	123.00								
015-EXAM	75.00								

TOTAL 198.00									

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Fee attached to application.

Verification of dental license from another jurisdiction in which you are currently licensed to practice dentistry.

Initial interview with the Board.

National Practitioner Data Bank (Self-Query) Report.

Social Security Number (page 5 of 5, Form #1431).

CPR/AED Certificate (current copy)

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| 1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have you ever failed to pass any state board examination, national board examination, or NBE/CCT examination? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, including status of the charge and the location of court. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction court, and penalty. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and, if applicable, list name, address and phone number of your probation or parole officer. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

a citizen or national of the United States, or

a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

State of

WI

County of

MILWAUKEE

Subscribed and sworn to before this

3

day of

March

, 20 15, by

ARNOLD GUENTSCH

(Applicant name)

Signature of Notary Public

Date Commission Expires

SEAL

Wisconsin Department of Safety and Professional Services

APPLICATION FOR A DENTISTRY FACULTY LICENSE

TO BE COMPLETED BY THE DEAN OF A WISCONSIN SCHOOL OF DENTISTRY

I, William K. Lobb, Dean of Marquette University
(name) (school name) School of Dentistry

located in Milwaukee, Wisconsin, hereby certify
that (city)

Arndt Guentsch, D.D.S./D.M.D., has been offered employment as a **full-time**
(name of applicant)

faculty member at the above-named dental school effective February 2, 20 15.
(month/day) (year)

William K. Lobb
Signature of Dean

SCHOOL SEAL



Approbationsurkunde

Herr **Arndt Güntsch**

geb. am **23. April 1976** in **Saalfeld/Saale**

erfüllt die Voraussetzungen des § 3 des Gesetzes über die Ausübung der Zahnheilkunde.

Mit Wirkung vom heutigen Tage wird ihm die

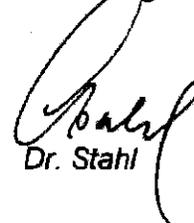
Approbation als Zahnarzt

erteilt.

Die Approbation berechtigt zur Ausübung des zahnärztlichen Berufs.

Thüringer Landesverwaltungsamt
Weimar, den **25. Januar 2001**

Im Auftrag


Dr. Stahl



Reg.-Nr. **Z 14 / 2001**

[Coat of Arms of Thuringia]
LICENSE TO PRACTICE MEDICINE

Mr. *Arndt Güntsch*

born on *23 April 1976* in *Saalfeld/Saale*

meets the requirements of Article 5, German Act on the Practice of Dentistry "Gesetz über die Ausübung der Zahnheilkunde"

With effect from today, he is given the

License to practice dentistry.

This license to practice medicine entitles its holder to execute the profession of a dentist.

Federal State Administration of Thuringia
Weimar, *25 January 2001*

Seal

[Stamp with Coat of Arms]

Federal State Administration of Thuringia, 43

- on behalf of -

[Signature]

Dr. Stahl

Registration number: *Z 14 / 2001*

#####

End of translation / Ende der Übersetzung / Authorized by the President of the Higher Regional Court Dresden to act as a duly appointed and sworn interpreter and translator for the English and Russian language. I certify that the foregoing is a true and accurate translation from German to English of the German document presented to me in form of a simple copy. Translation delivered on 10/10/2014. Diplom-Interpreter and Translator Martin Arndt, Sebastian-Bach-Str. 26, 04109 Leipzig, Germany, Phone + 49 171 9981244 / Als vom Präsidenten des Oberlandesgerichts Dresden öffentlich bestellt und allgemein beeidigter Dolmetscher und Übersetzer für die englische und russische Sprache bestätige ich die vorstehende Übersetzung des mir als einfache Kopie vorgelegten und in der deutschen Sprache abgefassten Dokuments als richtig und vollständig. Leipzig, den 10.10.2014. Diplom-Dolmetscher und Übersetzer Martin Arndt, Sebastian-Bach-Str. 26, 04109 Leipzig.



Stahl
Arndt

GUENTSCH, ARNDT - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: GUENTSCH, ARNDT
Date of Birth: 04/23/1976 **Gender:** MALE
Work Address: 4041 N OAKLAND AVE APT 206, SHOREWOOD, WI 53211-2386
Social Security Number: ***-**-3610
License: DENTIST, NO LICENSE, WI, PERIODONTICS
Professional School(s): FRIEDRICH-SCHILLER-UNIVERSITY JENA (2001)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX0283 (09/2017)
NPDB Charge: \$5.00* **NPDB Bill Reference Number:** N36282749
* Each charge will appear separately on your credit card statement.
Transaction Date: 02/18/2015 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/18/2015

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceeding cover page.

----- **No Reports Found** -----



Vista Health
 Community Training Center
 1324 Sheridan Road
 Waukegan, Illinois 60085
 (847) 360-4179

Verification of Basic Life Support Training

To Whom It May Concern:

This is to serve as verification of Basic Life Support (BLS) training held at:

MARQUETTE UNIVERSITY - SCHOOL OF DENTISTRY

The course was conducted according to standards established by the American Heart Association.

A course completion card will be issued to the participant within 30 days.

The type of course and other pertinent information is listed below. Further information can be obtained by contacting the Vista Health Community Training Center Coordinator at (847) 360-4179.

Name of Participant: ARNDT GOENTSCH

AHA Course Type:

- BLS Healthcare Provider
- BLS Instructor
- BLS Instructor/Trainer
- BLS CPR in Schools
- BLS HeartSaver AED
- BLS HeartSaver First Aid
- HeartSaver CPR
Adult Pediatrics All Ages

Name of Instructor RYAN KONCKI

Signature of Instructor

Date Issued 3/2/15

Adams, Jamie - DSPS

From: Knautz, Aaron - DSPS
Sent: Wednesday, April 08, 2015 12:38 PM
To: Lee, Kaoyee - DSPS
Cc: Adams, Jamie - DSPS
Subject: den scores

[REDACTED] W [REDACTED] 3/27/2015
[REDACTED] A [REDACTED] 4/6/2015
[REDACTED]
[REDACTED] L [REDACTED] 3/23/2015
[REDACTED] E [REDACTED] 3/30/2015
[REDACTED] L [REDACTED] 4/2/2015
[REDACTED] [REDACTED] 4/5/2015
[REDACTED] E [REDACTED] 3/17/2015

[REDACTED]

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kaoyee Lee License/Permit Program Associate		2) Date When Request Submitted: 4/28/2015 <small>Items will be considered late if submitted after 4:30 p.m. on the deadline date:</small> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: May 6, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Application Review - W.E. (Faculty License)	
7) Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: An applicant for the Faculty License is required to either appear in person for an interview or any other interview per DE 2.015(d): "Submits to an initial interview and any other interview that the board may require that demonstrates, to the board's satisfaction, that the applicant is competent to practice dentistry." Please review W.E.'s application to determine if he can receive the dental faculty license to practice at Marquette University.			
11) Authorization			
Signature of person making this request <i>Kaoyee Lee</i>		Date 4-28-15	
Supervisor (if required) <i>Janice J. Adams</i>		Date 4/28/15	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

527192

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083

E-Mail: web@dsps.wi.gov

Phone #: (608) 266-2112

Website: http://dsps.wi.gov

DENTISTRY EXAMINING BOARD

APPLICATION FOR A DENTAL FACULTY LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

Your name and address are available to the public.
 Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

PLEASE TYPE OR PRINT IN INK

Last Name <i>Elmisi</i>	First Name Waeil	MI H.	Former / Maiden Name(s)
----------------------------	---------------------	----------	-------------------------

Your Street Address (number, street, city, state, zip)

35 Northampton Street Apt.#2410, Boston, MA 02118

Mail To Address (if different)

The same as above

Date of Birth 01 / 19 / 1984 month / day / year	Daytime Telephone Number () 617 - 953-0266
---	--

Ethnic/gender status information is optional. Sex: M F Ethnic: White, not of Hispanic origin Black, not of Hispanic origin Hispanic American Indian or Alaskan Asian or Pacific Islander Other

Have you ever held a license/credential in the state of Wisconsin? ___ Yes ___ No (please indicate)
If yes, provide your Wisconsin license/credential number.

Name of Dental School From Which You Graduated: Garyounis University - Faculty of Dentistry

School Address: Benghazi (City) Libya (State)

Date of Graduation: June/ 30/ 2006 month /day/year

Degree: BDS

Specialty: Harvard School of Dental Medicine, MMSc/ Certificate in Periodontics May 2015

APPLICATION FEE: Make one check payable to DSPS for the total DSPS fee and attach to this application.

For Receiving Use Only

_____ Dental Faculty License

\$ 123.00 Initial Credential Fee

\$ 75.00 State Law Exam

\$ 198.00 Total fee attached

Trn# 21607 01/27/2015 09:20 AM

CHECK

015-RECIPROCAL 123.00

015-EXAM 75.00

TOTAL 198.00

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Fee attached to application. ✓

Verification of dental license from another jurisdiction in which you are currently licensed to practice dentistry. ✓

Initial interview with the Board.

National Practitioner Data Bank (Self-Query) Report. ✓

Social Security Number (page 5 of 5, Form #1431). ✓

CPR/AED Certificate (current copy)

MA
expired
1-16-15

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| 1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have you ever failed to pass any state board examination, national board examination, or NBE/CCT examination? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, including status of the charge and the location of court. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction court, and penalty. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and, if applicable, list name, address and phone number of your probation or parole officer. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

a citizen or national of the United States, or

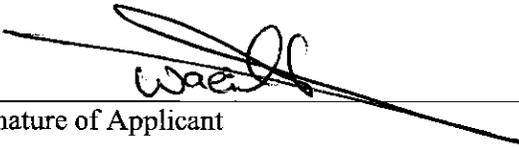
a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.



Signature of Applicant

1/17/15

Date

State of WI County of Milwaukee

Subscribed and sworn to before this 17 day of January, 2015, by Waeil Elmisalati
(Applicant name)



Signature of Notary Public

April 19, 2015

Date Commission Expires

SEAL

Wisconsin Department of Safety and Professional Services

APPLICATION FOR A DENTISTRY FACULTY LICENSE

TO BE COMPLETED BY THE DEAN OF A WISCONSIN SCHOOL OF DENTISTRY

I, William K. Lobb, Dean of Marquette University
(name) (school name) School of Dentistry
located in Milwaukee, Wisconsin, hereby certify
that (city)

Wael H. Elmisalati, D.D.S./D.M.D., has been offered employment as a **full-time**
(name of applicant)
faculty member at the above-named dental school effective February 2, 20 15.
(month/day) (year)

William K. Lobb
Signature of Dean

SCHOOL SEAL

To: ELMISALATI, WAEIL H. HAMED
35 NORTHAMPTON ST APT 2410
BOSTON, MA 02118-4021

From: National Practitioner Data Bank
Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (<http://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

550000093749410
Process Date: 12/16/2014
Page: 1 of 1

ELMISALATI, WAEIL H. HAMED - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: ELMISALATI, WAEIL H. HAMED
Date of Birth: 01/19/1984 **Gender:** MALE
Work Address: 35 NORTHAMPTON ST APT 2410, BOSTON, MA 02118-4021
Social Security Number: ***-**-9584
License: DENTAL RESIDENT, DL12126, MA, PERIODONTICS
Professional School(s): GARYOUNIS UNIVERSITY FACULTY OF DENTISTRY (2006)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX1000 (06/2016) **NPDB Bill Reference Number:** N35780434
NPDB Charge: \$5.00*
* Each charge will appear separately on your credit card statement.
Transaction Date: 12/16/2014 **Additional Paper Copies Requested:** 0

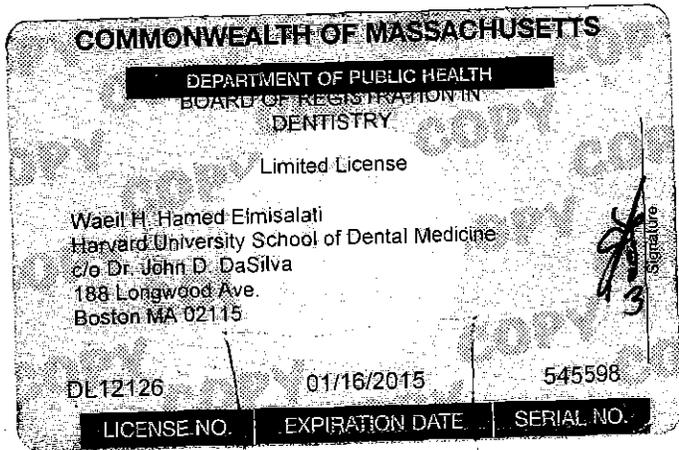
C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/16/2014

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceeding cover page.

----- No Reports Found -----



DPH CONTROL# 1161698

IMPORTANT

If you find this license, please return to: **Division of Health Professions Licensure, 239 Causeway St., Suite 500, 5th Fl., Boston, MA 02114.**

If your name or address changes, you must notify your Board to ensure the proper mailing of your next Renewal Notice. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: <http://mass.gov/dph/boards>

Licensee Information

Close Window

Note: to print this page properly select File, Page Setup, and Landscape.

Name

Full Name: Waeil H. Hamed Elmisalati

License Information

License Number:	DL12126	License Type:	Limited License
Profession:	DENTISTRY	Date of Last Renewal:	
Issue Date:	1/17/2014	Expiration Date:	1/16/2015
License Status:	Current	Today's Date:	12/16/2014
Reciprocity State:			

Address Information

City:	Boston
State:	MA
Zipcode:	02115
Country:	United States

Education Information

No Education Information

Prerequisite Information

No Prerequisite Information

Disciplinary Information

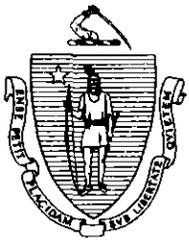
This website displays disciplinary actions taken against licenses since 1993. For information on any disciplinary actions taken before 1993, contact the Board that issued the license.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this licensee.				

Search Results

- Select the licensee name below for more information. (If your search produced more than one page, you may select page numbers at the bottom of this screen.)
- Select the **Search for a Person** or **Search for a Facility** button to perform a new search.
- Select the **Preview File** button to view a sample of the fields included in a file you can download.
- Select the **Download File** button to download a text file of your search results at no charge.
- Select [Public Information Request Form](#) for a form to order a data file.

Name	License Number	License Type	License Status	Expiration Date	Address
Elmisalati, Waeil H. Hamed	DL12126	Limited License	Current	1/16/2015 12:00:00 AM	Boston MA 02115
Elmisalati, Waeil H. Hamed	DL11796	Limited License	Expired	1/17/2014 12:00:00 AM	Boston MA 02115
Elmisalati, Waeil H. Hamed	DL11485	Limited License	Expired	1/17/2013 12:00:00 AM	Boston MA 02115



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
239 Causeway Street, Suite 500, 5th Floor, Boston, MA 02114
(617) 973-0800
(617) 973-0895 TTY

DEVAL L. PATRICK
GOVERNOR

JOHN W. POLANOWICZ
SECRETARY

EILEEN M. SULLIVAN
ACTING COMMISSIONER

THIS IS TO CERTIFY THAT: Dr. Waeil H. Hamed Elmisalati

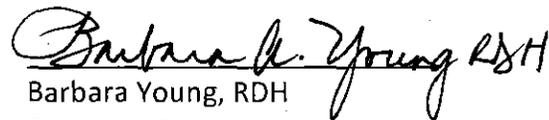
IS LICENSED AS A: Dentist-Limited License

ORIGINAL CERTIFICATION DATE: 01/17/2014

CERTIFICATION NUMBER: DL12126

The above named licensee is registered and licensed to practice at Harvard University School of Dental Medicine until January 16, 2015. Dr. Elmisalati held the following Limited Licenses and all expired in good standing. There has been no disciplinary action against this licensee.

DL11796 Issued on 01/18/2013 and Expired on 01/17/2014
DL11485 Issued on 01/18/2012 and Expired on 01/17/2013


Barbara Young, RDH
Executive Director
Board of Registration in Dentistry

STATE SEAL

Date: December 30, 2014

Lee, Kaoyee - DSPS

From: Elmisalati, Waeil <waeil.elmisalati@marquette.edu>
Sent: Thursday, February 05, 2015 2:55 PM
To: DSPS CRED Dentistry
Cc: Waeil@me.com
Subject: RE. Verification Letter Requirement

Dear respected members of the Wisconsin State Dentistry Review Board,

I am writing to request that you waive the verification letter requirement for my Wisconsin Dental Faculty License Application (527192). In the past, I held two types of licenses to practice dentistry.

I hold a full dental license to practice general dentistry in the state of Libya. Unfortunately, due to the turmoil in my home country, namely the current civil war, I am not able to provide the verification letter from Libya.

In addition, I also held limited (institutional) dental license, which I held for 3 years (from 01/2012 to 01/2015). The rules in the state of Massachusetts do not allow the renewal of this type of license because of the fact that I completed my program of study in Periodontology at Harvard School of Dental Medicine. A limited dental license application in Massachusetts requires that Harvard School of Dental Medicine sign for advanced graduate students enrolled into clinical practice based specialty training programs.

Should you need further information, please let me know. Thank you very much for your consideration.

Yours Truthfully,

Dr. Waeil Elmisalati,
Assistant Clinical Professor
Marquette University School of Dentistry
Milwaukee, WI 53201
Cellphone: 617-953-0266
Email: Waeil.Elmisalati@Marquette.Edu

Lee, Kaoyee - DSPS

From: Knautz, Aaron - DSPS
Sent: Wednesday, February 11, 2015 1:19 PM
To: Lee, Kaoyee - DSPS
Subject: den score

527192 Waeil H Elmisalati 88.57143 2/9/2015

Lee, Kaoyee - DSPS

From: Elmisalati, Waeil <waeil.elmisalati@marquette.edu>
Sent: Monday, April 20, 2015 8:22 PM
To: DSPS; DSPS CRED Dentistry
Cc: Waeil H. Hamed Elmisalati
Subject: Re: Verification of Active Dental License in another Jurisdiction
Attachments: Waeil Hassan Hamed Elmisalati _ Oral Medicine & Dentistry _ Membership Card _ Complete.pdf; Libyan Dental License.png; ATT00001.txt

Dear respected members of the Dental Board,

I am delighted to inform you that I received my dental license card which I requested from my home country as requested by the Board for verification of active dental license in another jurisdiction. Please find attached documents to complete my application for the faculty dental license. Should you need further information please let me know.

Thank you.

Waeil Elmisalati



Certification of Translation Accuracy

Translation of "WAEIL HASSAN HAMED ELMISALATI -- ORAL MEDICINE & DENTISTRY ASSOCIATION (MEMBERSHIP CARD) from "ARABIC" to "ENGLISH"

We, Rev.com, Inc., a professional translation company, hereby certify that the above-mentioned document(s) has (have) been translated by experienced and qualified professional translators and that, in our best judgment, the translated text truly reflects the content, meaning, and style of the original text and constitutes in every respect a correct and true translation of the original document.

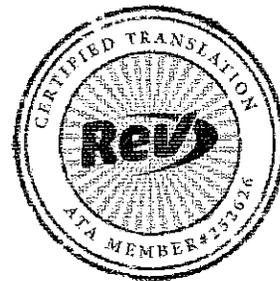
This is to certify the correctness of the translation only. We do not guarantee that the original is a genuine document, or that the statements contained in the original document are true. Further, Rev.com, Inc. assumes no liability for the way in which the translation is used by the customer or any third party, including end users of the translation.

A copy of the translation is attached to this certification.

David Abrameto, VP of Operations

Rev.com, Inc.

Dated: April 20, 2015





**Great Socialist People's
Libyan Arab Republic**



MEMBERSHIP CARD

Number: (518)

**Oral Medicine & Dentistry Association
Benghazi**

Name: Waeil Hassan Hamed Elmisalati

Place and Date of Birth: 01/19/1984 — Benghazi

Occupation: Doctor Member: Worker

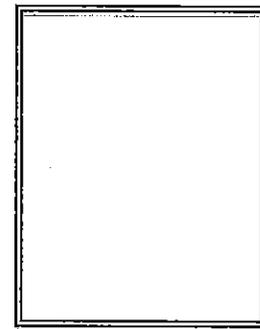
Personal ID, or Passport: 313200 / Nationality: Libyan

Place of Employment: College of Oral Medicine & Dentistry

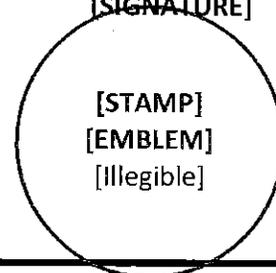
Address: 20th Street

Date of Registration with Association: 02/05/2008

Issued in: Benghazi Validity Expires on: 02/05/2020



Signature of Association
Secretary,
[SIGNATURE]

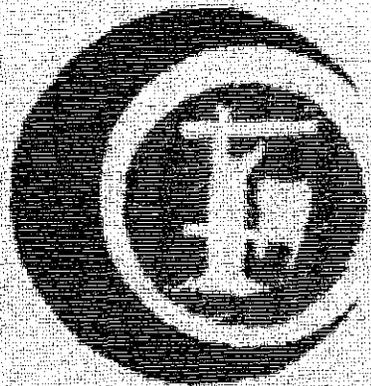




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T: 888-369-0701 | support@rev.com | www.rev.com



Member # 252626



الجمهورية العربية الليبية
الشعبية الاشتراكية العظمى

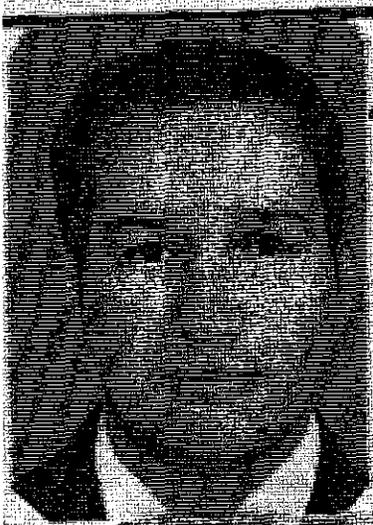
بطاقة عضوية

نقابة طب الأسنان

بنغازي

رقم: (518)

Image.jpg



الاسم: **وائل حسين حامد لبيدي**
مكان الميلاد وتاريخه: 1984 / 1 / 19 بنغازي

المهنة: **طبيب** / عضو: **خامل**
ب. ش. أو جواز السفر: 313200 / الجنسية: **ليبية**
جهة العمل: **كلية طب الأسنان**
العنوان: **ج. عبيد بن يوسف**
تاريخ التسجيل بالنقابة: 5 / 2 / 2008
صكرت في: **بنغازي** وتتم صلاحيتها

File

Lee, Kaoyee - DSPS

From: Young, Barbara A (DPH) <barbara.a.young@state.ma.us>
Sent: Friday, February 20, 2015 1:46 PM
To: Elmisalati, Waeil; DSPS CRED Dentistry
Cc: DSPS CRED Dentistry; Waeil@me.com
Subject: RE: RE. Verification Letter Requirement Urgent

Dear Dr. Elmisalati,

As you are no longer enrolled in a post-graduate residency program at the Harvard School of Dental Medicine, you are not eligible to reapply for another limited license dental intern license as the Board's regulations require each limited licensee to practice dentistry under the supervision of a licensed Massachusetts dentist.

Best of luck with your new position on the faculty of the Marquette University School of Dentistry.

Please feel free to contact me directly if you need any additional information.

Sincerely,

*Barbara A. Young, RDH
Executive Director
Board of Registration in Dentistry
Division of Health Professions Licensure
Mass. Department of Public Health
239 Causeway Street, Suite 500
Boston, MA 02114
Office (617) 973-0973
Fax (617) 973-0980*

From: Elmisalati, Waeil [<mailto:waeil.elmisalati@marquette.edu>]
Sent: Friday, February 20, 2015 2:33 PM
To: Young, Barbara A (DPH); dspscredentistry@wi.gov
Cc: dspscredentistry@wi.gov; Waeil@me.com
Subject: RE: RE. Verification Letter Requirement Urgent

Dear Barbara,

I just called you few minutes ago with regards to my expired Massachusetts Dental License. I would really appreciate if you could email the Board of Registration for Dentistry in Wisconsin with regards to my eligibility to renew my limited dental license in MA since I completed my program at the Harvard Dental School. My limited (institutional) dental license expired before the application got processed.

My faculty dental license in Wisconsin is not approved until now because of this requirement and I would genuinely appreciate if you could draft an official letter to the board explaining that I am not eligible to renew the license since I am not longer a graduate resident at Harvard Dental School.

Below please find the email I sent to the Board of registration whom I Cc-ed on this email to request that they waive this requirement.

Thank you for your help with this urgent issue.

Sincerely,

Waeil

Dr. Waeil Elmisalati,
Assistant Clinical Professor
Marquette University School of Dentistry
Milwaukee, WI 53201
Cellphone: 617-953-0266
Email: Waeil.Elmisalati@Marquette.Edu

From: Elmisalati, Waeil
Sent: Thursday, February 05, 2015 2:55 PM
To: 'dspscreddentistry@wi.gov'
Cc: 'Waeil@me.com'
Subject: RE. Verification Letter Requirement

Dear respected members of the Wisconsin State Dentistry Review Board,

I am writing to request that you waive the verification letter requirement for my Wisconsin Dental Faculty License Application (527192). In the past, I held two types of licenses to practice dentistry.

I hold a full dental license to practice general dentistry in the state of Libya. Unfortunately, due to the turmoil in my home country, namely the current civil war, I am not able to provide the verification letter from Libya.

In addition, I also held limited (institutional) dental license, which I held for 3 years (from 01/2012 to 01/2015). The rules in the state of Massachusetts do not allow the renewal of this type of license because of the fact that I completed my program of study in Periodontology at Harvard School of Dental Medicine. A limited dental license application in Massachusetts requires that Harvard School of Dental Medicine sign for advanced graduate students enrolled into clinical practice based specialty training programs.

Should you need further information, please let me know. Thank you very much for your consideration.

Yours Truthfully,

Dr. Waeil Elmisalati,
Assistant Clinical Professor

Marquette University School of Dentistry
Milwaukee, WI 53201
Cellphone: 617-953-0266
Email: Waeil.Elmisalati@Marquette.Edu

Lee, Kaoyee - DSPS

From: Wendy M Pietz <wendypietz@megootz.com>
Sent: Friday, February 20, 2015 9:25 AM
To: Lee, Kaoyee - DSPS
Subject: RE: App review: 1 of 4 - W.E. (Faculty License)

Hi Kaoyee,

I have been in touch with Gretchen and the person needs to be "licensed", you are correct. He needs to obtain proof of an existing license.

Thanks,

Wendy

Wendy M Pietz, DDS, SC
Oral & Maxillofacial Surgery
4600 West Loomis Road Suite 220
Greenfield, WI 53220
414-281-1881 phone
414-281-2745 fax
officeofwmpdds@tds.net

This is a transmission from the office of Wendy M. Pietz, D.D.S., S.C., and may contain information which is privileged, confidential, and protected by doctor-patient privileges. If you are not the addressee, note that any disclosure, copying, distribution, or use of the contents of this message is prohibited. If you have received this transmission in error, please destroy it and notify us immediately at our telephone number 1-414-281-1881.

From: Lee, Kaoyee - DSPS [<mailto:Kaoyee.Lee@wisconsin.gov>]
Sent: Wednesday, February 18, 2015 8:54 AM
To: wendypietz@megootz.com
Subject: App review: 1 of 4 - W.E. (Faculty License)
Importance: High

Hi Dr. Pietz,

Dr. Elmisalati is applying for a faculty license. Only problem is he does not have a current license to practice dentistry elsewhere. I've told him that having a current license is a requirement for the WI faculty license but he insisted on asking for an exception and has included a letter to explain his reasons. Please review and let me know if you'd like to have his application reviewed by the full board on March 4. My deadline for adding items to the agenda is Monday, Feb 23rd.

Thank you,

Kaoyee Lee

License/Permit Program Associate
Pharmacy, Dentistry, Optometry, and Veterinary Examining Boards
Controlled Substances Board
WI Department of Safety and Professional Services
Division of Professional Credential Processing

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood, Legal Associate		2) Date When Request Submitted: 2 April 2015 <small>Items will be considered late if submitted after 12:00 p.m. and less than 8 work days before the meeting.</small>	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: May 6, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of Administrative Warning WARN00000291 DLSC Case Number 14 DEN 091	
7) Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board will discuss and consider the review of Administrative Warning WARN00000291 DLSC Case Number 14 DEN 091.			
11) Authorization			
Signature of person making this request Shawn Leatherwood		Date 2 April 2015	
Supervisor (if required)		Date	
Division Administrator (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

(Dowling Dental Clinic of Omro)
MDC Omro, SC
P.O. Box 503
Omro, WI 54963
T: (920) 685-2121
F: (920) 685-0467

March 20, 2015

RE: Complaint Number 14 DEN 091

Department of Dental Examining Board:

I am writing this letter to you in response to the request of information on Complaint Number 14 DEN 091.

I have been practicing dentistry for more than 32 years without a single violation, and I want to keep it that way.

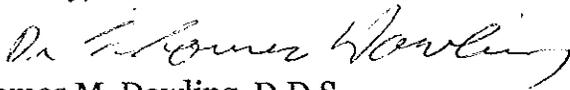
I do not feel that removing seven plastic temporary crowns in order to place beautiful permanent bridges is misconduct, as I provided the service that the patient specifically requested. The patient had started dental work with another provider prior to being seen in my office and requested that I finish the work. In order for me to place the bridge that the patient had requested, the temporary crowns needed to be removed.

I had spoken to our regional office manager about this situation. I told her that records cannot be withheld due to outstanding balances, and without my knowledge she withheld the records anyway.

I have worked hard all of my life to keep my good name, and I feel that it is unfair to place a black mark on my name when the matter was out of my hands, as I specifically told the regional office manager not to withhold these records and she insisted upon doing so anyway. I sold my practice two years ago, and now I am an independent contractor and am not responsible for managerial matters. The regional office manager has been disciplined for her actions and all of the other seven offices have been informed. The owner has informed me that this will not happen again.

Please reconsider this judgment. I look forward to hearing from you.

Sincerely,



Thomas M. Dowling, D.D.S.
MDC Omro, SC

STATE OF WISCONSIN
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

DENTISTRY EXAMINING BOARD

WAR00000291

ADMINISTRATIVE WARNING

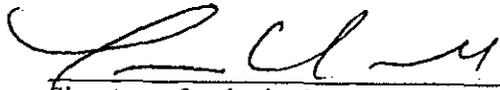
(Division of Legal Services and Compliance Case Number 14 DEN 091)

This administrative warning is issued by the Dentistry Examining Board (Board) to Thomas M. Dowling, D.D.S., (license number 3181-15), Post Office Box 503, Omro, Wisconsin 54963, pursuant to Wis. Stat. § 440.205. The Board makes the following findings:

- 1) There is evidence of professional misconduct by Thomas M. Dowling, D.D.S., to wit:
 - a. On June 5, 2014, Respondent treated Patient A by taking out 7 crowns and placing bridges.
 - b. On September 16, 2014, Patient A requested that Respondent provide her with a copy of her file.
 - c. On September 17, 2014, Respondent sent a letter to Patient A indicating that, because the practice was under new ownership, Respondent would not release Patient A's records to her until her outstanding balance was paid.
- 2) That this misconduct is a first occurrence for Thomas M. Dowling, D.D.S.
- 3) That this misconduct is a minor violation of Wis. Stat. § 146.83(3f) and therefore of Wis. Admin. Code § DE 5.02(20).
- 4) That issuance of this administrative warning will adequately protect the public and no further action is warranted.

Therefore, the Board issues this administrative warning and hereby puts Thomas M. Dowling, D.D.S., on notice that any subsequent similar violation may result in disciplinary action. The investigation of this matter, case number 14 DEN 091, is hereby closed.

Date: 3/4/15


Signature of authorized representative for the
Dentistry Examining Board

Right to Review

You may obtain a review of this administrative warning by filing a written request with the Dentistry Examining Board within 20 days of mailing of this warning. The review will offer the credential holder an opportunity to make a personal appearance before the Board.

*The record that this administrative warning was issued is a public record.
The content of this warning is private and confidential.*

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Hannah Whaley Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: April 24, 2015 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: May 6, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Monitoring	
7) Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Monitoring Presentation; Review materials and take Board action.			
Authorization			
<i>Hannah Whaley</i> Signature of person making the request		April 24, 2015 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Monitoring Roster

Dentistry Examining Board – May 6, 2015

1. Bradley Byce, D.D.S., Requesting full licensure (impairment)
2. Daniel Humiston, D.D.S., Requesting consideration of tabled petition
3. Christopher Kania, D.D.S., Requesting modification (impairment)

Bradley Byce, D.D.S.

Requesting Full licensure

03/03/2010 Final Decision and Order (Impairment) issued.

Suspension is immediately stayed. Frequency of therapy sessions TBD by Treater; Frequency of AA/NA meetings TBD by Treater not less than once per week; Drug screens not less than 28 times per year; Self report required quarterly.

Dr. Byce shall not prescribe, dispense, administer or order any controlled substances.

09/11/2014 Order Granting in Part & Denying in Part issued. The Board granted Respondent's request to terminate his AODA treatment program (therapy) and denied his request for reduction in drug and alcohol screens due to lack of compliance with the Order.

Monitoring Note:

Dr. Byce is currently practicing dentistry at Byce & Worman Family Dentistry since prior to 2012.

A report of Dr. Byce's missed check-ins, missed tests, positive screens and abnormal screens since his last petition (9-11-14) includes: 2 missed check-ins, 0 missed tests and 0 positive tests is included in the attached materials.

Overall compliance with the Order since 2010:

Drug testing: 72 missed check-ins, 3 missed tests, 0 positive and/or dilute tests (report attached).

AA/NA reporting: Dr. Byce did not begin logging until 03/06/2013 report dates include:

03/06/13	06/01/13	08/28/13	12/3/13
03/03/14	05/19/14	08/14/14	03/31/15

Respondent reporting: Dr. Byce did not begin with this report until 11/27/12 report dates include:

11/27/12	02/27/13	06/01/13	08/28/13	12/3/13	03/03/14
05/19/14	08/14/14	10/06/14	01/06/15	03/31/15	

Treatment reporting: report dates include:

08/31/10	11/30/10	05/06/11	11/28/11	12/5/11	03/06/12	07/16/12
11/28/12	2/26/13	06/25/13	11/21/13	12/10/13	02/13/14	08/18/14

*See attached email for additional information.

From: [Brad Byce](#)
To: [Whaley, Hannah C - DSPS](#)
Subject: Re: Re petition
Date: Monday, April 06, 2015 9:03:17 AM

Hannah

Thank you so much for time and effort in organizing the history. I will send in my petition and hopefully the board will see my commitment to recovery , sobriety and living a healthy life.
Brad Byce

Sent from my iPhone

On Apr 6, 2015, at 8:51 AM, Whaley, Hannah C - DSPS <Hannah.Whaley@wisconsin.gov> wrote:

Hi Dr. Byce,

Per our conversation I was looking back at our file and wanted to attach some of the documents that were found in the file for your review. These are some of the issues I was talking about. It really does not appear that we have reports for AA/NA prior to 2013 (The first log we have has an entry date of Nov. 29, 2012).

I also found a hand written note from Patara Horn stating, "He needs to read the order; keep track of AA/NA mtg. & send to me every three months". This note was dated 11-28-11. There was also an electronic submission for this date from Ms. Horn stating, "He needs to keep track of his AA/NA meeting and submit to me every quarter. He will make sure his therapist send [sic] in reports every three months".

I also found a hand written note from Ashley Horton stating, "T/C w. Byce 11/27/12 Never received any letter re: non-compliance. Address in our system is incorrect.....Has been submitting logs to treator. Thought we were getting them. Will start self-reports. Didn't know it was required."

So I see the following issues:

- 1) noncompliance with AA/NA reporting (not started until 2013). Also, we do not have any logs your treator (re: aa/na).
- 2) noncompliance with self reporting (not started until late 2012).
- 3) Check-in history (78 missed check-ins – 3 missed tests). I understand that this is about the Saturdays and hockey but it will be brought up.

I understand that you have had zero positive tests and that your sobriety is the most important thing to you but I wanted to you to be aware of these issues that the Board will certainly bring up.

Here are the dates of reporting I have been able to verify:

AA/NA reporting:

03/06/13

06/01/13
08/23/13
12/03/13
03/03/14
05/19/14
08/14/14
03/31/15

Self Reports:

11/27/12
02/2/13
06/01/13
08/28/13
12/03/13
03/03/14
05/19/14
08/14/14
10/06/14
01/06/15
03/31/15

If you think you have any other reports or if there is something about this that isn't clear let me know.

Hannah Whaley

Regulatory Specialist, Monitoring
Division of Legal Services & Compliance, WI DSPS
P.O. Box 7190, Madison, WI 53707-7190
Telephone: (608) 261-2507, Fax: (608) 266-2264

<Delinquent 5-16-11.doc>

<Delinquent Letter 11-22-11.doc>

<mime-attachment>

<Re DSPS monitoring.htm>

To Whom It May Concern,

This letter is a petition to terminate or amend my required drug and alcohol monitoring program with the Department of Regulation and Safety.

I want to start by telling you how grateful I am that I was allowed to continue the practice of dentistry during my recovery. I certainly understand that losing my license altogether was a possibility. On August 21, 2008 I entered Hazeldon Treatment Facility in Minnesota with one goal, I needed to be saved. I vowed to follow all the treatment recommendations without hesitancy or judgment. One of the most difficult things for an addict is to surrender, but at this time, I was sick and I knew it. This was not a journey I could accomplish without support.

I learned quickly that abstinence from drugs was only part of the equation; I knew I had to change my behavior. Through counseling and Alcoholics Anonymous (AA) meetings, I have learned how to deal with addictive thinking. I have learned how to watch for signs of self-pity, blame, rationalization, resentment, anger and pessimism. I have established a routine that includes a relationship with Christ and have turned my life over to him. I have created new healthy, open, honest relationships. My kids are back in my life. I have a network of people that hold me accountable. I'm engaged to be married. I am blessed.

I can certainly appreciate the use of drug screens as a motivating tool during early stages of my recovery. I also understand the importance of the mandatory counseling and attendance at AA. I am now able to fully appreciate the necessity of the Board using these tools to ensure the safety of patients in the health care setting. After many years of hard work, the drug screens are no longer a motivating tool to my sobriety. The screens consume about an hour of my busy schedule. On a typical day at the dental office, this means that I must cancel my patients to have the drug screen completed. In addition, there is the added anxiety of always needing to be aware of the nearest collection location during travel.

Drugs have cost me so many things: my marriage, my relationship with my kids, my house, my job and my self-worth. In a sense am grateful for these hardships because they keep me focused on the right things. Upon escaping the stronghold of addiction my life begin to really change. I became grateful for things that seemed irrelevant. More than anything, I began to appreciate the positive aspects of my life, my career, and my family. I have learned how to harness my energy. I am able to achieve and solve complex situations. I have been able to better my life as well as the lives of those around me.

I have come so far in becoming the person that I am and want to be. On August 21st I will be sober for six years. I hope that providing you with this information has allowed you to gain a better perspective of the journey I have taken. I would like to thank the Board for all of their support throughout this time. I request that the requirement of random drug screens would be removed at this time. However, if the Board does not feel that complete removal is appropriate, I would hope that you would be willing to consider a decrease in the number of ordered screens. I believe that termination or an amendment of the monitoring program, as recommended by the Board, would be more than adequate. I am confident that I have created a strong support system and have learned sufficient tools to remain in recovery.

Thank you for your consideration and support,

Brad Byce, DDS

WIDSPS Compliance Report

Participant: Byce, Bradley R
 Address: 9007 Royal Oaks Circle, VERONA, WI 53593
 Period From: 9/11/2014

Report Date: 4/20/2015
 To: 4/19/2015

Summary

Check-In		
	Missed Check-In	2
	Missed Check-In and Test	0
Selections		
	No Show	0
Drug Test		
	Non-Negative	0
	Non-Negative - Incidental Exposure	0
	Positive	0
	Prescription Positive	0
	Dilute	0
	Abnormal	0
	Suspended	0
	Adulterated	0
	Rejected	0
	Unavailable	0
	Invalid	0
	No-Result	0

Check-In

Date	Event	Status
10/18/2014	Missed Check-In	Active
3/6/2015	Missed Check-In	Active

WIDSPS Compliance Report

Participant: Byce, Bradley R
 Address: 9007 Royal Oaks Circle, VERONA, WI 53593
 Period From: 3/3/2010

Report Date: 4/20/2015
 To: 4/19/2015

Summary

Check-In		
	Missed Check-In	72
	Missed Check-In and Test	3
Selections		
	No Show	3
Drug Test		
	Non-Negative	0
	Non-Negative - Incidental Exposure	0
	Positive	0
	Prescription Positive	0
	Dilute	0
	Abnormal	0
	Suspended	0
	Adulterated	0
	Rejected	0
	Unavailable	0
	Invalid	0
	No-Result	0

Check-In

Date	Event	Status
5/21/2010	Missed Check-In	Active
5/31/2010	Missed Check-In	Active
6/3/2010	Missed Check-In	Active
6/7/2010	Missed Check-In	Active
7/9/2010	Missed Check-In	Active
7/31/2010	Missed Check-In	Active
8/7/2010	Missed Check-In	Active
9/6/2010	Missed Check-In	Active
9/30/2010	Missed Check-In	Active
10/16/2010	Missed Check-In	Active
12/24/2010	Missed Check-In	Active
12/25/2010	Missed Check-In	Active
1/21/2011	Missed Check-In	Active
1/22/2011	Missed Check-In	Active
4/14/2011	Missed Check-In	Active
5/21/2011	Missed Check-In	Active
5/28/2011	Missed Check-In	Active
5/30/2011	Missed Check-In	Active
6/18/2011	Missed Check-In	Active

Date	Event	Status
7/4/2011	Missed Check-In	Active
7/9/2011	Missed Check-In	Active
7/16/2011	Missed Check-In	Active
8/6/2011	Missed Check-In	Active
8/20/2011	Missed Check-In	Active
8/27/2011	Missed Check-In	Active
9/5/2011	Missed Check-In	Active
10/4/2011	Missed Check-In	Active
10/14/2011	Missed Check-In	Active
11/12/2011	Missed Check-In	Active
2/3/2012	Missed Check-In	Active
2/11/2012	Missed Check-In	Active
3/3/2012	Missed Check-In	Active
3/7/2012	Missed Check-In	Active
5/19/2012	Missed Check-In	Active
6/9/2012	Missed Check-In	Active
6/16/2012	Missed Check-In	Active
7/21/2012	Missed Check-In	Active
7/27/2012	Missed Check-In	Active
8/28/2012	Missed Check-In	Active
9/15/2012	Missed Check-In	Active
10/11/2012	Missed Check-In	Active
11/13/2012	Missed Check-In	Active
12/10/2012	Missed Check-In	Active
12/19/2012	Missed Check-In	Active
1/11/2013	Missed Check-In and Test	Active
2/16/2013	Missed Check-In	Active
3/2/2013	Missed Check-In	Active
3/6/2013	Missed Check-In	Active
3/11/2013	Missed Check-In	Active
4/25/2013	Missed Check-In	Active
5/7/2013	Missed Check-In	Active
5/13/2013	Missed Check-In	Active
5/30/2013	Missed Check-In	Active
9/2/2013	Missed Check-In	Active
9/3/2013	Missed Check-In and Test	Active
9/5/2013	Missed Check-In	Active
9/7/2013	Missed Check-In	Active
10/12/2013	Missed Check-In	Active
11/5/2013	Missed Check-In	Active
12/24/2013	Missed Check-In	Active
1/8/2014	Missed Check-In and Test	Active
3/1/2014	Missed Check-In	Active
4/3/2014	Missed Check-In	Active
4/4/2014	Missed Check-In	Active
4/5/2014	Missed Check-In	Active
4/17/2014	Missed Check-In	Active
4/18/2014	Missed Check-In	Active
4/19/2014	Missed Check-In	Active
4/24/2014	Missed Check-In	Active

Date	Event	Status
5/27/2014	Missed Check-In	Active
6/14/2014	Missed Check-In	Active
6/17/2014	Missed Check-In	Active
8/16/2014	Missed Check-In	Active
10/18/2014	Missed Check-In	Active
3/6/2015	Missed Check-In	Active

Selection

Date	Status
1/11/2013	No Show
9/3/2013	No Show
1/8/2014	No Show

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
Madison, WI 53707-7190
FAX #: (608) 266-2264
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dspsmonitoring@wi.gov
Website: http://dsps.wi.gov

MONITORING

SELF REPORT

Complete this form and submit it to the Department Monitor at the address listed above.
It is recommended you keep a copy of each completed form for your files.

Name: Byce Bradley R Due Date: 4 / 1 / 15
Last First Middle Month / Day / Year

Address: 9007 Royal Oak Cr. Verona Wi 53593
Street City State Zip Code

Home Phone: (608) 807-8743 Work Phone: (608) 831-7770

Is this a new address or phone number? Yes No

TREATMENT

Current Treater: Bahr Tammi
Last First

Number of sessions required: 0 per 0

Are you in compliance with this requirement? Yes No

Dates of sessions attended and an explanation for missed sessions: attended 2 x in
the past quarter to discuss a Relationship topic

Has there been a change in your treatment program in the last quarter? Yes No

Have you and/or your Treater notified the Department Monitor of this change? Yes No

Describe your relapse prevention plan. I have all the tools I need. Relapse
control is based on behavioral modification.
I have spent the last 7 years constantly
monitoring and dealing with any and all character
flaws

Discuss issues you are working on in treatment. None. Day to day life
Circumstances change. Dealing with
constant change.

Wisconsin Department of Safety and Professional Services

WORK SUPERVISION

Current Employer: Byce and Worman Family Dentistry

Is this new employment? Yes No

If so, have you notified the Department Monitor? Yes No

Does your Board Order include practice restrictions or limitations? Yes No

If so, are you in compliance with these restrictions or limitations? Yes No

Describe how work is going. Working 3 days a week,
Great Balance in my life

Describe any problems/concerns in the workplace. None

12-STEP ATTENDANCE (attach your attendance log)

How many 12-step groups are you required to attend? 1 per wk

How many have you attended during the last quarter? 12 meetings

Explanation for any missed meetings this quarter: _____

Do you have a sponsor? Yes No

How often are you in contact with your sponsor? Weekly

What step are you working on? All

What have you learned about your recovery during this quarter? That people who
stay the course can live Normal healthy lives

What service activities were you involved in this quarter? Coaching, Mentoring
Teen addicts,

Wisconsin Department of Safety and Professional Services

What leisure activities have you participated in this quarter? Coaching, Skating
Biking just began

Please use this page to discuss your overall compliance with the Board Order (specifically including whether you have remained abstinent, if applicable) and any other information you would like to provide.

My 5 year Court Ordered Stay is up
for review at the end of the month.

I have remained sober with No relapse.

please Advise

Sobriety date Aug 21, 2008

Thanks Brad Byce

STATE OF WISCONSIN
BEFORE THE WISCONSIN DENTISTRY EXAMINING BOARD

IN THE MATTER OF THE	:	ORDER GRANTING IN PART
DISCIPLINARY PROCEEDINGS AGAINST	:	& DENYING IN PART
	:	
BRADLEY BYCE, D.D.S.,	:	ORDER 0000088
RESPONDENT.	:	

TO: BRADLEY BYCE DDS
9007 ROYAL OAKS CIR
VERONA WI 53593-7932

On March 3, 2010, the Wisconsin Dental Examining Board ("Board") issued a Final Decision and Order ("Order") suspending Respondent's dental license for an indefinite period. Respondent has been granted a stay of suspension and his license is currently limited with certain terms and conditions.

On September 3, 2014, the Board considered Respondent's request for reduction of drug and alcohol screens and termination of drug and alcohol treatment program. Based upon the information of record, the Board finds and makes the following:

ORDER

1. Respondent's request for termination of drug and alcohol treatment program is hereby GRANTED.
2. Respondent's request for reduction of drug screens is hereby DENIED due to lack of compliance with the Order.
3. All other terms and conditions of the Order not otherwise modified remain in full force and effect.
4. This order is effective the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

By: Lindsay Knoll
A Member of the Board

9/11/14
Date

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
BRADLEY ROBERT BYCE, D.D.S., :
RESPONDENT. : ORDER 0000088

[Division of Enforcement Case # 08 DEN 99]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Bradley Robert Byce, D.D.S
10 Turnwood Circle
Verona, WI 53593

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Dentistry Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Dentistry Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Bradley Robert Byce, D.D.S., (DOB December 6, 1960) is duly licensed as dentist in the state of Wisconsin pursuant to license number 3934, which was first granted on July 6, 1988.
2. Respondent's most recent address on file with the Wisconsin Dentistry Examining Board is 10 Turnwood Circle, Verona, Wisconsin 54593.
3. For approximately a two year period ending in August, 2008, while Respondent was a co-owner and working as dentist at First Choice Dental in Verona, Wisconsin, he diverted from that dental clinic for his personal use thousands of tablets of Lortab brand of hydrocodone,

an opioid analgesic which is a schedule II controlled substance. At the end of that period, Respondent was ingesting 15 to 20 tablets of Lortab per day. Respondent did not have the order of a practitioner authorizing him to use those controlled substances.

4. On August 19, 2008, Respondent was confronted by his partners about the missing Lortab and admitted to taking it and being dependent upon it. The next day, Respondent admitted himself for a 28 day inpatient drug and alcohol treatment hospitalization at Hazelden Drug and Alcohol Facility in Center City Minnesota, which he successfully completed on September 17, 2008. Respondent's discharge diagnoses were alcohol dependence with physiological dependence in sustained full remission (last used in 1992), cocaine abuse (last used in 1992), Lortab dependence with physiological dependence, and marijuana dependence with physiological dependence in sustained full remission (last used in 1992).

5. On September 2, 2008 while he was hospitalized at Hazelden, Respondent voluntarily surrendered his DEA controlled substances privileges and registration number, at the Request of the U. S. Drug enforcement Administration. Since that date, Respondent has been prohibited from ordering, distributing, dispensing, prescribing or possessing controlled substances

6. On September 18, 2008, Respondent began his follow-up AODA treatment at Connections Counseling in Madison, which he has continued. On February 5, 2009, the person providing Respondent's treatment at Connections Counseling wrote to the Division of Enforcement and stated, among other things, that:

a. "Dr. Byce's treatment plan is focused on maintaining his sobriety and participation in active recovery activities. . .participating in individual sessions and group once a week; continuing to attend community support groups two to three times per week . . ."

b. "He has been an active participant throughout this treatment episode and shows remarkable insight and awareness of his own thoughts and behaviors."

c. "He has maintained absolute sobriety throughout treatment . . . and maintains a strong internal motivation for sobriety."

d. "In my professional opinion, Dr. Byce is capable of conducting himself professionally while maintaining sobriety."

7. Neither the Division nor the Board has received any complaint that Respondent provided substandard care to any patient or harmed any patient at any time.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §447.07, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. Respondent's conduct described in paragraph 3, above, is the obtaining of controlled substances other than in the course of legitimate practice and as otherwise prohibited by law and is unprofessional conduct as defined by Wis. Adm. Code § DE 5.02(6) and subjects Respondent to discipline pursuant to Wis. Stat. § 447.07(3)(a).

ORDER

IT IS ORDERED that the attached Stipulation is accepted.

IT IS FURTHER ORDERED, effective the date of this Order:

SUSPENSION

- A.1. The license of Bradley Robert Byce, D.D.S., to practice as a dentist in the State of Wisconsin is SUSPENDED for an indefinite period.
- A.2. Respondent shall mail or physically deliver all indicia of licensure to the Department Monitor within 14 days of the effective date of this Order.
- A.3. Upon a showing by Respondent of continuous, successful compliance for a period of at least five (5) years with the terms of this Order, including at least 600 hours of active practice for every year the suspension is stayed, the Board may grant a petition by the Respondent under paragraph D.4. for return of full licensure. At the Board's discretion, the 5-year period may be started anew for every substantial violation of any provision of Sections C or D of this Order.
- A.4. The Board may, on its own motion or at the request of the Department Monitor, grant full licensure at any time.

STAY OF SUSPENSION

- B.1. The suspension is hereby STAYED based upon Respondent having provided proof, which was determined by the Board or its designee to be sufficient, that Applicant has been in compliance with the provisions of Sections C and D of this Order.
- B.2. The Board or its designee may, without hearing, remove the stay upon receipt of information that Respondent is in substantial or repeated violation of any provision of Sections C or D of this Order. Repeated violation is defined as the multiple violation of the same provision or violation of more than one provision. The Board may, in conjunction with any removal of any stay, prohibit the Respondent for a specified period of time from seeking a reinstatement of the stay under paragraph B.4.
- B.3. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:
 - (a) Mailing to Respondent's last-known address provided to the Department of Regulation and Licensing pursuant to Wis. Stat. § 440.11; or
 - (b) Actual notice to Respondent or Respondent's attorney.
- B.4. The Board or its designee may reinstate the stay, if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly in the discretion of the Board or its designee.
- B.5. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code ch. RL 2. The hearing shall be held in a timely manner with the evidentiary portion of the hearing being completed within 60 days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

CONDITIONS AND LIMITATIONS

The license to practice dentistry of Respondent is LIMITED as follows:

Treatment Required

- C.1. Respondent shall enter into, and shall continue, in a drug and alcohol treatment program with a Treater acceptable to the Board or its designee. Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.
- C.2. Respondent shall immediately provide Treater with a copy of this Final Decision and Order and all other subsequent orders.
- C.3. Treater shall be responsible for coordinating Respondent's rehabilitation, drug monitoring and treatment program as required under the terms of this Order, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor (See D.1., below). If Treater is unable or unwilling to serve as Treater, Respondent shall immediately seek approval of a successor Treater by the Board or its designee.
- C.4. The rehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater. Therapy may end only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.
- C.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the drug and alcohol treatment program. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.

Releases

- C.6. Respondent shall provide and keep on file with Treater, all treatment facilities and personnel, laboratories and collections sites current releases complying with state and federal laws. The releases shall allow the Board, its designee, and any employee of the Department of Regulation and Licensing, Division of Enforcement to: (a) obtain all urine, blood and hair specimen screen results and patient health care and treatment records and reports, and (b) discuss the progress of Respondent's treatment and rehabilitation. Copies of these releases shall immediately be filed with the Department Monitor.

AA/NA Meetings

- C.7. Respondent shall attend Narcotics Anonymous and/or Alcoholic Anonymous meetings or an equivalent program for recovering professionals, at the frequency recommended by Treater, but not less than one meeting per week. Attendance of Respondent at such meetings shall be verified and reported monthly to Treater and the Department Monitor.

Sobriety

- C.8. Respondent shall abstain from all personal use of alcohol.
- C.9. Respondent shall abstain from all personal use of controlled substances as defined in Wis. Stat. § 961.01(4), and all mood-altering or psychoactive substances, except when prescribed, dispensed or administered by a practitioner for a legitimate medical condition. Respondent shall disclose Respondent's drug and alcohol history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Respondent shall at the time the controlled substance is ordered immediately sign a release in compliance with state and federal laws authorizing the practitioner to

discuss Respondent's treatment with, and provide copies of treatment records to, Treater and the Board or its designee.

- C.10. Respondent shall abstain from all use of over-the-counter medications or other substances which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Respondent's treatment and rehabilitation.
- C.11. Respondent shall report all medications and drugs, over-the-counter or prescription, taken by Respondent to Treater and the Department Monitor within 24 hours of ingestion or administration, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs, and shall provide the Department Monitor with a copy of the prescription. If Respondent has not provided a release as required by C.9 above, within 24 hours of a request by Treater or the Board or its designee, Respondent shall provide releases in compliance with state and federal laws. The releases shall authorize the person who prescribed, dispensed, administered or ordered the medication to discuss Respondent's treatment with, and provide copies of treatment records to, the requester.

Drug and Alcohol Screens

- C.12. Respondent shall enroll and begin participation in a drug and alcohol monitoring program which is approved by the Department pursuant to Wis. Adm. Code § RL 7.11 ("Approved Program"). A list of Approved Programs is available from the Department Monitor.
- C.13. At the time Respondent enrolls in the Approved Program, Respondent shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program – including any positive test for any controlled substance or alcohol – is a substantial violation of this Order. The requirements shall include:
 - (a.) Contact with the Approved Program as directed on a daily basis, including vacations, weekends, and holidays.
 - (b.) Production of a urine specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
- C.14. The Approved Program shall require the testing of urine specimens at a frequency of not less than 28 times per year, for the first year of this Order. After the first year, the frequency may be reduced only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.
- C.15. The Department Monitor, Board or Board designee shall determine the tests to be performed upon the specimens. If any urine, blood or hair specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the Treater or the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
- C.16. In addition to any requirement of the Approved Program, the Board or its designee may require Respondent to do any or all of the following: (a) submit additional urine specimens, (b) submit blood, hair or breath specimens, (c) furnish any specimen in a directly witnessed manner.
- C.17. All confirmed positive test results shall be presumed to be valid. Respondent must prove by a preponderance of the evidence an error in collection, testing or other fault in the chain of custody.

C.18. The Approved Program shall submit information and reports to the Department Monitor in compliance with the requirements of Wis. Adm. Code § RL 7.11.

Practice Limitations

Controlled substances orders; DEA registration

Controlled substance orders; DEA registration

C.19. Respondent shall not prescribe, dispense, administer or order any controlled substances. Respondent shall not make reapplication for DEA registration until the Board permits Respondent to do so, or the Board modifies the terms of this limited license to permit the prescribing, dispensing, administering or ordering of controlled substances.

MISCELLANEOUS

Department Monitor

D.1. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor
Wisconsin Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Ave.
P.O. Box 8935
Madison, WI 53708-8935
Fax: (608) 266-2264
Telephone: (608) 267-3817

Required Reporting by Respondent

D.2. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any failures of the Treater, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Respondent. Additionally, every three (3) months the Respondent shall notify the Department Monitor of the Respondent's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

Change of Treater or Approved Program by Board

D.3. If the Board or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or its designee may direct that Respondent continue treatment and rehabilitation under the direction of another Treater or Approved Program.

Petitions for Modification of Limitations or Termination of Order

D.4. Respondent may petition the Board for modification of the terms of this Order or termination, however no such petition for modification shall occur earlier than one year from the date of this Order and no such petition for termination shall occur other than in compliance with paragraph A.3. Any such petition for modification shall be accompanied by a written recommendation from Respondent's Treater expressly

supporting the specific modifications sought. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stat. § 227.01(3)(a), and Respondent shall not have a right to any further hearings or proceedings on the denial.

Costs of Compliance

D.5. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order. Being dropped from a program for non-payment is a violation of this Order.

Costs of Proceeding

D.6. Respondent shall pay costs of \$575.00 to the Department of Regulation and Licensing, within ninety (90) days of this Order. In the event Respondent fails to timely submit any payment of costs, the Respondent's license (# 3934) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has paid the costs in full, including any accrued interest.

Additional Discipline

D.7. In addition to any other action authorized by this Order or law, violation of any term of this Order may be the basis for a separate disciplinary action pursuant to Wis. Stat. § 447.07.

Dated at Madison, Wisconsin this 3 day of March, 2010.

Wisconsin Dentistry Examining Board

By: Levi R. Barbeau DDS
A Member of the Board

Daniel A. Humiston, D.D.S.

Requesting Review of Tabled Petition to Terminate the Suspension of Class 1 and Class 2 Sedation Permits

07/10/2013 Final Decision and Order issued.

Suspension for 30 days beginning July 19, 2013; Class 1 and Class 2 sedation permits are indefinitely suspended for a minimum of six months; to petition for return of his permits Dr. Humiston must successfully complete all training required in Wis. Admin. Code § DE 11.05 and DE 11.06 within 12 months, and Dr. Humiston needs to provide proof that he has adequate staff and is able to comply with § DE 11.09.

Prior to lifting the suspension, Dr. Humiston must obtain four (4) hours of continuing education in the topic of ethics for dentists, and four (4) hours of continuing education in the topic of management of patients with complex medical histories.

Prior to performing any conscious sedation, Dr. Humiston shall obtain a professional mentor who will monitor his conscious sedation practices. The professional mentor will provide quarterly reports.

09/03/2014 Board tabled Dr. Humiston's petition to lift the suspension on Class 1 and Class 2 sedation permits. The Board requested Dr. Humiston obtain education in oral conscious sedation, provide information on staff training for IV sedation, and provide the Board with specific information on how Dr. Humiston plans to comply with DE 11.09.

Monitoring Note:

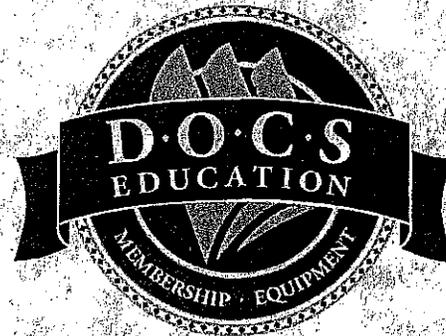
To satisfy the training requirement, Dr. Humiston attended the IV Sedation Update course offered by DOCS Education (pre-approved on 05/05/14) on May 17-18, 2014. Dr. Humiston also attended Essentials of Monitoring, Anesthesia Pharmacology – Essentials of Minimal and Moderate Sedation, and Essentials of the airway Practical Laboratory (pre-approved on 11-13-14) on November 22-23, 2014. Dr. Humiston's dental assistant, Sara Herzog, also went through the DOCS Education Oral Sedation Dentistry Course on May 16-18, 2014 and Essentials of Monitoring for patients undergoing enteral conscious sedation, parenteral conscious sedation, or deep sedation on March 3, 2015.

Dr. Humiston completed 8 hours of pre-approved CE as required by his order.

Dr. Humiston secured Peter Hehli, D.D.S. (approved 07/23/14) to serve as his professional mentor when he resumes Class 1 and Class 2 sedation privileges.

Dr. Humiston provided documentation regarding his plan to comply with DE 11.09 (see attached).

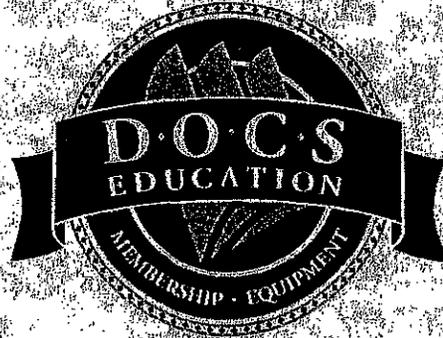
This is to certify that
SARA HERZOG, DA
has successfully completed



Oral Sedation Dentistry
May 16-18, 2014

Dr. Michael Silverman
Michael D. Silverman DMD, Pres

This is to certify that
DAN HUMISTON, DDS
has successfully completed



IV Sedation Update
May 17-18, 2014

Dr. Michael Silverman
Michael D. Silverman DMD, Pres

From: [Mert N Aksu](#)
To: [Horton, Ashley - DSPS](#)
Subject: Re: RE: CE COURSE COMPLETION
Date: Friday, August 16, 2013 4:56:04 PM
Attachments: [aksumn.vcf](#)

This is CONFIDENTIAL-

Dr. Humiston was an active participant and contributed orally to his analysis of various hypothetical ethical rounds issues.

We discussed in depth the process of ethical decision making, and the clear need to adhere to principles. Based on his level of participation in the course, I think he would be able to identify the ethical dilemmas and analyze the problem, and be able to articulate the ethical resolution He may be inconsistent or reluctant in his commitment to seek input from other providers if the ethical dilemma fact pattern required him to contact a peer provider for full resolution.

The development of cognitive knowledge of ethics is process, and that is why we conduct multiple semesters of courses for our students.

Among several cases that were analyzed, he participated fully in the discussion and analysis- Furthermore, he was presented the following ethical dilemma as an independent effort-

"You are an associate in a dental practice, Recently you have started to notice that the laboratory prescriptions for your high noble metal crowns have been switched to base metal alloy. You are concerned because all of the insurance claims have been processed as "High Noble Metal Alloy crowns." in addition you may have a few patients who have metal alloy allergies.

You further investigate, the situation, and find out that this has been happening for almost two years. Any that the handwriting on the lab prescription indicates that the owner dentist is changing your orders.

WHAT SHOULD YOU DO??"

While Dr. Humiston's oral analysis was incomplete, it was not below minimal competency levels.

Mert N. Aksu, DDS, JD, MHSA
Dean

University of Detroit Mercy
School of Dentistry

2700 Martin Luther King Jr. Blvd.
Detroit, Michigan 48208-2576

Phone (313) 494-6620
Phone (313) 494-6621
Fax (313) 494-6627

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----- Original Message -----

From: "Horton, Ashley - DSPS" <Ashley.Horton@wisconsin.gov>

Date: Friday, August 16, 2013 5:31 pm

Subject: RE: CE COURSE COMPLETION

To: 'Mert N Aksu' <aksumn@udmercy.edu>

> Dr. Aksu,

>

> Was Dr. Humiston an active participant? Did he seem to learn
> something from the instruction, in your opinion?

>

> Thank you,

>

> Ashley Horton

> Department Monitor|Division of Legal Services & Compliance

> Department of Safety & Professional Services|P.O. Box 8935|Madison,

> WI 53708-8935

> Phone: (608) 261-7692|Fax: (608) 266-2264

>

> -----Original Message-----

> From: Mert N Aksu [<mailto:aksumn@udmercy.edu>]

> Sent: Friday, August 16, 2013 4:20 PM

> To: Horton, Ashley - DSPS

> Cc: Dr.Dan

> Subject: CE COURSE COMPLETION

>

> This is to certify CE completion-

> On August 14, 2013

>

> Dr. Dan Humiston

> 1337 N. Taylor Drive

> Sheboygan, WI 53081

>

> Completed the course:

>

> Ethical Rounds for the Dental Practitioner

>

> 4.0 Hours of CE of interactive one-on-one seminar style instruction
> in the area of clinical dental ethics.

>

> The following is a synopsis of the course:

>

> Assigned reading Chapters 1-5 from the textbook "Dental Ethics at
> Chairside" Professional and Practical Applications, by David T.

- > Ozar and David J. Sokol. Second Edition.
- >
- > Discussion of the American College of Dentistry Practice Ethics
- > Assessment and Development series.
- >
- > <https://www.dentaethics.org/pead/activity-A3.htm>
- > <https://www.dentaethics.org/pead/activity-A1.htm>
- >
- > Oral and seminar discussion - application of the ethical decision
- > making model to a specific ethical dilemma applicable Dr.
- > Humiston's individual situation.
- >
- > Dr. Humiston's program began at 1:00pm on August 14, 2013 and was
- > complete at 5:50pm - The program included individual and guided
- > activities.
- >
- > Four hours of Continuing Dental Education is certified as
- > completion of the program.
- > The program is underwritten by the University of Detroit Mercy
- > School of Dentistry _____
- > Mert N. Aksu, DDS, JD, MHSA
- > Dean
- >
- > University of Detroit Mercy
- > School of Dentistry
- >
- > 2700 Martin Luther King Jr. Blvd.
- > Detroit, Michigan 48208-2576
- >
- >
- >
- >
- > Phone (313) 494-6620
- > Phone (313) 494-6621
- > Fax (313) 494-6627
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- > other applicable law.
- >

From: [Marek, Cindy L](#)
To: [Horton, Ashley - DSPS](#)
Subject: RE: Continuing Education Program for Daniel Humiston, DDS
Date: Thursday, August 15, 2013 9:25:29 AM

Hi Ms Horton,,

We can award CE credit for this – but the program was designed specifically for Dr. Humiston. It was a lecture course from 8:30-12:30 PM on Tuesday, August 13, 2013. The course was presented by me personally and questions were asked and answered during the lecture/discussion. Dr. Humiston was an active participant in the course, asking and answering many questions.

Please let me know what else you would like us to provide.

Thank you,
Dr. CL Marek
Associate Professor (Clinical)
Dept Oral Pathology, Radiology and Medicine
University of Iowa College of Dentistry

From: Horton, Ashley - DSPS [<mailto:Ashley.Horton@wisconsin.gov>]
Sent: Tuesday, August 13, 2013 5:40 PM
To: Marek, Cindy L
Subject: RE: Continuing Education Program for Daniel Humiston, DDS

Ms. Marek,

Will the continuing education credits from this program be awarded by the University? Was this program something that was created specifically for Dr. Humiston or have you taught this before? Any additional information you can provide regarding the program (type of instruction, credits, accreditation, etc.) would be very helpful.

Thank you,

Ashley Horton

Department Monitor|Division of Legal Services & Compliance
Department of Safety & Professional Services|P.O. Box 8935|Madison, WI 53708-8935
Phone: (608) 261-7692|Fax: (608) 266-2264

From: Marek, Cindy L [<mailto:cindy-marek@uiowa.edu>]
Sent: Monday, August 12, 2013 12:35 PM
To: Horton, Ashley - DSPS
Subject: RE: Continuing Education Program for Daniel Humiston, DDS

Ms. Horton,

I had sent the enclosed information in error to Candace Bloedow and she informed me that you were the Monitor for the Wisconsin Dental Board, so I am sending the material directly to you as the course is tomorrow.

I am writing at the request of :

Dr. Daniel Humiston

Dental license: 3227-15

1337 North Taylor Drive

Sheboygan, Wisconsin 53081

Dr. Humiston will be here at the University of Iowa College of Dentistry on August 13th, enrolled in the 4 hour continuing education course I am providing which is described in the attached document entitled, "Dental Management of the Medically Complex Patient."

I frequently provide continuing dental education programs throughout the United States and in Canada on a variety of topics as partially listed in the attached document. I have also attached my curriculum vitae.

If you have any questions or concerns, please do not hesitate to contact me, my office telephone number is (319) 335-6977 and my cell phone number is (319) 321-9160

Thank you,

Cindy L. Marek, PharmD

Associate Professor (Clinical)

Dept. Oral Pathology, Radiology & Medicine

College of Dentistry

Dept. Pharmacy Practice & Science

College of Pharmacy

307 S. Dental Science Building

Iowa City, Iowa 52242

Office (319) 335-6977 FAX: 335-7351





**Verification of Completion of a Missouri Dental Board Approved Course
Essentials of Monitoring**

Sara Herzog

**has successfully completed an approved course entitled Essentials of Monitoring for patients
undergoing enteral conscious sedation, parenteral conscious sedation, or deep sedation**

Appropriate definitions in the continuum of depth of sedation [minimal sedation - anxiolysis, moderate sedation - conscious sedation (enteral and parenteral), deep sedation/analgesia (general anesthesia)].

Appropriate patient records: [health history assessment, anesthesia consent, source consent, time- sensitive anesthesia record].

Review of patient records, medical history for essential data and screening medical histories [Day of Surgery patient assessment form].

ASA Physical Status assessment, classification, and appropriate patient selection.

Properly maintained and equipped facilities.

Informed consent.

Time oriented anesthesia record.

Monitoring and assessment of the sedated patient during treatment and recovery.

Appropriate documentation of the management and treatment of sedated patients.

Appropriate discharge criteria.

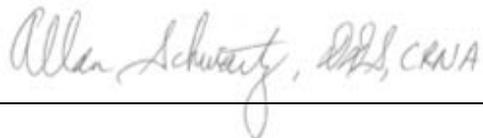
Auxiliary roles in response to most common emergencies incident to administration of conscious sedation, and deep sedation/analgesia.

Patient positioning; Venous thromboembolism prophylaxis.

Successful completion of an examination measuring knowledge necessary for safe, effective monitoring of a sedated patient.

I attest that the curriculum included the topics listed above, over a period of 8 hours. I attest that the participant was present for all discussions, successfully passed the associated written examination and is awarded 8 continuing education units.

Course Provider Allan J. Schwartz, D.D.S., C.R.N.A. **Completion Date** March 3, 2015

Signature 



SAINT LOUIS
UNIVERSITY

Center for Advanced Dental Education
3320 Rutger Street
St. Louis, MO 63104
314-977-8363

November 24, 2014

Dr. Daniel Humiston
1337 N. Taylor Drive
Sheboygan, WI 53081

VERIFICATION OF PARTICIPATION

The Center for Advanced Dental Education at Saint Louis University verifies that Daniel Humiston, D.D.S. participated in the following lecture & mannequin simulation continuing education activities held at the Center for Advanced Dental Education at Saint Louis University, 3320 Rutger Street, St. Louis, Missouri 63104.

Essentials of Monitoring – held 11/22/14 from 8:00am to 4:00pm; 7.0 hours of CE credit earned
Anesthesia Pharmacology - Essentials of Minimal and Moderate Sedation - held 11/23/14 from 8:00am to 11:00am; 3 hours of CE credit earned
Essentials of the Airway Practical Laboratory - held 11/23/14 from 11:00am to 12:00pm; 1 hour of CE credit earned

Participants should retain this document for their records.

Verified by:

Mary C. Anderson

Mary C. Anderson
Business Manager

ADA CERP® | Continuing Education
Recognition Program

Center for Advanced Dental Education at Saint Louis University is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp.

September 4, 2014

Pat: Here is how I plan to comply with DE 11.09. I've numbered my response to correspond with the number of each subsection on the order.

1. I take thorough medical histories of each patient before the procedure and confirm that there are no changes the day before the appointment. The history contains allergies to medication and notes the medication that the patient is currently taking. I check to make sure that there are no allergies to the sedation medication and that current medications do not negatively interact with the sedation medication.
2. I have a sedation monitor that records all 3 of these signs every 5 minutes or less and prints them.
3. Sedated patients are never left alone. Medications administered, times and dosages are recorded.
4. I never sedate more than one patient at a time. My staff is all Red Cross BLS and AED trained and their certificates are current. They are all trained for office medical emergencies and we run a practice drill every 3 months.
6. Sedation patients are never left alone. I have a staff member who has taken sedation training. They have her certificate on file. We give post op instructions to every patient's escort. We document this in the patient record.
10. I have a copy of each staff member's Red Cross BLS and AED certificate.

On the other matters:

1. My understanding was that I needed to take the IV refresher course and that would be sufficient. I remember asking if I needed to take the oral sedation course again.
2. There is no course available to train assistants on IV sedation. My CE provider is of the opinion that staff members taking the oral sedation course are qualified to assist with IV sedation patients.

Please note that there is no mention in the administrative code of what specific qualifications are needed. It only says a "qualified staff member"

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
DANIEL A. HUMISTON, D.D.S., :
RESPONDENT. : **0002510**

Division of Legal Services and Compliance¹ Case Nos. 11 DEN 105 and 12 DEN 058.

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Daniel A. Humiston, D.D.S.
1337 N. Taylor Drive
Sheboygan, WI 53081

Wisconsin Dentistry Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Wisconsin Dentistry Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Daniel A. Humiston, D.D.S., (dob: 9/27/1952) is licensed in the State of Wisconsin as a dentist, having license number 3227-15, first issued on September 23, 1983, and current through September 30, 2013. Respondent was granted a Class 1 sedation permit on June 11, 2007 to administer conscious sedation-enteral. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 1337 North Taylor Drive, Sheboygan, Wisconsin 53081.

¹ The Division of Legal Services and Compliance was formerly known as the Division of Enforcement.

Case No. 11 DEN 105

2. On or about November 4, 2011, Respondent inappropriately signed two medical release forms (forms) on behalf of and in the name of a medical doctor (Doctor A), without Doctor A's consent, in order to assist a third person (Donor A) under Doctor A's care, in becoming a plasma donor. Donor A subsequently submitted the forms to a plasma center.

3. Thereafter, Doctor A was contacted by the plasma center to confirm the authenticity of the signatures, purporting to be Doctor A's, on the forms for Donor A. The plasma center required the authorization of Doctor A and the authentication of the signatures on the forms, as a result of safety concerns related to medication being taken by Donor A, before Donor A would be permitted to donate plasma to the plasma center.

4. Doctor A informed the plasma center that he did not complete the signatures on the forms for Donor A.

Case No. 12 DEN 058

5. Patient A is a mentally disabled diabetic woman born on June 29, 1964.

6. On April 23, 2012, Patient A's sister brought Patient A to Respondent for dental hygiene prophylaxis and restoration of one tooth (procedure). Patient A requires sedation as she is non-cooperative with dental procedures.

7. Respondent planned to administer conscious sedation-parenterally through intravenous (IV) methods on Patient A during the procedure.

8. Respondent employed a retired hospital emergency room technician (technician) to start conscious sedation-parenterally through an IV drip on Patient A. The technician inserted the IV needle into Patient A and was dismissed from the area by Respondent before Patient A's IV drip was properly flowing.

9. At all times prior to and during the April 23, 2012 procedure on Patient A, Respondent was not properly licensed to administer conscious sedation-parenteral as he had not been granted a Class 2 permit by the Board. Additionally, Respondent has never been properly licensed to perform deep sedation or general anesthesia as he has not been granted a Class 3 permit by the Board.

10. Patient A's sister observed the Respondent conduct three separate attempts to restart Patient A's IV drip after the technician had left the area.

11. Patient A's sister observed the Respondent administer multiple injections of medication into Patient A's IV line before Patient A became drowsy and then fell asleep. Respondent told Patient A's sister that she could leave, and that she would be called when the procedures were finished.

12. Approximately one hour later, Respondent's office called Patient A's sister, who returned to Respondent's clinic. Patient A's sister found Patient A unconscious in the dental chair and unresponsive to Respondent gently slapping her face and calling her name.

13. Respondent told Patient A's sister that Patient A was fine, but needed to go home and sleep. Respondent and his staff placed Patient A in a wheel chair, and assisted Patient A's sister in loading Patient A, still unconscious, into the sister's van for the return trip to the group home where Patient A resides.

14. Patient A was turned away from the group home where she lives, because she was unconscious and, in the opinion of the manager of the group home, in need of medical attention.

15. Patient A's sister took Patient A to the local emergency room, where the physician diagnosed over sedation from the dental procedure and infiltration of the IV into the muscle. He administered naloxone to counteract the medication Respondent had administered, and when Patient A was conscious, had her eat to restore her blood sugar to a normal level.

16. The minimally acceptable standards of care for sedation of dental patients are detailed in Wis. Admin. Code § DE 11.09. They include the recording of a time-oriented anesthesia record containing the patient's vital signs and oxygen saturation levels every five minutes; the continuous evaluation of the patient's oxygenation, ventilation, and circulation; the recording of the name, dosage, timing, and route of administration of all medications; the continual presence of qualified and trained staff in addition to the dentist performing the dental procedures; and continuous monitoring of the patient by qualified staff after the completion of the procedure before dismissal from the clinic.

17. Respondent's record for his unlicensed administration of conscious sedation-parenterally through IV methods on Patient A during the April 23, 2012 procedure, does not include the amount of the medication administered to Patient A. Instead, his record stated:

“Did I.V. sedation Used 4versed at 3 16, 1nubaine at 3 17, 2versed at 3 21, 1nubaine at 3 23, 1versed at 3 23, 1versed at 3 23, 1nubaine at 3 24, 1versed at 3 27, 1nubaine at 3 27, 1versed at 3 35 out at 4:30.”

18. Respondent documented that he told the physician at the emergency room he had administered 10 mg. of Versed and 20 mg. of Nubaine.

19. Due to an enforcement action, Respondent agreed not to engage in IV sedation dentistry during the pendency of DLSC Case Number 12 DEN 058. Respondent executed a sworn statement to that effect on October 3, 2012.

20. Respondent has not practiced IV sedation dentistry since that date.

21. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 447.07(3), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Respondent violated Wisconsin Administrative Code §§ DE 5.02(1) and DE 5.02(3) by intentionally misrepresenting a physician's opinion about his patient's ability to safely donate plasma.

3. By the conduct described in the Findings of Fact, Respondent violated Wisconsin Administrative Code §§ DE 5.02(1), DE 5.02(2), DE 5.02(5), DE 5.02(16) and DE 11.09 by failing to comply with the minimally acceptable standards of care in performing sedation dentistry on Patient A.

4. By the conduct described in the Findings of Fact, Respondent violated Wisconsin Administrative Code §§ DE 5.02(3), DE 11.06, and DE 11.07 by performing conscious sedation-parenteral and deep sedation on Patient A when he was not licensed to do so.

5. As a result of the above violations, Respondent Daniel A. Humiston, D.D.S., is subject to discipline pursuant to Wis. Stat. § 447.07(3)(a), (f), and (h).

ORDER

1. The attached Stipulation is accepted.

2. The license of Respondent Daniel A. Humiston, D.D.S., (license no. 3227-15), to practice dentistry in the State of Wisconsin is **SUSPENDED** for 30 days beginning on July 19, 2013.

3. The Class 1 and Class 2 sedation permits previously granted to Respondent Daniel A. Humiston, D.D.S., are indefinitely **SUSPENDED** for a minimum of six months from the date of this Order and until such time as he satisfies the Board that he is competent to perform enteral and parenteral conscious sedation with safety to the patient and the public, and that he is willing and able to comply with the minimally acceptable standards of care described in Wis. Admin. Code § DE 11.09. Respondent Daniel A. Humiston, D.D.S., may petition the Board at any time after six months from the date of this Order for the lifting of this suspension, on proof that he has successfully completed all training required by Wis. Admin. Code §§ DE 11.05 and DE 11.06 within the immediately preceding twelve months, and with evidence satisfactory to the Board that he has adequate staff and is able and willing to comply with Wis. Admin. Code § DE 11.09.

4. Subsequent to the 30 day suspension referenced in paragraph 2 above, Respondent Daniel A. Humiston's license to practice dentistry is **LIMITED** by the following conditions:

a. Prior to the lifting of the suspension referenced in paragraph 2 above, Respondent Daniel A. Humiston, D.D.S., shall obtain four hours of continuing dental education in the topic of ethics for dentists, and four hours of continuing dental education in the topic of management of patients with complex medical histories. The course or courses shall be pre-approved by the Department Monitor, and shall require Respondent's physical presence in the same place as the instructor. No part of the continuing education credit may be applied to any other continuing education requirement to which Respondent may be subject.

b. If the sedation permits previously granted to Respondent Daniel A. Humiston, D.D.S., are re-instated pursuant to Paragraph 3 of this Order, the following conditions will apply:

i. Respondent Daniel A. Humiston, D.D.S., may practice conscious sedation dentistry only on patients who meet the criteria of class one in the American Society of Anesthesiologists' physical status classification system (normal, healthy patients without organic, physiologic or psychiatric disturbance).

ii. Prior to performing any conscious sedation, Respondent Daniel A. Humiston, D.D.S., shall obtain a professional mentor, who will monitor his conscious sedation practice.

a. Respondent shall locate and retain the professional mentor, who shall be fully qualified to use conscious sedation in dental practice, and who shall have been using conscious sedation in dental practice regularly during the preceding five years. The professional mentor must have both a Class 1 and Class 2 sedation dentistry permits. The professional mentor must be pre-approved by the Board.

b. Respondent shall provide the mentor with a list of every patient on whom he has practiced conscious sedation in the preceding three months; the mentor shall select five patients or 25% of the list, whichever is greater, for review. Respondent shall provide the mentor with the complete patient file for each patient the mentor selects.

c. The mentor shall review the patient file with particular attention to issues of patient selection and patient management, including attention to patient evaluation done by Respondent. The mentor shall evaluate the files for the appropriate and safe use of conscious sedation by Respondent, and shall file a report of the mentor's evaluation process and conclusions, with specific supporting references to the cases the mentor has reviewed, on a quarterly basis. The mentor shall file this report with the Department Monitor at the address below.

d. On or after January 1, 2018, Respondent may petition the Board to lift this limitation. At the time Respondent makes the petition, he shall provide the Board with all evidence the Board requests to demonstrate that the limitation is no longer appropriate or necessary. The Board, in its sole discretion, may grant, deny or modify the petition. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stat. § 227.01(3)(a).

e. Respondent may not apply for a permit to perform any other class of sedation under Wis. Admin. Code ch. DE 11 while his license is limited pursuant to this Order.

5. Within 90 days from the date of this Order, Respondent shall pay COSTS of this matter in the amount of \$3,100.00.

6. All petitions and payment of costs, made payable to the Wisconsin Department of Safety and Professional Services, shall be sent to the Department Monitor at the address below:

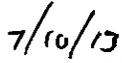
Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 8935, Madison, WI 53708-8935
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

7. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of the costs as ordered, Respondent's license (3227-15) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs.

8. This Order is effective on the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

by: 
A Member of the Board


Date

Christopher Kania, D.D.S.

Requesting Termination of Drug and Alcohol Treatment Program (therapy) and Reduction of Drug and Alcohol Screens.

05/04/2011 Final Decision and Order (Impairment) issued.

No immediate stay. Frequency of therapy sessions TBD by Treater but not less than 1/wk for first year of stayed suspension; Frequency of AA/NA meetings TBD by Treater but not less than 1/wk; drug screens not less than 48 times per year; quarterly reports from employer or practice partner(s).

05/24/2011 Initial stay of suspension issued.

07/29/2013 Order Granting Modification issued. Dr. Kania's drug and alcohol screens were reduced to 28 times per year with one (1) annual hair test.

Monitoring Note:

Dr. Kania is practicing full-time at Castle Rock Dental. Dr. Kania attends two AA/NA meetings per week and meets with his treator at least quarterly.

A report of Dr. Kania's missed check-ins, missed tests, positive screens and abnormal screens since last year (04/20/14) includes: 3 missed check-ins, 0 missed tests, and 0 positive/abnormal tests (see attached report).

With the support of his treator, Dr. Kania is requesting termination of his drug and alcohol treatment program (therapy) and reduction in frequency of drug and alcohol screens.

February 18th, 2015

TO: Dental Board, and Department Monitor Hannah Whaley;

I am writing a formal petition (request) to have a modification made to my impairment order. I am doing this at my treatment advisor's recommendation, as she feels I have worked, and continue to work, the program correctly. She has scheduled our last session for April, but will leave the door open if I ever need her, or want to come in for some therapy. I will of course continue to attend regular AA/NA meetings; and plan on doing so even after I am finished with this impairment order. As this has become a way of living that I have adapted too very well. She is also recommending that my number of U.A. s be reduced; which I would be appreciative of due to the cost, and disruption of the work day that they impose. Although, I do enjoy the credibility that they afford me. Once again I will be appreciative of any help you can give in this matter!

Sincerely,



Dr. Christopher M. Kania DDS



Sponsored by the Franciscan Sisters of Christian Charity
hfmhealth.org/behavioralhealth

HFM Behavioral Health
339 Reed Avenue • P.O. Box 37
Manitowoc, WI 54221-0037
Phone (920) 320-8600 • Fax (920) 320-8662

TO: Impaired Professional Program
Dentistry Board

FROM: Deborah Peterman, MSW, LCSW, CSAC

RE: Christopher M. Kania

DATE: February 16, 2015

The above named client is completing his fourth year of treatment for his drug use. He has met all treatment goals and has a solid recovery at this time. He is both admitting and accepting his addiction and practices the principals of recovery in his daily life. Therefore, I feel it is time to discharge him from treatment. He has verbalized his intent to continue with AA. He uses this program appropriately.

Because of his work in his recovery, I'm also suggesting that it would be appropriate for Dr. Kania to have a reduction in his drug testing.

The prognosis for this client is excellent.



Christopher Kania

983 A Highway 21,
 Friendship, OH,
 53934

Missed Call History:

Date	Details
08/24/2014	Missed Call
10/19/2014	Missed Call
10/25/2014	Missed Call

Row Count: 3

Detailed Test History:

Date	Access Time	Result	Notes	Comments
04/23/2014	07:42	Specimen # 0456025883 - Negative - Test Option - 1 - Creatinine:143.7 mg/dL		
05/08/2014	07:48	Specimen # 0456025625 - Negative - Test Option - 2		
05/28/2014	07:48	Specimen # 0456025636 - Negative - Test Option - 2		
06/02/2014	09:47	Specimen # 0456025592 - Negative - Test Option - 2		
06/10/2014	09:36	Specimen # 0456025640 - Negative - Test Option - 1 - Creatinine:187.4 mg/dL		
06/27/2014	07:38	Specimen # 0456025603 - Negative - Test Option - 2		
07/07/2014	09:15	Specimen # 0456025861 - Negative - Test Option - 1 - Creatinine:22.8 mg/dL		
07/10/2014	08:17	Specimen # 0456025916 - Negative - Test Option - 2		
07/16/2014	08:50	Specimen # 0456025850 -		

		Negative - Test Option - 2		
08/05/2014	08:34	Specimen # 0456025846 - Negative - Test Option - 2		
08/25/2014	08:35	Specimen # 0456025835 - Negative - Test Option - 1 - Creatinine:105.5 mg/dL		
09/24/2014	08:35	Specimen # 0456025673 - Negative - Test Option - 1 - Creatinine:157.8 mg/dL		
09/26/2014	06:02	Specimen # 0456025614 - Negative - Test Option - 1 - Creatinine:92.9 mg/dL		
10/01/2014	09:04	Specimen # 0456025684 - Negative - Test Option - 1 - Creatinine:22.9 mg/dL		
10/07/2014	08:51	Specimen # 0456025695 - Negative - Test Option - 1 - Creatinine:136.4 mg/dL		
10/31/2014	06:53	Specimen # 0456025662 - Negative - Test Option - 1 - Creatinine:107.0 mg/dL		
11/14/2014	07:44	Specimen # 0456025651 - Negative - Test Option - 2		
11/26/2014	08:34	Specimen # 0456025706 - Negative - Test Option - 2		
12/15/2014	08:46	Specimen # 0456025824 - Negative - Test Option - 1 - Creatinine:148.1 mg/dL		
12/26/2014	06:54	Specimen # 0456025894 - Negative - Test Option - 2		
01/14/2015	09:33	Specimen # 0456025791 - Negative - Test Option - 1 - Creatinine:194.4 mg/dL		
01/20/2015	09:04	Specimen # 0456025710 - Negative - Test Option - 2		
02/02/2015	08:57	Specimen # 0456025780 - Negative - Test Option - 1 - Creatinine:133.5 mg/dL		
02/12/2015	05:47	Specimen # 0456025802 - Negative - Test Option - 2		
02/19/2015	08:46	Specimen # 0456025776 - Negative - Test Option - 1 - Creatinine:138.6 mg/dL		
03/03/2015	08:48	Specimen # 0456025765 - Negative - Test Option - 1 - Creatinine:256.7 mg/dL		
03/05/2015	08:58	Specimen # 0456025754 - Negative - Test Option - 1 - Creatinine:148.9 mg/dL		
03/18/2015	08:48	Specimen # 3302967 - Negative	Result Notes: HAIRSTAT14-NEGATIVE	
04/08/2015	08:47	Specimen # 0456025743 - Negative - Test Option - 1 -		

		Creatinine:170.4 mg/dL		
--	--	------------------------	--	--

Row Count: 29

PHM

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 266-2264
Phone #: (608) 267-3817

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@dsps.wi.gov
Website: http://dsps.wi.gov

MONITORING

THERAPY REPORT FORM

If you have any questions regarding this report, please contact the Monitor at 608-267-3817.
Please provide as much detail as possible (use back of page or additional sheets, if necessary).

Patient/Client's name: Christopher M Kania
Inpatient treatment? No Outpatient treatment? Yes
Does treatment consist of individual sessions? Yes
Does treatment consist of group sessions? No
Type of Group: NA Facilitator: _____

Dates of sessions in the last 3 months:
11/14/14 2/06/15

Please discuss client's progress in treatment over the past 3 months:
The client is in long term sustained remission and continues to use the program in his day-to-day life. He continues AAs

Please discuss treatment plans for the next 3 months:
Due to the client's progress & length of time in treatment, we are planning for discharge. Client has met & exceeded treatment goals

Are you recommending any modifications to the Order? Yes () No If yes, please specify:
Decrease amount of UA's.

Do you feel this client is able to competently practice in his/her professions? Yes () No
If no, please explain:

Prognosis?
Very Good

Please describe difficulties encountered in providing services for this client to meet the requirements to maintain their license:
None

Wisconsin Department of Safety and Professional Services

If client has an alcohol/drug impairment, please answer these additional questions:

Please discuss acceptance of addictive disease and his/her willingness to acknowledge and accept the consequences of the disease:

Very high. He practices the principals of recovery in all his life areas

Please discuss concerns you have regarding this client's recovery:

None

To the best of your knowledge, is this client remaining abstinent? () Yes () No If No, please describe the relapse.

~~None~~

To the best of your knowledge, is this client having difficulty in remaining abstinent?

No

Number of AA/NA or self help meetings client attends per week? 2

To the best of your knowledge, is this client in compliance with his/her Board's order? () Yes () No If no, please explain:

Please attach any drug screen results that you may have for this client.

Deborah Peterman
Signature of Therapist

2/04/15
Date
LESD 189-123
CSAL 1998-132
Therapist's License Number

Deborah Peterman
Print name of Therapist and Title
HFM Behavioral Health
339 Reed Ave Manitowish WI
Name and address of treatment facility 54240

(920) 320-8600
Phone number

Please feel free to attach any additional information you wish to bring to the Monitor's attention.

Please mail or fax this form every three months to:

ATTN: Department Monitor
Wisconsin Department of Regulation & Licensing
PO Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264

DEN

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 266-2264
Phone #: (608) 267-3817

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

MONITORING

WORK REPORT FORM (NON-NURSING PROFESSIONS)

If you have any questions regarding this report, please contact the Monitor at 608-267-3817.
Please provide as much detail as possible (use back of page or additional sheets, if necessary).

Employee's Name: Christopher M. Kania, D.D.S.

Place of Employment: Castle Rock Dental (MDC Mauston, S.C.)

Date of Employment: 6/1/14-present Length of Employment: _____

Full-time Part-time Number of hours per week: 32+

Shift: Days Evenings Nights Rotates

Attendance: Number of days absent in the past three months: 0

No pattern of absence Pattern of absence Describe: _____

Number of days tardy in the past three months: 0

No pattern of tardiness Pattern of tardiness Describe: _____

Quality of Work: Outstanding Satisfactory Needs Improvement

Comments: Dr. Kania is an exceptional employee, a leader in his office and in the community, and his work is terrific.

Interpersonal relationships with co-workers:

Very good Satisfactory Needs Improvement

Comments: All team members love Dr. Kania.

Individual evaluation conference held in past three months? Yes No

Outcome: Very positive evaluation.

Has this employee provided his/her immediate supervisor with a copy of the Board's Final Decision and Order and any subsequent orders in a timely manner? Yes No

If no, please explain: _____

To the best of your knowledge has the licensee been in compliance with the terms of his/her Order? Yes No

If no, please explain: _____

Wisconsin Department of Safety and Professional Services

To the best of your knowledge has the licensee been in compliance with the laws and rules governing the practice of the profession? Yes () No

If no, please explain: _____

If employee has an alcohol/drug impairment, please answer these additional questions:

To the best of your knowledge, do you believe the employee is maintaining abstinence from all mood altering chemicals, including alcohol? Yes () No () Unsure

If you answered No or Unsure, please explain: _____

Any further comments, questions or problems? (Please attach additional sheets)

Chris J.
Signature of Supervisor

2/4/14
Date

Christopher J. Twohig, Director of Development
Print name of Supervisor and Title

Supervisor's License Number

Modern Dental Care, Inc
Supervisor's Place of Employment

54 E 1st Street, Fond du Lac, WI 54935
Address

(920) 602-0887
Phone number

Please feel free to attach any additional information you wish to bring to the Monitor's attention.

Please mail or fax this form every three months to:

**ATTN: Department Monitor
Wisconsin Department of Safety and Professional Services
PO Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264**

~~PHIA~~
DEN

February 4th, 2015

Dear Hannah Whaley Department Monitor,

I am writing you my 15th quarterly report (November, and December 2014, and January 2015). Nothing has changed with my phone numbers, address, or place of employment. And I am still being compliant with my impairment order; attending 2 AA/NA meetings per week, following my counselor's orders, and staying compliant with the FirstLab random drug screening program by maintaining sobriety and being clean.

My recovery is going awesome; as I enjoy a peaceful, happy life due to all the help my counselor has given me. I truly have found a superb way of living that lets me be the best I can be in all aspects of my life! Thank you for all your help!

Sincerely,



Dr. Christopher M. Kania D.D.S.

QUARTERLY MEETING ATTENDANCE SHEET

DATE	NAME OF GROUP	SIGNATURE
1/2/15	A-F Men Club	Ken Tall
1/7/15	St. John Lutheran Church	Janet H. Miller
1/14/15	A-F Men Club	Sandy Hansen
1/21/15	St. John Lutheran Church	Ken Tall
1/28/15	Job Club	Joseph H. Deery
2/4/15	A-F Men Club	Ken Tall
2/11/15	A-F Men Club	Ken Tall
2/18/15	A-F Men Club	Ken Tall
2/25/15	A-F Men Club	Ken Tall
3/4/15	A-F Men Club	Ken Tall
3/11/15	A-F Men Club	Ken Tall
3/18/15	A-F Men Club	Ken Tall
3/25/15	A-F Men Club	Ken Tall
4/1/15	A-F Men Club	Ken Tall
4/8/15	A-F Men Club	Ken Tall
4/15/15	A-F Men Club	Ken Tall
4/22/15	A-F Men Club	Ken Tall
4/29/15	A-F Men Club	Ken Tall
5/6/15	A-F Men Club	Ken Tall
5/13/15	A-F Men Club	Ken Tall
5/20/15	A-F Men Club	Ken Tall
5/27/15	A-F Men Club	Ken Tall
6/3/15	A-F Men Club	Ken Tall
6/10/15	A-F Men Club	Ken Tall
6/17/15	A-F Men Club	Ken Tall
6/24/15	A-F Men Club	Ken Tall
7/1/15	A-F Men Club	Ken Tall
7/8/15	A-F Men Club	Ken Tall
7/15/15	A-F Men Club	Ken Tall
7/22/15	A-F Men Club	Ken Tall
7/29/15	A-F Men Club	Ken Tall
8/5/15	A-F Men Club	Ken Tall
8/12/15	A-F Men Club	Ken Tall
8/19/15	A-F Men Club	Ken Tall
8/26/15	A-F Men Club	Ken Tall
9/2/15	A-F Men Club	Ken Tall
9/9/15	A-F Men Club	Ken Tall
9/16/15	A-F Men Club	Ken Tall
9/23/15	A-F Men Club	Ken Tall
9/30/15	A-F Men Club	Ken Tall
10/7/15	A-F Men Club	Ken Tall
10/14/15	A-F Men Club	Ken Tall
10/21/15	A-F Men Club	Ken Tall
10/28/15	A-F Men Club	Ken Tall
11/4/15	A-F Men Club	Ken Tall
11/11/15	A-F Men Club	Ken Tall
11/18/15	A-F Men Club	Ken Tall
11/25/15	A-F Men Club	Ken Tall
12/2/15	A-F Men Club	Ken Tall
12/9/15	A-F Men Club	Ken Tall
12/16/15	A-F Men Club	Ken Tall
12/23/15	A-F Men Club	Ken Tall
12/30/15	A-F Men Club	Ken Tall

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF THE :
DISCIPLINARY PROCEEDINGS AGAINST : ORDER GRANTING MODIFICATION
: :
CHRISTOPHER KANIA, D.D.S., : ORDER0000882
RESPONDENT. :
:

TO: CHRISTOPHER KANIA DDS
2003 MARSHALL ST
MANITOWOC WI 54220

On May 4, 2011, the Dentistry Examining Board ("Board") issued a Final Decision and Order ("Order") suspending Respondent's license to practice dentistry in the state of Wisconsin (#4763-15) for an indefinite period. Respondent has been granted a stay of suspension and his license is currently limited with certain terms and conditions.

On July 10, 2013, the Board considered Respondent's request for a reduction in the annual frequency of drug and alcohol screens, required pursuant to the Order. Based upon the information of record, which demonstrates Respondent's compliance with the terms and conditions of the Order and the support of his Treater for the modification sought, the Board finds and makes the following:

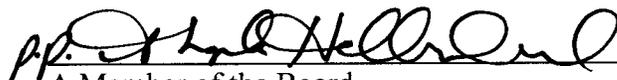
ORDER

NOW, THEREFORE, IT IS ORDERED that Respondent's request for a modification to the frequency of drug and alcohol screens be, and hereby is, GRANTED. Respondent shall now undergo drug and alcohol screens at a frequency of not less than 28 times per year, with one annual hair test.

All other terms and conditions of the May 4, 2011 Order not otherwise modified remain in full force and effect.

This order is effective the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

By: 
A Member of the Board


Date



STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY
PROCEEDINGS AGAINST

CHRISTOPHER M. KANIA, D.D.S.,
RESPONDENT

ORDER GRANTING
STAY OF SUSPENSION

ORDER0000882

TO: Christopher M. Kania, D.D.S.
600 York Street
Manitowoc, WI 54220

Information submitted in support of Christopher M. Kania's request for an initial stay of suspension pursuant to the Dentistry Examining Board Order dated May 4, 2011 was reviewed on May 23, 2011. Based upon documentation showing that Christopher M. Kania has been in compliance with the terms and conditions of the Board Order and thereby qualifies for an initial stay of suspension, the following order is entered:

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that Christopher M. Kania is granted an initial stay of suspension of license #4763-15 to practice dentistry in the state of Wisconsin.

This Order is retroactive as of May 4, 2011.

Wisconsin Dentistry Examining Board

By: William Stempski
William Stempski, D.D.S.
A Member of the Board

May 24, 2011
Date

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
: FINAL DECISION AND ORDER
CHRISTOPHER M. KANIA, D.D.S., :
RESPONDENT. :
ORDER 0000 822

[Division of Enforcement Case # 08 DEN 15]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Christopher M. Kania, D.D.S.
600 York Street
Manitowoc, WI, 54220

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Dentistry Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Dentistry Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Christopher M. Kania, D.D.S., (DOB December 29, 1969) is duly licensed as dentist in the state of Wisconsin (license # 4763). This license was first granted on January 4, 1996.
2. Respondent's most recent address on file with the Wisconsin Dentistry Examining Board is 600 York Street, Manitowoc, WI, 54220.

3. Between May of 1996 and October, 2008, Respondent and his wife owned and operated the Necedah Family Dental Clinic located in Necedah, Wisconsin.

4. In the summer of 2007, Respondent discovered that his wife was having an affair. Upon this discovery, he experienced an emotional breakdown and slapped his wife. Respondent's wife then filed for divorce in July of 2007.

5. As a result of the collapse of his marriage and emotional crisis, Respondent turned to cocaine and alcohol to self medicate. On August 27, 2007, Respondent underwent mental health evaluation, and tested positive for cocaine. He was discharged on August 30, 2007. He was subsequently treated by a mental health counselor related to these issues between September of 2007 and May of 2008.

6. Also as a result of the events which occurred as a result of his breakdown, on May 1, 2008, Respondent was convicted of misdemeanor domestic abuse violations under Wis. Stat. §§ 940.225(3m), 940.19(1), 940.19(1), 947.01(1) and 813.12(8).

7. Respondent has fully paid all restitution and costs, and has fully served his imposed sentence as a result of these convictions.

8. The circumstances of the convictions substantially relate to the practice of dentistry.

9. Respondent has been employed as a dentist for low income and uninsured patients at Healthy Teeth and Healthy Community in Manitowoc since July of 2010. Respondent has also worked through Burlington Health Care Providers to provide mobile, low cost dental services in the Manitowoc County schools to help the underserved without dental insurance.

10. Respondent is currently receiving mental health and alcohol and drug counseling through Tamarack Behavior Health Center, Deborah Peterman, M.S.W., and has a full treatment plan in place; he attends AA meetings 2-3 times per week; he is voluntarily enrolled with FirstLab Services Alcohol and Drug Screening Program; his current employer is aware of this matter, the proposed impairment order, and fully supports the Respondent's continued employment as a dentist.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 447.07 and authority to enter into this stipulated resolution pursuant to Wis. Stat. § 227.44(5).

2. Respondent's criminal conduct constitutes unprofessional conduct as defined by Wis. Admin. Code § DE 5.02(15) and Wis. Stat. § 470.07(3)(e).

3. Respondent's possession and consumption of cocaine in violation of Wis. Stat. ch. 961 constitutes unprofessional conduct in violation of Wis. Admin. Code § DE 5.02(23).

ORDER

IT IS ORDERED that the attached Stipulation is accepted.

IT IS FURTHER ORDERED, effective the date of this Order:

SUSPENSION

- A.1. The license of Christopher M. Kania, D.D.S., to practice as a dentist in the state of Wisconsin is **SUSPENDED** for an indefinite period.
- A.2. Respondent shall mail or physically deliver all indicia of licensure to the Department Monitor within fourteen (14) days of the effective date of this Order.
- A.3. Upon a showing by Respondent of continuous, successful compliance for a period of at least five (5) years with the terms of this Order, including at least 600 hours of active practice for every year the suspension is stayed, the Board may grant a petition by the Respondent under paragraph D.4, for return of full licensure. At the Board's discretion, the 5-year period may be started anew for every substantial violation of any provision of Sections C or D of this Order.
- A.4. The Board may, on its own motion or at the request of the Department Monitor, grant full licensure at any time.

STAY OF SUSPENSION

- B.1. The suspension shall be stayed upon Respondent petitioning the Board and providing proof, which is determined by the Board or its designee to be sufficient, that Respondent is in compliance with the provisions of Sections C and D of this Order.
- B.2. The Board or its designee may, without hearing, remove the stay upon receipt of information that Respondent is in substantial or repeated violation of any provision of Sections C or D of this Order. Repeated violation is defined as the multiple violation of the same provision or violation of more than one provision. The Board may, in conjunction with any removal of any stay, prohibit the Respondent for a specified period of time from seeking a reinstatement of the stay under paragraph B.4.
- B.3. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:
 - (a) Mailing to Respondent's last-known address provided to the Department of Regulation and Licensing pursuant to Wis. Stat. § 440.11; or
 - (b) Actual notice to Respondent or Respondent's attorney.
- B.4. The Board or its designee may reinstate the stay, if provided with sufficient information that Respondent is in compliance with the Order and that it is

appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly in the discretion of the Board or its designee.

- B.5. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code ch. RL 2. The hearing shall be held in a timely manner with the evidentiary portion of the hearing being completed within 60 days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

CONDITIONS AND LIMITATIONS

The license to practice dentistry of Respondent is LIMITED as set forth in Wis. Stat. § 448.02(3)(e), and as follows:

Treatment Required

- C.1. Respondent shall enter into, and shall continue, in both a mental health treatment program and a drug and alcohol treatment program with a Treater acceptable to the Board or its designee. Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.
- C.2. Respondent shall immediately provide Treater with a copy of this Final Decision and Order and all other subsequent orders.
- C.3. Treater shall be responsible for coordinating Respondent's rehabilitation, drug monitoring and treatment program as required under the terms of this Order, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor (See D.1., below). If Treater is unable or unwilling to serve as Treater, Respondent shall immediately seek approval of a successor Treater by the Board or its designee.
- C.4. The rehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater, but not less than once weekly for the first year of the stayed suspension. Therapy may end only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.
- C.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the drug and alcohol treatment program. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.

Releases

- C.6. Respondent shall provide and keep on file with Treater, all treatment facilities and personnel, laboratories and collections sites current releases complying with state and federal laws. The releases shall allow the Board, its designee, and any employee of the Department of Regulation and Licensing, Division of Enforcement to: (a) obtain all urine, blood and hair specimen screen results and patient health care and treatment records and reports, and (b) discuss the progress

of Respondent's treatment and rehabilitation. Copies of these releases shall immediately be filed with the Department Monitor.

AA/NA Meetings

- C.7. Respondent shall attend Narcotics Anonymous and/or Alcoholic Anonymous meetings or an equivalent program for recovering professionals, at the frequency recommended by Treater, but not less than one meeting per week. Attendance of Respondent at such meetings shall be verified and reported monthly to Treater and the Department Monitor.

Sobriety

- C.8. Respondent shall abstain from all personal use of alcohol.
- C.9. Respondent shall abstain from all personal use of controlled substances as defined in Wis. Stat. § 961.01(4), and all mood-altering or psychoactive substances, except when prescribed, dispensed or administered by a practitioner for a legitimate medical condition. Respondent shall disclose Respondent's drug and alcohol history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Respondent shall at the time the controlled substance is ordered immediately sign a release in compliance with state and federal laws authorizing the practitioner to discuss Respondent's treatment with, and provide copies of treatment records to, Treater and the Board or its designee.
- C.10. Respondent shall abstain from all use of over-the-counter medications or other substances which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Respondent's treatment and rehabilitation.
- C.11. Respondent shall report all medications and drugs, over-the-counter or prescription, taken by Respondent to Treater and the Department Monitor within 24 hours of ingestion or administration, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs, and shall provide the Department Monitor with a copy of the prescription. If Respondent has not provided a release as required by C.9 above, within 24 hours of a request by Treater or the Board or its designee, Respondent shall provide releases in compliance with state and federal laws. The releases shall authorize the person who prescribed, dispensed, administered or ordered the medication to discuss Respondent's treatment with, and provide copies of treatment records to, the requester.

Drug and Alcohol Screens

- C.12. Respondent shall enroll and begin participation in a drug and alcohol monitoring program which is approved by the Department pursuant to Wis. Adm. Code § RL 7.11 ("Approved Program"). A list of Approved Programs is available from the Department Monitor.
- C.13. At the time Respondent enrolls in the Approved Program, Respondent shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program – including any positive test for

any controlled substance or alcohol - is a substantial violation of this Order. The requirements shall include:

- (a.) Contact with the Approved Program as directed on a daily basis, including vacations, weekends, and holidays.
 - (b.) Production of a urine specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
- C.14. The Approved Program shall require the testing of urine specimens at a frequency of not less than 48 times per year, for the first year of this Order. After the first year, the frequency may be reduced only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.
- C.15. The Department Monitor, Board or Board designee shall determine the tests to be performed upon the specimens. If any urine, blood or hair specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the Treater or the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
- C.16. In addition to any requirement of the Approved Program, the Board or its designee may require Respondent to do any or all of the following: (a) submit additional urine specimens, (b) submit blood, hair or breath specimens, (c) furnish any specimen in a directly witnessed manner.
- C.17. All confirmed positive test results shall be presumed to be valid. Respondent must prove by a preponderance of the evidence an error in collection, testing or other fault in the chain of custody.
- C.18. The Approved Program shall submit information and reports to the Department Monitor in compliance with the requirements of Wis. Adm. Code § RL 7.11.

Practice Limitations

Controlled substances orders; DEA registration

- C.19. Respondent may work as a dentist or other health care provider in a setting in which Respondent has access to controlled substances. If Treater subsequently recommends restrictions on such access, the Board or its designee may impose such restrictions.

Reporting Required

- C.20. It is the Responsibility of Respondent to promptly notify the Department Monitor of any suspected violations of any of the terms and conditions of this Order,
- C.21. Respondent shall provide a copy of this Final Decision and Order and all other subsequent orders immediately to supervisory personnel where Respondent is engaged in the practiced of dentistry as defined at Wis. Stat. § 447.01(8).
- C.22. Respondent shall arrange for agreement by his employer or practice partner(s) to immediately report to the Board and to the Treater any condition of Respondent that may constitute a violation of this Order or a danger to the public.
- C.23. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.

MISCELLANEOUS

Department Monitor

- D.1. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor
Wisconsin Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Ave.
P.O. Box 8935
Madison, WI 53708-8935
Fax: (608) 266-2264
Telephone: (608) 267-3817

Required Reporting by Respondent

- D.2. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any failures of the Treater, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Respondent. Additionally, every three (3) months the Respondent shall notify the Department Monitor of the Respondent's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

Change of Treater or Approved Program by Board

- D.3. If the Board or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or its designee may direct that Respondent continue treatment and rehabilitation under the direction of another Treater or Approved Program.

Petitions for Modification of Limitations or Termination of Order

- D.4. Respondent may petition the Board for modification of the terms of this Order or termination, however no such petition for modification shall occur earlier than one year from the date of this Order and no such petition for termination shall occur other than in compliance with paragraph A.3. Any such petition for modification shall be accompanied by a written recommendation from Respondent's Treater expressly supporting the specific modifications sought. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stat. § 227.01(3)(a), and Respondent shall not have a right to any further hearings or proceedings on the denial.

Costs of Compliance

D.5. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order. Being dropped from a program for non-payment is a violation of this Order.

Costs of Proceeding

D.6. Respondent shall pay costs of ONE THOUSAND FIVE HUNDRED DOLLARS (\$1,500.00) to the Department of Regulation and Licensing, within two years of this Order. In the event Respondent fails to pay costs as ordered, Respondent's license to practice as a dentist in Wisconsin, (license # 4763) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

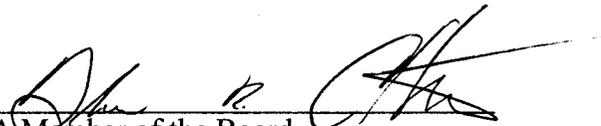
Additional Discipline

D.7. In addition to any other action authorized by this Order or law, violation of any term of this Order may be the basis for a separate disciplinary action pursuant to Wis. Stat. § 447.07.

Dated at Madison, Wisconsin this 4 day of May, 2011.

Wisconsin Dentistry Examining Board

By:


A Member of the Board



**Before the
State Of Wisconsin**

WISCONSIN DENTISTRY EXAMINING BOARD

In the Matter of the Disciplinary Proceedings
Against Allen W. Knox, D.D.S., Respondent

FINAL DECISION AND ORDER

Order No. _____

Division of Legal Services and Compliance Case No. 14 DEN 035

The State of Wisconsin, Dentistry Examining Board, having considered the above-captioned matter and having reviewed the record and the Proposed Decision of the Administrative Law Judge, make the following:

ORDER

NOW, THEREFORE, it is hereby ordered that the Proposed Decision annexed hereto, filed by the Administrative Law Judge, shall be and hereby is made and ordered the Final Decision of the State of Wisconsin, Dentistry Examining Board.

The rights of a party aggrieved by this Decision to petition the department for rehearing and the petition for judicial review are set forth on the attached "Notice of Appeal Information."

Dated at Madison, Wisconsin on the _____ day of _____, _____.

Member



Before The
State Of Wisconsin
DIVISION OF HEARINGS AND APPEALS

In the Matter of the Disciplinary Proceedings
Against Allen W. Knox, D.D.S., Respondent

DHA Case No. SPS-14-0061
DLSC Case No. 14 DEN 035

PROPOSED DECISION AND ORDER

The parties to this proceeding for purposes of Wis. Stat §§ 227.47(1) and 227.53 are:

Attorney Travis Richardson
Richardson & Mackoff, Ltd.
208 South LaSalle, Suite 1666
Chicago, IL 60604

Wisconsin Dentistry Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Department of Safety and Professional Services, Division of Legal Services and Compliance, by

Attorney James E. Polewski
Department of Safety and Professional Services
Division of Legal Services and Compliance
P. O. Box 7190
Madison, WI 53707-7190

PROCEDURAL HISTORY

These proceedings were initiated on August 11, 2014, when the Department of Safety and Professional Services, Division of Legal Services and Compliance (Division), served a Notice of Hearing and Complaint on Respondent Allen W. Knox, D.D.S. (Respondent). The Complaint alleged two violations: (1) that Respondent engaged in unprofessional conduct pursuant to Wis. Stat. § 447.07(3)(b) by submitting a false answer and affidavit on his Wisconsin license application with respect to whether disciplinary action was pending against him in another jurisdiction; and (2) that Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § DE 5.02(14) by having his license to practice dentistry in Illinois revoked.

Following a telephone prehearing conference on September 15, 2014, a hearing was held on November 10, 2014 at which counsel appeared for the parties and Respondent testified on his own behalf. During the hearing, Respondent's counsel informed the administrative law judge

(ALJ) that the Illinois license revocation was on review in Illinois circuit court, with a hearing and briefing to be concluded in February 2015 and a decision expected within a few weeks of the hearing. Respondent's counsel requested that a decision in this matter be postponed until the Illinois court proceedings had concluded. Respondent's counsel informed the ALJ that he would provide the ALJ with the precise briefing and argument schedule in Illinois upon his return to the office. Respondent failed to do so, even after the ALJ sent a reminder to him by email on December 18, 2014.

Nevertheless, by Order dated December 22, 2014, the ALJ granted Respondent's motion to stay a decision in these proceedings and scheduled a telephone status conference for February 26, 2015. Following the order granting the stay, Respondent's counsel sent an email to the ALJ (which the ALJ forwarded to the Division) on December 28, 2014, indicating that arguments in the Illinois matter were set for February 9, 2015. The scheduled telephone status conference was held on February 26, 2015. Respondent's counsel failed to appear and the Division requested that a proposed decision be issued forthwith.

FINDINGS OF FACT

1. Respondent Allen W. Knox, D.D.S., was born on March 15, 1950, and is licensed in the State of Wisconsin to practice dentistry, having license number 7189-15, first granted on December 3, 2014, and current through September 30, 2015. (Complaint, ¶ 1; Answer ¶ 1)

2. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 8120C S. Prairie Street, Chicago, Illinois 60619. (Complaint, ¶ 2; Answer, ¶ 2)

3. On October 15, 2013, Respondent applied for a license to practice dentistry in Wisconsin. (Complaint, ¶ 3; Answer, ¶3; Ex. 1)

4. Question 4 on the Wisconsin application for a dentistry license asks, "Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action." (Complaint, ¶ 4; Answer ¶ 4; Ex. 1, p. 10)

5. Respondent answered "no" to Question 4. He repeated that answer on his online application. (Complaint, ¶ 5; Answer, ¶5, Ex. 1, pp. 10, 59)

6. Directly preceding Question 4 is Question 3, which asks, "Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action." Respondent answered "no" to Question 3. (Ex. 1, pp. 10, 59)

7. Respondent attached an affidavit to his application which declares that "all answers set forth [on his application] are each and all strictly true in every respect." Respondent's affidavit was sworn and notarized on October 13, 2013. (Complaint, ¶ 6; Answer, ¶ 6; Ex. 1, p. 12)

8. Respondent's answer to Question 4 on his Wisconsin application and his affidavit were false because at the time he submitted his application, disciplinary proceedings were pending against his license in Illinois. (Exs. 1, 2)

9. On March 3, 2012, the Illinois Department of Financial and Professional Regulation (Illinois Department) commenced a disciplinary proceeding against Respondent. On June 11, 2012, Respondent's attorney appeared at a status hearing on Respondent's behalf. On October 30, 2012, neither Respondent nor his attorney appeared for a prehearing conference. On January 15, 2013, the Illinois Department filed a motion for discovery sanctions. On January 28, 2013, the presiding Administrative Law Judge in that proceeding granted the motion for sanctions, and held Respondent in default. (Ex. 2, pp. 4, 13)

10. On March 20, 2013, the Illinois Board of Dentistry of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation (Illinois Board) recommended that the Illinois Department revoke Respondent's license to practice dentistry and impose a fine of \$12,000 against Respondent for engaging in conduct likely to deceive, defraud or harm the public; false charting; and professional incompetence manifested by poor standards of care with regard to each of four patients. (Complaint, ¶ 9; Answer, ¶ 9; Ex. 2, pp. 11-16)¹

11. On January 21, 2014, the Illinois Department adopted the findings and recommendation of the Illinois Board, revoking Respondent's license to practice dentistry in Illinois and imposing a fine of \$12,000 against him. (Complaint, ¶ 10; Answer, ¶ 10; Ex. 2, pp. 4-6)

12. The Illinois Department adopted the Illinois Board's finding that Respondent engaged in 12 counts of misconduct. These included engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud or harm the public; willfully making or filing false records or reports in his practice as a dentist; and professional incompetence as manifested by poor standards of care. The specific conduct at issue involved Respondent's charting that he performed procedures on four patients in February and September of 2010, when in fact he did not perform such procedures. The procedures included six crowns on Patient A.N., 14 composite fillings on Patient E.M., 16 composite restorations on Patient E.M., and 16 composite restorations on Patient C.M. (Ex. 2, pp. 14-15)

DISCUSSION

Burden of Proof

The burden of proof in disciplinary proceedings is on the Division to show by a preponderance of the evidence that the events constituting the alleged violations occurred. Wis. Stat. § 440.20(3); *see also* Wis. Admin. Code § HA 1.17(2). To prove by a preponderance of the evidence means that it is "more likely than not" that the examined action occurred. *See State v. Rodriguez*, 2007 WI App. 252, ¶ 18, 306 Wis. 2d. 129, 743 N.W.2d 460, citing *United States v. Saulter*, 60 F.3d 270, 280 (7th Cir. 1995).

¹ The Complaint and Answer erroneously list the date of the Board's recommendation as March 13, 2013; however, Division Exhibit 2 shows that the recommendation was signed on March 20, 2013. (Ex. 2, p. 16)

Violations

Following an investigation and hearing, the Wisconsin Dentistry Examining Board (Board) may reprimand any dentist or deny, limit, suspend or revoke his or her license if the Board finds that the dentist has engaged in “unprofessional conduct” or has “[m]ade any false statement or given any false information in connection with an application for a license. . . .” Wis. Stat. § 447.07(3)(a) and (b), respectively.

The phrase “unprofessional conduct” includes “[h]aving a license . . . granted by another state to practice as a dentist . . . limited, suspended or revoked, or subject to any other disciplinary action.” Wis. Admin. Code § DE 5.02(14). It is undisputed that Respondent’s license to practice dentistry in Illinois was revoked on January 21, 2014. As a result, he has engaged in unprofessional conduct under and Wis. Stat. § 447.07(3)(a) and Wis. Admin. Code § DE 5.02

The Division also alleges that Respondent violated Wis. Stat. § 447.07(3)(b) by providing a false answer to Question 4 and providing a false affidavit on his application for a license to practice dentistry in Wisconsin. A preponderance of evidence supports this conclusion.

Respondent completed his application, including his affidavit, in October of 2013. Question 4 of the application asks, “Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.” Respondent answered “no” to Question 4. He repeated that answer on his online application and swore in his affidavit that his responses were true. However, his answers and affidavit were false because the Illinois disciplinary proceeding against him was clearly pending at the time he filled out his application and affidavit.

The Illinois disciplinary proceeding against Respondent commenced on March 13, 2012, over a year and half before Respondent submitted his Wisconsin application. Not only had the Illinois proceeding commenced at the time of his application, but the following events had also occurred in the Illinois proceeding:

- On June 11, 2012, Respondent’s attorney appeared at a status hearing on Respondent’s behalf.
- On October 30, 2012, a prehearing conference was held on at which neither Respondent nor his attorney appeared.
- On January 15, 2013, the Illinois Department filed a motion for discovery sanctions, which the presiding ALJ in that case granted on January 28, 2013, finding Respondent in default.
- On March 13, 2013, the Illinois Board recommended that the Illinois Department revoke Respondent’s license to practice dentistry and impose a fine of \$12,000 against Respondent for engaging in conduct likely to deceive, defraud or harm the public; false charting; and professional incompetence manifested by poor standards of care with regard to each of four patients.

Accordingly, it is undeniable that disciplinary action was pending against Respondent at the time he asserted on his application that it was not.

Respondent has asserted that he did not intend to mislead and that his understanding of Question 4 was that it asked whether or not any disciplinary action had been *taken* against him. This claim is not credible. The question is clear: “Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.” Question 4 asks whether action is “pending” and asks the “status” of the action. It clearly does not ask what discipline was taken or imposed. Although the question is not ambiguous, it is made even clearer by the fact that it is juxtaposed with the preceding question, Question 3, which asks whether disciplinary action had been taken against Respondent, the very question which Respondent states he believed Question 4 asked. I find it more likely than not that Respondent understood the language of Question 4, the difference between Questions 3 and 4, and that the application would not ask the very same question twice, back to back. This conclusion is further reinforced by Respondent’s level of education. He obtained a Bachelor’s degree in 1971 from Loyola University, a doctorate in dentistry from the University of Illinois College of Dentistry in 1984, and a Master’s in Business Administration, with honors, in healthcare management from the University of Phoenix in 2008. (Hrg. Trans., pp. 26-27; Ex. 1, p. 7) Therefore (and assuming that intent is required for a violation of Wis. Stat. § 447.07(3)(b)), a preponderance of the evidence shows that Respondent intended to falsely respond to this question.

Respondent also asserted in his Answer to the Complaint and at hearing that the doctrine of laches applies. Respondent asserted that his application was completed in 2013 and that he has been practicing as a dentist in Wisconsin since that time. He stated that any matters regarding his Illinois license are a matter of public record and that because approximately a year passed between the time he submitted his license and the time the Complaint was filed, the Division waived any issue regarding Respondent’s answer to the question of whether any disciplinary actions were pending against him at the time he submitted his application. Respondent’s argument is negated, however, by *State v. Josefsberg*, 275 Wis. 142, 81 N.W.2d 735 (1957) (State is not barred by laches for fraud on application).

Because Respondent engaged in unprofessional conduct under Wis. Admin. Code § DE 5.02(14) by having his license to practice dentistry in Illinois revoked, and also provided false information on his Wisconsin license application, in violation of Wis. Stat. § 447.07(3)(a) and (b), respectively, he is subject to discipline pursuant to Wis. Stat. § 447.07(3).

Discipline

The three purposes of discipline are: (1) to promote the rehabilitation of the licensee; (2) to protect the public from other instances of misconduct; and (3) to deter other licensees from engaging in similar conduct. *State v. Aldrich*, 71 Wis. 2d 206, 237 N.W.2d 689 (1976).

The Division recommends that Respondent’s license be revoked. Based on the record, such discipline is warranted. Respondent was found to have engaged in 12 counts of serious misconduct in Illinois, including dishonorable, unethical or unprofessional conduct, filing false records and professional incompetence as manifested by poor standards of care. His credential to practice dentistry in Illinois was revoked for this conduct. Despite the fact that disciplinary proceedings were pending against him in Illinois for his fraudulent and unprofessional conduct, Respondent engaged in similar conduct in this jurisdiction by falsely asserting on his Wisconsin

application that no disciplinary proceedings were pending against him in any jurisdiction, thereby obtaining his dentistry license on false pretenses. Respondent's repeated unprofessional and fraudulent behavior demonstrates that he is not amendable to rehabilitation and that the public needs protection from his misconduct. Revocation of his Wisconsin license is also consistent with the discipline imposed in Illinois, places Respondent in the position he would have been had he not submitted a misleading application, and serves to deter others from engaging in such conduct.

Costs

The Division has the authority to assess costs pursuant to Wis. Stat. § 440.22. With respect to imposition of costs, factors to consider include: (1) the number of counts charged, contested and proven; (2) the nature and seriousness of the misconduct; (3) the level of discipline sought by the prosecutor; (4) the cooperation of the respondent; (5) any prior discipline; and (6) the fact that the Department is a program revenue agency, funded by other licensees. See *In the Matter of Disciplinary Proceedings against Elizabeth Buenzli-Fritz*, Order No. LS0802183CHI (Aug. 14, 2008).

The Division requests that full costs of these proceedings be imposed on Respondent. Based on the factors of *Buenzli-Fritz*, the Division's recommendation is appropriate. The Division has proven both of the allegations it alleged, namely, that Respondent was disciplined in Illinois and that he submitted false information on his Wisconsin license application. Second, the misconduct alleged is serious, as shown by the Illinois orders and as shown by Respondent's efforts to hide his misconduct in Illinois from the Wisconsin Board by stating on more than one occasion in his application that he had no pending disciplinary proceedings against him. Third, the level of discipline sought and imposed in this matter, revocation of Respondent's Wisconsin license, is the most severe discipline possible.

The only factor operating in any way in Respondent's favor is his cooperation, which has been somewhat hit and miss in these proceedings. Although Respondent cooperated by filing an Answer and appearing at the prehearing conference and at the hearing, Respondent (through counsel) dropped the ball after the hearing. He failed to provide information regarding the Illinois proceeding as he represented he would do, and then, even though his request to stay a decision was granted, he did not bother to show up at the telephone status conference held on February 26, 2015.

The fifth factor, prior discipline, has already been addressed. As stated, Respondent was disciplined in Illinois. Although Respondent evidently practiced for many years prior to 2010 without disciplinary action taken against him, the Illinois conduct at issue involved 12 counts and a total of 52 procedures on four different patients which Respondent falsely claimed to have performed. Finally, I note that it would be unfair to impose the costs of this proceeding on members of the dentistry profession who have not engaged in such misconduct.

CONCLUSIONS OF LAW

1. The Division has shown by a preponderance of the evidence that Respondent engaged in unprofessional conduct under Wis. Stat. § 447.07(3)(a) and Wis. Admin. Code § DE 5.02(14) by having his license to practice dentistry in Illinois revoked.

2. The Division has shown by a preponderance of the evidence that Respondent made false statements on his Wisconsin application for a license to practice dentistry, in violation of Wis. Stat. § 447.07(3)(b).

3. Revocation of Respondent's Wisconsin license is warranted based on the facts of record and the factors delineated in *Aldrich*.

4. Imposition of the full costs of these proceedings on Respondent is warranted under the facts of this case and the Department's prior decision in *Buenzli-Fritz*.

ORDER

For the reasons set forth above, IT IS ORDERED that:

1. Respondent's license to practice dentistry in Wisconsin (license no. 7189-15) is revoked.

2. Respondent shall pay all recoverable costs in this matter in an amount to be established, pursuant to Wis. Admin. Code § SPS 2.18. After the amount is established, payment shall be made by certified check or money order payable to the Wisconsin Department of Safety and Professional Services and sent to:

**Department Monitor
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190**

3. The terms of this Order are effective the date the Final Decision and Order is signed by the Board.

IT IS FURTHER ORDERED that the above-captioned matter is hereby closed as to Respondent Allen W. Knox, D.D.S.

Dated at Madison, Wisconsin on March 18, 2015.

STATE OF WISCONSIN
DIVISION OF HEARINGS AND APPEALS
5005 University Avenue, Suite 201
Madison, Wisconsin 53705
Telephone: (608) 266-7709
FAX: (608) 264-9885

By: _____

Jennifer E. Nashold
Administrative Law Judge

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Zachary Hendrickson, Paralegal on behalf of Attorney Sandra L. Nowack Division of Legal Services and Compliance	Date When Request Submitted: April 6, 2015
Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards 	

Name of Board, Committee, Council:

Dentistry Examining Board

Board Meeting Date: May 6, 2015	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Proposed Stipulation and Final Decision and Order in the matter of case numbers 11 DEN 098, 13 DEN 121, 14 DEN 038 and 14 DEN 061; John R. Kregenow, D.D.S.
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Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required: Lyndsay Knoell
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Describe the issue and action the Board should address:

The board members need to review and consider the Stipulation and Proposed Final Decision and Order and vote whether to approve it in closed session.

Authorization:

	4-6-15
Signature of person making this request	Date
Supervisor signature (if required)	Date
Executive Director signature (indicates approval to add late items to agenda)	Date

Directions for including supporting documents:

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board's Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
JOHN R. KREGENOW, D.D.S., :
RESPONDENT. :

Division of Legal Services and Compliance
Case Nos. 11 DEN 098, 13 DEN 121, 14 DEN 038 and 14 DEN 061

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

John R. Kregenow, D.D.S.
N1292 East Road
Waupaca, WI 54981

Wisconsin Dentistry Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Wisconsin Dentistry Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent John R. Kregenow, D.D.S., DOB December 16, 1951, is licensed by the State of Wisconsin to practice dentistry, having license number 5002132-15, first granted on July 11, 1978 and current through September 30, 2015. Dr. Kregenow's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is N1292 East Road, Waupaca, Wisconsin 54981.

2. The Board has received complaints alleging that between 2011 and 2015, Respondent engaged in multiple acts of unprofessional conduct, including but not limited to: improper prescribing of controlled substances; violations of laws related to the practice of

dentistry; practicing dentistry while his license to do so was suspended; and practicing below professional standards.

3. Respondent neither admits nor denies the allegations but has elected to retire from the practice of dentistry. Without any admission of wrongdoing, Respondent acknowledges that facts exist to support the following Conclusions of Law and consents to entry of the Conclusions of Law and Order below.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 447.07(3), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. Respondent engaged in unprofessional conduct as defined Wis. Admin. Code § DE 5.02(1), (4), (5), (6), (15) and Wis. Stat. § 447.07(3)(a).

3. Respondent violated Wis. Stat. § 940.295(3)(a)2.

4. As a result of the above violations, John R. Kregenow, D.D.S., is subject to discipline pursuant to Wis. Stat. §§ 447.07(3)(a) and (f).

ORDER

1. The attached Stipulation is accepted.

2. The license to practice dentistry issued by the State of Wisconsin to Respondent John R. Kregenow, license (number 5002132-15) is hereby REVOKED.

3. The purpose of this action is to ensure protection of the public, rehabilitation of Respondent and general deterrence.

4. Respondent shall immediately mail all indicia of licensure to the following:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190
Telephone (608) 267-3817
Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

5. This Order is effective on the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

by:

A Member of the Board

Date

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : STIPULATION
JOHN R. KREGENOW, D.D.S., :
RESPONDENT. :

Division of Legal Services and Compliance
Case Nos. 11 DEN 098, 13 DEN 121, 14 DEN 038 and 14 DEN 061

Respondent John R. Kregenow, D.D.S., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation. Respondent is represented by Jeff Scott Olson.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Dentistry Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent or Respondent's attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

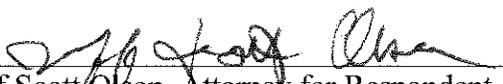
8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.



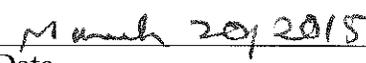
John R. Kregenow, D.D.S., Respondent
N1292 East Road
Waupaca, WI 54981
License no. 5002132-15



Date



Jeff Scott Olson, Attorney for Respondent
THE JEFF SCOTT OLSON LAW FIRM, S.C.
State Bar Number 1016284
131 West Wilson Street, Suite 1200
Madison, WI 53703
Phone 608 283 6001
Fax 608 283 0945
Email: jsolson@scofflaw.com



Date



Sandra L. Nowack, Attorney
State Bar Number 1025643
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 266-8098
sandra.nowack@wisconsin.gov



Date

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Cody Wagner, Attorney Division of Legal Services and Compliance	Date When Request Submitted: April 16, 2015 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards
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Name of Board, Committee, Council:

Dentistry Examining Board

Board Meeting Date: 5/6/2015	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Proposed Stipulation and Final Decision and Order in the matter of case number 13 DEN 085, Patrick J. Crawford, D.D.S.
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Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required: Beth Welter, D.D.S.
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Describe the issue and action the Board should address:

The board members need to review and consider the Stipulation and Proposed Final Decision and Order and vote whether to approve it in closed session.

Authorization:

	4/16/15
Signature of person making this request	Date
Supervisor signature (if required)	Date
Executive Director signature (indicates approval to add late items to agenda)	Date

Directions for including supporting documents:

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board's Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
PATRICK J. CRAWFORD, D.D.S., :
RESPONDENT. :

Division of Legal Services and Compliance Case No. 13 DEN 085

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Patrick J. Crawford, D.D.S.
7851 Cooper Rd.
Kenosha, WI 53142

Wisconsin Dentistry Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Dentistry Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Patrick J. Crawford, D.D.S., (DOB October 19, 1960) is licensed in the State of Wisconsin to practice dentistry, having license number 3916-15, first granted on June 2, 1988 and current through September 30, 2015. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 7851 Cooper Road, Kenosha, Wisconsin 53142.

2. At all times relevant to this proceeding, Respondent was employed as a dentist at a clinic located in Kenosha, Wisconsin.

3. On September 4, 2013, Patient A, a minor, presented to Respondent's clinic in pain with a swollen right cheek.

4. Respondent determined that Patient A had a 1 cm x 1 cm abscess due to extreme decay of primary molar #B which needed to be extracted.

5. Respondent verbally informed Patient A's mother that #B would need to be extracted to allow the abscess to drain.

6. Patient A was resistive to treatment and had to be controlled by his father during the procedure.

7. Respondent decided to extract #I, not #B, because it was in similar condition as #B and it was easier to numb. Respondent also decided to fill #A.

8. Respondent did not inform Patient A's parents prior to changing his course of action.

9. Later that day Patient A's parents noticed that the swelling had not gone down and Patient A was still in pain. They looked inside Patient A's mouth and saw that the tooth (#B) next to the abscess was still there.

10. Patient A's father called Respondent's emergency line and Respondent informed Patient A's father that he wasn't able to extract #B because it was difficult to numb because of the abscess coupled Patient A's lack of cooperation and behavior, but chose to extract #I and fill #A. Respondent instructed Patient A's father to bring Patient A back to the clinic the following day to finish the procedure.

11. Patient A's certified treatment records revealed the following discrepancies:

- a. Respondent failed to obtain a signed informed consent form from Patient A's parents regarding the treatment plan.
- b. Respondent failed to obtain a signed informed consent form from Patient A's parents regarding Respondent's decision to extract #I and fill #A.
- c. Respondent failed to document the need for treatment. There is no indication of the number of cavities, the state of the oral cavity or treatment recommendations.

12. Respondent's handwritten progress notes appear to be written after the fact even though they are dated on the date of service.

13. The progress notes are written in a manner that provides an explanation of Respondent's interpretation of the events rather than notes of what actually happened on the day of service.

14. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 447.07, and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Patrick J. Crawford, D.D.S., engaged in unprofessional conduct as defined in Wis. Admin. Code § DE 5.02(5), by practicing in a manner which substantially departs from the standard of care ordinarily exercised by a dentist which harms or could have harmed a patient.

3. As a result of the above violations, Patrick J. Crawford, D.D.S., is subject to discipline pursuant to Wis. Stat. § 447.07(3)(a).

ORDER

1. The attached Stipulation is accepted.
2. Respondent Patrick J. Crawford, D.D.S., is REPRIMANDED.
3. The license to practice dentistry issued to Patrick J. Crawford, D.D.S., (license number 3916-15) is LIMITED as follows:
 - a. Within ninety (90) days of the date of this Order, Respondent shall successfully complete four (4) hours of education on the topic of documentation; four (4) hours of education on the topic of treatment planning; and four (4) hours of education on the topic of risk management offered by a provider pre-approved by the Board's monitoring liaison, including taking and passing any exam offered for the courses.
 - b. Respondent shall submit proof of successful completion of the ordered education in the form of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department, and also may not be used in future attempts to upgrade a credential in Wisconsin.
 - c. This limitation shall be removed from Respondent's license and Respondent shall be granted a full, unrestricted license after satisfying the Board or its designee that Respondent has successfully completed all of the ordered education.
4. Within ninety (90) days from the date of this Order, Patrick J. Crawford, D.D.S., shall pay COSTS of this matter in the amount of \$850.00.

5. Request of approval of courses, proof of successful course completion and payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

6. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of costs as ordered or fails to submit proof of successful completion of the ordered education as set forth above, Respondent's license (no. 3916-15) may, in the discretion of the Board or its designee, be **SUSPENDED**, without further notice or hearing, until Respondent has complied with payment of costs and completion of the education.

7. This Order is effective on the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

by:

A Member of the Board

Date

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : STIPULATION
PATRICK J. CRAWFORD, D.D.S., :
RESPONDENT. :

Division of Legal Services and Compliance Case No. 13 DEN 085

Respondent Patrick J. Crawford, D.D.S., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Dentistry Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

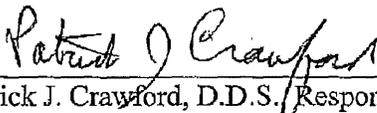
5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division

of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

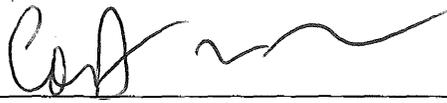
7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.



Patrick J. Crawford, D.D.S. Respondent
7851 Cooper Rd.
Kenosha, WI 53142
License no. 3916-15

4-14-15
Date



Cody Wagner, Attorney
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 261-0116
Fax (608) 266-2264
cody.wagner@wisconsin.gov

4/14/15
Date

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Zachary Hendrickson, Paralegal on behalf of Attorney Sandra L. Nowack Division of Legal Services and Compliance	Date When Request Submitted: April 27, 2015
Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards 	

Name of Board, Committee, Council:

Dentistry Examining Board

Board Meeting Date: May 6, 2015	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Proposed Stipulation and Final Decision and Order in the matter of case number 14 DEN 069; James Curran, D.D.S.
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Place item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required: Leonardo Huck
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Describe the issue and action the Board should address:

The board members need to review and consider the Stipulation and Proposed Final Decision and Order and vote whether to approve it in closed session.

Authorization:

	4-27-15
Signature of person making this request	Date
Supervisor signature (if required)	Date
Executive Director signature (indicates approval to add late items to agenda)	Date

Directions for including supporting documents:

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board's Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
: FINAL DECISION AND ORDER
JAMES CURRAN, D.D.S., :
RESPONDENT. :

Division of Legal Services and Compliance Case No. 14 DEN 069

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

James Curran, D.D.S.
7383 Puddingstone Dr.
Chesterland, OH 44026

Wisconsin Dentistry Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Dentistry Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent James Curran, D.D.S., (dob March 26, 1932) is licensed in the state of Wisconsin to practice dentistry, having license number 4001558-15, first issued on June 25, 1960 and current through September 30, 2015. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 7383 Puddingstone Drive, Chesterland, Ohio 44026.

2. Respondent is retiring from the practice of dentistry due to a medical issue.

3. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 447.07, and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

ORDER

1. The attached Stipulation is accepted.
2. The Board accepts the voluntary SURRENDER of Respondent James Curran, D.D.S.' license, number 4001558-15, to practice dentistry in the state of Wisconsin.
3. Respondent James Curran, D.D.S., is on notice that he may not engage in the practice of dentistry in the state of Wisconsin, nor may he hold himself out as one so licensed or otherwise authorized to practice dentistry in this state.
4. Respondent may petition the Board for reinstatement of his license upon providing evidence to the Board that he no longer possesses a physical or mental disability that compromises his ability to practice dentistry with reasonable skill and safety.
5. Respondent shall immediately return all indicia of Wisconsin licensure and submit payment of any costs (payable to the Wisconsin Department of Safety and Professional Services) to the Department Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

6. This Order is effective on the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

by: _____
A Member of the Board

Date

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : STIPULATION
JAMES CURRAN, D.D.S., :
RESPONDENT. :

Division of Legal Services and Compliance Case No. 14 DEN 069

Respondent James Curran, D.D.S., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.
2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:
 - the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
 - the right to confront and cross-examine the witnesses against Respondent;
 - the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
 - the right to testify on Respondent's own behalf;
 - the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
 - the right to petition for rehearing; and
 - all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.
3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation.
4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Dentistry Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.
5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division

of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

James Curran
James Curran, D.D.S., Respondent
~~7383 Puddingstone Dr.~~ *328 Hidden Ridges Ct.*
~~Chesterland, OH 44026~~ *Combined Locks, WI*
License no. 4001558-15 *54113*

4-27-15
Date

Sandra L. Nowack
Sandra L. Nowack, Attorney
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 266-8098
Fax (608) 266-2264
sandra.nowack@wisconsin.gov

4/27/15
Date

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jim Polewski, attorney		2) Date When Request Submitted: March 11, 2015																	
		Items will be considered late if submitted after 12:00 p.m. and less than: ■ 8 work days before the meeting																	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board																			
4) Meeting Date: May 6, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Stipulation re: Christopher Kania, DDS 14 DEN 079																	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: Dr. Welter																	
10) Describe the issue and action that should be addressed: Whether to adopt the proposed Final Decision and Order as the resolution of this disciplinary matter.																			
11) <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Signature of person making this request</td> <td style="width: 20%; border: none; text-align: center;">Authorization</td> <td style="width: 20%; border: none; text-align: right;">Date</td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: none;"><i>James E. Polewski</i></td> <td style="border: none;"></td> <td style="border: none; text-align: right;"><i>March 11, 2015</i></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Supervisor (if required)</td> <td style="border: none;"></td> <td style="border: none; text-align: right;">Date</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: right;"></td> <td style="border: none;"></td> </tr> </table>				Signature of person making this request	Authorization	Date		<i>James E. Polewski</i>		<i>March 11, 2015</i>		Supervisor (if required)		Date					
Signature of person making this request	Authorization	Date																	
<i>James E. Polewski</i>		<i>March 11, 2015</i>																	
Supervisor (if required)		Date																	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date																			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.																			

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
: STIPULATION
CHRISTOPHER M. KANIA, D.D.S., :
RESPONDENT. :

Division of Legal Services and Compliance Case No. 14 DEN 079

Respondent Christopher M. Kania, D.D.S., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Dentistry Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division

of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.



Christopher M. Kania, D.D.S., Respondent
983 A Hwy. 21
Friendship, WI 53934
License no. 4763-15

3-9-2015

Date



James E. Polewski, Attorney
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 266-0358
Fax (608) 266-2264
jim.polewski@wisconsin.gov

Feb 24, 2015

Date

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
: FINAL DECISION AND ORDER
CHRISTOPHER M. KANIA, D.D.S., :
RESPONDENT. :

Division of Legal Services and Compliance Case No. 14 DEN 079

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Christopher M. Kania, D.D.S.
983 A Hwy. 21
Friendship, WI 53934

Wisconsin Dentistry Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Dentistry Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Christopher M. Kania, D.D.S., (DOB December 29, 1969) is licensed in the state of Wisconsin to practice dentistry, having license number 4763-15, first granted on January 4, 1996 and current through September 30, 2015. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 983 A Highway 21, Friendship, Wisconsin 53934.

2. At all times relevant to this proceeding, Respondent was employed as a dentist at Castle Rock Dental, located in Mauston, Wisconsin.

3. On August 20, 2014, Respondent examined Patient A, who was complaining of high levels of pain when chewing and experiencing throbbing during the night.

4. Respondent determined that tooth #15 was fractured and infected. Respondent discussed treatment options with Patient A and Patient A elected to have a root canal/crown procedure.

5. Respondent prescribed an antibiotic and pain medication to Patient A.

6. Patient A informed Respondent that she had an adverse reaction to Vicodin®, and that she believed she was allergic to hydrocodone.

7. Respondent disregarded Patient A's adverse reaction to Vicodin® and prescribed Vicoprofen®, which also contains hydrocodone. Patient A took the drug, and reported that she experienced hives, nausea, light headedness, blackouts, body aches and a migraine.

8. Respondent neither admits nor denies any violation in this matter, but concedes that there is sufficient basis for the Board to make these Findings of Fact and Conclusions of Law. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 447.07, and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Christopher M. Kania, D.D.S., engaged in unprofessional conduct as defined by Wis. Admin. Code § DE 5.02(5), by practicing in a manner which substantially departs from the standard of care ordinarily exercised by a dentist which harms or could have harmed a patient.

3. As a result of the above violations, Christopher M. Kania, D.D.S., is subject to discipline pursuant to Wis. Stat. §§ 447.07(3)(a), (f) and (h).

ORDER

1. The attached Stipulation is accepted.

2. Respondent Christopher M. Kania, D.D.S., is REPRIMANDED.

3. The license to practice dentistry issued to Christopher M. Kania, D.D.S., (license number 4763-15) is LIMITED as follows:

a. Within ninety (90) days of the date of this Order, Respondent shall successfully complete four (4) hours of education on the topic of pain control/medication selection offered by a provider pre-approved by the

Board's monitoring liaison, including taking and passing any exam offered for the courses.

- b. Respondent shall submit proof of successful completion of the ordered education in the form of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department, and also may not be used in future attempts to upgrade a credential in Wisconsin.
- c. This limitation shall be removed from Respondent's license after satisfying the Board or its designee that Respondent has successfully completed all of the ordered education.

4. Within ninety (90) days from the date of this Order, Christopher M. Kania, D.D.S., shall pay COSTS of this matter in the amount of \$250.00.

5. Request of approval of courses, proof of successful course completion and payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

6. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of costs as ordered or fails to submit proof of successful completion of the ordered education as set forth above, Respondent's license (no. 4763-15) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of costs and completion of the education.

7. This Order is effective on the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

by:

A Member of the Board

Date

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Zachary Hendrickson, Paralegal on behalf of Attorney Cody Wagner Division of Legal Services and Compliance	Date When Request Submitted: April 7, 2015
<p align="center">Items will be considered late if submitted after 4:30 p.m. and less than:</p> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards 	

Name of Board, Committee, Council:
Dentistry Examining Board

Board Meeting Date: May 6, 2015	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Proposed Stipulation and Final Decision and Order in the matter of case number 14 DEN 086; Farshad Rouhani, D.M.D.
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Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required: Mark Braden
---	--	---

Describe the issue and action the Board should address:

The board members need to review and consider the Stipulation and Proposed Final Decision and Order and vote whether to approve it in closed session.

Authorization:

	4-7-15
Signature of person making this request	Date
Supervisor signature (if required)	Date
Executive Director signature (indicates approval to add late items to agenda)	Date

Directions for including supporting documents:

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board's Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
FARSHAD ROUHANI, D.M.D., :
RESPONDENT. :

Division of Legal Services and Compliance Case No. 14 DEN 086

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Farshad Rouhani, D.M.D.
650 Moreland Circle
Portage, WI 53901

Wisconsin Dentistry Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Dentistry Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Farshad Rouhani, D.M.D., (DOB May 15, 1974) is licensed in the State of Wisconsin to practice dentistry, having license number 7134-15, first granted on July 18, 2013 and current through September 30, 2015. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 650 Moreland Circle, Portage, Wisconsin 53901.

2. At all times relevant to this proceeding, Respondent was employed as a dentist at Midwest Dental, located in Portage, Wisconsin.

3. On December 10, 2013, Respondent was performing a surgical extraction on Patient A.
4. During the procedure Respondent asked Assistant B for the surgical hand piece.
5. Respondent was informed by Assistant B that the surgical hand piece was in the sterilization room.
6. Respondent directed Assistant B to retrieve the surgical hand piece from the sterilization room.
7. Assistant B went to the sterilization room and was informed by Assistant C that the surgical hand piece was not ready for use because it had been used for the procedure Respondent performed immediately prior to treating Patient B and was not sterile.
8. Respondent was informed by Assistant B that the surgical hand piece was not sterilized and could not be used.
9. Respondent left the operating room and went to the sterilization room and asked Assistant C to give him the surgical hand piece.
10. Assistant C informed Respondent that the surgical hand piece had not been sterilized and therefore could not be used.
11. Respondent demanded the surgical hand piece from Assistant C and she unwrapped it for Respondent.
12. Assistant C used a disinfectant wipe to remove surface debris from the surgical hand piece and handed it to Respondent.
13. Respondent took no other action to sterilize the hand piece before using it on another patient.
14. Respondent stated that he took the hand piece from Assistant C and ran it through the statum setting of the Pelton and Crane DeltaQ by using their recommended program parameter for unwrapped instruments in the autoclave.
15. The Pelton and Crane DeltaQ's recommended program parameters for unwrapped instruments is three (3) minutes.
16. Statum sanitation would take approximately 10-15 minutes and the Pelton and Crane DeltaQ does not have a statum setting.
17. In using a non-sterile surgical instrument, Respondent created an unacceptable risk of harm to Patient A.
18. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 447.07, and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Farshad Rouhani, D.M.D., engaged in unprofessional conduct as defined by Wis. Admin. Code § DE 5.02(5), by practicing in a manner which substantially departs from the standard of care ordinarily exercised by a dentist which harms or could have harmed a patient.

3. As a result of the above violations, Farshad Rouhani, D.M.D., is subject to discipline pursuant to Wis. Stat. §§ 447.07(3)(a), (f) and (h).

ORDER

1. The attached Stipulation is accepted.
2. Respondent Farshad Rouhani, D.M.D., is REPRIMANDED.
3. The license to practice dentistry issued to Farshad Rouhani, D.M.D., (license number 7134-15) is LIMITED as follows:
 - a. Within ninety (90) days of the date of this Order, Respondent shall successfully complete four (4) hours of education on the topic of sterilization offered by a provider pre-approved by the Board's monitoring liaison, including taking and passing any exam offered for the courses.
 - b. Respondent shall submit proof of successful completion of the ordered education in the form of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department, and also may not be used in future attempts to upgrade a credential in Wisconsin.
 - c. This limitation shall be removed from Respondent's license and Respondent will be granted a full, unrestricted license after satisfying the Board or its designee that Respondent has successfully completed all of the ordered education.
4. Within ninety (90) days from the date of this Order, Farshad Rouhani, D.M.D., shall pay COSTS of this matter in the amount of \$300.00.
5. Request for approval of courses, proof of successful course completion and payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

6. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of costs as ordered or fails to submit proof of successful completion of the ordered education as set forth above, Respondent's license (no. 7134-15) may, in the discretion of the Board or its designee, be **SUSPENDED**, without further notice or hearing, until Respondent has complied with payment of costs and completion of the education.

7. This Order is effective on the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

by:

A Member of the Board

Date

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY
PROCEEDINGS AGAINST

FARSHAD ROUHANI, D.M.D.,
RESPONDENT.

STIPULATION

Division of Legal Services and Compliance Case No. 14 DEN 086

Respondent Farshad Rouhani, D.M.D., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation. Respondent is represented by Patrick Sullivan.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Dentistry Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

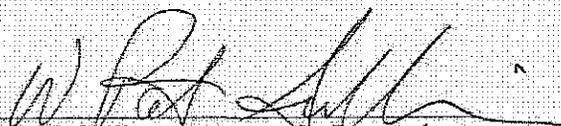
6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent or Respondent's attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

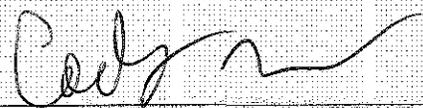
8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.


Farshad Rouhani, D.M.D., Respondent
650 Moreland Circle
Portage, WI 53901
License no. 7134-15

2/16/15
Date


Patrick Sullivan, Attorney for Respondent
Siesennop & Sullivan Attorneys at Law
200 N. Jefferson St.
Milwaukee, WI 53202

2/23/15
Date


Cody Wagner, Attorney
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 261-0116
Fax (608) 266-2264
cody.wagner@wisconsin.gov

2/23/15
Date

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Zachary Hendrickson, Paralegal on behalf of Attorney Sandra L. Nowack Division of Legal Services and Compliance	Date When Request Submitted: April 6, 2015 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards
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Name of Board, Committee, Council:

Dentistry Examining Board

Board Meeting Date: May 6, 2015	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Proposed Stipulation and Final Decision and Order in the matter of case number 15 DEN 001; Robert B. Pultz, DDS
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Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required: Eileen Donohoo
---	--	--

Describe the issue and action the Board should address:

The board members need to review and consider the Stipulation and Proposed Final Decision and Order and vote whether to approve it in closed session.

Authorization:	
_____ Signature of person making this request	4-6-15 _____ Date
_____ Supervisor signature (if required)	_____ Date
_____ Executive Director signature (indicates approval to add late items to agenda)	_____ Date

Directions for including supporting documents:

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board's Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
ROBERT B. PULTZ, D.D.S., :
RESPONDENT. :

Division of Legal Services and Compliance Case No. 15 DEN 001

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Robert B. Pultz, D.D.S.
621 Washington Ave.
Niagara, WI 54151

Wisconsin Dentistry Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Dentistry Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Robert B. Pultz, D.D.S., (dob October 26, 1960) is licensed in the state of Wisconsin to practice dentistry, having license number 3804-15, first issued on June 26, 1987 and current through September 30, 2015. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 621 Washington Avenue, Niagara, Wisconsin 54151.

2. On January 31, 2007, in case no. 06 DEN 091, the Board concluded that Respondent, without a valid prescription, purchased controlled substances for his own use, diverted prescriptions from a family member, failed to maintain records required of

professionals who possess controlled substances for professional use, and practiced dentistry while the unprescribed controlled substances were in his body. Respondent was diagnosed with opioid dependence, alcohol dependence, other substance abuse and substance induced mood disorder. As a result, Respondent submitted to the Board's standard impairment order. On November 6, 2014, the Board restored Respondent to full licensure.

3. At all times relevant to this proceeding, Respondent was employed as a dentist at a clinic, located in Niagara, Wisconsin.

4. The Division has received reports that a patient was injured in Respondent's care. Respondent's hands were shaking, his speech was rapid and his behavior was described as erratic.

5. Respondent denies relapse but in resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 447.07, and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Robert B. Pultz, D.D.S., engaged in unprofessional conduct as defined by Wis. Admin. Code § DE 5.02(4).

3. As a result of the above violations, Robert B. Pultz, D.D.S., is subject to discipline pursuant to Wis. Stat. § 447.07(3)(g).

ORDER

1. The attached Stipulation is accepted.

2. The dentistry license issued to Respondent Robert B. Pultz, D.D.S., (license number 3804-15) is SUSPENDED as follows:

SUSPENSION

A.1. The license of Robert B. Pultz, D.D.S., to practice dentistry in the state of Wisconsin is SUSPENDED for an indefinite period.

A.2. Respondent shall mail or physically deliver all indicia of Wisconsin dentistry licensure to the Department Monitor within fourteen (14) days of the effective date of this order. Limited credentials can be printed from the Department of Safety and Professional Services website at <http://dsps.wi.gov/index.htm>.

A.3. Upon a showing by Respondent of continuous, successful compliance for a period of at least five (5) years with the terms of this Order, including at least 600 hours

of active dentistry for every year the suspension is stayed, the Board may grant a petition by the Respondent under paragraph D.6. for return of full Wisconsin licensure. The Board may, on its own motion or at the request of the Department Monitor, grant full Wisconsin licensure at any time.

STAY OF SUSPENSION

- B.1. The suspension is hereby stayed based upon Respondent having provided proof, which was determined by the Board or its designee to be sufficient, that Respondent is in compliance with the provisions of Sections C and D of this Order.
- B.2. The Board or its designee may, without hearing, remove the stay upon receipt of information that Respondent is in substantial or repeated violation of any provision of Sections C or D of this Order. A substantial violation includes, but is not limited to, a positive drug or alcohol screen. A repeated violation is defined as the multiple violation of the same provision or violation of more than one provision. The Board or its designee may, in conjunction with any removal of any stay, prohibit the Respondent for a specified period of time from seeking a reinstatement of the stay under paragraph B.4.
- B.3. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:
- (a) Mailing to Respondent's last-known address provided to the Department of Safety and Professional Services pursuant to Wis. Stat. § 440.11; or
 - (b) Actual notice to Respondent or Respondent's attorney.
- B.4. The Board or its designee may reinstate the stay, if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly in the discretion of the Board or its designee.
- B.5. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code ch. SPS 2. The hearing shall be held in a timely manner with the evidentiary portion of the hearing being completed within sixty (60) days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

CONDITIONS AND LIMITATIONS

Treatment Required

- C.1. Respondent shall enter into, and shall continue, drug and alcohol treatment with a treater acceptable to the Board or its designee (Treater). Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.

- C.2. Respondent shall immediately provide Treater with a copy of this Final Decision and Order and all other subsequent orders.
- C.3. Treater shall be responsible for coordinating Respondent's rehabilitation and treatment as required under the terms of this Order, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor (See D.1., below). If Treater is unable or unwilling to serve as required by this Order, Respondent shall immediately seek approval of a successor Treater by the Board or its designee.
- C.4. The rehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater. Therapy may end only with the approval of the Board or its designee, after receiving a petition for modification as required by D.4., below.
- C.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in drug and alcohol treatment. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.

Releases

- C.6. Respondent shall provide and keep on file with Treater, all treatment facilities and personnel, laboratories and collections sites current releases complying with state and federal laws. The releases shall allow the Board, its designee, and any employee of the Department of Safety and Professional Services, Division of Legal Services and Compliance to: (a) obtain all specimen screen results and patient health care and treatment records and reports, and (b) discuss the progress of Respondent's treatment and rehabilitation with Treater and treatment facilities and personnel, laboratories and collection sites. Copies of these releases shall immediately be filed with the Department Monitor.

AA/NA Meetings

- C.7. Respondent shall attend Narcotics Anonymous and/or Alcoholics Anonymous meetings or an equivalent program for recovering professionals, at the frequency recommended by Treater, but no less than twice per week. Attendance of Respondent at such meetings shall be verified and reported quarterly to Treater and the Department Monitor.

Sobriety

- C.8. Respondent shall abstain from all personal use of alcohol.

- C.9. Respondent shall abstain from all personal use of controlled substances as defined in Wis. Stat. § 961.01(4), except when prescribed, dispensed or administered by a practitioner for a legitimate medical condition. Respondent shall disclose Respondent's drug and alcohol history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Respondent shall at the time the controlled substance is ordered immediately sign a release in compliance with state and federal laws authorizing the practitioner to discuss Respondent's treatment with, and provide copies of treatment records to, Treater and the Board or its designee. Copies of these releases shall immediately be filed with the Department Monitor.
- C.10. Respondent shall abstain from all use of over-the-counter medications or other substances (including but not limited to natural substances such as poppy seeds) which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Respondent's treatment and rehabilitation. It is Respondent's responsibility to educate himself about the medications and substances which may violate this paragraph, and to avoid those medications and substances.
- C.11. Respondent shall report to Treater and the Department Monitor all prescription medications and drugs taken by Respondent. Reports must be received within twenty-four (24) hours of ingestion or administration of the medication or drug, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Each time the prescription is filled or refilled, Respondent shall immediately arrange for the prescriber or pharmacy to fax and mail copies of all prescriptions to the Department Monitor.
- C.12. Respondent shall provide the Department Monitor with a list of over-the-counter medications and drugs that they may take from time to time. Over-the-counter medications and drugs that mask the consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Respondent's treatment and rehabilitation, shall not be taken unless ordered by a physician and approved by Treater, in which case the drug must be reported as described in paragraph C.11.

Drug and Alcohol Screens

- C.13. Respondent shall enroll and begin participation in a drug and alcohol monitoring program which is approved by the Department (Approved Program).
- C.14. At the time Respondent enrolls in the Approved Program, Respondent shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program is a substantial violation of this Order. The requirements shall include:

- (a.) Contact with the Approved Program as directed on a daily basis, including vacations, weekends and holidays.
 - (b.) Production of a urine, blood, sweat, fingernail, hair, saliva or other specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
- C.15. The Approved Program shall require the testing of specimens at a frequency of not less than forty-nine (49) times per year, for the first year of this Order. After the first year, Respondent may petition the Board on an annual basis for a modification of the frequency of tests. The board may adjust the frequency of testing on its own initiative at any time.
- C.16. If any urine, blood, sweat, fingernail, hair, saliva or other specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
- C.17. In addition to any requirement of the Approved Program, the Board or its designee may require Respondent to do any or all of the following: (a) submit additional specimens; (b) furnish any specimen in a directly witnessed manner; or (c) submit specimens on a more frequent basis.
- C.18. All confirmed positive test results shall be presumed to be valid. Respondent must prove by a preponderance of the evidence an error in collection, testing, fault in the chain of custody or other valid defense.
- C.19. The Approved Program shall submit information and reports to the Department Monitor as directed.

Practice Limitations

- C.20. Respondent may not work as dentist in a setting in which Respondent has access to controlled substances.
- C.21. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.
- C.22. Within ninety (90) days from the date of this Order, Respondent shall engage the services of a professional mentor who is licensed to practice dentistry in the state of Wisconsin, and who has not been disciplined by the Board.
- C.23. Within thirty (30) days of the date of this Order, Respondent shall submit to the Department Monitor at the address below a written request for approval of a proposed mentor. The request for approval shall be

accompanied by the mentor's current curriculum vitae and a letter from the mentor confirming that he or she has read the Final Decision and Order and agrees to undertake the duties of a professional mentor as set out in this paragraph.

- C.24. The professional mentor shall be actively engaged in the practice of dentistry and shall not have any personal or professional relationship, past or present, with Respondent that could reasonably be expected to compromise the proposed mentor's ability to render fair and unbiased reports to the Department.
- C.25. The Board's designee has the full and final authority to approve or reject a proposed mentor. This decision is based on an exercise of discretion and is not reviewable. The Board's designee may, for good cause, approve or direct a change in the professional mentor at any time.
- C.26. Every month, for a period of 24 months, the mentor shall visit and inspect Respondent's dentistry practice, for the purposes of determining whether or not Respondent is maintaining the practice site consistent with standards of the dentistry profession.
- C.27. During the monthly visit, the mentor shall randomly select and review the charts of at least five (5) patients that have presented to Respondent in the preceding month. The chart review shall thoroughly assess whether Respondent's records are compliant with the rules and regulations of the profession and completed in a timely manner. Records shall be assessed at the standard of minimum competence.
- C.28. The professional mentor shall offer feedback and direction to Respondent for the purposes of assisting Respondent in improving the quality of care provided to patients and record-keeping. Respondent shall follow the appropriate guidance of the mentoring dentist. Whether or not guidance of the mentoring dentist is appropriate and whether or not Respondent has complied with the guidance shall be in the sole discretion of the Board's designee. These discretionary determinations are not reviewable.
- C.29. The mentor shall submit written and thorough quarterly reports identifying the number of charts reviewed in the previous quarter; the quality of record keeping, and identifying any concern with Respondent's practice. It is Respondent's responsibility to ensure the quarterly reports are submitted when due.
- C.30. The mentor shall immediately report any unprofessional conduct or suspected violation of this Order to the Department Monitor.

- C.31. After the timely submission of six (6) consecutive quarterly mentor reports, and with a written recommendation from the mentor expressly supporting the request, Respondent may petition the Board or its designee for modification or termination of any part of this limitation. Whether to modify the terms of this Limitation is in the sole discretion of the Board or its designee and is not reviewable.
- C.32. Respondent is responsible for any and all costs associated with the services of the professional mentor.

MISCELLANEOUS

Department Monitor

- D.1. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

Required Reporting by Respondent

- D.2. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any failures of the Treater, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Respondent.
- D.3. Every three (3) months the Respondent shall notify the Department Monitor of the Respondent's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

Change of Treater or Approved Program by the Board

- D.4. If the Board or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or its designee may direct that Respondent continue treatment and rehabilitation under the direction of another Treater or Approved Program.

Petitions for Modification of Limitations or Termination of Order

- D.5. Respondent may petition the Board on an annual basis for modification of the terms of this Order, however no such petition for modification shall occur earlier than one (1) year from the date of the initial stay of the suspension. Any petition for modification shall be accompanied by a written recommendation from Respondent's Treater expressly supporting the specific modifications sought. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stat. § 227.01(3)(a), and Respondent shall not have a right to any further hearings or proceedings on the denial.
- D.6. Respondent may petition the Board for termination of this Order anytime after five (5) years from the date of the initial stay of the suspension. However, no petition for termination shall be considered without a showing of continuous, successful compliance with the terms of the Order, for at least five (5) years.

Costs of Compliance

- D.7. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order. Being dropped from a program for non-payment is a violation of this Order.

Costs of Proceeding

- D.8. Respondent shall pay costs of \$671.00 to the Department of Safety and Professional Services, within ninety (90) days of this Order. Payment should be directed to the attention of the Department Monitor at the address in paragraph D.1., above. In the event Respondent fails to timely submit any payment of costs, the Respondent's license (#3804-15) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

Additional Discipline

- D.9. In addition to any other action authorized by this Order or law, violation of any term of this Order may be the basis for a separate disciplinary action pursuant to Wis. Stat. § 447.07.

3. This Order is effective on the date of its signing.

Dated at Madison, Wisconsin this 6th day of May, 2015.

WISCONSIN DENTISTRY EXAMINING BOARD

By: _____
A Member of the Board

STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	STIPULATION
ROBERT B. PULTZ, D.D.S.,	:	
RESPONDENT.	:	

Division of Legal Services and Compliance Case No. 15 DEN 001

Respondent Robert B. Pultz, D.D.S., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.
2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:
 - the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
 - the right to confront and cross-examine the witnesses against Respondent;
 - the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
 - the right to testify on Respondent's own behalf;
 - the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
 - the right to petition for rehearing; and
 - all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.
3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation.
4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Dentistry Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.
5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division

of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Robert B. Pultz, D.D.S.
Robert B. Pultz, D.D.S., Respondent
621 Washington Ave.
Niagra, Wisconsin 54151
License no. 3804-15

4-6-15
Date

Sandra L. Nowack
Sandra L. Nowack, Attorney
WI State Bar No. 1025643
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 266-8098
Fax (608) 266-2264
sandra.nowack@wisconsin.gov

[Signature]
Date

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Zachary Hendrickson, Paralegal on behalf of Attorney Amanda Florek Division of Legal Services and Compliance	Date When Request Submitted: April 22, 2015
Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards 	

Name of Board, Committee, Council:

Dentistry Examining Board

Board Meeting Date: May 6, 2015	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Administrative Warning (AW) in the matter of case number 13 DEN 008; JLZ, D.D.S.
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Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required: Dr. Braden
---	--	--

Describe the issue and action the Board should address:

The Board will have to make the following findings;

- 1) that there is evidence of professional misconduct by the Respondent,
- 2) that this misconduct is a first occurrence of record with the Board,
- 3) that this misconduct is a minor violation, and
- 4) that the issuance of this Administrative Warning will adequately protect the public.

Authorization:

 _____ 4-22-15

Signature of person making this request **Date**

Supervisor signature (if required) **Date**

Executive Director signature (indicates approval to add late items to agenda) **Date**

Directions for including supporting documents:

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board's Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

**STATE OF WISCONSIN
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

DENTISTRY EXAMINING BOARD

ADMINISTRATIVE WARNING

(Division of Legal Services and Compliance Case Number 13 DEN 008)

This administrative warning is issued by the Dentistry Examining Board (Board) to Jeffrey L. Zander, D.D.S., (license number 2262-15), P.O. Box 495, Shawano, Wisconsin 54166-0495, pursuant to Wis. Stat. § 440.205. The Board makes the following findings:

- 1) There is evidence of professional misconduct by Jeffrey L. Zander, D.D.S., to wit:
 - a. On July 25, 2007, Patient A presented to Respondent for an extraction of tooth #2, a second molar on the upper right jaw.
 - b. On July 25, 2007, Patient A signed an informed consent for surgery form. The informed consent form states "possible complications which have been explained to me...3) Decision by the doctor to leave a small piece of the tooth root in the jaw when its removal would require extensive surgery and increased risk of complications." The informed consent form also states "I have had the opportunity to discuss my surgery with Dr. Zander and ask questions. I understand the alternatives and complications described above and I willingly consent to the surgery as described. I further authorize Dr. Zander to modify the above treatment plan during the surgery if in his professional judgment such a change is in my best interest."
 - c. Respondent extracted most of Patient A's tooth #2. Respondent did not extract the roots of tooth #2.
 - d. After the surgery, Respondent informed Patient A that, among other things, the roots were left behind, the roots being left behind were unlikely to cause an issue and what to do in the event the roots did cause an issue. Respondent stated he always gives this information and his assistant documents it in the patient records. In this case, his assistant failed to document the conversation in Patient A's record. When Respondent reviewed the charts at the end of the day, he did not notice this was not documented.
 - e. Patient A only saw Respondent this one time. Therefore, the omission was not discovered until a records request was made.
 - f. After the record request was made and sent to the requesting doctor, Respondent noticed the omission, updated and initialed the chart but failed to write the date the addition was made. This made it look like the records were altered. Respondent understands that he should have dated the addition.
 - g. Since the incident, Respondent has taken education on documentation and no additional education is necessary.
- 2) This misconduct is a first occurrence for Jeffrey L. Zander, D.D.S.
- 3) This misconduct is a minor violation of Wis. Stat. § 447.07(3)(a) and Wis. Admin. Code § DE 5.02(5).
- 4) That issuance of this administrative warning will adequately protect the public and no further action is warranted.

Therefore, the Board issues this administrative warning and hereby puts Jeffrey L. Zander, D.D.S., on notice that any subsequent similar violation may result in disciplinary action. The investigation of this matter, case number 13 DEN 008, is hereby closed.

Date: _____

Signature of authorized representative for the
Dentistry Examining Board

Right to Review

You may obtain a review of this administrative warning by filing a written request with the Dentistry Examining Board within twenty (20) days of mailing of this warning. The review will offer the credential holder an opportunity to make a personal appearance before the Board.

*The record that this administrative warning was issued is a public record.
The content of this warning is private and confidential.*

DENTISTRY EXAMINING BOARD
PENDING CASES STATUS REPORT AS OF APRIL 24, 2015

Case Number	Case Status	Respondent Name/Reg Type	Received Complaint	Opened for Investigation	18 Month Timeline Target	18 Month Days Until Overdue	Attorney	Investigator	Paralegal	Case Advisor
11 DEN 098	Hearing	Kregenow, John R 15	11/02/11	11/15/11	05/15/13	-443.00	Nowack, Sandra	Whaley, Hannah	Zack H.	Knoell, Lyndsay
13 DEN 008	Open for Legal Action	Zander, Jeffrey L 15	01/23/13	05/01/13	11/01/14	549.00	Florek, Amanda	Brussow, Tiffany		Braden, Mark
13 DEN 085	Open for Legal Action	Crawford, Patrick J 15	09/09/13	11/06/13	05/06/15	546.00	Wagner, Cody	Whaley, Hannah		Welter, Beth
13 DEN 086	Open for Legal Action	Trettin, Robert W 15 Werwie, John Michael 15 Linstroth, Thomas A. 15	09/16/13	12/04/13	06/04/15	547.00	Wagner, Cody	Feaster, Tina		Welter, Beth
13 DEN 111	Open for Legal Action	Willding, Robert S 15	11/19/13	02/05/14	08/05/15	546.00	Polewski, James	Wolfe, Elena	Zack H.	McConville, Timothy
13 DEN 119	Open for Legal Action	Nelson, David E 15	12/13/13	03/05/14	09/05/15	549.00	Wagner, Cody	Wolfe, Elena		Pietz, Wendy
13 DEN 121	Hearing	Kregenow, John R 15	12/19/13	12/20/13	06/20/15	MET	Nowack, Sandra	Whaley, Hannah	Zack H.	Knoell, Lyndsay
13 DEN 122	Open for Legal Action	Vezzetti, Mary B 15	12/16/13	02/05/14	08/05/15	546.00	Polewski, James	Whaley, Hannah		McConville, Timothy
14 DEN 032	Open for Legal Action	Marchigiani, James F 15	04/18/14	04/21/14	10/21/15	548.00	Nowack, Sandra	Whaley, Hannah	Zack H.	Donohoo, Eileen
14 DEN 035	Hearing	Knox, Allen W. 15	04/18/14	05/07/14	11/07/15	MET	Polewski, James	Wolfe, Elena	Zack H.	Beres, Debra
14 DEN 037	Open for Legal Action	Robinson, Harold L 15	04/24/14	06/11/14	12/11/15	548.00	Wagner, Cody	Feaster, Tina	Meena B.	Pietz, Wendy
14 DEN 038	Hearing	Kregenow, John R 15	05/02/14	05/06/14	11/06/15	MET	Nowack, Sandra	Whaley, Hannah	Zack H.	Knoell, Lyndsay
14 DEN 049	Open for Legal Action	Hughes, Thomas J 15	05/30/14	07/09/14	01/09/16	549.00	Nowack, Sandra	Brussow, Tiffany	Zack H.	Pietz, Wendy
14 DEN 054	Open for Investigation	Knutsen, Nathan 15	06/16/14	08/07/14	02/07/16	549.00	Polewski, James	Feaster, Tina	Meena B.	McConville, Timothy
14 DEN 060	Open for Legal Action	Smilanich, Michael 15	06/27/14	09/03/14	03/03/16	547.00	Wagner, Cody	Feaster, Tina	Meena B.	Donohoo, Eileen
14 DEN 061	Hearing	Kregenow, John R 15	07/08/14	07/09/14	01/09/16	MET	Nowack, Sandra	Whaley, Hannah	Zack H.	Knoell, Lyndsay
14 DEN 069	Open for Investigation	Curran, James F 15	08/12/14	08/12/14	02/12/16	549.00	Nowack, Sandra		Zack H.	Huck, Leonardo
14 DEN 073	Open for Legal Action	Knox, Allen W 15	08/12/14	08/20/14	02/20/16	549.00	Polewski, James	Wallock, Matthew	Zack H.	Beres, Debra
14 DEN 079	Open for Investigation	Kania, Christopher M 15	09/03/14	11/05/14	05/05/16	547.00	Polewski, James		Zack H.	Welter, Beth
14 DEN 086	Open for Legal Action	Rouhani, Farshad 15	09/11/14	12/04/14	06/04/16	548.00	Wagner, Cody	Dary, Tina	Zack H.	Braden, Mark
14 DEN 092	Open for Investigation	Kowalski, Michael 15	09/29/14	01/07/15	07/07/16	547.00	Nowack, Sandra	Feaster, Tina	Zack H.	McConville, Timothy
14 DEN 096	Open for Legal Action	Labella, Joseph 15	10/07/14	10/29/14	04/29/16	548.00	Wagner, Cody	Feaster, Tina	Zack H.	Pietz, Wendy
14 DEN 098	Open for Legal Action	Kraut, Donald A 15	10/30/14	11/05/14	05/05/16	547.00	Nowack, Sandra	Feaster, Tina	Zack H.	Braden, Mark
14 DEN 103	Open for Legal Action	Nadi, Tawfiq S 15	11/18/14	02/05/15	08/05/16	547.00	Nowack, Sandra		Zack H.	Welter, Beth
14 DEN 105	Open for Investigation	Presswala, Azim 15	11/24/14	03/04/15	09/04/16	550.00	Wagner, Cody		Meena B.	Knoell, Lyndsay
14 DEN 106	Open for Investigation	Murphy, James F 15 Lafratta, Michael S 15 Lavine, Dawn N 16	12/12/14	12/17/14	06/17/16	548.00	Wagner, Cody	Feaster, Tina	Zack H.	Braden, Mark

DENTISTRY EXAMINING BOARD
PENDING CASES STATUS REPORT AS OF APRIL 24, 2015

Case Number	Case Status	Respondent Name/Reg Type	Received Complaint	Opened for Investigation	18 Month Timeline Target	18 Month Days Until Overdue	Attorney	Investigator	Paralegal	Case Advisor
14 DEN 115	Open for Investigation	Martin, Michael F 15	12/15/14	04/09/15	10/09/16	549.00	Nowack, Sandra	Dary, Tina	Zack H.	Welter, Beth
15 DEN 001	Open for Legal Action	Pultz, Robert B 15	01/05/15	01/07/15	07/07/16	547.00	Nowack, Sandra	Feaster, Tina	Zack H.	Donohoo, Eileen
15 DEN 002	Open for Investigation	Vu, Golden K 15	01/02/15	04/09/15	10/09/16	549.00	Nowack, Sandra	Feaster, Tina	Zack H.	Huck, Leonardo
15 DEN 003	Open for Investigation	Quirt, Robert G 15	01/08/15	04/09/15	10/09/16	549.00	Nowack, Sandra	Brussow, Tiffany	Meena B.	McConville, Timothy
15 DEN 006	Open for Investigation	Gorodesky, Roman 15	02/12/15	04/09/15	10/09/16	549.00	Nowack, Sandra	Feaster, Tina	Zack H.	Braden, Mark
15 DEN 007	Open for Investigation	Presswala, Azim 15	02/20/15	04/09/15	10/09/16	549.00	Wagner, Cody		Meena B.	Knoell, Lyndsay
15 DEN 009	Open for Investigation	Herrick, Debora A 15	03/05/15	03/13/15	09/13/16	550.00	Wagner, Cody	Dary, Tina	Zack H.	Knoell, Lyndsay
15 DEN 011	Open for Investigation	Mancini, Andy 15	03/04/15	04/09/15	10/09/16	549.00	Nowack, Sandra	Feaster, Tina	Zack H.	Donohoo, Eileen
15 DEN 016	Open for Investigation	Stevens, Timothy 15	03/20/15	03/25/15	09/25/16	550.00	Wagner, Cody	Dary, Tina	Zack H.	Donohoo, Eileen