



# STATE OF IOWA

## IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

PHIL MCCOLLUM  
INTERIM DIRECTOR

### ***TELECONFERENCE*** **IOWA DENTAL HYGIENE COMMITTEE**

#### **AGENDA**

June 12, 2014

12:00 P.M.

**Location:** Iowa Dental Board, 400 SW 8<sup>th</sup> St., Suite D, Des Moines, Iowa

**Members:** *Mary Kelly, R.D.H., Chair; Nancy Slach, R.D.H., Vice Chair; Matthew McCullough, D.D.S.*

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. 1<sup>st</sup> OPPORTUNITY FOR PUBLIC COMMENT**
- III. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS\***
  - a. Deresa Lynn, Hughes, R.D.H.*
  - b. Ashley J. Kenkel, R.D.H.*
  - c. Jordan A. Latta, R.D.H.*
  - d. Tracy L. Lutt, R.D.H.*
- IV. 2<sup>nd</sup> OPPORTUNITY FOR PUBLIC COMMENT**
- V. CLOSED SESSION\***
- VI. ACTION, IF ANY, ON CLOSED SESSION ITEMS**
- VII. ADJOURN**

#### **NEXT QUARTERLY MEETING: July 31-August 1, 2014**

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the office of the Board at 515/281-5157.

\*This portion of the meeting may be conducted in closed session to discuss confidential matters that may concern examination information, peace officers' investigative reports, attorney records related to litigation, patient records and reports on the condition, diagnosis, care or treatment of a patient, or investigation reports and other investigative information which is privileged and confidential under the provisions of Sections 22.7(2), 22.7(4), 22.7(5), 22.7(9), 22.7(19), and 272C.6(4) of the 2013 Code of Iowa.

These matters constitute a sufficient basis for the committee to consider a closed session under the provisions of section 21.5(1), (a), (c), (d), (f), (g), and (h) of the 2013 Code of Iowa. These sections provide that a governmental body may hold a closed session only by affirmative public vote of either two-thirds of the members of the body or all of the members present at the meeting to review or discuss records which are required or authorized by state or federal law to be kept confidential, to discuss whether to initiate licensee disciplinary investigations or proceedings, and to discuss the decision to be rendered in a contested case conducted according to the provisions of Iowa Code chapter 17A.



# APPLICATION FOR IOWA DENTAL HYGIENE LICENSE

IOWA DENTAL BOARD

## IOWA DENTAL BOARD

400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687

Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

FEB 24 2014

RECEIVED

Application by Examination

Application by Credentials

This form must be completed and returned to the Iowa Dental Board. Include the *non-refundable* application fee. Do not submit payment in cash. Complete each question on the application. If not applicable, mark "N/A."

### IDENTIFYING INFORMATION

Full Name (Last, First, Middle)			
Hughes Deresa Lynn			
Other Names Used: (e.g. Maiden Name)			
Rowton			
Home Address			
12233 Gail Ave			
City	County	State	Zip
Omaha	Douglas	NE	68137
Home Phone:		Home E-mail:	
(402) 612-4156		dh2012@ymail.com	
Work Address			
712 Fort Crook Rd			
City	County	State	Zip
Bellevue	Sarpy	NE	68005
Work Phone:	Work Fax:	Work E-mail:	
(402) 733-6066	(402) 733-0899	_____	

### DENTAL HYGIENE EDUCATION

Year	Institution	City, State, Country	From (Mo/Yr)	To (Mo/Yr)
Year 1	Iowa Western Community College	Council Bluffs, IA USA	8/2010	May 2012
Year 2	IWCC	Council Bluff, IA USA	8/2010	May 2012
Year 3	N/A			
Year 4	N/A			
Degree Received:		Date of Degree:		
Associate of Science		May 12, 2012		
For office use only:		License #	Date Issued:	Fees (App/Eprint):
				* 3464 & 216 or 2/25/14

Name of Applicant: Deresia Hughes

**POST-GRADUATE DENTAL HYGIENE TRAINING**

Institution:	Specialty:	From (Mo/Yr):	To (Mo/Yr):
Address:	City:	State:	

**CHRONOLOGY OF ACTIVITIES**

Provide a chronological listing of all dental hygiene and non-dental hygiene activities from the date of your graduation from dental hygiene school to the present date, with no more than a three (3) month gap in time. Include months, years, location (city & state), and type of practice. Attach additional sheets of paper, if necessary, labeled with your name and signed by you.

Activity & Location	From (Mo/Yr):	To (Mo/Yr):
Anding Family Dental 4702 Lafayette Ave Omaha, NE 68132	Aug 2012	Oct 2012
Southroads Dental 712 Fort Crook Road North Bellevue, NE 68005	NOV 2012	April 2013
Dentistry For Health 10365 Pacific street Omaha, NE 68114	April 2013	Dec 2013
Southroads Dental 712 Fort Crook Rd North Bellevue NE 68005	Nov 18 2013	Current
Dr Knauss 5686 N. 103 <sup>rd</sup> St Omaha, NE 68134	Dec 2013	Current

**LICENSE INFORMATION**

List all state/countries in which you are or have ever been licensed. Please note, you will be required to request written certifications of all licenses.

State/Country	License No.	Date Issued	License Type (e.g. Resident, Faculty, Permanent)	How Obtained (e.g. Credentials, Exam)
NE / USA	2376	July 2012	Permanent	Exam

Name of Applicant: Dereasa Hughes

### PERSONAL & CONFIDENTIAL DATA

**Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

<b>Social Security Number:</b> [REDACTED]		<b>Gender:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<b>U.S. citizen:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, visa type or alien registration number:</b> <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa <input type="checkbox"/> Alien Registration <b>Provide visa or alien registration number:</b>		<b>If visa, provide expiration date of current visa:</b>	
<b>Date of birth:</b> 04/01/1979	<b>City of Birth:</b> Bakersfield	<b>State of birth:</b> CA	<b>Country of birth:</b> USA

### EXAMINATION INFORMATION

List all national, regional, or state licensure exams you have taken. Include the date and indicate if you passed or failed. Add additional sheets if necessary.

1. NBDHE	Date: 3/2012	[REDACTED]
2. CRDTS	Date: 4/2012	[REDACTED]

### DEFINITIONS

Important! Read these definitions before completing the following questions.

**"Ability to practice dental hygiene with reasonable skill and safety"** means ALL of the following:

1. The cognitive capacity to make reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers; and
3. The capability to perform clinical tasks such as dental hygiene examinations and dental hygiene procedures.

**"Medical condition"** means any physiological, mental or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

**"Chemical substances"** means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

**"Currently"** does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and practice, or has adversely affected the ability to function and practice within the past two (2) years.

**"Improper use of drugs or other chemical substances"** means ANY of the following:

1. The use of any controlled drug, legend drug, or other chemical substance for any purpose other than as directed by a licensed health care practitioner; and
2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

**"Illegal use of drugs or other chemical substances"** means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

Name of Applicant: Deresa Hughes

**PERSONAL & CONFIDENTIAL DATA**

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH "YES" ANSWER TO QUESTIONS 1 THROUGH 18, YOU MUST PROVIDE A SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

- |                              |  |  |
|------------------------------|--|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dental hygiene with reasonable skill and safety?   |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?   |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dental hygiene with reasonable skill and safety?   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A        | 4. If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?                          |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A        | 5. If YES to any of the above, does your field of practice, the setting, or the manner in which you have chosen to practice dental hygiene, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? |

If you answered yes to any of the questions above, please provide a statement below providing the details as requested in the instructions above. Please add a separate sheet of paper if necessary.

Please see attached pages for detailed explanation.

Deresa Hughes  
Signature

2/19/2014  
Date

Name of Applicant: Deresia Hughes

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH "YES" ANSWER TO QUESTIONS 1 THROUGH 18, YOU MUST PROVIDE A SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	6. Except for minor speeding or parking offenses, have you ever been arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	7. Have you ever been terminated or requested to withdraw from any dental hygiene school or training program?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	8. Have you ever been requested to repeat a portion of any professional training program/school?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	9. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	10. Have you ever been denied a license to practice dental hygiene?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	11a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	12. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	13. Are any malpractice claims or complaints in process/pending against you?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	14. Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dental hygiene?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	15. Are charges or an investigation currently pending relative to your dental hygiene license in any other state?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	16. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	17. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the United States or other nation?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	18. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>19. Do you understand that if a license is granted by this board, it will be based in part on the truth of the statements contained herein, which, if false, may subject you to criminal prosecution and revocation of the license?</b>

1/13/2014

To The Dental Board,

I have enclosed a copy of my past criminal record and a letter from my former probation officer. As you will see I made a mistake approximately eleven years ago. I was involved with the wrong type of people and I made some poor choices. I was going on a trip from Omaha to Clinton Iowa. I was with a friend and my sister. We were pulled over. The officer searched our vehicle. I was found in possession of methamphetamines. We all were taken to jail. I told the police it was mine. My sister and friend were let go on lesser charges. I accepted my consequences and completed all requirements for successful discharge [REDACTED]

This was an isolated incident eleven years ago. I have had no further indiscretions before or since, not even a speeding ticket. I have turned my life completely around. Since this incident I have furthered my education, first as a dental assistant, and now am licensed as a Dental Hygienist in Nebraska. I am married and have three children. I have been practicing in the state of Nebraska for approximately one and a half years without any disciplinary actions. I am writing this explanation in the hope that you will understand that was a mistake I made in the past. It is not who I am today. Thank you for your time and consideration.

With Kind Regards,

Deresa Hughes



# Fourth Judicial District Department of Correctional Services

801 South 10<sup>th</sup> Street  
Council Bluffs, IA 51501

Phone 712/325-4943  
Fax 712/325-0312

Date: 12/13/2012

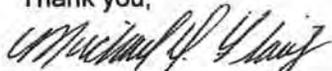
To Whom It May Concern:

Deresa Hughes was under probation supervision to this Department from July 2001 until July of 2004. During that time she completed all of her probation requirements including: [REDACTED] [REDACTED], and our residential correctional facility program.

She has paid all court costs associated with her supervised case and attended 12 step meetings throughout her probation term. While accomplishing the above she attended school and maintained employment.

If you have any questions concerning Ms. Hughes probation supervision or her successful discharge from probation please do not hesitate to contact me at 712-325-4943 X 236.

Thank you,



Michael Flairty

Residential Supervisor

Administrative Office  
Probation/Parole/  
Presentence/Pre-trial/  
Drug Court  
801 South 10<sup>th</sup> Street  
Council Bluffs, IA 51501  
Phone 712/325-4943  
Fax 712/325-0312

OMNI Office  
Probation/Parole/  
Presentence/Pre-trial/  
Intensive Supervision  
300 W. Broadway, Suite 201  
Council Bluffs, IA 51503  
Phone 712/322-6409  
Fax 712/322-4113

Men's Residential  
Correctional Facility  
900 9<sup>th</sup> Avenue  
Council Bluffs, IA 51501  
Phone 712/325-4943  
Fax 712/329-9115

Women's Residential  
Correctional Facility  
1102 9<sup>th</sup> Avenue  
Council Bluffs, IA 51501  
Phone 712/325-4943  
Fax 712/323-3602

Our mission is to...

Advance successful offender reentry to protect the public, staff and offenders from victimization.

IN THE IOWA DISTRICT COURT FOR DALLAS COUNTY

STATE OF IOWA

Plaintiff,

vs.

DERESA L ROWTON,  
CHAD MICHAEL HANSON, and  
SHARI LEANN RICE,

Defendants.

CRIMINAL NO. FECR024783

FECR024784

FECR024788

INFORMATION

FILED  
DALLAS COUNTY IOWA  
01 APR - 2 AM 9:12  
GLORIA L. MARR  
CLERK, DISTRICT COURT

COMES NOW Wayne M. Reisetter, County Attorney of Dallas County, State of Iowa, and

in the name and by the authority of the State of Iowa accuses the Defendants of the crimes of:

**COUNT I: POSSESSION WITH THE INTENT TO DELIVER METHAMPHETAMINE, A CLASS "B" FELONY,** committed as follows: The said Defendants, on or about the 20<sup>th</sup> day of March, 2001, in the County of Dallas, in the State of Iowa, in violation of Section 124.401(1)(b)(7) of the Iowa Code did possess more than 5 grams of a controlled substance, methamphetamine, with the intent to deliver such substance.

**COUNT II: CONTROLLED SUBSTANCE - TAX STAMP VIOLATION, A CLASS "D" FELONY,** committed as follows: The said Defendants, on or about the 20<sup>th</sup> day of March, 2001, in the County of Dallas, in the State of Iowa, in violation of Sections 453B.1, 453B.3, 453B.4, and 453B.12 of the Iowa Code did possess seven (7) or more grams of methamphetamine, a taxable substance, without permanently affixing to the taxable substance, a stamp, label, or other official indicia of having paid the tax payment required for said possession.

STATE OF IOWA )  
 ) SS:  
COUNTY OF DALLAS )

I, Wayne M. Reisetter, Dallas County Attorney, being first duly sworn, do depose and say, that I have made full and careful investigation of the facts upon which the above charge is based, and that the allegations contained in the above and foregoing Information are true as I verily believe.

A TRUE INFORMATION

*Wayne M. Reisetter*  
Wayne M. Reisetter, Dallas County Attorney  
DA0001431

**APPROVAL OF INFORMATION AND ORDER FOR ARRAIGNMENT**

This Information and the Minutes of Testimony accompanying it have been examined by me and found to contain sufficient evidence, if unexplained, to warrant a conviction by a trial jury; the filing of this Information is approved on this 2<sup>nd</sup> day of April, 2001.

**DEFENDANT IS ORDERED TO APPEAR FOR ARRAIGNMENT at the Courtroom, 3rd Floor, Dallas County Courthouse, Adel, Iowa, on April 20, 2001 at 8:00 a.m.**

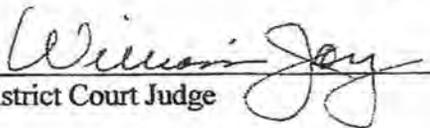
Defendant is released on personal recognizance.

Bond is set in the amount of \$\_\_\_\_\_.

Bond previously set shall continue.

Clerk of Court shall issue a summons for Defendant to Appear.

Clerk of Court shall issue an arrest warrant.

  
District Court Judge

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator at (515) 993-5816. (If you are hearing impaired, call Relay Iowa at 1-800-735-2942).

List of witnesses

NAME	ADDRESS	OCCUPATION
Troy Hildreth	Des Moines, IA	Trooper, Iowa State Patrol
Larry Naber	Des Moines, IA	Captain, Iowa State Patrol
Paul Federson	Des Moines, IA	Special Agent, DNE
Steve DeJoode	Des Moines, IA	Special Agent, DNE

FILED  
DALLAS COUNTY, IOWA

01 JUL 27 2001

IN THE IOWA DISTRICT COURT FOR DALLAS COUNTY

STATE OF IOWA,

Plaintiff,

vs.

Deresa L. Rowton

Defendant.

GLORIA WARD  
CLERK, DISTRICT COURT

CRIMINAL NO. FECR024783; Ct. I

JUDGEMENT AND SENTENCE

FELONY IMPRISONMENT

Poss'n With the Intent to Deliver  
(Controlled Substances) (Suspended) Methamphetamine  
Class C Felony

On this 27<sup>th</sup> day of July, ~~199~~<sup>2001</sup>, this matter comes on

for sentencing. The State appears by Assistant County Attorney J. Gilmore and

the Defendant appears personally with attorney, Mark Zbieroski. The

Defendant, having plead guilty and having been found guilty, knows of no legal cause

why judgment should not now be entered and none appears upon the record.

IT IS THE JUDGMENT AND SENTENCE OF THIS COURT that the Defendant is convicted of the crime of Poss'n With the Intent to Deliver in violation of Section(s) 124.401 (1) and 124.401(1)(c)(6) of the Iowa Code, and pursuant to Sections 902.3 and 902.9, and Chapter 124 of the Iowa Code, the Defendant is sentenced as follows:

Defendant is committed to the custody of the Director of the Department of Corrections for a period of not more than 10 years. The Iowa Medical and Classification Center at Oakdale, Iowa is designated as the reception center to which the Defendant shall be delivered by the Sheriff. The Defendant shall be credited for time already served in connection with this offense.

Pursuant to Chapter 907 of the Iowa Code, said sentence is suspended. Defendant is placed on probation for a period of 3 years from this date, under the supervision

of the Fifth Judicial District Department of Correctional Services under such reasonable rules and regulations as they shall prescribe. *Defendant shall appear before a probation supervisor within 72 hours hereof.*

**IT IS FURTHER ORDERED THAT SAID SENTENCE IS SUBJECT TO THE FOLLOWING SENTENCE ENHANCEMENTS**

\_\_\_\_\_ Defendant is sentenced to two times the term imposed for having within his/her immediate control or possession a firearm in violation of I.C. § 124.401(1)(e). Said enhancement is two times \_\_\_\_\_ years, and no part of this judgment or sentence shall be deferred or suspended.

\_\_\_\_\_ Defendant is sentenced to three times the term imposed for having within his/her immediate control or possession an offensive weapon, as defined in I.C. § 724.1 in violation of I.C. § 124.401(1)(f). Said enhancement is three times \_\_\_\_\_ years, and no part of this judgment or sentence shall be deferred or suspended.

\_\_\_\_\_ Defendant, who is 18 years or older, is sentenced to an additional term of \_\_\_\_\_ years (not to exceed 5 years) under I.C. § 124.401A for distributing or possessing with intent to distribute a controlled substance within 1,000 feet of the real property comprising a public or private elementary or secondary school, public park, public swimming pool, public recreation center, or on a marked school bus.

\_\_\_\_\_ Defendant is sentenced to \_\_\_\_\_ hours (not to exceed 100) of community service under I.C. § 124.401B for distributing or possessing with intent to distribute a controlled substance within 1,000 feet of the real property comprising a public or private elementary or secondary school, public park, public swimming pool, public recreation center, or on a marked school bus.

\_\_\_\_\_ Defendant is sentenced to three times the term imposed under I.C. § 124.411 for having been convicted for a second or subsequent offense under chapter 124 of the Iowa Code. Said enhancement is three times \_\_\_\_\_ years. Further, the Court finds the Defendant's fines should be enhanced \_\_\_\_\_ times (not to exceed 3) totaling \$ \_\_\_\_\_.

**IT IS FURTHER ORDERED THAT:** Defendant's license and resident or nonresident operation privilege be revoked by the Department of Transportation for a period of 180 days in addition to any other period of suspension, or revocation pursuant to Iowa Code §901.5. Further, Defendant shall pay the costs of this action, including any restitution for court appointed attorney fees.

\_\_\_\_\_ Defendant, before being eligible for parole, shall serve a minimum sentence, pursuant to Iowa Code Section 124.413 of one-third of the maximum indeterminate term of confinement.

X \_\_\_\_\_ Defendant shall pay a fine of \$ 1,000.00 and the statutory surcharges. (30% + \$5.00).

\_\_\_\_\_ Defendant shall pay victim restitution, through the Clerk of Court, in the amount of \$ \_\_\_\_\_.

X Defendant shall promptly ~~undergo a substance abuse evaluation~~ <sup>seek substance abuse treatment</sup>, filing proof thereof with the Clerk of Court, and following the recommendations thereof, at defendant's expense, until maximum benefits are achieved.

\_\_\_\_\_ Defendant's state's benefits are hereby denied under I.C. §901.5(12) and includes any grant/contract/loan/professional license/or commercial license provided by a state agency, department, or program.

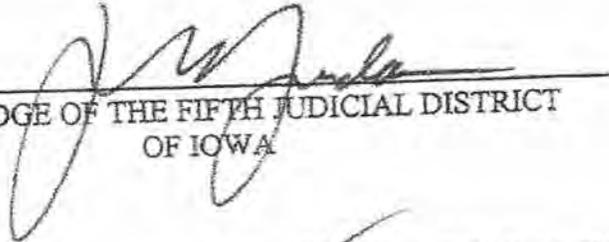
\_\_\_\_\_ The Court hereby reduces the Defendant's mandatory minimum sentence by 1/3 under I.C. § 901.10 for pleading guilty.

\_\_\_\_\_ The Court, upon request of the prosecutor hereby reduces the Defendant's mandatory minimum sentence by 1/2 under I.C. § 901.10 for cooperating in the prosecution of others involved in the sale or use of controlled substances..

IT IS FURTHER ORDERED that defendant shall file proof of compliance with all obligations ordered herein, and pay all financial obligations herein to the Clerk of Court, Dallas County Courthouse, 801 Court Avenue, Adel, Iowa 50003 on or before during probation, 199. If the Defendant has not completed all of his/her obligations relevant to this judgment entry as ordered, the Defendant is ordered to appear before the Court on said date at 8:00 a.m., to show legal cause, if any, why he/she should not be held in contempt of court for failure to perform said obligations. If the Defendant fails to appear as ordered, the Court will order a warrant to be issued for his/her arrest.

IT IS FURTHER ORDERED THAT the Defendant shall reside at a Dept. of Corrections Residential facility, until maximum benefits have been achieved, entering such facility as soon as bed space is available, by coordination with probation officer. Defendant shall be on probation, until space is available. Defendant is advised of the right to appeal this judgment and sentence and of the right to apply for appointment of appellate counsel and the furnishing of a transcript if unable to pay the appeal costs. Defendant is also advised of the necessity to comply with the statutory requirements in filing a notice of appeal.

✓ Defendant's appeal bond is fixed at \$ 13,000.

  
\_\_\_\_\_  
JUDGE OF THE FIFTH JUDICIAL DISTRICT  
OF IOWA

Copy to:  
(date/by)

✓ \_\_\_\_\_ Defendant  
\_\_\_\_\_ Attorney for Defendant  
\_\_\_\_\_ Dallas County Attorney  
\_\_\_\_\_ Iowa Department of Transportation  
\_\_\_\_\_ Dallas County Sheriff  
\_\_\_\_\_ Dept of Corr's Probation  
NEWS  
DOR

FILED  
DALLAS COUNTY, IOWA

IN THE IOWA DISTRICT COURT FOR DALLAS COUNTY

JUL 27 PM 2:13  
GLORIA E. WARD  
CLERK, DISTRICT COURT

CRIMINAL NO. FECR024783, Ct. II

STATE OF IOWA,

Plaintiff,

JUDGEMENT AND SENTENCE

vs.

FELONY IMPRISONMENT

Deresa L. Rowton

Tax Stamp Violation

Defendant.

(Controlled Substances) (Suspended)

Class D Felony

On this 27<sup>th</sup> day of July, ~~2002~~ <sup>2001</sup>, this matter comes on

for sentencing. The State appears by Assistant County Attorney J. Gilmore and

the Defendant appears personally with attorney, Mark Zbieroski. The

Defendant, having plead guilty and having been found guilty, knows of no legal cause

why judgment should not now be entered and none appears upon the record.

IT IS THE JUDGMENT AND SENTENCE OF THIS COURT that the Defendant is convicted of the crime of Tax Stamp Violation, in violation of Section(s) 453B.1 and 453B.3 of the Iowa Code, and pursuant to Sections 902.3 and 902.9, and Chapter 124 of the Iowa Code, the Defendant is sentenced as follows:

Defendant is committed to the custody of the Director of the Department of Corrections for a period of not more than 5 years. The Iowa Medical and Classification Center at Oakdale, Iowa is designated as the reception center to which the Defendant shall be delivered by the Sheriff. The Defendant shall be credited for time already served in connection with this offense.

Pursuant to Chapter 907 of the Iowa Code, said sentence is suspended. Defendant is placed on probation for a period of 3 years from this date, under the supervision

of the Fifth Judicial District Department of Correctional Services under such reasonable rules and regulations as they shall prescribe. *Defendant shall appear before a probation supervisor within 72 hours hereof.*

**IT IS FURTHER ORDERED THAT SAID SENTENCE IS SUBJECT TO THE FOLLOWING SENTENCE ENHANCEMENTS**

\_\_\_\_\_ Defendant is sentenced to two times the term imposed for having within his/her immediate control or possession a firearm in violation of I.C. § 124.401(1)(e). Said enhancement is two times \_\_\_\_\_ years, and no part of this judgment or sentence shall be deferred or suspended.

\_\_\_\_\_ Defendant is sentenced to three times the term imposed for having within his/her immediate control or possession an offensive weapon, as defined in I.C. § 724.1 in violation of I.C. § 124.401(1)(f). Said enhancement is three times \_\_\_\_\_ years, and no part of this judgment or sentence shall be deferred or suspended.

\_\_\_\_\_ Defendant, who is 18 years or older, is sentenced to an additional term of \_\_\_\_\_ years (not to exceed 5 years) under I.C. § 124.401A for distributing or possessing with intent to distribute a controlled substance within 1,000 feet of the real property comprising a public or private elementary or secondary school, public park, public swimming pool, public recreation center, or on a marked school bus.

\_\_\_\_\_ Defendant is sentenced to \_\_\_\_\_ hours (not to exceed 100) of community service under I.C. § 124.401B for distributing or possessing with intent to distribute a controlled substance within 1,000 feet of the real property comprising a public or private elementary or secondary school, public park, public swimming pool, public recreation center, or on a marked school bus.

\_\_\_\_\_ Defendant is sentenced to three times the term imposed under I.C. § 124.411 for having been convicted for a second or subsequent offense under chapter 124 of the Iowa Code. Said enhancement is three times \_\_\_\_\_ years. Further, the Court finds the Defendant's fines should be enhanced \_\_\_\_\_ times (not to exceed 3) totaling \$\_\_\_\_\_.

**IT IS FURTHER ORDERED THAT:** Defendant's license and resident or nonresident operation privilege be revoked by the Department of Transportation for a period of 180 days in addition to any other period of suspension, or revocation pursuant to Iowa Code §901.5. Further, Defendant shall pay the costs of this action, including any restitution for court appointed attorney fees.

\_\_\_\_\_ Defendant, before being eligible for parole, shall serve a minimum sentence, pursuant to Iowa Code Section 124.413 of one-third of the maximum indeterminate term of confinement.

\_\_\_\_\_ Defendant shall pay a fine of \$\_\_\_\_\_ and the statutory surcharges. (30% + \$5.00).

\_\_\_\_\_ Defendant shall pay victim restitution, through the Clerk of Court, in the amount of \$\_\_\_\_\_.

\_\_\_\_ Defendant shall promptly undergo a substance abuse evaluation, filing proof thereof with the Clerk of Court, and following the recommendations thereof, at defendant's expense, until maximum benefits are achieved.

\_\_\_\_ Defendant's state's benefits are hereby denied under I.C. §901.5(12) and includes any grant/contract/loan/professional license/or commercial license provided by a state agency, department, or program.

\_\_\_\_ The Court hereby reduces the Defendant's mandatory minimum sentence by 1/3 under I.C. § 901.10 for pleading guilty.

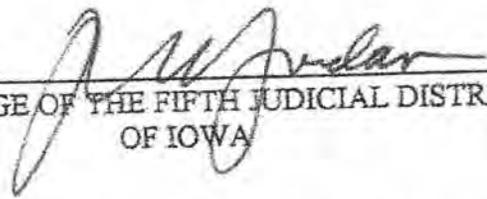
\_\_\_\_ The Court, upon request of the prosecutor hereby reduces the Defendant's mandatory minimum sentence by 1/2 under I.C. § 901.10 for cooperating in the prosecution of others involved in the sale or use of controlled substances..

IT IS FURTHER ORDERED that defendant shall file proof of compliance with all obligations ordered herein, and pay all financial obligations herein to the Clerk of Court, Dallas County Courthouse, 801 Court Avenue, Adel, Iowa 50003 on or before during probation, 199. If the Defendant has not completed all of his/her obligations relevant to this judgment entry as ordered, the Defendant is ordered to appear before the Court on said date at 8:00 a.m., to show legal cause, if any, why he/she should not be held in contempt of court for failure to perform said obligations. If the Defendant fails to appear as ordered, the Court will order a warrant to be issued for his/her arrest.

IT IS FURTHER ORDERED THAT this sentence shall run consecutive and not concurrent with Court I and follow same conditions of treatment and to reside at a Dept of Corrections Residential Facility.

Defendant is advised of the right to appeal this judgment and sentence and of the right to apply for appointment of appellate counsel and the furnishing of a transcript if unable to pay the appeal costs. Defendant is also advised of the necessity to comply with the statutory requirements in filing a notice of appeal.

✓ Defendant's appeal bond is fixed at \$ 9,750.-

  
\_\_\_\_\_  
JUDGE OF THE FIFTH JUDICIAL DISTRICT  
OF IOWA

Copy to:  
(date/by)

\_\_\_\_ Defendant  
\_\_\_\_ Attorney for Defendant  
\_\_\_\_ Dallas County Attorney  
✓ 8-6-01 AT Iowa Department of Transportation

\_\_\_\_ ✓ Dallas County Sheriff  
\_\_\_\_ ✓ Dept of Corr's/Probation  
\_\_\_\_ ✓ DOJ  
\_\_\_\_ ✓ NEWS

IN THE IOWA DISTRICT COURT IN AND FOR DALLAS COUNTY

STATE OF IOWA  
Plaintiff  
VS.

CRIMINAL NO(S): FECR024783

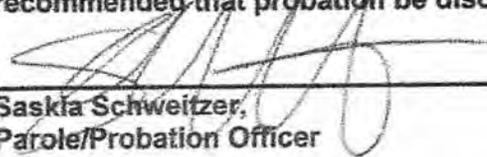
- Serious Misdemeanor
- Aggravated Misdemeanor
- Felony

CHARGE(S): Prohibited Acts, CT I and Tax Stamp, CT II

Deresa Rowton  
Defendant  
DOB: 4/01/79 SS #:

FINAL DISCHARGE  
SUSPENDED

On the 27th day of July, 2001, the defendant received a suspended sentence of imprisonment and was placed on formal probation to the Fifth Judicial District Department of Correctional Services for a period of Three year(s). The defendant's probation/parole officer now reports to the Court that the defendant  has/ has not satisfactorily complied with the terms and conditions of supervision. It is recommended that probation be discharged.

  
Saskia Schweitzer,  
Parole/Probation Officer

FILED  
DALLAS COUNTY, IOWA  
JUL 20 AM 9:47  
GLORIA L. WARD  
CLERK, DISTRICT COURT

ORDER

In view of the foregoing, the Court FINDS:

That the purposes of probation have been fulfilled and defendant should be discharged from probation.

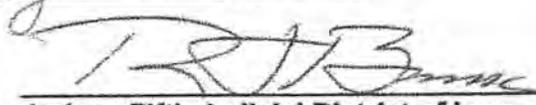
IT IS THEREFORE ORDERED: That the defendant is hereby granted a final discharge from the probation imposed herein.

- Any remaining court costs shall be placed on the lien docket.

IT IS FURTHER RECOMMENDED: That the CITIZENSHIP RIGHTS of the defendant

- Be restored
- Not be restored
- Does not apply (serious misdemeanor)

Signed this 17<sup>th</sup> day of July, 2004.

  
Judge, Fifth Judicial District of Iowa

cc.  
 Defendant's address: 3605 108<sup>th</sup> Street Omaha, NE 68144  
 DCS: Schweitzer  
Washington. Ave.

✓ DCS

Name of Applicant: Deresa Hughes

**AFFIDAVIT OF APPLICANT**

IN THE STATE OF Nebraska, COUNTY OF Douglas

I, Deresa L. Hughes, hereby declare under penalty of perjury that I am the person described and identified in this application and that the attached photograph is a true likeness of myself. I also declare that I am the lawful holder of the enclosed diploma, which was procured in the regular course of instruction and examination without fraud or misrepresentation.

I further state that I have read the statutes and rules pertaining to the practice of dental hygiene as prescribed in Iowa Code chapters 147, 153, and 272C and 650 Iowa Administrative Code. If a license to practice dental hygiene is issued to me, I understand that if I violate any laws or rules, my license may be revoked as provided by law.

I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also declare under penalty of perjury that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

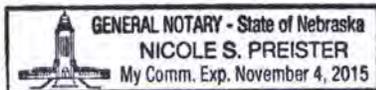
I hereby agree to abide by the laws and rules pertaining to the practice of dental hygiene in the state of Iowa.

Signature of Applicant Deresa Hughes

Sworn to before me this 14<sup>th</sup> day of December, 2012

Signature of Notary Public [Signature]

NOTARY SEAL:



## AUTHORIZATION TO RELEASE INFORMATION

I, Deresa Hughes, do hereby authorize a disclosure of records concerning myself to the Iowa Dental Board (IDB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IDB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IDB relating to substance abuse or dependence and/or mental health.

I further agree that the IDB may receive confidential information and records, including but not limited to the following records:

- Medical records
- Education records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Residency or fellowship training records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IDB deems reasonably necessary for the purposes set forth in this release.

Release of Liability. I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any dental school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IDB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IDB, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is effective through the completion of the licensure process. I understand I have the right to revoke this authorization in writing, except in the event that the IDB has already taken action in reliance upon this consent.

I have read and fully understand the contents of this "Authorization to Release Information."

Deresa Hughes  
Signature of Applicant

1/13/2014  
Date

### PROHIBITION ON REDISCULOSURE

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as provided in IAC 12.16(6)"b"2, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

Official Record

Date: FEB 17 2010

Rec#: 107216



STATE OF FLORIDA, COUNTY OF DADE

I HEREBY CERTIFY that the foregoing is a true and correct copy of the

Original on file in this office. FEB 17 2010 AD 20  
HARVEY RUVIN, Clerk of Circuit and County Courts

Deputy Clerk

*Harvey Ruvin*



2009-020153

APPLICATION NUMBER

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) CHARLES A HUGHES			2. DATE OF BIRTH (Month, Day, Year) JUL-28-1979		
3a. RESIDENCE - CITY, TOWN, OR LOCATION OMAHA	3b. COUNTY DOUGLAS	3c. STATE NEBRASKA	4. BIRTHPLACE (State or Foreign Country) MISSOURI		
5a. BRIDE'S NAME (First, Middle, Last) DERESA LYNN ROWTON		5b. MAIDEN SURNAME (if different)		6. DATE OF BIRTH (Month, Day, Year) APR-01-1979	
7a. RESIDENCE - CITY, TOWN, OR LOCATION OMAHA	7b. COUNTY DOUGLAS	7c. STATE NEBRASKA	8. BIRTHPLACE (State or Foreign Country) CALIFORNIA		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Charles Andrew Hughes</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/5/09	
11. TITLE OF OFFICIAL Erin Layton - Notary Public		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Erin Layton</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Deresa Lynn Rowton</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/5/09	
15. TITLE OF OFFICIAL Erin Layton - Notary Public		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Erin Layton</i>	



LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18a. DATE LICENSE ISSUED JAN 1 1 2010	18b. DATE LICENSE EFFECTIVE JAN 1 1 2010	19. EXPIRATION DATE MAR 1 1 2010
20. SIGNATURE OF COURT CLERK OR JUDGE <i>Harvey Ruvin, Clerk</i>		20b. TITLE BYDC	20c. BY D.C. S/C

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) February 6 2010	22. CITY, TOWN, OR LOCATION OF MARRIAGE Miami, Florida
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) <i>Marisela Caraballo</i>	23c. ADDRESS (of person performing ceremony) 1510 A.W. - 17th St
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) MARISELA CARABALLO MY COMMISSION # DD 660822 EXPIRES: June 16, 2011 Bonded Thru Notary Public Underwriters	24. SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER [REDACTED]	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, 29c		
			29a. NO. OF THIS MARRIAGE 1	29b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment)	29c. DATE LAST MARRIAGE ENDED
30. SOCIAL SECURITY NUMBER [REDACTED]	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, 29c		
			33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE	33c. DATE LAST MARRIAGE ENDED MAY-11-2007

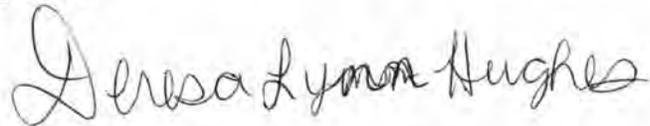
LI 26K9D1 02/06 mit

2/19/2014

Dear Dental Board,

Please accept my application for an Iowa Dental Hygiene license. I have been practicing in Nebraska for approximately one and a half years in the state of Nebraska as a licensed Dental Hygienist. I am currently employed at an office that has a location in Council Bluffs, IA. I need to have my Iowa license so that I may be able to work at either location as needed as soon as possible. I thank you for your time in this matter.

With kind regards,

A handwritten signature in cursive script that reads "Deresa Lynn Hughes". The signature is written in black ink and is positioned above the printed name.

Deresa Lynn Hughes

RECEIVED

JUN 6 2012

IOWA DENTAL BOARD

CERTIFICATION OF EDUCATION

As part of the license application process, the Iowa Dental Board requires that the school at which the applicant received her/his dental or dental hygiene education complete this form. The completed form must be mailed directly from the dental hygiene school to the IOWA DENTAL BOARD. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the board.

Print Name Deresia Hughes SSN [REDACTED]  
Signature Deresia Hughes Date 4/27/2012

\*\*\*\*\*  
This portion of the form should be completed by the school.

IT IS HEREBY CERTIFIED THAT Deresia L. Hughes  
(Name of Applicant)

RECEIVED DENTAL HYGIENE EDUCATION AT IOWA WESTERN COMM. COLLEGE  
(Name of School)

LOCATED AT 2700 COLLEGE RD COUNCIL BLUFFS, IA  
(Full Address of School)

FROM AUG 2010 TO MAY 2012  
(Month/Year) (Month/Year)

GRANTED A DIPLOMA WITH THE DEGREE OF AAS

DATE DIPLOMA RECEIVED MAY 2012  
(Month/Year)

Was the school accredited by the Commission on Dental Accreditation of the American Dental Association at the time the applicant graduated? Yes X No \_\_\_\_\_

Did the student ever receive a warning, reprimand? Yes \_\_\_\_\_ No X  
Was the student placed on probation or disciplined? Yes \_\_\_\_\_ No X

If yes, please provide details concerning the action taken.

President, Dean, Secretary, or Registrar:

Print Name JILL CLARK Title REGISTRAR  
Signature Jill Clark Date 6.5.12  
Phone # 800 432 5852 Fax # 712-325-3424



Return Completed Form to:  
IOWA DENTAL BOARD  
400 S.W. 8th St, Suite D  
Des Moines, IA 50309-4687  
Phone (515) 281-5157

RECEIVED

JAN 27 2014

CERTIFICATION OF EDUCATION

IOWA DENTAL BOARD

As part of the license application process, the Iowa Dental Board requires that the school at which the applicant received her/his dental or dental hygiene education complete this form. The completed form must be mailed directly from the school to the IOWA DENTAL BOARD. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name: Deresia Hughes

Date of Birth or Last 4 of SSN: [REDACTED]

Signature: Deresia Hughes

Date: 1/13/2014

\*\*\*\*\* This portion of the form should be completed by the school \*\*\*\*\*

IT IS HEREBY CERTIFIED THAT DERESA HUGHES  
(Name of Applicant)

RECEIVED DENTAL EDUCATION AT IOWA WESTERN

LOCATED AT 2700 COLLEGE RD COUNCIL BLUFFS, IA 51503  
(Full Address of School)

FROM 8/10 TO 5/12  
(Month/Year) (Month/Year)

GRANTED A DIPLOMA WITH THE DEGREE OF AAS in D.H.

DATE DIPLOMA RECEIVED 5/12  
(Month/Year)

Was the school accredited by the Commission on Dental Accreditation of the American Dental Association at the time the applicant graduated? Yes  No

Did the student ever receive a warning, reprimand? Yes  No

Was the student placed on probation or disciplined? Yes  No

If yes, please provide details concerning the action taken.

President, Dean, Secretary, or Registrar:  
Print Name JILL CLARK

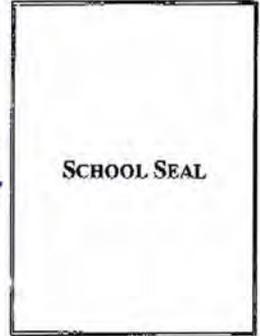
Title REGISTRAR

Signature Jill C Clark

Date 1-24-14

Phone # (712) 325-3285

Fax # 712-325-3720



Return Completed Form to:  
IOWA DENTAL BOARD  
400 S.W. 8th St, Suite D  
Des Moines IA 50309-4687  
Phone (515) 281-5157

HEALTHCARE PROVIDER

Healthcare  
Provider



American  
Heart  
Association®

Deresa Hughes

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

10/12/2012

Issue Date

10/2014

Recommended Renewal Date

Back of card  
on back of this  
page →

**HEALTHCARE PROVIDER**

Training Center Name **Creighton EMS** <sup>TC ID #</sup> **NE02086**

TC Info **Omaha, NE 68131** <sup>TC</sup> **2801284**

Course Location **HEARTSAVER (Bellevue)**  
**541-5728**

Instructor Name **Allen Wagner** <sup>Inst. ID #</sup> **02070260840**

Holder's Signature *Deresa L. Hughes*



Anding Family Dental, P.C.

4702 Lafayette Ave.

Omaha, Ne 68132

To Whom It May Concern:

This is a letter of confirmation of employment with Dr. Chang's office here at Anding Family Dental, P.C. for Deresa Hughes. She was employed here as a Dental Hygienist and Dental Assistant Starting August 1<sup>st</sup>, 2012 through the month of October 2012!

If you have any questions regarding this statement of employment please do not hesitate to call me.

Sincerely,

Galen Anding

Anding Family Dental, P.C.

Managing Operator

402-933-4632

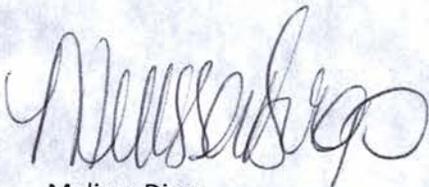
# Robert F. Colwell, Jr., D.D.S., P.C. & Associates

---

February 12, 2014

To whom it may concern,

Deresa Hughes started at Southroads Dental as a Dental Hygienist on November 10, 2012 and worked for us until April 19, 2013. She had left us for a short period of time and came back to work for us on November 18, 2013 to current.



Melissa Dirgo  
402-733-6066  
Southroads Dental Center  
712 Fort Crook Road North  
Bellevue NE 68005

---

Southroads Dental Center  
712 Fort Crook Road North  
Bellevue NE 68005  
P: 402-733-6066  
F: 402-733-0899

Dream Dental Care  
300 West Broadway, Suite 30  
Council Bluffs IA 51503  
P: 712-256-9639  
F: 712-256-9690



DENTISTRY FOR HEALTH

*General - Cosmetic - Craniofacial Pain - Sleep Apnea*

MICHAEL HOEFS DDS ROBIN KHAN DDS PAIGE MILLER DDS

10365 PACIFIC STREET OMAHA, NE 68114 P: (402) 932-0282 F: (402) 932-0373  
WWW.DENTISTRYFORHEALTHOMAHA.COM

1/20/2014

To whom it may concern,

Deresa Hughes was employed as a full time hygienist for Dentistry for Health from April 2013-  
December 2013.

A handwritten signature in black ink, appearing to read 'Paige Miller', is written over a circular stamp or seal.

Paige Miller, DDS



**MICHAEL E. KNAUSS, D.D.S.**

5686 No. 103rd St.  
Omaha, NE 68134  
Telephone: (402) 493-3339

January 30, 2014

Deresa L Hughes, a licensed hygienist in the state of  
Nebraska, was hired by the office of Michael E Knauss DDS,  
PC in December of 2013. She is presently working as a  
hygienist for this office. Should you have any questions, don't  
hesitate to call our office at 402-493-3339.

Sincerely  
*Michael E. Knauss DDS*  
1/30/14



Division of Public Health

State of Nebraska  
Dave Heineman, Governor

Please reply to: License Unit  
PO Box 4986, Lincoln, NE 68509-4986  
Phone (402) 471-2118  
FAX (402) 471-8614

CERTIFICATION OF LICENSE

RECEIVED

FEB 27 2014

IOWA DENTAL BOARD

Iowa Dental Board  
400 S.W. 8th St, Suite D  
Des Moines, IA 50309-4687

PROFESSION NAME:	Dental Hygienist		
Number:	2376	Status:	Active
Issuance Date:	07/13/2012	Expiration Date:	03/01/2015
Name:	Deresa Lynn Hughes, DH		
Address:	12233 Gail Ave Omaha NE 68137		
Credential Obtained by:	Exam		
Exam Type:	Jurisprudence	Exam Score:	■
	National Bd - Dental Hygiene		■
	CRDTS - Dental Hygiene		
School/Graduation Date:	Iowa Western Community College 05/31/2012		
Date of Birth:	04/01/1979		
Place of Birth:	Bakersfield, CA		
Disciplinary Action:			

To expedite the certification process, Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

*Helen L. Meeks*  
Helen L. Meeks, Administrator  
Licensure Unit

February 25, 2014

You may verify licenses under the following Internet Web Site Address:  
<http://www.nebraska.gov/LISSearch/search.cgi>

(SEAL)

CERTIFICATION OF LICENSE

**SCANNED**

FEB 27 2014

Iowa Dental Board  
400 S.W. 8th St, Suite D  
Des Moines, IA 50309-4687

PROFESSION NAME:	Dental Hygienist		
Number:	2376	Status:	Active
Issuance Date:	07/13/2012	Expiration Date:	03/01/2015
PROFESSION NAME:	Local Anesthesia Certification		
Number:	1268	Status:	Active
Issuance Date:	07/13/2012	Expiration Date:	
Name:	Deresa Lynn Hughes, DH		
Address:	12233 Gail Ave Omaha NE 68137		
Credential Obtained by:	Exam		
Exam Type:	Exam Score:		
Jurisprudence	■		
National Bd - Dental Hygiene	■		
CRDTS - Dental Hygiene			
School/Graduation Date:	Iowa Western Community College 05/31/2012		
Date of Birth:	04/01/1979		
Place of Birth:	Bakersfield, CA		
Disciplinary Action:			

To expedite the certification process, Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.



Helen L. Meeks, Administrator  
Licensure Unit

February 25, 2014

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<http://www.nebraska.gov/LISSearch/search.cgi>



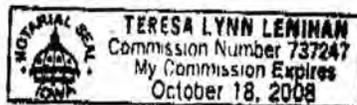
5. Respondent shall provide each present and future employer at any location where Respondent is employed as a dental assistant, a copy of this Registration Agreement. Each employer must provide a signed statement to the Board within ten (10) days of employment indicating he/she has read and understands this information.
6. This Registration Agreement is subject to approval of the Board. If the Board fails to approve this Registration Agreement, it shall be of no force or effect to either party.
7. The Board's approval of this Registration Agreement shall constitute a Final Order of the Board.
8. Respondent shall fully and promptly comply with all Orders of the Board, all federal, state and local laws, and the statutes and rules regulating the practice of dental assisting in Iowa. Any violation of this Agreement is grounds for formal disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with Iowa Code Section 272C.3(2)(a) (2005).

This Registration Agreement is voluntarily submitted on this 19 day of January

2006

Teresa Horswill  
Respondent

Subscribed and Sworn to before me on this 19 day of January, 2006.



Teresa Lynn Lenihan  
Notary Public in and for the  
state of Iowa

This Registration Agreement is accepted by the Iowa Board of Dental Examiners on this

19<sup>th</sup> day of January, 2006.

*Deena R. Kuempel, D.D.S.*

DEENA R. KUEMPEL, D.D.S.

Chairperson

Iowa Board of Dental Examiners

400 S.W. 8<sup>th</sup> Street, Suite D

Des Moines, IA 50309

cc: Theresa O'Connell Weeg  
Assistant Attorney General  
Office of the Attorney General  
Hoover State Office Building  
Des Moines, IA 50319



# IOWA DENTAL BOARD

## License Detail Report

First Name: Ashley

Last Name: Kenkel

May 10, 2014 9:36 pm

Balance

### License Basic Information

License Type	LIC-RDH
License Number	
Status	Internet Wait
Original Issue Date	
Balance	\$0.00

### Application Information

Basis for Application Examination

### Dental Hygiene Education

Dental Hygiene School	Des Moines Area Community College
City	Ankeny
State	Iowa
Country	United States
From	Aug 23, 2012
To	May 07, 2014
Degree Received	RDH
Degree Date	May 07, 2014
Marriage/Divorce Decree Submission Method?	

### Exam Information

Have you taken the National Board Examination?	Yes
Did you pass the National Board Examination?	<input type="checkbox"/>
Proof of National Board Successful Completion?	Attached to Online Application
National Board Date	Mar 21, 2014
Natl Board RDH Score	
Clinical Exam Taken?	Yes
# of Clinical Exam attempts	1
Clinical Exam Type	CRDTS - within 5 years
Clinical Exam Date	Apr 27, 2014
Clinical Exam Score(s) - List each part	<input type="checkbox"/>
Proof of Clinical Exam Successful Completion?	Attached to Online Application
# of Clinical 2 exam attempts	
Clinical Exam 2 Type	
Clinical Exam 2 Date	
Clinical Exam 2 Scores(s) - List each part	
Proof of Clinical Exam 2 Successful Completion?	
# of Clinical 3 exam attempts	
Clinical Exam 3 Type	



# IOWA DENTAL BOARD

## License Detail Report

First Name: Ashley

Last Name: Kenkel

May 10, 2014 9:36 pm

### Balance

Clinical Exam 3 Date  
Clinical Exam 3 Scores(s) - List each part  
Proof of Clinical Exam 3 Successful Completion?  
# of Clinical 4 exam attempts  
Clinical Exam 4 Type  
Clinical Exam 4 Date  
Clinical Exam 4 Score(s) - List each part  
Proof of Clinical Exam 4 Successful Completion?  
Iowa Jurisprudence Exam? Yes  
Iowa Jurisprudence Exam Score  
Iowa Jurisprudence Exam Date  
Other national board attempts?  
Details other national board attempts

### Final Acknowledgements

Auth. Release Information Attached to Online Application  
Application Signature Yes  
Application Signature Date May 10, 2014 21:36:58  
CPR Certification Acknowledgement Yes  
CPR Expiration (mm/yyyy) 08/2014

### Initial Acknowledgements

Sedation / LA Permit Acknowledgement Yes  
Public Record Acknowledgement Yes  
Non-Refundable App Fee Acknowledgement Yes  
App Valid 180 Days Acknowledgement Yes

### Post-Grad. Hygiene Training

Training Institution  
Specialty  
From  
To  
Address  
City  
State

### Practice Information

Primary Practice Setting Education  
Secondary Practice Setting  
Practice at more than one location?  
Administer local anesthesia? Yes  
Practice status (retired, inactive, etc) New Applicant  
Practice Plans and Reasons Why Full time in the state of Iowa



# IOWA DENTAL BOARD

## License Detail Report

First Name: Ashley

Last Name: Kenkel

May 10, 2014 9:36 pm

Balance

### Preliminary Education

High School Name	Irwin Kirkman Manilla
High School City / State	Manilla/Iowa
High School From (Mo, Yr)	August, 1999
High School To (Mo, Yr)	May, 2003
College 1 Name	University of Northern Iowa
College 1 City / State	Cedar Falls/Iowa
College 1 From (Mo, Yr)	August, 2003
College 1 To (Mo, Yr)	December, 2006
College 2 Name	Des Moines Area Community College
College 2 City / State	Ankeny/Iowa
College 2 To (Mo, Yr)	August, 2012
College 2 From (Mo, Yr)	May, 2014

### Printing

Number of Extra Certificates (\$25 ea.)	0
Number of Extra Renewal Cards (\$25 ea.)	0

### Renewal Period Option

Joint New / Renewal Qualified	No
Joint New / Renewal Accepted	No

### Chronology

Student Dental Hygienist at Des Moines Area Community College in Ankeny, Iowa	08/2012	05/2014
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### Out of State License Information

State/Country	Active	License No.	Date Issued	License Type	How Obtained
---------------	--------	-------------	-------------	--------------	--------------

### Question List and Details

Do you currently have a medical condition that in any way impairs or limits your ability to practice dental hygiene with reasonable skill and safety? No

Are you currently engaged in the illegal or improper use of drugs or other chemical substances? No

Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dental hygiene with reasonable skill and safety? No

Are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical conditions or use of alcohol, drugs, or other chemical substances? No

Does your field of practice, the setting, or the manner in which you have chosen to practice dental hygiene, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? No

Except for minor speeding or parking offenses, have you ever been Yes

1. Was charged with a minor in possession and fake ID



# License Detail Report

First Name: Ashley  
Last Name: Kenkel

May 10, 2014 9:36 pm

### Balance

arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment?

ticket  
2. Was arrested for theft in the 5th degree after losing my debit card and not being able to pay the taxi cab driver. Case was dismissed  
3. Ticketed for pulling out in front of a police officer and not having my insurance card with me at that time.

Have you ever been terminated or requested to withdraw from any dental hygiene school or training program? No



Have you ever been denied a license to practice dental hygiene? No

Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? No

Was a license disciplinary action pending against you, or were you under investigation by a licensing agency at the time a voluntary surrender of license was tendered? No

Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions? No

Are any professional liability or malpractice claims or complaints in process/pending against you? No

Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dental hygiene? No

Are charges or an investigation currently pending relative to your dental hygiene license in any other state? No

Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held? No

Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation? No

Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)? No

### Attachments

- clinical.JPG
- signature.JPG
- written.JPG

**AUTHORIZATION TO RELEASE INFORMATION**

I, Ashley Kneel, do hereby authorize a disclosure of records concerning myself to the Iowa Dental Board (IDB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IDB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IDB relating to substance abuse or dependence and/or mental health.

I further agree that the IDB may receive confidential information and records, including but not limited to the following records:

- Medical records
- Education records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Residency or fellowship training records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IDB deems reasonably necessary for the purposes set forth in this release.

**Release of Liability** I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any dental school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IDB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IDB, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is effective through the completion of the licensure process. I understand I have the right to revoke this authorization in writing, except to the extent that the IDB has already taken action in reliance upon this consent.

**I have read and fully understand the contents of this "Authorization to Release Information."**

Ashley Kneel  
Signature

5/10/14  
Date

**PROHIBITION ON REDISCLOSURE**

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 128) prohibit further disclosure without the written consent of the patient except as provided in IAC 12.14(6) "b"2, or as otherwise permitted by such law. Confidentiality penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.



# IOWA DENTAL BOARD

## License Detail Report

First Name: Jordan

Last Name: Latta

May 11, 2014 2:31 pm

Balance

### License Basic Information

License Type	LIC-RDH
License Number	
Status	Internet Wait
Original Issue Date	
Balance	\$0.00

### Application Information

Basis for Application Examination

### Dental Hygiene Education

Dental Hygiene School	Iowa - Iowa Central Community College
City	Fort Dodge
State	Iowa
Country	United States
From	Aug 28, 2012
To	May 09, 2014
Degree Received	RDH
Degree Date	May 09, 2014
Marriage/Divorce Decree Submission Method?	

### Exam Information

Have you taken the National Board Examination?	Yes
Did you pass the National Board Examination?	<input type="checkbox"/>
Proof of National Board Successful Completion?	Attached to Online Application
National Board Date	Mar 21, 2014
Natl Board RDH Score	
Clinical Exam Taken?	Yes
# of Clinical Exam attempts	1
Clinical Exam Type	CRDTS - within 5 years
Clinical Exam Date	Apr 25, 2014
Clinical Exam Score(s) - List each part	<input type="checkbox"/>
Proof of Clinical Exam Successful Completion?	Attached to Online Application
# of Clinical 2 exam attempts	
Clinical Exam 2 Type	
Clinical Exam 2 Date	
Clinical Exam 2 Scores(s) - List each part	
Proof of Clinical Exam 2 Successful Completion?	
# of Clinical 3 exam attempts	
Clinical Exam 3 Type	



# IOWA DENTAL BOARD

## License Detail Report

First Name: Jordan

Last Name: Latta

May 11, 2014 2:31 pm

### Balance

Clinical Exam 3 Date  
 Clinical Exam 3 Scores(s) - List each part  
 Proof of Clinical Exam 3 Successful Completion?  
 # of Clinical 4 exam attempts  
 Clinical Exam 4 Type  
 Clinical Exam 4 Date  
 Clinical Exam 4 Score(s) - List each part  
 Proof of Clinical Exam 4 Successful Completion?  
 Iowa Jurisprudence Exam? Yes  
 Iowa Jurisprudence Exam Score   
 Iowa Jurisprudence Exam Date Apr 08, 2014  
 Other national board attempts?  
 Details other national board attempts

### Final Acknowledgements

Auth. Release Information Submitting by Mail  
 Application Signature Yes  
 Application Signature Date May 11, 2014 14:31:40  
 CPR Certification Acknowledgement Yes  
 CPR Expiration (mm/yyyy) 04/2016

### Initial Acknowledgements

Sedation / LA Permit Acknowledgement Yes  
 Public Record Acknowledgement Yes  
 Non-Refundable App Fee Acknowledgement Yes  
 App Valid 180 Days Acknowledgement Yes

### Post-Grad. Hygiene Training

Training Institution  
 Specialty  
 From  
 To  
 Address  
 City  
 State

### Practice Information

Primary Practice Setting Not Practicing  
 Secondary Practice Setting  
 Practice at more than one location?  
 Administer local anesthesia? Yes  
 Practice status (retired, inactive, etc) New Applicant  
 Practice Plans and Reasons Why To obtain a position as a dental hygienist in a ger



# IOWA DENTAL BOARD

## License Detail Report

First Name: Jordan

Last Name: Latta

May 11, 2014 2:31 pm

Balance

### Preliminary Education

High School Name	Wilton Jr/Sr High School
High School City / State	Wilton, Iowa
High School From (Mo, Yr)	August, 2006
High School To (Mo, Yr)	May, 2010
College 1 Name	Muscatine Community College
College 1 City / State	Muscatine, Iowa
College 1 From (Mo, Yr)	January, 2011
College 1 To (Mo, Yr)	May, 2011
College 2 Name	Iowa Central Community College
College 2 City / State	Fort Dodge, Iowa
College 2 To (Mo, Yr)	August, 2011
College 2 From (Mo, Yr)	May, 2014

### Printing

Number of Extra Certificates (\$25 ea.)	0
Number of Extra Renewal Cards (\$25 ea.)	0

### Renewal Period Option

Joint New / Renewal Qualified	No
Joint New / Renewal Accepted	No

### Chronology

### Out of State License Information

State/Country	Active	License No.	Date Issued	License Type	How Obtained
---------------	--------	-------------	-------------	--------------	--------------

### Question List and Details

Do you currently have a medical condition that in any way impairs orNo limits your ability to practice dental hygiene with reasonable skill and safety?

Are you currently engaged in the illegal or improper use of drugs or No other chemical substances?

Do you currently use alcohol, drugs, or other chemical substances No that would in any way impair or limit your ability to practice dental hygiene with reasonable skill and safety?

Are you receiving ongoing treatment or participating in a monitoring No program that reduces or eliminates the limitations or impairments caused by either your medical conditions or use of alcohol, drugs, or other chemical substances?

Does your field of practice, the setting, or the manner in which you No have chosen to practice dental hygiene, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?

Except for minor speeding or parking offenses, have you ever been Yes

See Attached Document



# License Detail Report

First Name: Jordan

Last Name: Latta

May 11, 2014 2:31 pm

Balance

arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment? No

Have you ever been terminated or requested to withdraw from any dental hygiene school or training program? No

Have you ever been requested to repeat a portion of any professional training program/school? No

Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school? No

Have you ever been denied a license to practice dental hygiene? No

Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? No

Was a license disciplinary action pending against you, or were you under investigation by a licensing agency at the time a voluntary surrender of license was tendered? No

Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions? No

Are any professional liability or malpractice claims or complaints in process/pending against you? No

Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dental hygiene? No

Are charges or an investigation currently pending relative to your dental hygiene license in any other state? No

Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held? No

Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation? No

Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)? No

**Attachments**

- background.docx
- CRDTS.jpg
- national board.jpg
- Explanation of Offenses
- Clinical Exam Results
- National Board Examination Results

AUTHORIZATION TO RELEASE INFORMATION

RECEIVED

MAY 13 2014

I, Jordan Latta, do hereby authorize a disclosure of records concerning myself to the Iowa Dental Board (IDB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IDB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IDB relating to substance abuse or dependence and/or mental health.

I further agree that the IDB may receive confidential information and records, including but not limited to the following records:

- Medical records
- Education records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Residency or fellowship training records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IDB deems reasonably necessary for the purposes set forth in this release.

Release of Liability. I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any dental school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IDB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IDB, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is effective through the completion of the licensure process. I understand I have the right to revoke this authorization in writing, except to the extent that the IDB has already taken action in reliance upon this consent.

**I have read and fully understand the contents of this "Authorization to Release Information."**

Jordan Latta  
Signature of Applicant

5/11/14  
Date

PROHIBITION ON REDISCLOSURE

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as provided in IAC 12.16(6)"b"2, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

**4/6/14**

**Open Container – Passenger >21**

**Fort Dodge, Iowa – Webster County**

A close friend had a 21<sup>st</sup> birthday party bus that you were able to bring cases of alcohol on. I went on the bus that picked us up at a local bar. When the bus dropped us back off at the bar around 2:30 am a few friends and I got a ride home since we had been drinking. We took the cases of alcohol off the bus to transport home since there were still quite a few drinks left in the cases. The driver got pulled over by a police officer. Since the cases we had in the car to take home were open he gave us tickets for having the open cases of alcohol that were being taken home. I am now more aware of the rules of transporting alcohol in a vehicle and have learned from this greatly.

**10/15/2011**

**Possession of alcohol by person 18/19/20**

**Iowa City, Iowa – Johnson County**

I was tailgating in Iowa City when I was 20 years old. I had been drinking a little bit and had a drink in my hand. Cops were walking around the tailgating area and asking people for ID's. When they approached me I told them I was only 20 therefore I received a ticket for having the alcohol. I was young and did not really realize the consequences of getting this ticket and how it could affect me later in life.

**5/11/2012**

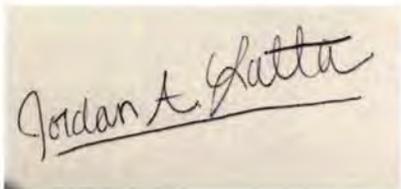
**Possession of alcohol by person 18/19/20**

**Wilton, Iowa - Cedar County**

I was at a friend's house that was having a small party in their shop out in the country when I was 20 years old. The cops got word that there was a party happening there so they came in and broke it up. Each person there was required to take a BAC test. I did not pass because I had been drinking so I received a ticket for drinking when I was not 21. This was the final time and I realized that I need to be much more careful and responsible. By this time I had figured out I wanted to be a dental hygienist and did not want any thing else like this on my record. I have tried to be more responsible with my decisions since.

Signed

Jordan A. Latta

A photograph of a handwritten signature on a piece of paper. The signature is written in cursive and reads "Jordan A. Latta". The name is underlined with a single horizontal line.

CERTIFICATION OF EDUCATION

RECEIVED

MAY 27 2014

IOWA DENTAL BOARD

As part of the license application process, the Iowa Dental Board requires that the school at which the applicant received her/his dental or dental hygiene education complete this form. The completed form must be mailed directly from the school to the IOWA DENTAL BOARD. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name: Jordan Latta

Date of Birth or Last 4 of SSN: [REDACTED]

Signature: Jordan Latta

Date: 5/16/14

\*\*\*\*\* This portion of the form should be completed by the school. \*\*\*\*\*

IT IS HEREBY CERTIFIED THAT Jordan Latta (Name of Applicant)

RECEIVED DENTAL EDUCATION AT Iowa Central Community College (Name of School)

LOCATED AT One Triton Circle, Ft Dodge IA 50501 (Full Address of School)

FROM 8-12 (Month/Year) TO 5-14 (Month/Year)

GRANTED A DIPLOMA WITH THE DEGREE OF AAS

DATE DIPLOMA RECEIVED 5-14 (Month/Year)

Was the school accredited by the Commission on Dental Accreditation of the American Dental Association at the time the applicant graduated? Yes [X] No [ ]
Did the student ever receive a warning, reprimand? Yes [ ] No [X]
Was the student placed on probation or disciplined? Yes [ ] No [X]

If yes, please provide details concerning the action taken.

President, Dean, Secretary, or Registrar:

Print Name Courtney Kopp

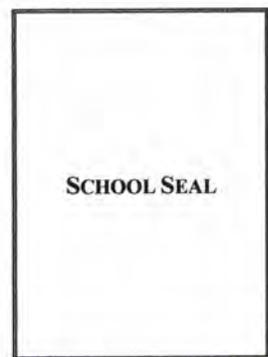
Title Registrar

Signature Courtney Kopp

Date 5-22-14

Phone # 515-574-1020

Fax # 515-570-0826



Return Completed Form to: IOWA DENTAL BOARD 400 S.W. 8th St, Suite D Des Moines, IA 50309-4687 Phone (515) 281-5157



# APPLICATION FOR IOWA DENTAL HYGIENE LICENSE

## IOWA DENTAL BOARD

400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687  
 Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

RECEIVED

APR 29 2014

Application by Examination

Application by Credentials

This form must be completed and returned to the Iowa Dental Board. Include the *non-refundable* application fee. Do not submit payment in cash. Complete each question on the application. If not applicable, mark "N/A."

### IDENTIFYING INFORMATION

Full Legal Name: (Last, First, Middle) <i>Lautt, Tracy, Lynn</i>			
Other Names Used: (e.g. Maiden Name) <i>Fosdick, Tracy Lynn</i>			
Home Address: <i>P.O. Box 641653</i>			
City: <i>Omaha</i>	County: <i>Douglas</i>	State: <i>Nebraska</i>	Zip: <i>68164</i>
Home Phone: <i>(402) 312-3395</i>		Home E-mail: <i>tlautt1980@yahoo.com</i>	
Work Address: <i>13550 W Maple Rd.</i>			
City: <i>Omaha</i>	County: <i>Douglas</i>	State: <i>Nebraska</i>	Zip: <i>68164</i>
Work Phone: <i>(402) 963-9110</i>	Work Fax: <i>N/A</i>	Work E-mail: <i>N/A</i>	

### DENTAL HYGIENE EDUCATION

Institution	City, State, Country	From (Mo/Yr)	To (Mo/Yr)
<i>Iowa Western</i>	<i>Council Bluffs, IA, USA</i>	<i>8/2012</i>	<i>12/2013</i>
<i>Iowa Western</i>	<i>Council Bluffs, IA, USA</i>	<i>1/2014</i>	<i>5/2014</i>
Year 3			
Year 4			
Degree Received: <i>will receive Associates 5/2014</i>		Date of Degree: <i>5/17/2014</i>	

<b>For office use only:</b>	License #	Date Issued:	Fees (App/Fprint):
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*submitted check #5463 \$316 - wrong amt due. Returning for new pymt. CB 5/16/14*

Name of Applicant: Tracy L. Lauth

**POST-GRADUATE DENTAL HYGIENE TRAINING**

Institution: <u>N/A</u>	Specialty:	From (Mo/Yr):	To (Mo/Yr):
Address:	City:	State:	

**CHRONOLOGY OF ACTIVITIES**

Provide a chronological listing of all dental hygiene and non-dental hygiene activities from the date of your graduation from dental hygiene school to the present date, with no more than a three (3) month gap in time. Include months, years, location (city & state), and type of practice. Attach additional sheets of paper, if necessary, labeled with your name and signed by you.

Activity & Location	From (Mo/Yr):	To (Mo/Yr):
<u>I do not graduate until 5/17/2014</u>		

**LICENSE INFORMATION**

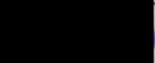
List all state/countries in which you are or have ever been licensed. Please note: you will be required to request written certifications of all licenses.

State/Country	License No.	Date Issued	License Type (e.g. Resident, Faculty, Permanent)	How Obtained (e.g. Credentials, Exam)
<u>N/A</u>				

Name of Applicant: Tracy L. Lantt

**PERSONAL & CONFIDENTIAL DATA**

**Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

		<b>Gender:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<b>U.S. citizen:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, visa type or alien registration number:</b> <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa <input type="checkbox"/> Alien Registration		<b>If visa, provide expiration date of current visa:</b>	
<b>Provide visa or alien registration number:</b> <u>N/A</u>			
<b>Date of birth:</b> <u>08/15/1980</u>	<b>City of Birth:</b> <u>Spokane</u>	<b>State of birth:</b> <u>Washington</u>	<b>Country of birth:</b> <u>USA</u>

**EXAMINATION INFORMATION**

List all national, regional, or state licensure exams you have taken. Include the date and indicate if you passed or failed. Add additional sheets if necessary.

1. <u>National Boards</u>	Date: <u>3/17/14</u>	
2. <u>CRDTS - Pending results</u>	Date: <u>4/27/14</u>	

**DEFINITIONS**

Important! Read these definitions before completing the following questions.

- “Ability to practice dental hygiene with reasonable skill and safety”** means ALL of the following:
1. The cognitive capacity to make reasoned clinical judgments, and to learn and keep abreast of clinical developments;
  2. The ability to communicate clinical judgments and information to patients and other health care providers; and
  3. The capability to perform clinical tasks such as dental hygiene examinations and dental hygiene procedures.
- “Medical condition”** means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.
- “Chemical substances”** means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
- “Currently”** does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and practice, or has adversely affected the ability to function and practice within the past two (2) years.
- “Improper use of drugs or other chemical substances”** means ANY of the following:
1. The use of any controlled drug, legend drug, or other chemical substance for any purpose other than as directed by a licensed health care practitioner; and
  2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.
- “Illegal use of drugs or other chemical substances”** means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

Name of Applicant: Tracy Lauth

**PERSONAL & CONFIDENTIAL DATA**

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH "YES" ANSWER TO QUESTIONS 1 THROUGH 18, YOU MUST PROVIDE A SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dental hygiene with reasonable skill and safety?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dental hygiene with reasonable skill and safety?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. If YES to any of the above, does your field of practice, the setting, or the manner in which you have chosen to practice dental hygiene, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?

If you answered yes to any of the questions above, please provide a statement below providing the details as requested in the instructions above. Please add a separate sheet of paper if necessary.

N/A

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Tracy L Lauth 4/29/14  
Signature Date

Name of Applicant: Tracy L. Lauth

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH "YES" ANSWER TO QUESTIONS 1 THROUGH 18, YOU MUST PROVIDE A SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	6. Except for minor speeding or parking offenses, have you ever been arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	7. Have you ever been terminated or requested to withdraw from any dental hygiene school or training program?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	8. Have you ever been requested to repeat a portion of any professional training program/school?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	9. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	10. Have you ever been denied a license to practice dental hygiene?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	11a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	12. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	13. Are any malpractice claims or complaints in process/pending against you?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	14. Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dental hygiene?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	15. Are charges or an investigation currently pending relative to your dental hygiene license in any other state?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	16. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	17. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the United States or other nation?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	18. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>19. Do you understand that if a license is granted by this board, it will be based in part on the truth of the statements contained herein, which, if false, may subject you to criminal prosecution and revocation of the license?</b>

To Whom It May Concern:

I am completing my application for my dental hygiene license and wish to disclose a conviction. Prior to the conviction, I had unresolved personal issues and circumstances that I felt were insurmountable. I had not yet emotionally dealt with a sexual assault that occurred when I was 7 years old, and had not processed some of the issues that I encountered in my teenage years. I married when I was 20 and had a baby. My son (Spencer) was not meeting the normal developmental milestones, and was evaluated by several neurologists. Spencer had suffered an in utero stroke for unknown reasons, and I blamed myself for the medical difficulties he was having. My husband was an active alcoholic, which put a stain on our marriage. My husband became abusive, and I filed for divorce a year and a half after the marriage. I started using methamphetamines because I did not know how to overcome these issues. I became addicted to methamphetamines and supported my addiction by selling methamphetamines to people who I used with. I do not wish to make excuses for what I did. My intent is to provide a summary of events.

I was arrested on December 13<sup>th</sup>, 2006 in Omaha, Nebraska. I was charged with possession of a controlled substance with intent to deliver. While I was in Douglas County Correctional facility, [REDACTED] I took full responsibility for my conviction and pled guilty. I was detained for a period of three months. [REDACTED] I was sentenced on June 26<sup>th</sup>, 2007, and my sentence included [REDACTED] three years of intense supervised probation. [REDACTED] I attended all classes that were offered. I successfully completed the following classes:

- Dysfunctional Beliefs I
- Dysfunctional Beliefs II
- Anger Management
- Relapse Prevention
- Group Therapy
- Individual Therapy

In addition to the classes I attended, I also attended (and still attend) 12 step meetings. I worked with a sponsor, completed court ordered community service, and successfully submitted clean urine samples on a regular basis. [REDACTED], I followed the advice of my Sponsor and transitioned to a sober house. I remained in residence at the sober house for a period of eight months before living independently.

I successfully completed all requirements of probation and was released from probation on July 31<sup>st</sup>, 2009. I have maintained employment with the same company for six years, holding a position as a supervisor until I enrolled in the Dental Hygiene Program at Iowa Western Community College. I participated regularly in community service events with the company, although I have not been able to attend most of the events while enrolled full time in college. I have abstained from use of drugs and alcohol for a period of 7 years. I completed all the required prerequisites for the dental hygiene program with a 4.0 GPA, and am currently on the honor roll in the Dental Hygiene Program at Iowa Western. I have worked very diligently to make a better life for my son and me.

Personal references and professional references can be supplied if references of character are needed. Thank you for your time.

Sincerely,

Tracy L. Lutt

IN THE DISTRICT COURT OF DOUGLAS COUNTY, NEBRASKA

COPY

THE STATE OF NEBRASKA, )  
 )  
 Plaintiff )  
 )  
 vs. )  
 )  
 TRACY LAUTT, )  
 )  
 Defendant. )

DOC. 172 NO. 158

ORDER OF INTENSIVE SUPERVISION  
PROBATION FOR SPECIALIZED  
SUBSTANCE ABUSE SUPERVISION (SSAS)

*26<sup>th</sup> June*  
 THIS CASE CAME ON FOR SENTENCING on this ~~21<sup>st</sup>~~ day of ~~May~~, 2007. The State of Nebraska was represented by a Deputy County Attorney and Defendant was represented by Mark Bubak. The Honorable J Russell Derr presiding. The Court finds that the defendant was adjudged guilty on the charge of Unlawful Possession with Intent to Deliver Controlled Substance, a Class 1D Felony, on the 12th day of March, 2007. The defendant showed no sufficient reason why sentence should not be pronounced.

IT IS THEREFORE ORDERED that the defendant is hereby sentenced to Intensive Supervision Probation for a period of 3 years. The defendant is subject to the following conditions:

1. Not violate any laws, refrain from disorderly conduct, or acts injurious to others. Arrests and citations shall be reported to the probation office by the next working day.
2. Avoid social contact with those persons having criminal records, or who are on probation or parole.
3. Report as directed by the Court or probation officer.
4. Be employed; provide proof employment is being sought; or attend school.
5. Not leave Douglas County, Nebraska, without permission of the probation officer and reside within the following locality, to wit: Douglas County, Nebraska. Travel permits are required for travel outside the State of Nebraska. Obtain permission of the probation officer before any change of address or employment.
6. Shall attend and successfully complete the Specialized Substance Abuse Supervision (SSAS) program which includes substance abuse treatment at the recommended level of care, as per the Standardized Model, cognitive groups, and Day Reporting Center activities.
7. Shall abstain from the use or possession of alcohol or controlled substances, except by prescription and submit to a chemical test of blood, breath or urine at your expense upon request and direction of a probation officer or a law enforcement officer who has been requested and directed by a probation officer to determine the use of alcoholic liquor or drugs.
8. Shall submit to search and seizure of your premises, person or vehicle upon request of a probation officer or a law enforcement officer who has been requested and directed by a probation officer to do such search and seizure.
9. Not have nor associate with anyone who has possession of firearms, ammunition or illegal weapons.
10. Agree to abide by additional ISP program regulations which are attached and made part of this order.

**ISP ORDER**

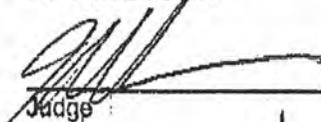
**Page 2**

11. Pay a Probation Administrative Enrollment Fee of \$30.00 this date. In addition, pay a monthly Probation Programming Fee of \$35.00 per month for ISP for 36 months for a total of \$1,260.00. Monthly Probation Programming Fees are due and payable to the Clerk of Court on or before the 10th day of each month beginning on the 1<sup>st</sup> day of June, 2007.
12. Shall pay:
  - A. Court costs: \$160.50. By: 90 days prior to date of discharge.
  - B. Restitution: \$\_\_\_\_\_ By: \_\_\_\_\_
  - C. Chemical Testing: \$ 5.00 per month for a total of \$ 180.00.  
Payment is due the first day of the following month, and the first day each month thereafter.
  - D. Offender assessment \_\_\_\_\_ By: \_\_\_\_\_
  - E. Fine \_\_\_\_\_ By: \_\_\_\_\_
  - F. Other \_\_\_\_\_
13. All financial obligations to the court shall be completed no later than thirty days prior to date of discharge.
14. Shall satisfy the following additional conditions which are reasonably related to reconstructing your behavior.
  - A. Complete 60 hours of community service under the direction of the United Way.
15. First 90 days in Douglas County Correctional Center, with credit for time served of 90 days.
16. Last 90 days in Douglas County Correctional Center unless waived by the Court.

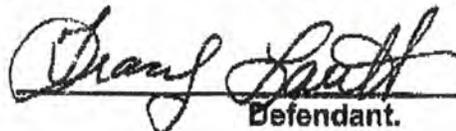
Bond, if previously posted, shall be exonerated and released.

IT IS FURTHER ORDERED that during the term of this probation the Court, upon application of the Probation Officer or the defendant, or upon its own motion, may modify or eliminate any of the above conditions or add further conditions.

BY THE COURT:

  
\_\_\_\_\_  
Judge

I received a copy of this Order this <sup>26<sup>th</sup></sup> day of ~~May~~ June, 2007, have read and understand the same and agree to abide by the conditions thereof. I further understand that any violation of the above conditions is cause for revocation of probation and a possible sentence to confinement. I do hereby waive extradition to the State of Nebraska in the event a charge of violation of probation is filed if, at the time of my apprehension, I am in another state. In the event probation supervision is transferred to another state, I do hereby agree to abide by additional rules and conditions that may be imposed by the receiving state.

  
\_\_\_\_\_  
Defendant.

## Court-Referral Community Service Program

*"A collaborative effort between Douglas County and United Way of the Midlands"*

# Certificate of Completion

Tracy Lutt

---

*has successfully completed 60 hours  
of community service.*

*Cathy Quise*  
Court Referral Coordinator

\_\_\_\_\_  
Vice President,  
Volunteer and Community Services Division

IN THE DISTRICT COURT OF DOUGLAS COUNTY, NEBRASKA

STATE OF NEBRASKA	)	
	)	FILE <u>172-158</u>
vs.	)	
	)	SATISFACTION OF JUDGEMENT
<u>Tracy Lantt</u>	)	AND SENTENCE
	)	EARLY DISCHARGE
QP#: 2233274	)	

THIS MATTER is before the Court on its own Motion pursuant to Neb. Rev. Stat. § 29-2264(1). The Court has been advised by the defendant's supervising probation officer that the defendant should be discharged from probation prior to the termination of his/her probation period.

Accordingly, the Court finds that the defendant has satisfactorily completed the conditions of his/her probation for the entire duration of probation.

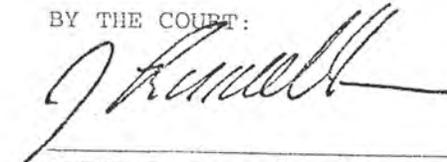
It is, therefore, ordered that the defendant be, and he/she hereby is, released from probation.

Pursuant to law, the defendant is hereby notified that his/her civil rights are not automatically restored as a result of his/her successful completion of probation. The defendant's voting rights are restored two (2) years after completion of probation. Restoration of any other civil rights is available to the defendant through the pardon process, which may be accomplished by submission of the appropriate application to the Board of Pardons and the Board's issuance of a warrant of discharge.

A copy of this order is to be sent to the defendant by his/her supervising probation officer.

SIGNED this 31st day of July, 2009

BY THE COURT:

  
\_\_\_\_\_  
JUDGE J. Russell Derr

*[Faint circular stamp]*

IN THE DISTRICT COURT OF DOUGLAS COUNTY, NEBRASKA

STATE OF NEBRASKA )  
Plaintiff, ) FILE 172-158  
VS. )  
 ) O R D E R  
Tracy Lauth )  
Defendant, )  
D.O.B. 8/15/80

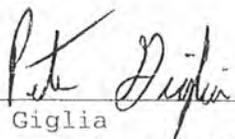
THIS MATTER came on for hearing this 31st day of July, 2009.

THE COURT finds that the defendant was adjudged guilty of the charge(s) of Unlawful Possession of a Controlled Substance on the 12th day of March, 7 and that the Court placed the defendant on probation for a period of three years on the 26th day of June, 2007.

It is therefore, considered, adjudged and ordered that:

1. The defendant's remaining monthly supervision fees of \$355.00 and drug testing fees of \$55.00 are hereby vacated and set aside .
2. All other terms and conditions of the Order of Probation shall remain in full force and effect.

  
\_\_\_\_\_  
JUDGE J. Russell Derr

  
\_\_\_\_\_  
Pete Giglia  
Senior Probation Officer

The foregoing Order was sent to the Clerk of the Douglas County District Court on this 5th day of Aug, 2009.

Name of Applicant: Tracy L. Lauth

**AFFIDAVIT OF APPLICANT**

IN THE STATE OF Nebraska, COUNTY OF Douglas

I, Tracy L Lauth, hereby declare under penalty of perjury that I am the person described and identified in this application and that the attached photograph is a true likeness of myself. I also declare that I am the lawful holder of the enclosed diploma, which was procured in the regular course of instruction and examination without fraud or misrepresentation.

I further state that I have read the statutes and rules pertaining to the practice of dental hygiene as prescribed in Iowa Code chapters 147, 153, and 272C and 650 Iowa Administrative Code. If a license to practice dental hygiene is issued to me, I understand that if I violate any laws or rules, my license may be revoked as provided by law.

I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also declare under penalty of perjury that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I hereby agree to abide by the laws and rules pertaining to the practice of dental hygiene in the state of Iowa.

Signature of Applicant Tracy L. Lauth

Sworn to before me this 29<sup>th</sup> day of April, 2014

Signature of Notary Public Amy L DeWall

NOTARY SEAL:



AUTHORIZATION TO RELEASE INFORMATION

I, Tracy L. Lauth, do hereby authorize a disclosure of records concerning myself to the Iowa Dental Board (IDB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IDB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IDB relating to substance abuse or dependence and/or mental health.

I further agree that the IDB may receive confidential information and records, including but not limited to the following records:

- Medical records
- Education records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Residency or fellowship training records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IDB deems reasonably necessary for the purposes set forth in this release.

Release of Liability. I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any dental school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IDB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IDB, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is effective through the completion of the licensure process. I understand I have the right to revoke this authorization in writing, except to the extent that the IDB has already taken action in reliance upon this consent.

**I have read and fully understand the contents of this "Authorization to Release Information."**

Tracy L. Lauth  
Signature of Applicant

4/29/14  
Date

**PROHIBITION ON REDISCLOSURE**

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as provided in IAC 12.16(6)"b"2, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

Tracy Lauth  
P.O. Box 641653  
Omaha, NE 68164  
(402) 312-3395  
tlauth1980@yahoo.com

April 29<sup>th</sup>, 2014

State of Iowa Dental Board  
400 SW 8<sup>th</sup> Street, Suite D  
Des Moines, IA 50309-4687

To Whom It May Concern:

I am currently a student in the dental hygiene program at Iowa Western Community College. I will be graduating on May 17<sup>th</sup>, 2014 and seeking a license in the state of Iowa. You will find enclosed a disclosure of conviction and all pertinent information in regards to this matter. I am also inclosing all other information needed to obtain a license. Thank you for your time.

Sincerely,



Tracy L. Lauth

Tracy Lauth  
P.O. Box 641653  
Omaha, NE 68164  
(402) 312-3395  
tlauth1980@yahoo.com

April 29<sup>th</sup>, 2014

State of Iowa Dental Board  
400 SW 8<sup>th</sup> Street, Suite D  
Des Moines, IA 50309-4687

To Whom It May Concern:

The reason I am seeking a dental hygiene license in the state of Iowa is because I would like to obtain employment in the state of Iowa. I am aware of the need for dentists and hygienists in rural Iowa, and would eventually like to help fulfill a need for this population. I have completed all formal education and training with great success, and am very passionate about oral health. I am fully equipped with the knowledge and experience I need to be successful in providing patient care.

My plans for practice include gaining experience by working in private practice, and eventually obtaining my bachelor's degree. I plan on transitioning into public health and helping the underserved populations in rural areas. I have the utmost compassion for this population, and would have great satisfaction in achieving these plans. Thank you for your time and consideration.

Sincerely,



Tracy L. Lauth

**Certificate of Education**

**Iowa Western Dental Hygiene Program**

NAME	DOB	Did the student ever receiving a warning, reprimand?	Was the student placed on probation or disciplined?
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lautt, Tracy		No	No
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

It is hereby certified that each of these students received Dental Hygiene Education at IWCC at 2700 College Rd, Council Bluffs, IA 51503 from August 2012 to May 2014 and were granted an AAS degree on May 17, 2014. IWCC was accredited by the Commission on Dental Accreditation of the ADA at the time these applicants graduated.

800-432-5852x3356    FAX 712-325-3335

HEALTHCARE PROVIDER

Healthcare  
Provider



**Tracy Lutt**

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

August 23, 2013

August 2015

Issue Date

Recommended Renewal Date

HEALTHCARE PROVIDER

Training Center Name IA Western Community College 5678 TC ID #

TC Info Co. Bluffs, IA 51503 712-325-3256

Course Location Council Bluffs, Iowa 51503

Instructor Name Rita Pierson ID 02060008308 Inst. ID #

Holder's Signature *Tracy Lutt*