

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

---

IN THE MATTER OF: )

MARY BETH POLKING, D.D.S. )  
851 South Taft Ave. )  
Mason City, IA 50401 )

**REINSTATEMENT ORDER**

License #6424 )

Respondent )

---

On this 23rd day of November, 2004, the Iowa Board of Dental Examiners and Mary Beth Polking, D.D.S., each hereby agree with the other and stipulate as follows:

1. The reinstatement of Respondent's license to practice dentistry in the state of Iowa shall be resolved without proceeding to hearing, as the parties have agreed to the following Stipulation and Consent Reinstatement Order.

2. Respondent was issued a license to practice dentistry in the state of Iowa on the 30<sup>th</sup> day of July, 1979, as evidenced by License Number 6424.

3. Iowa Dental License Number 6424 is currently suspended, pursuant to an Order of the Board dated August 27<sup>th</sup>, 2004.

4. The Iowa Board of Dental Examiners has jurisdiction over the parties and subject matter herein.

5. Respondent reports to the Board that she has undergone an in-patient evaluation at a Board approved facility. Respondent has documented compliance with the evaluating facilities recommendations. Said facility supports Respondent's return to the practice of dentistry.

**THEREFORE IT IS HEREBY ORDERED** that Respondent's license to practice dentistry in the State of Iowa shall be reinstated effective with the date of this Order and is hereby placed on indefinite probationary status subject to the following terms and conditions.

**SECTION I.**

1. Respondent shall completely abstain from the personal use and possession of alcohol and all controlled substances or drugs in any form, unless prescribed by a duly licensed and treating health care provider in consultation with her treating physician counselor. The Respondent shall inform any treating health care provider of her prior chemical dependency prior to accepting any prescription drug and ensure that the treating health care provider consults with her treating physician counselor before issuing any prescriptions for controlled substances. The Respondent shall report to the Board in writing within forty-eight (48) hours, any use of any prescription drugs. The report shall include the name and quantity of the prescription, the name and phone number of the prescribing health care provider, the reason for the prescription, and the name and telephone number of the pharmacy where the prescription was filled.
2. Respondent shall obtain and work with a local 12-step sponsor and attend meetings of Alcoholics Anonymous or Narcotics Anonymous at least four (4) times each week. Respondent shall document and submit written verification of attendance at these meetings to the Board. Verification of meeting attendance requires the date, time, and location of the meeting along with a signature or initials of another person in attendance accompanied by a phone number that they can be reached at for verification.

3. Respondent shall remain under the care of her current local physician counselor. Respondent shall meet with her physician counselor on a monthly basis for a minimum of one (1) year from the date of this Order. Following this one (1) year period, Respondent shall meet at a rate to be determined by the physician counselor. This meeting rate may not exceed a three (3) month period without prior written Board approval. Respondent shall sign releases to allow the Board to fully communicate with her physician counselor. Respondent shall promptly document compliance with any and all recommendations made by her physician counselor.
4. Respondent is responsible for ensuring that her physician counselor submits written quarterly reports to the Board concerning Respondent's treatment and progress. The report shall include, but is not limited to, the Respondent's progress, participation in treatment, and compliance with the physician counselor's recommendations. The counseling shall be at Respondent's expense.
  - a. The Board's approval of the physician counselor may be rescinded by the Board for good cause.
  - b. If the Respondent or physician counselor feel it is necessary to terminate their doctor/patient relationship, a written explanation by both parties must be submitted to the Board at least thirty (30) days before termination of the relationship.
  - c. In either case, the Respondent shall submit other names of physician counselors for the Board's approval within fifteen (15) days from the date of the Board's rescission Order or date of doctor/patient relationship termination.
5. Respondent shall participate in group counseling for people in recovery at a facility prior approved by the Board, which shall be arranged within twenty-one (21) days of

the date of this Order. Respondent shall attend group counseling sessions once a week for a minimum of one (1) year from the date of this Order. After this period, the schedule shall be set by the group counselor, but shall not be less than once monthly without prior Board approval. The counseling shall be at Respondent's expense.

6. Respondent shall participate in individual psychotherapy with a doctoral level therapist that is prior approved by the Board, which shall be arranged within twenty-one (21) days of the date of this Order. The Respondent shall attend individual sessions once a week for a minimum of three (3) months from the date of this Order. After this period, the schedule shall be set by the therapist, but shall not be less than once monthly without prior Board approval. The counseling shall be at Respondent's expense.
7. Respondent shall participate in a stress reduction program, or work with a counselor with expertise in this area, that is prior approved by the Board, which shall be arranged within twenty-one (21) days of the date of this Order. The Respondent shall participate on a schedule set by the program or counselor, but shall not be less than once monthly without prior Board approval. Participation shall be at Respondent's expense.
8. Any relapse of Respondent shall be immediately reported to the Board by the Respondent, as well as by any treating health care provider who provides care to Respondent. Respondent authorizes any treating provider to immediately make such report without need for further authorization.
9. Respondent shall submit to unannounced random witnessed blood, hair or urine samples on demand by any agent or designee of the Board. The samples shall be

used for drug and alcohol screening and all costs associated with the drug and alcohol screening shall be promptly paid by Respondent.

10. Respondent shall remain in good standing with the Board's drug testing program and shall promptly remit for such costs.

### **SECTION III.**

1. Respondent shall enter into a monitoring agreement with the Iowa Practitioner Review Committee (IPRC) for continued monitoring of her substance abuse recovery. That agreement shall include all the requirements of this Order, and any other provisions the IPRC deems appropriate. Upon the IPRC's acceptance of the monitoring agreement, responsibility for supervision of Respondent's substance abuse recovery will transfer from the Board to the IPRC.
2. Respondent shall fully comply with the IPRC monitoring agreement and all recommendations made by the IPRC. Respondent's failure to comply with the IPRC monitoring agreement or any IPRC recommendations shall be referred by the IPRC to the Board for appropriate action.
3. Respondent's failure to comply with the IPRC monitoring agreement or any recommendations made by the IPRC constitutes failure to comply with an Order of the Board and is grounds for further disciplinary action, in accordance with Iowa Code Section 272C.3(2)(a)(2003).

### **SECTION IV.**

1. Respondent agrees to follow all recommendations made by the evaluating facility.
2. Respondent shall immediately sign releases to allow for the free flow of information between the Board and all of Respondent's current physician counselors, evaluators,

counselors, and aftercare providers. Respondent also agrees to sign releases for future physician counselors, evaluators, counselors, and aftercare providers.

3. Respondent shall fully cooperate with random unannounced visits by agents of the Board to determine compliance with this Order.
4. 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 promptly remit one hundred (\$100.00) dollars on or before the first day of January, April, July, and October, of each calendar year for such costs.
5. Respondent shall submit monthly reports detailing compliance with this Order for a period of one (1) year. Following this period, Respondent shall submit reports on a quarterly basis detailing compliance with the terms of his Order during the remainder of the probationary period. These reports shall include, but not be limited to, verification of Alcoholics Anonymous/Narcotics Anonymous attendance and participation with physician counselor/aftercare provider(s).
6. Respondent shall disclose to all current and future licensees, employers, and staff at her place of employment this Stipulation and Consent Order and the Board's August 27<sup>th</sup>, 2004, Order. The Respondent shall report back to the Board with signed statements from all current and all future employers/employees/staff 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 these actions, and understand the current terms and conditions placed on Respondent's dental license.

7. Respondent shall upon reasonable notice, and subject to the waiver provisions of Board rule 650 Iowa Administrative Code 31.6, appear before the Board at the time and place designated by the Board.
8. Periods of residency outside of the state of Iowa may be applied toward period of probation if prior approved by the Board. Any changes in residency must be provided to the Board in writing within fourteen (14) days of departure.

#### **SECTION V.**

1. Respondent acknowledges that she has read in its entirety the foregoing Stipulation and Consent Reinstatement Order and that she understands its content and that she executed the Order freely, voluntarily, and with no mental reservation whatsoever.
2. Respondent acknowledges her right to a hearing as provided for by law and waives her right to a hearing in this matter.
3. Respondent acknowledges that she 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 is required by Federal law to 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 her, in any way whatsoever, to execute this Order.

7. Respondent acknowledges that this Order is subject to approval of a majority of the full Board. If the Board fails to approve this proposed Order, it shall be of no force or effect as 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) (2003).
9. The Board's approval of this Stipulation and Consent Reinstatement Order shall constitute a FINAL ORDER of the Board.

This Stipulation and Consent Order is voluntarily submitted on this 18<sup>th</sup> day of November, 2004.

  
Mary Beth Polking, D.D.S.  
Respondent

Subscribed and Sworn to before me on this 18 day of November, 2004.



  
Notary Public in and for  
the state of Iowa

This Stipulation and Consent Order is accepted by the Iowa Board of Dental Examiners on this \_\_\_ day of November, 2004.

  
DEENA R. KUEMPEL, D.D.S.  
Chairperson  
Iowa Board of Dental Examiners  
400 SW 8<sup>th</sup> Street, Ste. 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

Darrell J. Isaacson  
Attorney for Respondent  
LAIRD, HEINY, McMANIGAL, WINGA,  
DUFFY & STAMBAUGH, P.L.C.  
P. O. Box 1567  
Mason City, IA 50402