STATE OF IOWA
IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

TELEPHONIC MEETING
IOWA DENTAL HYGIENE COMMITTEE
AGENDA

September 27, 2011
12:00 P.M.

Location: The public can participate in the public session of the teleconference by speakerphone at the Board's office, 400 SW 8th St., Suite D, Des Moines, Iowa.

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

I. OPEN SESSION

Call to Order, Roll Call

II. * APPLICATIONS FOR LICENSURE

1. Shelly Simpson, DH - Application for Licensure by Credentials
2. Kelly Van Wyk, DH - Application for Licensure by Examination

III. OPEN SESSION ACTION ON CLOSED SESSION AGENDA ITEMS

IV. 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.

REPORT TO THE DENTAL HYGIENE COMMITTEE

ACTION

DATE OF MEETING:	September 27, 2011
RE:	**Application for Iowa Dental Hygiene License – Shelly Simpson, D.H.**
SUBMITTED BY:	Christel Braness, Administrative Assistant
ACTION REQUESTED:	Action on Applicant's Reported Criminal History

Topic(s) for Board Review

Should the Board approve the dental hygiene license of Ms. Shelly Simpson given her reported criminal history?

Background

6/1993	Ms. Simpson was charged with felony theft in the state of Illinois.*
5/1994	Ms. Simpson pled guilty the charge and was sentenced to probation, community service and restitution. (Ms. Simpson reports completing all court-ordered requirements in a timely manner.)
8/1994-5/1996	Ms. Simpson was in dental hygiene school.
5/1996	Ms. Simpson graduated with a degree in dental hygiene.
5/1996-9/1997	Ms. Simpson practiced as a dental assistant in Illinois.
12/1996-4/1998	Ms. Simpson practiced as a dental hygienist in Illinois.
5/1998-2/2000	Ms. Simpson practiced as a dental hygienist in Michigan.
4/2000-1/2002	Ms. Simpson practiced as a dental hygienist in New York.
1/2002-3/2004	Ms. Simpson stayed home with her children.
5/2004-5/2011	Ms. Simpson practiced as a dental hygienist in Kansas.
8/2011-present	Ms. Simpson moved to Iowa and applied for an Iowa dental hygiene license.

Historical Treatment of Similar Situations

The Dental Hygiene Committee has reviewed these cases and made recommendations on an individual basis depending upon the nature of the crime. Licenses have been issued to the applicants in some situations.

Staff Recommendations

Staff would recommend that a license be issued to Ms. Simpson. *Board staff has verified that the threshold for felony theft in Illinois is $150. In Iowa, the threshold for felony theft is $1000. Due to the low threshold for a felony charge in Illinois, and given the fact that theft occurred 18 years ago without any other reported incidents of criminal history, staff feels that a license could be issued to her.

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

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Please read the accompanying instructions prior to completing this application.

Application by: _____ Examination ✓ Credentials

1. IDENTIFYING INFORMATION

Full Legal Name: (Last, First, Middle, Suffix) Simpson, Shelly, Lynn			
Other Names Used: (e.g. Maiden) Harrigan Shelly Lynn			
Home Address: 2794 NE 94th Place			**Telephone:** (913) 530-4861
City: Ankeny	**County:** Polk	**State:** Iowa	**Zip:** 50021
Work Address: N/A			**Telephone:** NA
City: NA	**County:** NA	**State:** NA	**Zip:** NA
Home Fax:	**Home E-mail:** shelsimp@gmail.com	**Work Fax:** NA	**Work E-mail:** NA
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: 5'6	**Weight:** 165	**Hair Color:** Blonde	**Eye Color:** Green
Identifying Marks:	**U.S. Citizen?** ☒ Yes ☐ No	**If No, Visa Type or Alien Registration Number:**	
Date of Birth: 10/1/68	**City of Birth:** Murray	**State of Birth:** KY	**Country of Birth:** USA
Father's Full Name: Thomas Neal Harrigan		**Mother's Full Name:** Linda Kathryn Harrigan	
Full Name & Address of Nearest Relative Not Living With You: Tom & Linda Harrigan 1604 Chandler Danville, IL 61832		**Phone/Email Address:** bandude1@comcast.net (217) 260-1912 or (217) 474-1912	

2. BASIS FOR APPLICATION

EXAMINATION	PASS	DATE(S):
National Board Examination (Attach original or a notarized copy of National Board card reflecting scores.)	☒ Passed	April 1996
Central Regional Dental Testing Service (CRDTS) **Western Regional Examining Board (WREB)** (Attach scores of examination.) NA	☐ Passed ☐ Passed	
Iowa Jurisprudence Examination (Required by every applicant.) (not yet completed. CB 9/12/11)	☐ Passed	
Other National, Regional, or State Licensure Examinations (List all other examinations taken. Include the date and scores.) North East Regional Board Exam. Results to be sent directly to Iowa Board	☒ Passed	April 1996

Office Use				
	Lic. #	Fee: CK#3035 $246	CPR: ✓	Cert. License: ✓
	Date issued:	F-prints: Mailed 8-8-11 ✓	Clinical Exam(s): ✓	References: ✓
	Marriage Cert:	Cert. Education:	Nat'l Bd: ✓ A96	3 Yrs. Practice (Cred): ✓ KS
	Letter/Authorization: ✓	Diploma: ✓	Juris:	NPDB: ✓

Name of Applicant Shelly L. Simpson

3. PRELIMINARY EDUCATION

Name of High School:	City, State:	From (Mo, Yr):	To (Mo, Yr):
Danville High School	Danville, Illinois	8/82	6/86
Name of College:	**City, State:**	**From (Mo, Yr):**	**To (Mo, Yr):**
Illinois State University	Normal, Illinois	8/86	5/91
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) Parkland College	Champaign, Illinois U.S.	8/94	8/95
Year (2) Parkland College	Champaign, Illinois U.S.	8/95	5/96
Year (3)			
Year (4)			

Degree Received:	Date of Degree:
Associate's of Applied Science in Dental Hygiene	May 1996

5. POST-GRADUATE DENTAL HYGIENE TRAINING

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

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):
Dr Jeffrey Frerichs, DDS General Dentist Champaign, IL PT Dental Asst	5/96	12/96
Dr Morgan Powell Orthodontist Champaign, IL Temporary Ortho Asst	4/97	9/97
Dr. Jeffrey Frerichs DDS General Dentist Champaign, IL PT Dental Hygienist	12/96	4/98
Dr. Greg Martin DDS General Dentist Champaign, IL PT Dental Hygienist	11/97	4/98
Dr. Mark Halboth DDS General Dentist Livonia, MI FT Dental Hygienist	5/98	2/00
Dr. Russell DiPalma, DDS General Dentist Fredonia, NY PT Dental Hygienist	4/00	1/02
(*)(*) See additional attached sheet (*)(*)		

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)
Illinois	020008794	12/6/1996		
Michigan	2902011559	4/9/1998	Permanent	Credentials
New York	51 022232	3/16/2000	Permanent	Credentials
Kansas	10438	4/2/2004	Permanent	Credentials

Chronology of Activities (cont)

Activity • Location	From	To
Stayed at home with my oldest daughter whose age ranged from 6mos to 2½ during this time. I also had my 2nd daughter 9/03. During this time, from approx 1/03 to 12/03, I worked as a weight loss consultant for Jenny Craig, part time. I was located in Fort Worth, TX, until moving to Kansas 3/04	1/02	3/04
Dr. Don Nielson, DDS General Dentist FT Hygienist	5/04 ---	4/07
Dr. Nick Prater, DDS Pediatric Dentist PT Hygienist (*) Letter of Recommendation enclosed (*)	4/07 ---	5/11
Moved to Iowa, time home with daughters, unpacking, getting house in order	5/11 ---	8/11

Name of Applicant: Shelly L. Simpson

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	
☐	☒	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?
☐	☒	2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?
☐	☒	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?
☐	☒	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?
☐	☒	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?
☒	☐	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?
☐	☒	7. Have you ever been terminated or requested to withdraw from any dental hygiene school or training program?
☐	☒	8. Have you ever been requested to repeat a portion of any professional training program/school?
☐	☒	9. Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school?
☐	☒	10. Have you ever been denied a license to practice dental hygiene?
☐	☒	11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?
☐	☒	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?

Name of Applicant Shelly L. Simpson

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

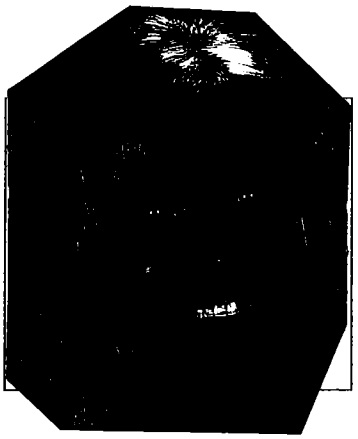
STATE OF Iowa COUNTY OF Polk

I, Shelly L. Simpson, 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 Shelly L Simpson

Sworn to before me this 3 day of August, 2011

Signature of Notary Public Jean M Black

NOTARY SEAL

NOTARIAL SEAL IOWA

JEAN M. BLACK
Commission No. 164513
My Comm. Expires 3-27-13

Shelly L. Simpson
2792 NE 94th Place
Ankeny, Iowa 50021

July 24th, 2011

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4687

To Whom It May Concern:

I am applying for licensure as a Dental Hygienist in the state of Iowa and have completed the application. While answering question #6 in Section 8, I replied "yes," and this is my statement giving details of my response.

I started working at Lerner New York in Normal, Illinois in 1991 after college graduation, starting as Assistant Manager, and then moving up to Store Manager. While working there, it was common practice for employees to change into clothes from the sales floor prior to starting their shift, and wear them home after the shift was over. Sometimes the items would get paid for that day and sometimes not, with the understanding that they would be paid for the next day or after the next pay period. I took part in this practice, although I have to stress that I always intended to pay for any items and never intended to steal from the company. Most of the clothing/accessories did get paid for, however some did not, whether it was because I simply forgot, or waited too long and felt that it would be more harmful to do the right thing. I knew it wasn't right, but never considered it to be theft.

In late June of 1993, company loss control showed up at our store. Employees, including myself, were questioned and I was totally up front and honest about everything. I went home to retrieve items that I thought hadn't been paid for, and in retrospect, even returned some things that probably had been. When the items were totaled up, it came to an amount that constituted felony theft, and I was arrested. I was devastated, thinking that because I had returned the items and been honest, all would be forgiven other than my job.

After about a year, I pleaded guilty to felony theft in May, 1994, and was sentenced to probation, community service, and restitution. I knew that it would go on my record and would affect me the rest of my life, but felt that I had to move on at the time and pay for what I had done. I paid my restitution monthly until paid in full, and completed probation and all of my community service without incident.

In the Fall of 1994, I started the Dental Hygiene program at Parkland College in Champaign, IL, and graduated in May of 1996. I have successfully practiced in 4 other states prior to moving to Iowa and

feel that I would be beneficial as a hygienist here as well. I truly enjoy what I do and appreciate what the hygiene field has to offer me, and hope that I can share what I have to offer here in Iowa.

I am truly sorry for what I did and I cannot change it. However, I feel that over the last 17 years, I have done everything I can to become a good, upstanding and contributing member of society, and hope you will help me in continuting to do so.

Thank you for your time. Please do not hesitate to contact me if needed for additional information.

Sincerely,

Shelly L. Simpson
(913)530-4861

*Occurred in Normal, Illinois
*Case number 1993CF000558 in McLean County, Illinois
*Guilty of Retail Theft/Display Merchandise Greater than $150
*Plead date May 26, 1994, Sentenced to 30 months probation, restitution, and community service
*My attorney was Steven Skelton of Bloomington, Illinois (309)820-9599

*** No materials available for open session**

Kelly Van Wyk, DH - Licensure by Examination