

NEW MATERIALS (Added July 11, 2011)

Dental Hygiene Committee Meeting (Open Session)

Summary	Reference	Description
1) Revised Agenda(7/11)11	Open Meeting Agenda	- <i>New</i> agenda items under Licensure, Administrative Rules
2) New Pending Application for Licensure	Agenda Item II	- <i>New</i> : CeAnn McNamara , application for dental hygiene license - <i>New</i> : Theresa Fury , application for dental hygiene license - <i>New</i> : Kayla Keimig , application for dental hygiene license - <i>New</i> : Question from Jan Hillis , regarding dental hygiene faculty license
3) Updated Report re: Administrative Rules	Agenda Item III	- Revised Report about status of rules review project.



STATE OF IOWA

IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

Revised 7/11/11

IOWA DENTAL HYGIENE COMMITTEE

AGENDA

July 21, 2011

9:30 a.m.

Location: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa

Committee Members: *Marijo Beasler, R.D.H.; Mary Kelly R.D.H.; Gary Roth, D.D.S.*

- I. OPEN SESSION** (OPEN) *Marijo Beasler*
1. Call to Order, Roll Call
 2. Approval of Open Session Minutes
 - April 12, 2011 Meeting
 3. Election of 2011-12 Committee Officers
- II. LICENSURE** (Added 7/11/11)
1. CeAnn McNamara, D.H. - Application for Licensure (Added 7/11/11)
 2. Theresa Fury, D.H. - Application for Licensure (Added 7/11/11)
 3. Kayla Keimig - Application for Licensure (Added 7/11/11)
 4. Question from Jan Hillis, IWCC re: Faculty Licensure (Added 7/11/11)
- III. ADMINISTRATIVE RULES**
1. Status of Review and Update of Board's Administrative Rules Applicable to Dental Hygiene (Revised 7/11/11)
- IV. COMPLAINTS & OTHER REQUESTS*** (CLOSED)
- V. RECONVENE IN OPEN SESSION** (OPEN)
- VI. OPEN SESSION ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS**
1. Committee Recommendations Re: Licensure applications
 2. Committee Recommendations Re: Statement of Charges; Combined Notice of Hearing, Settlement Agreement and Final Order; and Settlement Agreements

3. Other Committee Recommendations

VII. ADJOURN

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 2011 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 2011 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.

Please Note: The times given for discussion of agenda items are approximate times and are intended to serve only as a general guide. The actual time of the discussion of each agenda item may occur earlier or later than stated.



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EXECUTIVE DIRECTOR

(6/22/11) DRAFT APRIL MINUTES – SUBJECT TO FINAL COMMITTEE APPROVAL

DENTAL HYGIENE COMMITTEE

OPEN SESSION MINUTES

April 12, 2011
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members	April 12
VaLinda J. Parsons, D.H., Chair	Present
Gary D. Roth, D.D.S.	Present
Marijo A. Beasler, D.H.	Present

Staff Members
Melanie Johnson, Phil McCollum, Christel Branness.

Attorney General's Office
Theresa O'Connell Weeg, Assistant Attorney General

CALL TO ORDER FOR APRIL 12, 2011

Chairman Parsons called the meeting of the Dental Hygiene Committee to order at 9:44 a.m. on Tuesday, April 12, 2011. A quorum was established with all members present.

Roll Call:

<u>Member</u>	<u>Beasler</u>	<u>Roth</u>	<u>Parsons</u>
Present	x	x	x
Absent			

APPROVAL OF MINUTES

▪ *January 25, 2011 Minutes*

❖ MOVED by ROTH, SECONDED by BEASLER, to approve the January 25, 2011 minutes of the Dental Hygiene Committee as submitted. Motion APPROVED unanimously.

ADMINISTRATIVE RULES

- *Action on Final Rule Amendments: Chpts. 11 & 12 (Notice ARC #9243B)*
- ❖ MOVED by ROTH, SECONDED by BEASLER, to approve the proposed rules, with the exception to allow the acceptance of the WREB dental hygiene examination through this current testing cycle for the purposes of licensure on the basis of examination. Motion APPROVED unanimously.

PUBLIC COMMENT

Chair Parsons allowed time for public comment.

No comments were received.

CLOSED SESSION

- ❖ MOVED by BEASLER, SECONDED ROTH, to go into closed session pursuant to Iowa Code 21.5(d) to discuss and review complaints, examination scores and other information required by state law to be kept confidential.

<u>Member</u>	<u>Beasler</u>	<u>Parsons</u>	<u>Roth</u>
Aye	x	x	x
Nay			

Motion APPROVED by ROLL CALL.

- The Dental Hygiene Committee convened in closed session at 9:47 a.m.
- ❖ MOVED by ROTH, SECONDED BEASLER, to return to open session. Motion APPROVED unanimously.
- The Dental Hygiene Committee reconvened in open session at 10:07 a.m.

OPEN SESSION

- ❖ MOVED by ROTH, SECONDED by BEASLER, to amend the motion regarding the proposed rule changes. Anyone who successfully completes the WREB dental hygiene examination prior to September 1, 2011 will be allowed to apply for a license on the basis of examination. Motion APPROVED unanimously.

ADJOURNMENT

The meeting of the Dental Hygiene Committee was adjourned at approximately 10:10 a.m. on April 12, 2011.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Dental Hygiene Committee is scheduled for July 21, 2011, in Des Moines, Iowa.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb

REPORT TO THE DENTAL HYGIENE COMMITTEE

DATE OF MEETING: July 21, 2011
RE: CeAnn McNamara, Application for License
SUBMITTED BY: Christel Braness, Administrative Assistant
ACTION REQUESTED: Decision regarding application for Licensure

Topic(s) for Committee Review

In 2010, Ms. McNamara pled guilty to the charge of OWI. Should an Iowa dental hygiene license be granted to Ms. McNamara?

Background

August 2009	Ms. McNamara started the dental hygiene program at Kirkwood Community College.
February 2010	Ms. McNamara pleads guilty to OWI.
May 2011	Ms. McNamara graduates from the dental hygiene program at Kirkwood Community College.
May 25, 2011	The Iowa Dental Board receives the application for license from Ms. McNamara.

Prior Disciplinary Actions {if applicable}

None.

Historical Treatment of Similar Situations

Unless there has been a repeated history of alcohol-related charges, licenses have been granted in similar circumstances.

Attached for Review

- ❖ Application for Iowa dental hygiene license

APPLICATION FOR IOWA DENTAL HYGIENE LICENSE

IOWA DENTAL BOARD

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

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



Please read the accompanying instructions prior to completing this application.

Application by: Examination Credentials

MAY 25 2011

1. IDENTIFYING INFORMATION

IOWA DENTAL BOARD

Full Legal Name: (Last, First, Middle, Suffix) McNamara, CeAnn, Mary			
Other Names Used: (e.g. Maiden)			
Home Address: 840 Ashford Dr NE		Telephone: 319-899-6118	
City: Cedar Rapids	County: Des Moines Linn	State: IA	Zip: 52402
Work Address: N/A		Telephone: N/A	
City: N/A	County: N/A	State: N/A	Zip: N/A
Home Fax: N/A	Home E-mail: ceannmcnamara@hotmail.com	Work Fax: N/A	Work E-mail: N/A
Social Security Number: [REDACTED]	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.		
Height: 5'8"	Weight: 145	Hair Color: Brown	Eye Color: Blue
Identifying Marks:		U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, Visa Type or Alien Registration Number:
Date of Birth: 01/15/1982	City of Birth: Manchester	State of Birth: Iowa	Country of Birth: Delaware
Father's Full Name: Donald Robert McNamara		Mother's Full Name: Dr Margaret Ann McNamara	
Full Name & Address of Nearest Relative Not Living With You: Carrie McNamara 920 N. Franklin Manchester, IA 52402 52057		Phone/Email Address: 563-608-4213	

2. BASIS FOR APPLICATION

EXAMINATION	PASS	DATE(S):
National Board Examination (Attach original or a notarized copy of National Board card reflecting scores.)	<input checked="" type="checkbox"/> Passed	3/11/11
Central Regional Dental Testing Service (CRDTS) Western Regional Examining Board (WREB) (Attach scores of examination.)	<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Passed	4/13/11
Iowa Jurisprudence Examination (Required by every applicant.)	<input checked="" type="checkbox"/> Passed	4/13/11
Other National, Regional, or State Licensure Examinations (List all other examinations taken. Include the date and scores.)	<input type="checkbox"/> Passed	

Office Use	Lic. #	Fee: CRDTS 2005 \$210	CPR: <input checked="" type="checkbox"/>	Cert. License: N/A
	Date issued:	F-prints: Rec'd 5/25/11	Clinical Exam(s): <input checked="" type="checkbox"/> 4/13/11	References:
	Marriage Cert: N/A	Cert. Education: <input checked="" type="checkbox"/>	Nat'l Bd: <input checked="" type="checkbox"/> 3/11	3 Yrs. Practice (Cred): ↓
	Letter/Authorization: <input checked="" type="checkbox"/>	Diploma: <input checked="" type="checkbox"/>	Juris: <input checked="" type="checkbox"/> 5/13/11	NPDB: ↓

Name of Applicant CeAnn McNamara

3. PRELIMINARY EDUCATION

Name of High School: West Delaware	City, State: Manchester, Ia	From (Mo, Yr): 8/96	To (Mo, Yr): 5/2000
Name of College: Kirkwood Community College	City, State: Cedar Rapids, Ia	From (Mo, Yr): 8/2002	To (Mo, Yr): 8/2003
Name of College: University of Iowa	City, State: Iowa City, Ia	From (Mo, Yr): 8/2000	To (Mo, Yr): 5/2002

4. DENTAL HYGIENE EDUCATION

Institution	City, State, Country	From (Mo, Yr):	To (Mo, Yr):
Year (1) Kirkwood Community College	Cedar Rapids, IA USA	8/09	7/10
Year (2) Kirkwood Community College	Cedar Rapids, IA, USA	8/10	5/11
Year (3)			
Year (4)			
Degree Received:		Date of Degree:	

5. POST-GRADUATE DENTAL HYGIENE TRAINING

Institution: N/A	Specialty: N/A	From (Mo, Yr): N/A	To (Mo, Yr): N/A
Address: N/A	City: N/A	State/Province: N/A	

6. 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. Attach a practice reference for each practice location in the last three (3) years.

Activity & Location	From (Mo, Yr):	To (Mo, Yr):
N/A - recent graduate		

7. LICENSE INFORMATION

List all state/countries in which you are or have ever been licensed.				
State/Country	License No.	Date Issued	License Type (e.g. Resident, Faculty, Permanent)	How Obtained (e.g. Credentials, Exam)
N/A				
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Name of Applicant CeAnn Mc Namara

3. PRELIMINARY EDUCATION

Name of High School: West Delaware	City, State: Manchester, Ia	From (Mo, Yr): 8/96	To (Mo, Yr): 5/2000
Name of College: Kirkwood Community College	City, State: Cedar Rapids, Ia	From (Mo, Yr): 8/2002	To (Mo, Yr): 8/2003
Name of College: University of Iowa	City, State: Iowa City, Ia	From (Mo, Yr): 8/2000	To (Mo, Yr): 5/2002

4. DENTAL HYGIENE EDUCATION

Institution	City, State, Country	From (Mo, Yr):	To (Mo, Yr):
Year (1) Kirkwood Community College	Cedar Rapids, IA USA	8/09	7/10
Year (2) Kirkwood Community College	Cedar Rapids, IA. USA	8/10	5/11
Year (3)			
Year (4)			
Degree Received:		Date of Degree:	

5. POST-GRADUATE DENTAL HYGIENE TRAINING

Institution: N/A	Specialty: N/A	From (Mo, Yr): N/A	To (Mo, Yr): N/A
Address: N/A	City: N/A	State/Providence: N/A	

6. 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. Attach a practice reference for each practice location in the last three (3) years.

Activity & Location	From (Mo, Yr):	To (Mo, Yr):
N/A - recent graduate		

7. LICENSE INFORMATION

List all state/countries in which you are or have ever been licensed.				
State/Country	License No.	Date Issued	License Type (e.g. Resident, Faculty, Permanent)	How Obtained (e.g. Credentials, Exam)

DEFINITIONS FOR SECTION 8. 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.

SECTION 8. 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 SEPARATE, SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).

- | YES | NO | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances? |
| <input type="checkbox"/> | <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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. ^{N/A} If YES to any of the above, are you receiving ongoing treatment or participation 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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. ^{N/A} If YES to any of the above, does your field of practice, the setting, or the manner in which you have been 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? |
| <input checked="" type="checkbox"/> | <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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been terminated or requested to withdraw from any dental hygiene school or training program? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Have you ever been requested to repeat a portion of any professional training program/school? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been denied a license to practice dental hygiene? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11a. ^{N/A} 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? |

IN THE IOWA DISTRICT COURT IN AND FOR LINN COUNTY
CLERK OF DISTRICT COURT

STATE OF IOWA, 2010 FEB 16 PM 3: 12

Plaintiff, LINN COUNTY, IOWA

NO. OWCR 086021

vs.

PLEA AND SENTENCE

CEANN MARY MCNAMARA,

Defendant.

DATE: February 16, 2010

The State of Iowa appears by Assistant County Attorney **Bill Croghan**. The Defendant appears with Attorney **Larry Gutz**. The Defendant pleads guilty to the offense of **Operating While Intoxicated, in violation of Iowa Code Section 321J.2.**

The Court, with Defendant's approval, waives formal proceedings pursuant to I.R.C.P. 8(2). The Court finds that the Defendant's plea is knowingly, voluntarily, and intelligently made, has a factual basis, and accepts the plea. The Defendant further waives the right to file a motion in arrest of judgment and time before sentencing. A finding of guilt and conviction is now entered of record. It is the sentence of the Court that the Defendant be fined **\$1,250** plus all applicable surcharges and pay the court costs. **The Court reserves jurisdiction to waive \$625 of the fine upon proof Defendant has installed an ignition interlock device.**

Said amounts shall be paid on or before **June 16, 2010.**

Defendant is further ordered to serve **48 hours** in the Linn County Jail with credit for any time previously served. The Court hereby approves successful completion of the OWI Weekend Program within 150 days of this date in lieu of said jail sentence now imposed. In the event Defendant fails to file proof of completion of said program with the Linn County Clerk of Court within 150 days of this date, the Court will amend this Order so as to require Defendant to surrender to the custody of the sheriff at the Linn County Jail on a date certain to serve 48 hours in jail, less credit for time previously served.

In the event the Defendant fails to complete the OWI Weekend Program, he/she shall complete the 12 Hour Drinking Drivers School through Kirkwood or other community college.

The Clerk of Court shall return this file to the undersigned for the entry of further Orders consistent with this Order on **July 16, 2010.**

The reasons for this sentence are the Defendant's age, employment, family circumstances, prior record, the facts and circumstance of this offense, and the belief that this sentence will provide the greatest benefit to the Defendant and the community.

Defendant notified of the right to appeal. Appeal bond: **\$2,000.** Defendant's appearance bond, if any, is exonerated.

Cause(s) **STA0065870** is/are dismissed with costs assessed to the Defendant.

Clerk to notify.

Casey D. Jones
CASEY D. JONES
District Associate Judge

pdf by smh

COUNTY ATTORNEY }
LARRY GUTZ } e
DOT 2-17-10 }
[Redacted]

(Handwritten initials)

Name of Applicant CelAnn McNamara

YES NO

- 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?
- 13. Are any professional liability or malpractice claims or complaints in process/pending against you?
- 14. Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dental hygiene?
- 15. Are charges or an investigation currently pending relative to your dental hygiene license in any other state?
- 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?
- 17. 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?
- 18. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?
- 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?

9. AFFIDAVIT OF APPLICANT

STATE OF Iowa COUNTY OF Linn

I, CelAnn McNamara, 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.

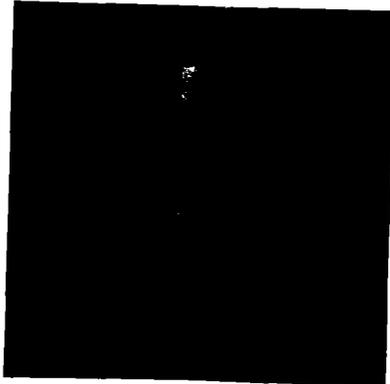
I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or 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 CelAnn McNamara

Sworn to before me this 18 day of May, 2011

Signature of Notary Public Kimberly A. Stovre



NOTARY SEAL



REPORT TO THE DENTAL HYGIENE COMMITTEE

DATE OF MEETING: July 21, 2011
RE: Theresa M. Fury, Application for License
SUBMITTED BY: Christel Branness, Administrative Assistant
ACTION REQUESTED: Decision regarding application for Licensure

Topic(s) for Committee Review

Ms. Fury was ticketed several times for minor in possession of alcohol and once for providing alcohol to a minor. Should an Iowa dental hygiene license be granted to Ms. Fury?

Background

December 2004	Citation for minor possession of alcohol.
September 2005	Citation for minor possession of alcohol.
November 2005	Citation for minor possession and consumption of alcohol.
October 2006	Citation for minor possession of alcohol and supplying alcohol to minors under the legal age.
April 2007	Citation for minor possession and consumption of alcohol.
August 2009	Ms. Fury started the dental hygiene program at Hawkeye Community College.
May 2011	Ms. Fury graduates from the dental hygiene program at Hawkeye Community College.
June 2010	Ms. Fury is with purchasing/providing alcohol to minors under the legal age.
April 13, 2011	The Iowa Dental Board receives the application for license from Ms. Fury.

Prior Disciplinary Actions {if applicable}

None.

Historical Treatment of Similar Situations

I am not aware of cases similar to this.

Attached for Review

- ❖ Application for Iowa dental hygiene license

APPLICATION FOR IOWA DENTAL HYGIENE LICENSE

IOWA DENTAL BOARD

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



Please read the accompanying instructions prior to completing this application.

Application by: X Examination Credentials

RECEIVED

APR 13 2011

1. IDENTIFYING INFORMATION

Full Legal Name: (Last, First, Middle, Suffix) Fury, Theresa, Mary				IOWA DENTAL BOARD	
Other Names Used: (e.g. Maiden) N/A					
Home Address: 380 Glen Oak Street			Telephone: 563-590-0642		
City: Dubuque	County: Dubuque	State: Iowa	Zip: 52001		
Work Address: N/A			Telephone: N/A		
City: N/A	County: N/A	State: N/A	Zip: N/A		
Home Fax: N/A	Home E-mail: theresa.fury@hawkeyecollege.edu	Work Fax: N/A	Work E-mail: N/A		
Social Security Number: [REDACTED]		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.			
Height: 53	Weight: 125	Hair Color: Blonde	Eye Color: Blue		
Identifying Marks: N/A Birth mark on left middle finger.		U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, Visa Type or Alien Registration Number: N/A		
Date of Birth: 9-7-1987	City of Birth: Dubuque	State of Birth: Iowa	Country of Birth: USA		
Father's Full Name: Richard Thomas Fury		Mother's Full Name: Mary Jane Fury			
Full Name & Address of Nearest Relative Not Living With You: Richard and Mary Fury 3359 Hibiscus Lane Dubuque, IA 52001		Phone/Email Address: 563-556-0389			

2. BASIS FOR APPLICATION

EXAMINATION	PASS	DATE(S):
National Board Examination (Attach original or a notarized copy of National Board card reflecting scores.)	<input checked="" type="checkbox"/> Passed	3-17-11
Central Regional Dental Testing Service (CRDTS) Western Regional Examining Board (WREB) (Attach scores of examination.)	<input type="checkbox"/> Passed <input type="checkbox"/> Passed	Testing 5-16-11 5-17-11
Iowa Jurisprudence Examination (Required by every applicant.)	<input type="checkbox"/> Passed	Testing May 2011
Other National, Regional, or State Licensure Examinations (List all other examinations taken. Include the date and scores.)	<input type="checkbox"/> Passed	

Office Use	Lic. #	Fee: CK#1738 \$210	CPR: <input checked="" type="checkbox"/>	Cert. License: N/A
	Date issued:	F-prints: Recd 4-13-11	Clinical Exam(s):	References: ↓
	Marriage Cert: N/A	Cert. Education: <input checked="" type="checkbox"/>	Nat'l Bd: ✓ 3/11	3 Yrs. Practice (Cred):
	Letter/Authorization: <input checked="" type="checkbox"/>	Diploma:	Juris: ✓ 4/30/11	NPDB: ↓

Name of Applicant Theresa Fury

3. PRELIMINARY EDUCATION

Name of High School: Wahlert Catholic High School	City, State: Dubuque, IA	From (Mo, Yr): August, 2001	To (Mo, Yr): May, 2004
Name of College: Northeast Iowa Community College	City, State: Peosta, IA	From (Mo, Yr): August, 2004	To (Mo, Yr): July, 2007
Name of College: N/A	City, State: N/A	From (Mo, Yr): N/A	To (Mo, Yr): N/A

4. DENTAL HYGIENE EDUCATION

Institution	City, State, Country	From (Mo, Yr):	To (Mo, Yr):
Year (1) Hawkeye Community College	Waterloo, IA USA	August, 2009	May 2010
Year (2) Hawkeye Community College	Waterloo, IA USA	August 2010	May 2011
Year (3) N/A	N/A	N/A	N/A
Year (4) N/A	N/A	N/A	N/A
Degree Received: AAS in Dental Hygiene		Date of Degree: May 13, 2011	

5. POST-GRADUATE DENTAL HYGIENE TRAINING

Institution: N/A	Specialty: N/A	From (Mo, Yr): N/A	To (Mo, Yr): N/A
Address: N/A	City: N/A	State/Providence: N/A	

6. 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. Attach a practice reference for each practice location in the last three (3) years.

Activity & Location	From (Mo, Yr):	To (Mo, Yr):
N/A	N/A	N/A

7. LICENSE INFORMATION

List all state/countries in which you are or have ever been licensed.				
State/Country	License No.	Date Issued	License Type (e.g. Resident, Faculty, Permanent)	How Obtained (e.g. Credentials, Exam)
N/A	(517111 - CB)			

DEFINITIONS FOR SECTION 8. 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.

SECTION 8. 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 SEPARATE, SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

- | YES | NO | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances? |
| <input type="checkbox"/> | <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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. If YES to any of the above, are you receiving ongoing treatment or participation 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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. If YES to any of the above, does your field of practice, the setting, or the manner in which you have been 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? |
| <input checked="" type="checkbox"/> | <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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been terminated or requested to withdraw from any dental hygiene school or training program? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Have you ever been requested to repeat a portion of any professional training program/school? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been denied a license to practice dental hygiene? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? |
| <input type="checkbox"/> | <input checked="" 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? |

To Iowa Dental Board,

On December 4th, 2004 I received a possession of alcohol citation in Dubuque, Iowa. I was drinking alcohol at a friend's and decided to get a ride home from another friend. The friend that was driving the car had dark tinted windows. He got pulled over for the dark tinted windows and the car smelled of alcohol because myself and the other passenger had been drinking alcohol. I was under the age of 21 and I received a possession of alcohol under the legal age.

On September 3, 2005 I received a possession of alcohol under the legal age citation in Dubuque, Iowa. I was drinking alcohol at a friend's house and walked to a party near a local college. The police showed up at the party and breathalyzed everyone. I received possession of alcohol under the legal age and released to my parents.

On November 26, 2005 I received a possession of alcohol citation and a consumption citation in Dubuque, Iowa. I was at a local bar and had been drinking alcohol earlier. The police came through the bar to ID everyone to make sure they were 21 years old. I gave them my ID and they realized I wasn't 21 years old. I then received a possession of alcohol and consumption citation.

On October 6, 2006 I received a possession of alcohol under the legal age and person over 21 supplying alcohol to person under the legal age, citations in Dubuque, Iowa. I was drinking alcohol at my apartment with 5 or 6 friends. The police knocked on the door and said they had someone call in for underage drinking. My roommate and I let the officers in and they realized that we were not 21 years of age nor were the friends my apartment. Since it was my

apartment, my roommate and I received citations for supplying alcohol to persons under the legal age and I also received a citation for possession of alcohol under the legal age because I was not yet 21 years old.

On April 26, 2007 I received a possession of alcohol under the legal age, consumption, and underage person prohibited from a place where liquor is sold citations in Dubuque, Iowa. I was at a local bar drinking alcohol and the police came through the bar to ID everyone at the bar. I showed them my ID and they realized I was not 21 years old. I then received possession of alcohol under the legal age, consumption, and underage person prohibited from a place where liquor is sold.

I received all of these citations when I was young and not thinking clearly. I made many poor decisions and have since changed a great deal. I learned my lesson after receiving these. I am now 23 years old and dedicated to school and Dental Hygiene. I regret the bad decision's I made when I was younger.

On June 25, 2010 I received a purchase/ possession of alcohol by person over 21 years of age. I was at my house grilling out and drinking a few beers with 8 or 9 friends and my roommate. My roommate called his younger brother and brother's friend over who were under 21 years of age. I did not know his brother was under 21 years of age and this was the first time I met his brother and his brother's friend. We had the music playing outside and police showed up in the backyard and said they got a call for loud music. I was inside my house when the police came and they talked to my roommate. I walked out into the backyard to find a few officers asking everyone for ID's. Everyone at my house was over the age of 21 except for my roommate's

Name of Applicant Theresa Fury

YES NO

- 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?
- 13. Are any professional liability or malpractice claims or complaints in process/pending against you?
- 14. Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dental hygiene?
- 15. Are charges or an investigation currently pending relative to your dental hygiene license in any other state?
- 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?
- 17. 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?
- 18. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?
- 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?

9. AFFIDAVIT OF APPLICANT

STATE OF Iowa COUNTY OF Dubuque

I, Theresa Fury, 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.

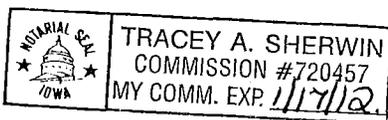
Signature of Applicant T Fury

Sworn to before me this 6th day of April, 2011

Signature of Notary Public Tracey A Sherwin



NOTARY SEAL



REPORT TO THE DENTAL HYGIENE COMMITTEE

DATE OF MEETING: July 21, 2011
RE: **Kayla Keimig, Application for License**
SUBMITTED BY: Christel Branness, Administrative Assistant
ACTION REQUESTED: Decision regarding application for Licensure

Topic(s) for Committee Review

In 2010, Ms. Keimig was charged with DUI. Should an Iowa dental hygiene license be granted to Ms. Keimig?

Background

September 2007	Ms. Keimig started the dental hygiene program at Carl Sandburg College.
May 2009	Ms. Keimig graduates from the dental hygiene program at Carl Sandburg College.
March 2010	Ms. Keimig is charged with DUI.
May 18, 2011	The Iowa Dental Board receives the application for license from Ms. Keimig.

Prior Disciplinary Actions {if applicable}

None.

Historical Treatment of Similar Situations

Unless there has been a repeated history of alcohol-related charges, licenses have been granted in similar circumstances.

Attached for Review

- ❖ Application for Iowa dental hygiene license

APPLICATION FOR IOWA DENTAL HYGIENE LICENSE

IOWA DENTAL BOARD

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



RECEIVED

Please read the accompanying instructions prior to completing this application.

MAY 18 2011

Application by: X Examination _____ Credentials _____

1. IDENTIFYING INFORMATION IOWA DENTAL BOARD

Full Legal Name: (Last, First, Middle, Suffix) <u>Keimig, Kayla, Lynn</u>			
Other Names Used (e.g. Maiden) <u>N/A</u>			
Home Address: <u>552 36th Avenue</u>		Telephone: <u>309-236-4693</u>	
City: <u>East Moline</u>	County: <u>Rock Island</u>	State: <u>IL</u>	Zip: <u>61244</u>
Work Address: <u>5116 N. Big Hollow Road Suite 101</u>		Telephone: <u>309-674-2000</u>	
City: <u>Peoria</u>	County: <u>Peoria</u>	State: <u>IL</u>	Zip: <u>61615</u>
Home Fax: <u>N/A</u>	Home E-mail: <u>kkeimig83@gmail.com</u>	Work Fax: <u>N/A</u>	Work E-mail: <u>N/A</u>
Social Security Number: <u>322-86-4918</u>	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.		
Height: <u>5'2"</u>	Weight: <u>127 lbs</u>	Hair Color: <u>Blonde</u>	Eye Color: <u>Blue</u>
Identifying Marks: <u>none</u>		U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, Visa Type or Alien Registration Number:
Date of Birth: <u>2/18/83</u>	City of Birth: <u>Moline</u>	State of Birth: <u>IL</u>	Country of Birth: <u>USA</u>
Father's Full Name: <u>Dana Ananay Keimig</u>		Mother's Full Name: <u>Cynthia Marie Keimig</u>	
Full Name & Address of Nearest Relative Not Living With You: <u>Dana Keimig 552 36th Avenue, East Moline, IL 61244</u>			

2. BASIS FOR APPLICATION

EXAMINATION	PASS	DATE(S):
National Board Examination - You have on file (Attach original or a notarized copy of National Board card reflecting scores.)	<input checked="" type="checkbox"/> Passed	<u>March, 2009</u>
Central Regional Dental Testing Service (CRDTS) (Attach scores of examination.)	<input checked="" type="checkbox"/> Passed	<u>August, 2009</u>
Western Regional Examining Board (WREB) If taken after 01/01/01 (Attach scores of examination.)	<input type="checkbox"/> Passed	
Iowa Jurisprudence Examination (Required by every applicant.) <u>not completed prior to applic. 6/10/11 CB</u>	<input type="checkbox"/> Passed	→
Other National, Regional, or State Licensure Examinations (List all other examinations taken. Include the date and scores.)	<input type="checkbox"/> Passed	

Office Use	Lic. #	Diploma	Fee	Cert. Ed
		<input checked="" type="checkbox"/>	<u>CK#2110 \$100</u>	<input checked="" type="checkbox"/>
	Book# pg.	Nat'l Bd <u>✓ mo9</u>	Cert. Lic <u>✓</u>	Ref <u>✓</u>
	Date issued	Date approved	CRDTS <u>✓ 8/2/09</u>	Juris
	Marriage Cert. <u>N/A</u>	CPR <u>✓</u>	Fingerprints <u>Mailed 5/11/11</u>	MPPB: <u>CS</u>

Letter/Auth: ✓

Rec'd 5/31/11

Name of Applicant Kayla Keimig

3. PRELIMINARY EDUCATION

Name of High School: <u>Alleman High School</u>	City, State: <u>Rock Island, IL</u>	From (Mo, Yr): <u>9/1999</u>	To (Mo, Yr): <u>5/2002</u>
Name of College: <u>Black Hawk College</u>	City, State: <u>Moline, IL</u>	From (Mo, Yr): <u>9/2005</u>	To (Mo, Yr): <u>5/2008</u>
Name of College:	City, State:	From (Mo, Yr):	To (Mo, Yr):

4. DENTAL HYGIENE EDUCATION

Year	Institution	City, State, Country	From (Mo, Yr):	To (Mo, Yr):
Year (1)	<u>Carl Sandburg College</u>	<u>Galesburg, IL, USA</u>	<u>9/2007</u>	<u>7/2008</u>
Year (2)	<u>Carl Sandburg College</u>	<u>Galesburg, IL, USA</u>	<u>9/2008</u>	<u>5/2009</u>
Year (3)	<u>NA</u>			
Year (4)	<u>NA</u>			
Degree Received: <u>Associates in Applied Science:</u>		Date of Degree: <u>May, 2009</u>		

5. POST-GRADUATE DENTAL HYGIENE TRAINING

Institution: <u>NA</u>	Specialty: <u>NA</u>	From (Mo, Yr):	To (Mo, Yr):
Address: <u>NA</u>	City: <u>NA</u>	State/Province:	

6. 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. Attach a practice reference for each practice location in the last three (3) years.

Activity & Location	From (Mo, Yr):	To (Mo, Yr):
<u>Marathon - 9/2010</u>		
<u>Mission Trip to Nicaragua</u>	<u>2/2010</u>	<u>2/2010</u>
<u>Give Kid's a Smile East Moline, IL</u>	<u>2/2009</u>	<u>2/2009</u>
<u>Healthy Life Styles Fair Galesburg, IL</u>	<u>9/2009</u>	<u>9/2009</u>
<u>Child Education on Oral Health Galesburg, IL</u>	<u>9/2008</u>	<u>9/2008</u>
<u>Quad Cities Distance Classic, RI, IL</u>	<u>May/2011</u>	<u>May/2011</u>
<u>Quad Cities Marathon Training Group, Davenport IA</u>	<u>June/2011</u>	<u>June/2011</u>

7. LICENSE INFORMATION

List all states/countries in which you are or have ever been licensed.				
State/Country	License No.	Date issued	License Type (e.g. Resident, Faculty, Permanent)	How Obtained (e.g. Credentials, Exam)
<u>IL/USA</u>	<u>020013038</u>	<u>08/21/2009</u>	<u>Permanent</u>	<u>Exam</u>

Name of Applicant Kayla Keimig

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Name of College:	City, State:	From (Mo, Yr):	To (Mo, Yr):

4. DENTAL HYGIENE EDUCATION

Institution	City, State, Country	From (Mo, Yr):	To (Mo, Yr):
Year (1) <u>Carl Sandburg College</u>	<u>Galesburg, IL, USA</u>	<u>9/2007</u>	<u>7/2008</u>
Year (2) <u>Carl Sandburg College</u>	<u>Galesburg, IL, USA</u>	<u>9/2008</u>	<u>5/2009</u>
Year (3) <u>NA</u>			
Year (4) <u>NA</u>			
Degree Received: <u>Associates in Applied Science: Dental Hygiene</u>		Date of Degree:	

5. POST-GRADUATE DENTAL HYGIENE TRAINING

Institution: <u>NA</u>	Specialty: <u>NA</u>	From (Mo, Yr):	To (Mo, Yr):
Address: <u>NA</u>	City: <u>NA</u>	State/Providence:	

6. CHRONOLOGY OF ACTIVITIES

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Name of Applicant Kayla Keimig

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2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

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- | | | |
|---|---|--|
| <p>YES <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>NO <input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>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?</p> <p>2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?</p> <p>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?</p> <p>4. If YES to any of the above, are you receiving ongoing treatment or participation 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?</p> <p>5. If YES to any of the above, does your field of practice, the setting, or the manner in which you have been 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?</p> <p>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?</p> <p>7. Have you ever been terminated or requested to withdraw from any dental hygiene school or training program?</p> <p>8. Have you ever been requested to repeat a portion of any professional training program/school?</p> <p>9. Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school?</p> <p>10. Have you ever been denied a license to practice dental hygiene?</p> <p>11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?</p> <p>12. 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 rendered?</p> |
|---|---|--|

Name of Applicant Kayla Keimig

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

SECTION 8. 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 SEPARATE, SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

- | YES | NO | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances? |
| <input type="checkbox"/> | <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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. If YES to any of the above, are you receiving ongoing treatment or participation 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? |
| <input type="checkbox"/> | <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 been 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? |
| <input checked="" type="checkbox"/> | <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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been terminated or requested to withdraw from any dental hygiene school or training program? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Have you ever been requested to repeat a portion of any professional training program/school? |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever been denied a license to practice dental hygiene? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? |
| <input type="checkbox"/> | <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? |

6. Yes - DUI Court supervision on March 2010.
Due to the court supervision for the year, it was deferred.

Raugh  5/12/11

9. Due to complications of an online class, I had to sign a warning letter or discipline letter. Everything was handled and I had no other issues. The complications were just the timing of finishing an online class. Raugh  5/12/11

Name of Applicant Kayla Keimig

YES NO

- 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?
- 13. Are any professional liability or malpractice claims or complaints in process/pending against you?
- 14. Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dental hygiene?
- 15. Are charges or an investigation currently pending relative to your dental hygiene license in any other state?
- 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?
- 17. 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?
- 18. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?
- 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?

9. AFFIDAVIT OF APPLICANT

STATE OF IL COUNTY OF Tazewell

I, Kayla Keimig, 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 Kayla Keimig

Sworn to before me this 13th day of May, 2011

Signature of Notary Public Roland W. Kastner



NOTARY SEAL

"OFFICIAL SEAL"
ROLAND W. KASTNER
Notary Public, State of Illinois
My Commission Expires 06/19/2012

June 24, 2011

TO: Melanie Johnson, Executive Director, Iowa Dental Board

The Dental Hygiene Program at IWCC opened in 1998 and we graduated our first class in 2000. From the beginning, we have been affiliated with Creighton University School of Dentistry. We have been meeting on the IWCC campus on Mondays and Tuesdays for didactic teaching, then treating patients in Omaha at Creighton University School of Dentistry on Wednesday through Friday each week. Our entire faculty has Nebraska dental hygiene licenses.

This August we will complete a remodeling project here at IWCC which will provide the program with 5 dental ops where we can teach Preclinical. Our plan is to first teach a skill on Fletcher, and then we would like to have the students practice the skill on a peer partner.

We will also have a 5 chair radiology area where we can teach Radiology Lab. Our plan is to first teach a skill on a DXTTR, and then we would like to have the students practice the skill on a peer partner who has a prescription written by their dentists of record indicating that they need specific radiographs. Then we would like to practice the skill on a friend or family member who has a prescription written by their dentists of record indicating that they need specific radiographs. The radiographs would be returned to the dentist of record.

Therefore, question #1 is what can the faculty supervise at IWCC in preclinical and radiology labs with an Iowa license and/or with a Nebraska license?

The second issue is, I applied for and was given an IA Teaching Permit when I first moved to IA more than ten years ago. A few years ago, Jennifer Hart from the Iowa Board contacted me and said that she was 'cancelling' my teaching permit because I was a dental hygienist. She said that only dentists could hold a teaching permit. After speaking with other employees at the Iowa Dental Association, I

now understand that this is not the case. **Therefore, question #2 how do I proceed to have my Iowa Faculty Teaching Permit reinstated?**

I do not want to apply for an IA dental hygiene license or permit for two reasons. One, I am 63 years old and will be retiring very soon. Secondly, I have moved around the US directing dental hygiene programs, so I hold licenses in several states which makes it very expensive and time consuming to obtain the Certifications of Licensure which IA requires.

So, I am seeking clarification on what my faculty and I can legally do in a teaching institution if we do not have an IA dental hygiene license. I am also hoping that my IA Teaching Permit can be reinstated for the next couple of years until I retire.

Please rest assured that we will comply with the decision of the IA Board. I can be reached at 800-432-5852 x 3738 until July 8, 2011. While on summer break I can be reached at my summer home at (307) 634-8881 until August 15th.

It has been very challenging to direct a program that is taught in two different states! Thank you very much for clarifying these issues for us.

Janet L. Hillis, RDH, PHRDH, MA

Professor and Program Chair, Dental Hygiene

IWCC affiliated with Creighton University School of Dentistry

REPORT TO THE DENTAL HYGIENE COMMITTEE

FYI ONLY

DATE OF MEETING: July 21, 2011
RE: Rules – **Review of Board Rules**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: **Status of Review and Update of Board's Administrative Rules**

Background

The Board's administrative rules are in the process of being reviewed by staff for possible changes. The purpose of the review is to identify rules that are no longer necessary and should be considered for rescission; rules that need to be updated; and new amendments that are necessary to incorporate statutory changes, to incorporate recommendations from the Board and its Committees, and to address changes that will be required to offer online services to licensees/permit holders/registrants.

Project Update

A draft was not available at the time of the distribution of the Board meeting materials. Following review by IDB staff and IDB's attorneys, I would like to seek input regarding the development of draft amendments from representatives of the Dental Hygiene Association, the Iowa Dental Association, the Dental Assistants Association and other interested parties. Proposed rule amendments would then be submitted to the Board for review. **Board action on proposed rule amendments will not be sought until August at the earliest to allow sufficient time for preparation of a Notice of Intended Action. A report on the status of this rules update project will be provided at the July meeting.**

Draft in Development - Possible Rule Amendments

The rule amendments would include both administrative and substantive changes, such as:

- ❖ Reorganization of structure of rules to improve clarity and to make it easier to find information.
- ❖ Remove or update statutory references.
- ❖ Revise the rules to reflect the agency name change from "Iowa Board of Dental Examiners" to "Iowa Dental Board."
- ❖ Review and update the descriptions of administrative procedures to process applications, renewals, permits, etc.
- ❖ Update descriptions of roles and responsibilities of Board committees.
- ❖ Amend the rules to incorporate changes needed as part of the database project that will result in offering online application and renewal to licensees, permit holder and registrants
- ❖ Revise the rules relating to initial licensure. Provide for an application fee and a prorated initial license fee. Thereafter, the usual renewal fees would be applicable.
- ❖ Revise the rules to include recommended rule amendments from the Anesthesia Credentials Committee.
- ❖ Amending the rules to incorporate the statutory changes to become effective on July 1, 2011 relating to licensure by credentials.