

**BEFORE THE DENTAL BOARD OF
OF THE STATE OF IOWA**

IN THE MATTER OF:)

JOSHUA S. BROWER, D.D.S.)

**SETTLEMENT AGREEMENT
AND FINAL ORDER**

License #08023)

Respondent)

On this 27th day of June, 2013, the Iowa Dental Board and Joshua S. Brower, D.D.S., each hereby agree as follows:

The allegations in the Notice of Hearing and Statement of Charges dated March 2, 2012, and any open investigations currently pending, shall be resolved without proceeding to hearing, as the parties have agreed to the following Settlement Agreement and Final Order:

1. Respondent was issued a license to practice dentistry on the 5th day of November, 1999, as evidenced by license number 08023 which is recorded in the permanent records in the office of the Iowa Dental Board.
2. Respondent's Iowa dental license number 08023 is current and will expire August 31, 2014.
3. The Iowa Dental Board has jurisdiction over the parties and subject matter herein.
4. A Notice of Hearing and Statement of Charges was filed against Respondent on March 2, 2012.
5. Respondent is in the process of closing his Iowa dental practice and will relocate his entire dental practice to South Dakota by September 3, 2013. He therefore agrees to place his license on inactive status on September 3, 2013.

6. Respondent agrees, within thirty (30) days of the date of this Settlement Agreement and Final Order, to submit a civil penalty to the Board office in a single payment in the amount of seven thousand five hundred dollars (\$7,500.00), payable to Treasurer, State of Iowa, and deposited in the general fund.
7. Respondent agrees that if he decides to return to practice in Iowa, the Board may issue an order setting forth the requirements for reinstatement, which may include placing his license on probation for five (5) years from the date of his reinstatement, subject to the following terms:

SECTION I.

1. Respondent shall fully cooperate with random unannounced visits and reviews by agents of the Board to determine compliance with this Order, Board rules, and to ensure that he is practicing within the standard of care.
2. Respondent shall, prior to his reinstatement of his inactive Iowa dental license, successfully complete a comprehensive clinical skills assessment in the areas of prosthodontics and endodontics at a college of dentistry prior approved by the Board to determine Respondent's level of competency in these areas. This assessment and any subsequent courses of study shall be taken at Respondent's expense. The Board shall forward to the evaluating college, prior to the assessment, the Board's file relating to the Respondent. The college shall report the results of the assessment directly to the Board, with a copy to Respondent.
 - a. Following this assessment, the college shall prepare a proposed course of study to address any concerns or deficiencies noted during Respondent's clinical assessment.
 - b. Respondent agrees to comply with any recommendations made by the college.

c. Respondent shall, within six (6) months of the completion of the assessment, successfully complete any course of study recommended by the assessing college, which shall be taken at an accredited college of dentistry prior approved by the Board. The course of study shall be prior approved by the Board.

d. Following completion of the course of study, Respondent shall advise the supervising faculty to contact the Board to verify that the Respondent has completed the course of study. The verification from the college shall include a written report relative to Respondent's successful completion of the program, a narrative evaluation of his participation in the program, and any other information relative to Respondent's abilities in the practice of dentistry and any recommendations regarding Respondent's future practice.

e. Respondent agrees to comply with any future practice recommendations or restrictions made by the college.

3. Respondent shall report to the Board with signed statements from all current and future licensees, employees and employers within fourteen (14) days of the date of this Order, and thereafter within fourteen (14) days of any new employment relationship, indicating that they have read and understand this Order and the Board's Notice of Hearing and Statement of Charges related to this Order.

4. Respondent shall allow all employees to report directly to the Board any violation of this Order, or any violations of the rules of the Board or state statutes related to the practice of dentistry, dental hygiene, or dental assisting in Iowa.

Such reporting employee(s) shall not be subject to adverse action by Respondent as a result of making such a report.

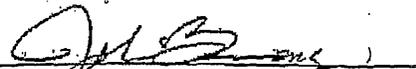
5. Respondent shall submit reports to the Board detailing his compliance with the terms of this Order. Respondent shall ensure that the reports are submitted prior to the 1st day of January, April, July, and October, of each calendar year. These reports shall include, but not be limited to, Respondent's compliance with this Order.
6. Respondent shall be responsible for all costs associated with compliance with this Order, and shall also be responsible for all costs incurred by the Board in the monitoring of this Order to determine compliance. Respondent shall also promptly remit three hundred (\$300.00) dollars to the Board on or before the first day of January, April, July, and October, of each calendar year of probation for monitoring costs.
7. Respondent shall upon reasonable notice, and subject to the provisions of 650 Iowa Administrative Code 31.6, appear before the Board at the time and place designated by the Board.
8. Periods of residence or practice outside of the state of Iowa shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board. Periods in which Respondent does not practice dentistry and/or he fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board.
Notice of any change of residence must be provided to the Board within fourteen (14) days of the change. Notice of any change of practice location must be provided to the Board within fourteen (14) days.
9. All costs associated with this Order are the sole responsibility of Respondent.
10. Respondent may request the Board modify or rescind any of these conditions prior to reinstatement of his active Iowa dental license.

SECTION II.

1. Respondent acknowledges that he has read in its entirety the foregoing Settlement Agreement and Final Order and that he understands its content and that he executed the Order freely, voluntarily, and with no mental reservation whatsoever.
2. Respondent acknowledges he has the right to a hearing in this matter, and he hereby waives that right.
3. Respondent acknowledges that he has the right to be represented by counsel in this matter.
4. Respondent understands that this Order is a public record and is therefore subject to inspection and copying by members of the public.
5. Respondent understands that the Board will report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
6. Respondent acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured him, in any way whatsoever, to execute this Order.
7. Respondent acknowledges that this proposed settlement is subject to approval of a majority of the full Board. If the Board fails to approve this proposed settlement, it shall be of no force or effect to either party.
8. Respondent shall fully and promptly comply with all Orders of the Board and the statutes and rules regulating the practice of dentistry in Iowa. Any violation of the terms of this Order is grounds for further 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) (2013).

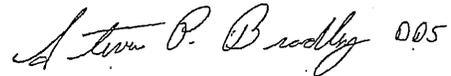
9. The Board's approval of this Settlement Agreement and Final Order shall constitute a FINAL ORDER of the Board.

This Settlement Agreement and Final Order is voluntarily submitted on this 30th day of May, 2013.



Joshua S. Brower, D.D.S.
Respondent

This Settlement Agreement and Final Order is accepted by the Iowa Dental Board on this 27th day of June, 2013.



STEVEN P. BRADLEY, D.D.S.
Chairperson
Iowa Dental Board
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Des Moines, IA 50309

cc: Theresa O'Connell Weeg
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