



STATE OF IOWA

IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

IOWA DENTAL HYGIENE COMMITTEE

AGENDA

October 25, 2012

10:00 a.m.

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

Committee Members: *Mary Kelly, R.D.H., Chair; Nancy Slach, R.D.H., Vice Chair;
Steve Bradley, Secretary*

I. OPEN SESSION

Mary Kelly

1. Call to Order, Roll Call
2. Approval of Open Session Minutes
 - July 12, 2012 minutes

II. ADMINISTRATIVE RULES

1. Follow-Up Re: Rulemaking History For Rule 650—10.5, Public Health Supervision
2. Follow-Up Re: Rules and Fluoride Varnish Under General Supervision
3. Committee Recommendation Re: Proposed Amendments to Chpt. 10, “General Requirements” (Amends the definition of “public health setting”)
4. Committee Recommendation re: Next Steps for Expanded Functions Rule Amendments for RDHs and RDAs

III. REMEDIAL EDUCATION PLAN REVIEW

1. Submitted by Shaunda Clark, R.D.H., Kirkwood Community College

IV. *APPLICATIONS FOR LICENSURE & OTHER REQUESTS

1. Application for Dental Hygiene License from Joan van Vliet, D.H.
2. Application for Dental Hygiene License from Jessica Koster, D.H.

V. * CLOSED SESSION

VI. RECONVENE IN OPEN SESSION

VII. OPEN SESSION ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS

VIII. PUBLIC COMMENT

IX. OTHER BUSINESS

X. 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.



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DENTAL HYGIENE COMMITTEE

OPEN SESSION MINUTES

July 12, 2012
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members

Mary C. Kelly, R.D.H.
Nancy A. Slach, R.D.H.
Steven P. Bradley, D.D.S.

July 12, 2012

Present
Present
Present

Staff Members

Melanie Johnson, Christel Braness, Brian Sedars, Phil McCollum, Janet Arjes

Attorney General's Office

Theresa Weeg, Assistant Attorney General

CALL TO ORDER FOR JULY 12 2012

Ms. Kelly called the meeting of the Dental Hygiene Committee to order at 10:16 a.m. on Thursday, July 12, 2012. A quorum was established with all members present.

Roll Call:

<u>Member</u>	<u>Kelly</u>	<u>Slach</u>	<u>Bradley</u>
Present	x	x	x
Absent			

APPROVAL OF MINUTES

- *April 24, 2012 Open Session Minutes*
- ❖ MOVED by BRADLEY, SECONDED by SLACH, to approve the April 24, 2012, minutes of the Dental Hygiene Committee meeting as submitted. Motion APPROVED unanimously.

- *May 18, 2012 Open Session Minutes*
 - ❖ MOVED by BRADLEY, SECONDED by KELLY, to approve the May 18, 2012, minutes of the Dental Hygiene Committee teleconference meeting with the correction that Ms. Slach is vice-chairperson and Dr. Bradley is secretary. Motion APPROVED unanimously.

EXPANDED FUNCTIONS FOR DENTAL HYGIENISTS & DENTAL ASSISTANTS

Ms. Kelly stated that the topic of expanded functions would also be discussed at the meeting scheduled for the next day. Ms. Kelly wanted to ensure that all related items would be discussed, including those suggested by the Iowa Dental Hygiene Association (IDHA). Ms. Johnson reported that all comments received by the Board office were forwarded to the Board and interested parties.

Mr. Cope, IDHA, indicated that at the expanded functions meeting in January 2012 it was suggested that a number of other suggestions could be addressed. Mr. Cope feels that it would be consistent to include the discussion of atraumatic restorative treatment (ART) as this is function not currently allowed under the scope of practice of a dental hygienist in Iowa. Ms. Johnson reiterated that she did not want to limit the discussion on this matter; however, she wants to be sure that the discussion is limited to expanded functions, whatever those may include.

Ms. Johnson stated that the Board can determine what to include in the discussion the next day. The Board members have all of the information available to them as a reference.

DAY CARE SETTINGS – PUBLIC HEALTH SUPERVISION

Ms. Kelly reported that this discussion was a follow-up from the prior Board meeting. The Iowa Department of Public Health (IDPH) provided the 2010 data related to the public health supervision agreements on file. The data for 2011 had not yet been compiled at the time of this meeting. At the April 2012 Board meeting, the question was raised as to whether the current rules regulating public health supervision agreements allow services to be provided at day care settings under a public health supervision agreement.

Ms. Kelly stated that she would like to add day care settings to the provisions for public health supervision. Dr. Bradley indicated that some in-home day cares would be included in that language. Ms. Slach clarified that, while some in-home day cares are licensed, others are not.

Dr. Bradley expressed some disagreement to the proposal of adding day cares to the provisions of public health supervision; specifically, Dr. Bradley's concern relates to in-home day cares. Dr. Bradley, indicated, however, that he would need to review a more specific proposal prior to making a final decision.

Ms. Weeg suggested that the Board and/or the Dental Hygiene Committee look at the requirements for licensing of day cares before submitting a proposal for rule change.

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Mr. Cope, IDHA, pointed out that all schools and nursing homes are covered under the current rule. Mr. Cope stated that this allows for services to be provided to a large number of minors that may require them.

Ms. Kelly reported that, based on her prior practice experience, a large number of children ages one through four, are not currently covered. Dr. Bradley stated that he sees some of these children prior to Kindergarten. Ms. Kelly stated that a number of these children may not be seen by dentists.

Mr. Cope agrees with Ms. Weeg that the licensure standards for day cares would be a good starting point in reviewing this matter and trying to propose suggestions for change.

Ms. Johnson indicated that any changes made to the public health supervision regulations would require a rule amendment. Ms. Johnson stated that the committee can propose language to the Board for consideration as they see fit.

Ms. Kelly proposed adding day cares, with the exclusion of in-home day care, to the allowed sites for public health supervision agreements.

Ms. Slach inquired as to the reasons why the Board might exclude groups such as in-home day cares. Ms. Slach stated that she was aware of at least one individual with an in-home day care who would possibly embrace these services. Ms. Slach could not find a logical reason to deny services to these in-home day care providers if the same services were to be provided to other day care settings.

- ❖ MOVED by KELLY, SECONDED by BRADLEY, to direct staff to draft language to propose a rule amendment adding day care facilities to the rule. Motion APPROVED unanimously.

EXAMINATION REQUIREMENTS FOR PUBLIC HEALTH SUPERVISION

Mr. McCollum referred to the current language in Iowa Administrative Code 650 regarding treatment. Mr. McCollum reminded the committee members that the public health supervision agreements are to stipulate the period of time before an examination must be completed prior to further hygiene services being provided under the public health supervision agreement.

Ms. Weeg feels that the current language in rules is unclear in terms of establishing a baseline. The rule is unclear as to when an examination must occur prior to dental hygiene services being continued. However, Ms. Weeg's not certain that an examination must always occur in between each set of services provided by a public health hygienist. The public health supervision agreement should clearly define this as established by the supervising dentist.

Ms. Kelly thought that the rules allowed the supervising dentist to determine when an examination would be required prior to resuming services. Ms. Kelly believed that the rule had been changed to allow ongoing services to patients, who might not otherwise receive any dental

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treatment. Ms. Kelly stated that, as a public health hygienist, it is sometimes difficult to determine when an examination has occurred.

Mr. McCollum agreed that the rule is not clear but that his understanding of the rule is that an examination must be conducted at some point before services continue indefinitely.

Ms. Cacioppo stated that she was on the Board at the time the public health supervision rules were approved. Ms. Cacioppo's recollection is also that the determination should be made by the supervising dentist.

Mr. McCollum stated that he was aware of a rule change as it related to services provided under general supervision. However, Mr. McCollum does not recall if this change also applied to the public health supervision rules. Ms. Weeg stated that it would be a good idea to look at clarifying the rule so as to remove some of the confusion in this area.

Mr. Cope, IDHA, recalls that that the some of the former language was stricken from the rule regarding the 12-month examination requirement; however, the question is how to interpret the current language and how to move forward at this point in time. Mr. Cope feels that it may be better to come back to this issue at a later date. This would allow more time to review the change in language in the rule and to attempt to ascertain the intended impact of the rule.

Dr. Bradley stated that he was comfortable with leaving the determination as to the timeline regarding examination up to the supervising dentist. Ms. Slach inquired as to how to best address the examination when patients may not always see the same practitioner(s).

Ms. Rodgers, IDPH, stated that the sample agreement, provided by their office, was updated to reference time frames as established between the dentists and dental hygienists who enter into these agreements. Ms. Rodgers interpretation of the form is that the dentist is to set the timeline for requiring an examination before hygiene services could continue. However, Ms. Rodgers pointed out that the form provided by IDPH is only a sample document. Licensees do not have to use their form, and rather, could develop their own written supervision agreement. Ms. Johnson asked about the maintenance of those written agreements and whether access could be provided to them. Ms. Rodgers indicated that IDPH maintains the agreements and that they could certainly be made available for further review.

The decision was made to table further discussion on this matter.

FLUORIDE VARNISH UNDER GENERAL SUPERVISION

Ms. Kelly asked for clarification on the matter of fluoride varnish and the level of supervision required. Ms. Kelly recollected that public health supervision agreements would be inclusive of prior-existing services and programs. Ms. Kelly indicated that Mr. McCollum clarified, previously, that general supervision provisions do not necessarily apply to public health supervision.

Ms. Weeg recommended that staff research this matter further to see how this matter may have treated historically. The former staff member who managed this information previously is no longer employed by this office. It might be best to revisit this later at a later date when further research can be completed. Ms. Johnson reminded the committee, that licensees are obligated to operate under the current rule. The committee, however, could propose a change to the rules if the members feel that it is appropriate.

Ms. Kelly would like to see what the language was regarding these services prior to the addition of public health supervision agreements in rule.

PUBLIC COMMENT

Ms. Kelly allowed the opportunity for public comment.

No comments were received.

CLOSED SESSION

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

Roll Call:

<u>Member</u>	<u>Kelly</u>	<u>Slach</u>	<u>Bradley</u>
Present	x	x	x
Absent			

Motion APPROVED by ROLL CALL.

- The Dental Hygiene Committee convened in closed session at 10:53 a.m.

OPEN SESSION

- ❖ MOVED by SLACH, SECONDED by BRADLEY, to return to open session. Motion APPROVED unanimously.

The Committee reconvened in open session at 10:56 am.

The meeting of the Dental Hygiene Committee was adjourned at approximately 10:56 a.m. on July 12, 2012.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Dental Hygiene Committee is scheduled for October 25, 2012, in Des Moines, Iowa.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb

REPORT TO THE DENTAL HYGIENE COMMITTEE

ACTION

DATE OF MEETING: October 25-26, 2012
RE: **Rules: Proposed Amendments to Chapter 10, “General Requirements”**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Committee Recommendation to the Board

These proposed amendments expand the definition of “public health settings” to include programs affiliated with the Early Childhood Iowa (ECI) initiative authorized by Iowa Code Chapter 256I and day care centers (excluding home-based day care centers).

Attached for Review

- ❖ Draft Notice of Intended Action, Chapter 10
- ❖ Current Public Health Supervision administrative rules, 650—chpt.10
- ❖ Information about the Early Childhood Iowa Initiative
 - Iowa Code Chapter 256i, Early Childhood Iowa Initiative
 - Fact sheet from IDPH website

DENTAL BOARD[650]

Notice of Intended Action

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby gives Notice of Intended Action to amend Chapter 10, “General Requirements,” Iowa Administrative Code.

These proposed amendments expand the definition of “public health settings” to include programs affiliated with the Early Childhood Iowa (ECI) initiative authorized by Iowa Code Chapter 256I and day care centers (excluding home-based day care centers).

Written comments about the proposed amendments will be accepted through January 8, 2013. Comments should be directed to Melanie Johnson, Executive Director, Iowa Dental Board, 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687; or by e-mail to Melanie.Johnson@iowa.gov.

A public hearing will be held on January 8, 2013, at 2:30 p.m. at the office of the Iowa Dental Board located at 400 SW 8th Street, Suite D, Des Moines, Iowa. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments.

Any person who plans to attend the public hearing and who may have special requirements, such as those related to hearing or mobility impairments, should contact the Board office and indicate what specific assistance is needed.

These proposed amendments were approved at the October 25, 2012, meeting of the Dental Board.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code sections 153.33 and 153.39.

The following amendments are proposed.

ITEM 1. Amend subrule 10.5(1) as follows:

10.5(1) Public health settings defined. For the purposes of this rule, public health settings are limited to schools; Head Start programs; programs affiliated with the Early Childhood Iowa (ECI) initiative authorized by Iowa Code Chapter 256I; day care centers (excluding home-based day care centers); federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; and federal, state, or local public health programs.

CHAPTER 256I

EARLY CHILDHOOD IOWA INITIATIVE

[SP] Initial early childhood Iowa state board membership to be composed of Iowa empowerment board membership; transition from community empowerment areas and boards to early childhood Iowa areas and boards; rules adopted to implement community empowerment initiative under former chapter 28 applicable until superseded; transition of contracts and remission of unobligated or unexpended community empowerment initiative funds to early childhood Iowa initiative; 2010 Acts, ch 1031, §310

256I.1	Definitions.	256I.7	Early childhood Iowa area boards created.
256I.2	Desired results — purpose and scope.	256I.8	Early childhood Iowa area board duties.
256I.3	Early childhood Iowa state board created.	256I.9	School ready children grant program.
256I.4	Early childhood Iowa state board duties.	256I.10	Early childhood Iowa internet site.
256I.5	Early childhood Iowa coordination staff.	256I.11	Early childhood Iowa fund.
256I.6	Early childhood Iowa areas.	256I.12	Early childhood stakeholders alliance.

256I.1 Definitions.

For the purposes of this chapter, unless the context otherwise requires:

1. “*Department*” means the department of management.
 2. “*Desired results*” means the set of desired results for improving the quality of life in this state for young children and their families identified in section 256I.2.
 3. “*Early care*”, “*early care services*”, or “*early care system*” means the programs, services, support, or other assistance made available to a parent or other person who is involved with addressing the health and education needs of a child from zero through age five. “*Early care*”, “*early care services*”, or “*early care system*” includes but is not limited to public and private efforts and formal and informal settings.
 4. “*Early childhood Iowa area*” means a geographic area designated in accordance with this chapter.
 5. “*Early childhood Iowa area board*” or “*area board*” means the board for an early childhood Iowa area created in accordance with this chapter.
 6. “*Early childhood Iowa state board*” or “*state board*” means the early childhood Iowa state board created in section 256I.3.
- 2010 Acts, ch 1031, §278

256I.2 Desired results — purpose and scope.

1. It is intended that through the early childhood Iowa initiative every community in Iowa will develop the capacity and commitment for using local, informed decision making to achieve the following set of desired results for improving the quality of life in this state for young children and their families:

- a. Healthy children.
- b. Children ready to succeed in school.
- c. Safe and supportive communities.
- d. Secure and nurturing families.
- e. Secure and nurturing early learning environments.

2. The purpose of creating the early childhood Iowa initiative is to empower individuals, communities, and state level partners to achieve the desired results. The desired results will be achieved as private and public entities work collaboratively. This initiative creates a partnership between communities and state level partners to support children zero through age five and their families. The role of the early childhood Iowa state board, area boards, and other state and local government agencies is to provide support, leadership, and facilitation of the growth of individual, community, and state responsibility in addressing the desired results.

3. To achieve the desired results, the initiative’s primary focus shall be on the efforts of

the state and communities to work together to improve the efficiency and effectiveness of early care, education, health, and human services provided to families with children from zero through age five.

2010 Acts, ch 1031, §279

256I.3 Early childhood Iowa state board created.

1. The early childhood Iowa state board is created to promote a vision for a comprehensive early care, education, health, and human services system in this state. The board shall oversee state and local efforts. The vision shall be achieved through strategic planning, funding identification, guidance, and decision-making authority to assure collaboration among state and local early care, education, health, and human services systems.

2. *a.* The board shall consist of twenty-one voting members with fifteen citizen members and six state agency members. The six state agency members shall be the directors or their designees of the following departments: economic development authority, education, human rights, human services, public health, and workforce development. The designees of state agency directors shall be selected on an annual basis. The citizen members shall be appointed by the governor, subject to confirmation by the senate. The governor's appointments of citizen members shall be made in a manner so that each of the state's congressional districts is represented by at least two citizen members and so that all the appointments as a whole reflect the ethnic, cultural, social, and economic diversity of the state. A member of the state board shall not be a provider of services or other entity receiving funding through the early childhood Iowa initiative or be employed by such a provider or other entity.

b. The governor's appointees shall be selected from individuals nominated by area boards. The nominations shall reflect the range of interests represented on the area boards so that the governor is able to appoint one or more members each for early care, education, health, human services, business, faith, and public interests. At least one of the citizen members shall be a service consumer or the parent of a service consumer. The term of office of the citizen members is three years. A citizen member vacancy on the board shall be filled in the same manner as the original appointment for the balance of the unexpired term.

3. Citizen members shall be reimbursed for actual and necessary expenses incurred in performance of their duties. Citizen members shall be paid a per diem as specified in section 7E.6.

4. In addition to the voting members, the state board shall include four members of the general assembly with not more than one member from each chamber being from the same political party. The two senators shall be appointed one each by the majority leader of the senate and by the minority leader of the senate. The two representatives shall be appointed one each by the speaker of the house of representatives and by the minority leader of the house of representatives. Legislative members shall serve in an ex officio, nonvoting capacity. A legislative member is eligible for per diem and expenses as provided in section 2.10.

5. The state board shall elect a chairperson from among the citizen members and may select other officers from the voting members as determined to be necessary by the board. The board shall meet regularly as determined by the board, upon the call of the board's chairperson, or upon the call of a majority of voting members. The board shall meet at least quarterly.

2010 Acts, ch 1031, §280; 2011 Acts, ch 118, §87, 89

[P] Confirmation; see §2.32

[SP] Initial early childhood Iowa state board membership to be composed of Iowa empowerment board membership; transition from community empowerment areas and boards to early childhood Iowa areas and boards; 2010 Acts, ch 1031, §310

[T] Code editor directive applied

256I.4 Early childhood Iowa state board duties.

The state board shall perform the following duties:

1. Provide oversight of early childhood Iowa areas.
2. Manage and coordinate the provision of grant funding and other moneys made available to early childhood Iowa areas by combining all or portions of appropriations or other revenues as authorized by law.

3. Approve the geographic boundaries for the early childhood Iowa areas throughout the state and approve any proposed changes in the boundaries.

4. Create a strategic plan that supports a comprehensive system of early care, education, health, and human services. The strategic plan shall be developed with extensive community involvement. The strategic plan shall be annually updated and disseminated to the public. Specific items to be addressed in the strategic plan shall include but are not limited to all of the following:

a. Provisions to strengthen the state structure including interagency levels of collaboration, coordination, and integration.

b. Provisions for building public-private partnerships.

c. Provisions to support consolidating, blending, and redistributing state-administered funding streams and the coordination of federal funding streams. The strategic plan shall also address integration of services provided through area boards, other state and local commissions, committees, and other bodies with overlapping and similar purposes which contribute to redundancy and fragmentation in early care, education, health, and human services programs provided to the public.

d. Provisions for improving the efficiency of working with federally mandated bodies.

e. Identification of indicators that measure the success of the various strategies that impact communities, families, and children. The indicators shall be developed with input from area boards.

5. Adopt common performance measures and data reporting requirements, applicable statewide, for services, programs, and activities provided by area boards. The data from common performance measures and other data shall be posted on the early childhood Iowa internet site and disseminated by other means and shall also be aggregated to provide statewide information.

6. Assist with the linkage of child welfare and juvenile justice decategorization projects with early childhood Iowa areas.

7. Coordinate and respond to requests from an area board relating to any of the following:

a. Waiver of existing rules, federal regulation, or amendment of state law, or removal of other barriers.

b. Pooling and redirecting of existing federal, state, or other public or private funds.

c. Seeking of federal waivers.

d. Consolidating community-level committees, planning groups, and other bodies with common memberships formed in response to state requirements.

8. Develop and implement a levels of excellence rating system for use with the state board's designation process for area boards. Allow for flexibility and creativity of area boards in implementing area board responsibilities and provide authority for the area boards to support the communities in the areas served. The levels of excellence rating system shall utilize a tiered approach for recognizing the performance of an area board. The system shall provide for action to address poor performing areas as well as higher performing areas. Subject to the funding requirements and other requirements established in law, if an area board achieves the highest rating level, the state board may allow special flexibility provisions in regard to the funding appropriated or allocated for that area board. The state board shall determine how often area boards are reviewed under the system.

9. Adopt rules pursuant to chapter 17A as necessary for the designation, governance, and oversight of area boards and the administration of this chapter. The state board shall provide for area board input in the rules adoption process.

10. Develop guidelines for recommended insurance or other liability coverage and take other actions to assist area boards in acquiring such coverage at a reasonable cost. Moneys expended by an area board to acquire necessary insurance or other liability coverage shall be considered an administrative cost.

11. In January each year, submit an annual report to the governor and general assembly that includes but is not limited to all of the following:

a. Any updates to the strategic plan.

b. The status and results of the early childhood Iowa initiative efforts to engage the public

regarding the early care, education, health, human services, and other needs of children zero through age five.

c. The status and results of the efforts to develop and promote private sector involvement with the early care system.

d. The status of the early childhood Iowa initiative and the overall early care system in achieving the set of desired results.

e. The data and common performance measures addressed by the strategic plan, which shall include but is not limited to funding amounts.

f. The indicators addressed by the strategic plan along with associated data trends and their source.

12. Integrate statewide quality standards and results indicators adopted by other boards and commissions into the state board's funding requirements for investments in early care, health, education, and human services.

13. Ensure alignment of other state departments' activities with the strategic plan.

14. Develop and keep current memoranda of agreements between the state agencies represented on the state board to promote system development and integration and to clarify the roles and responsibilities of partner agencies.

15. Work with the early childhood Iowa office in building public-private partnerships for promoting the collaborative early care, education, health, and human services system.

16. Support and align the early childhood Iowa internet site with other agencies and improve internet communication.

17. Except for the fiscal oversight measures to be adopted by the department, adopt rules to implement this chapter. The rules shall include but are not limited to the following:

a. Indicators of the effectiveness of early childhood Iowa areas, area boards, and the services provided under the auspices of the area boards. The indicators shall be developed with input from area boards and shall build upon the core indicators of effectiveness for the school ready children grant program.

b. Minimum standards to further the provision of equal access to services subject to the authority of area boards.

c. Core functions for family support services, parent education programs, preschool services provided under a school ready children grant, and other programs and services provided under this chapter. The state board shall also develop guidelines and standards for state-supported family support programs, based upon existing guidelines and standards for the services.

18. Address other measures to advance the initiative. The measures may include any of the following:

a. Advance the development of integrated data systems.

b. Expand efforts to improve quality and utilize evidence-based practices.

c. Further develop kindergarten assessment approaches that are tied to state early learning standards.

2010 Acts, ch 1031, §281

256I.5 Early childhood Iowa coordination staff.

1. The department shall provide administrative support for implementation of the early childhood Iowa initiative and for the state board. The department shall adopt rules in consultation with the state board to provide fiscal oversight of the initiative. The fiscal oversight measures adopted shall include but are not limited to all of the following:

a. Reporting and other requirements to address the financial activities employed by area boards.

b. Regular audits and other requirements of fiscal agents for area boards.

c. Requirements for area boards to undertake and report on fiscal and performance reviews of the programs, contracts, services, and other functions funded by the area boards.

2. An early childhood Iowa office is established in the department to provide leadership for facilitation, communication, and coordination for the early childhood Iowa initiative activities and funding and for improvement of the early care, education, health, and human services systems. An administrator for the early childhood Iowa office shall be appointed by the

director of the department. Other staff may also be designated, subject to appropriation made for this purpose.

3. The state agencies represented on the state board may designate additional staff, as part of the early childhood Iowa initiative, to work as a technical assistance team with the office in providing coordination and other support to the state's comprehensive early care, education, health, and human services system.

4. The office shall work with the state and area boards to provide leadership for comprehensive system development. The office shall also do all of the following:

a. Enter into memoranda of agreement with the departments of education, human rights, human services, public health, and workforce development and the economic development authority to formalize the respective departments' commitments to collaborating with and integrating a comprehensive early care, education, health, and human services system. Items addressed in the memoranda shall include but are not limited to data sharing and providing staffing to the technical assistance team.

b. Work with private businesses, foundations, and nonprofit organizations to develop sustained funding.

c. Maintain the internet site in accordance with section 256I.10.

d. Propose any needed revisions to administrative rules based on stakeholder input.

e. Provide technical support to the state and area boards and to the early childhood Iowa areas through staffing services made available through the state agencies that serve on the state board.

f. Develop, collect, disseminate, and provide guidance for common performance measures for the programs receiving funding under the auspices of the area boards.

g. If a disagreement arises within an early childhood Iowa area regarding the interests represented on the area's board, board decisions, or other disputes that cannot be locally resolved, upon request, provide state or regional technical assistance as deemed appropriate by the office to assist the area in resolving the disagreement.

2010 Acts, ch 1031, §282; 2011 Acts, ch 118, §87, 89

[T] Code editor directive applied

256I.6 Early childhood Iowa areas.

1. The purpose of an early childhood Iowa area is to enable local citizens to lead collaborative efforts involving early care, education, health, and human services on behalf of the children, families, and other citizens residing in the area. Leadership functions may include but are not limited to strategic planning for and oversight and managing of such programs and the funding made available to the early childhood Iowa area for such programs from federal, state, local, and private sources. The focus of the area shall be to achieve the desired results and to improve other results for families with young children.

2. An early childhood Iowa area shall be designated by using existing county boundaries to the extent possible.

3. The designation of an early childhood Iowa area's boundaries and the creation of an area board are both subject to the approval of the state board. The state board shall determine if a proposed area board can efficiently and effectively administer the responsibilities and authority of the area to be served. The state board may apply additional criteria for designating areas and approving area boards, but shall apply all of the following minimum criteria:

a. An area cannot encompass more than four counties.

b. The counties encompassing a multicounty area must have contiguous borders.

c. A single county area shall have a minimum population of children zero through age five in excess of five thousand, based on the most recent population estimates issued by the United States bureau of the census.

4. If the state board determines exceptional circumstances exist, the state board may waive any of the criteria otherwise specified in subsection 3.

2010 Acts, ch 1031, §283

256I.7 Early childhood Iowa area boards created.

1. a. The early childhood Iowa functions for an area shall be performed under the authority of an early childhood Iowa area board. The members of an area board shall be elected officials or members of the public who are not employed by a provider of services to or for the area board. In addition, the membership of an area board shall include representation from early care, education, health, human services, business, and faith interests, and at least one parent, grandparent, or guardian of a child from zero through age five.

b. Terms of office of area board members shall be not more than three years and the terms shall be staggered.

2. An area board may designate an advisory council consisting of persons employed by or otherwise paid to represent an entity listed in subsection 1 or other provider of service. However, the deliberations of and documents considered by such an advisory council shall be public.

3. An area board shall elect a chairperson from among the members who are citizens or elected officials.

4. An area board is a unit of local government for purposes of chapter 670, relating to tort liability of governmental subdivisions. For purposes of implementing a formal organizational structure, an area board may utilize recommended guidelines and bylaws established for this purpose by the state board.

5. All meetings of an area board or any committee or other body established by an area board at which public business is discussed or formal action taken shall comply with the requirements of chapter 21. An area board shall maintain its records in accordance with chapter 22.

2010 Acts, ch 1031, §284; 2010 Acts, ch 1183, §18

256I.8 Early childhood Iowa area board duties.

1. An early childhood Iowa area board shall do all of the following:

a. Designate a public agency of this state, as defined in section 28E.2, a community action agency as defined in section 216A.91, an area education agency established under section 273.2, or a nonprofit corporation, to be the fiscal agent for grant moneys and for other moneys administered by the area board.

b. Administer early childhood Iowa grant moneys available from the state to the area board as provided by law and other federal, state, local, and private moneys made available to the area board. Eligibility for receipt of early childhood Iowa grant moneys shall be limited to those early childhood area boards that have developed an approved community plan in accordance with this chapter. An early childhood area board may apply to the state board for any private moneys received by the early childhood Iowa initiative outside of a state appropriation.

c. Develop a comprehensive community plan for providing services for children from zero through age five. At a minimum, the plan shall do all of the following:

(1) Describe community and area needs for children from zero through age five as identified through ongoing assessments.

(2) Describe the current and desired levels of community and area coordination of services for children from zero through age five, including the involvement and specific responsibilities of all related organizations and entities.

(3) Identify all federal, state, local, and private funding sources including funding estimates available in the early childhood Iowa area that will be used to provide services to children from zero through age five.

(4) Describe how funding sources will be used collaboratively and the degree to which the sources can be combined to provide necessary services to young children and their families.

(5) Identify the desired results and the community-wide indicators the area board expects to address through implementation of the comprehensive community plan. The plan shall identify community-specific, quantifiable performance measures to be reported in the area board's annual report and integration with the strategic plan adopted by the state board.

(6) Describe the current status of support services to prevent the spread of infectious diseases, prevent child injuries, develop health emergency protocols, help with medication,

and care for children with special health needs that are being provided to child care facilities registered or licensed under chapter 237A within the early childhood Iowa area.

d. Submit an annual report on the effectiveness of the community plan in addressing school readiness and children's health and safety needs to the state board and to the local government bodies in the area. The annual report shall indicate the effectiveness of the area board in addressing state and locally determined goals.

e. Function as a coordinating body for services offered by different entities directed to similar purposes within the area.

f. Assume other responsibilities established by law or administrative rule.

g. Cooperate with the state board, department of education, and school districts and other local education agencies in securing unique student identifiers, in compliance with all applicable federal and state confidentiality provisions.

2. An area board may do any of the following:

a. Designate one or more committees to assist with area board functions.

b. Utilize community bodies for input to the area board and implementation of services.

2010 Acts, ch 1031, §285

256I.9 School ready children grant program.

1. The state board shall develop and promote a school ready children grant program which shall provide for all of the following components:

a. Identify the performance measures that will be used to assess the effectiveness of the school ready children grants, including the amount of early intellectual stimulation of very young children, the basic skill levels of students entering school, the health status of children, the incidence of child abuse and neglect, the level of involvement by parents with their children, and the degree of quality of an accessibility to child care.

b. Identify guidelines and a process to be used for determining the readiness of an early childhood Iowa area board for administering a school ready children grant.

c. Provide for technical assistance concerning funding sources, program design, and other pertinent areas.

2. The state board shall provide maximum flexibility to grantees for the use of the grant moneys included in a school ready children grant, including but not limited to authorizing an area board to use grant moneys to pay for regular audits required pursuant to section 256I.5, subsection 1, if moneys distributed to an area board for administrative costs are insufficient to pay for the required audits.

3. A school ready children grant shall, to the extent possible, be used to support programs that meet quality standards identified by the state board. At a minimum, a grant shall be used to provide all of the following:

a. Preschool services provided on a voluntary basis to children deemed at risk.

b. (1) Family support services and parent education programs promoted to parents of children from zero through age five. Family support services shall include but are not limited to home visitation. Of the state funding that an area board designates for family support programs, at least sixty percent shall be committed to programs with a home visitation component.

(2) It is the intent of the general assembly that priority for home visitation program funding be given to programs using evidence-based or promising models for home visitation.

c. Other services to support the strategic plan developed by the state board.

d. Services to improve the quality and availability of all types of child care. The services may include but are not limited to making nurse consultants available to support quality improvement.

4. a. A school ready children grant shall be awarded to an area board annually, as funding is available. Receipt of continued funding is subject to submission of the required annual report and the state board's determination that the area board is measuring, through the use of performance measures and community-wide indicators developed by the state board with input from area boards, progress toward and is achieving the desired results and other results identified in the community plan. Each area board shall participate in the levels of excellence rating system to measure the area's success. If the use of performance measures

and community-wide indicators does not show that an area board has made progress toward achieving the results identified in the community plan, the state board shall require a plan of corrective action, withhold any increase in funding, or withdraw grant funding.

b. The state board shall distribute school ready children grant moneys to area boards with approved comprehensive community plans based upon a determination of an early childhood Iowa area's readiness to effectively utilize the grant moneys. The grant moneys shall be adjusted for other federal and state grant moneys to be received by the area for services to children from zero through age five.

c. An area board's readiness shall be determined by evidence of successful collaboration among public and private early care, education, health, and human services interests in the area or a documented program design that supports a strong likelihood of a successful collaboration between these interests. Other criteria which may be used by the state board to determine readiness and funding amounts for an area include one or more of the following:

(1) The levels of excellence rating received by the area.

(2) Evidence of the area's capacity to successfully implement the services in the area's community plan.

(3) Local public and private funding and other resources committed to implementation of the community plan.

(4) The adequacy of plans for commitment of local funding and other resources for implementation of the community plan.

d. The provisions for distribution of school ready children grant moneys shall be determined by the state board.

e. The amount of school ready children grant funding an area board may carry forward from one fiscal year to the succeeding fiscal year shall not exceed twenty percent of the grant amount for the fiscal year. All of the school ready children grant funds received by an area board for a fiscal year which remain unencumbered or unobligated at the close of a fiscal year shall be carried forward to the succeeding fiscal year. However, the grant amount for the succeeding fiscal year shall be reduced by the amount in excess of twenty percent of the grant amount received for the fiscal year.

2010 Acts, ch 1031, §286; 2011 Acts, ch 132, §10, 11, 106

[SP] If sufficient funding is available, eligibility for preschool tuition assistance may be extended to children with a family income in excess of the basic income eligibility requirement; 2011 Acts, ch 132, §5, 102, 106

[T] Subsection 2 amended

[T] Subsection 3, paragraph b amended and editorially internally redesignated

256I.10 Early childhood Iowa internet site.

1. The department shall provide for the operation of an internet site for purposes of widely distributing information regarding early care, education, health, and human services and other information provided by the departments represented on the state board and the public and private agencies addressing the comprehensive system for such services.

2. Information provided on the internet site shall include but is not limited to all of the following:

a. Information about the early childhood Iowa initiative for state and local use. The information shall include data from the indicators of success and performance measures adopted by the state board and fiscal information and other data developed by the department.

b. A link to a special internet site directed to parents, including parent-specific information on early care, education, health, and human services and links to other resources available on the internet and from other sources.

c. Program standards for early care, education, health, and human services that have been approved by state agencies.

3. The department shall provide to the state board information regarding the extent and frequency of usage of the internet site or sites and this information shall be included in the board's annual report to the governor and general assembly.

2010 Acts, ch 1031, §287

256I.11 Early childhood Iowa fund.

1. An early childhood Iowa fund is created in the state treasury. The moneys credited

to the fund are not subject to section 8.33 and moneys in the fund shall not be transferred, used, obligated, appropriated, or otherwise encumbered except as provided by law. Notwithstanding section 12C.7, subsection 2, interest or earnings on moneys deposited in the fund shall be credited to the fund.

2. A school ready children grants account is created in the fund under the authority of the director of the department of education. Moneys credited to the account are appropriated to and shall be distributed by the department in the form of grants to early childhood Iowa areas pursuant to criteria established by the state board in accordance with law.

3. Unless a different amount is authorized by law, up to three percent of the school ready children grant moneys distributed to an area board may be used by the area board for administrative costs.

4. *a.* An early childhood programs grant account is created in the fund under the authority of the director of the department of human services. Moneys credited to the account are appropriated to and shall be distributed by the department of human services in the form of grants to early childhood Iowa areas pursuant to criteria established by the state board in accordance with law. The criteria shall include but are not limited to a requirement that an early childhood Iowa area must be designated by the state board in order to be eligible to receive an early childhood programs grant.

b. The maximum funding amount an early childhood Iowa area is eligible to receive from the early childhood programs grant account for a fiscal year shall be determined by applying the area's percentage of the state's average monthly family investment program population in the preceding fiscal year to the total amount credited to the account for the fiscal year.

c. An early childhood Iowa area receiving funding from the early childhood programs grant account shall comply with any federal reporting requirements associated with the use of that funding and other results and reporting requirements established by the state board. The department of human services shall provide technical assistance in identifying and meeting the federal requirements. The availability of funding provided from the account is subject to changes in federal requirements and amendments to Iowa law.

d. The moneys distributed from the early childhood programs grant account shall be used by early childhood Iowa areas for the purposes of enhancing quality child care capacity in support of parent capability to obtain or retain employment. The moneys shall be used with a primary emphasis on low-income families and children from zero to age five. Moneys shall be provided in a flexible manner and shall be used to implement strategies identified by the early childhood Iowa area to achieve such purposes. The department of human services may use a portion of the funding appropriated to the department under this subsection for provision of technical assistance and other support to the early childhood Iowa areas developing and implementing strategies with grant moneys distributed from the account.

e. Moneys from a federal block grant that are credited to the early childhood programs grant account but are not distributed to an early childhood Iowa area or otherwise remain unobligated or unexpended at the end of the fiscal year shall revert to the fund created in section 8.41 to be available for appropriation by the general assembly in a subsequent fiscal year.

5. A first years first account is created in the fund under the authority of the department of management. The account shall consist of gift or grant moneys obtained from any source, including but not limited to the federal government. Moneys credited to the account are appropriated to the department to be used for the early childhood-related purposes for which the moneys were received.

2010 Acts, ch 1031, §288; 2010 Acts, ch 1183, §19

256I.12 Early childhood stakeholders alliance.

1. *Alliance created.* An early childhood stakeholders alliance is created to support the state board in addressing the early care, health, and education systems that affect children ages zero through five in Iowa.

2. *Purpose.* The purpose of the early childhood stakeholders alliance is to oversee and provide broad input into the development of a high quality Iowa early childhood system that meets the needs of children zero through age five and their families and integrates the early

care, health, and education systems. The alliance shall advise the governor, general assembly, state board, and other public and private policy bodies and service providers in coordinating activities throughout the state to fulfill its purpose.

3. *Vision statement.* All system development activities addressed by the early childhood stakeholders alliance shall be aligned around the following vision statement for the children of Iowa: “Every child, beginning at birth, will be healthy and successful.”

4. *Membership.* The early childhood stakeholders alliance membership shall include a representative of any organization that touches the lives of young children in the state zero through age five, has endorsed the purpose and vision statement for the alliance, has endorsed the guiding principles adopted by the alliance for the early childhood system, and has formally asked to be a member and remains actively engaged in alliance activities. The alliance shall work to ensure there is geographic, cultural, and ethnic diversity among the membership.

5. *Procedure.* Except as otherwise provided by law, the early childhood stakeholders alliance shall determine its own rules of procedure and operating provisions.

6. *Steering committee.* The early childhood stakeholders alliance shall operate with a steering committee to organize, manage, and coordinate the activities of the alliance and its component groups. The steering committee may act on behalf of the alliance as necessary. The steering committee membership shall consist of the co-chairpersons of the alliance’s component groups, the administrator of the early childhood Iowa office, and other leaders designated by the alliance.

7. *Component groups.* The early childhood stakeholders alliance shall maintain component groups to address the key components of the Iowa early childhood system. Each component group shall have one private and one public agency co-chairperson. The alliance may change the component groups as deemed necessary by the alliance. Initially, there shall be a component group for each of the following:

- a. Governance planning and administration.
- b. Professional development.
- c. Public engagement.
- d. Quality services and programs.
- e. Resources and funding.
- f. Results accountability.

8. *Duties.* The early childhood stakeholders alliance duties shall include but are not limited to all of the following regarding the Iowa early childhood system:

- a. Coordinate with the early childhood Iowa state board.
- b. Serve as the state advisory council required under the federal Improving Head Start for School Readiness Act of 2007, Pub. L. No. 110-134, as designated by the governor.

9. *Staffing.* Staff support for the early childhood stakeholders alliance shall be provided by the department.

2010 Acts, ch 1031, §289

Early Childhood

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 1-800-383-3826 or 515-281-4911

www.idph.state.ia.us/hpcdp/family_health.asp



Ellen's Story...

Our daughter, Ellen, was attending preschool at Heartland Child Development Center. They indicated that the Lions Club would be giving a free vision screening at the school and asked for permission to have her screened. We hadn't noticed any problems with her vision whatsoever, but thought it was a good idea to have her vision checked. Even though I am a nurse, I never detected any problems. I would not have had her vision checked until just before kindergarten.

Her results suggested that she be evaluated for a possible astigmatism. I made an appointment and her doctor was very surprised that her left eye had not turned in, as her vision was so poor in that eye. She wanted her in corrective lenses immediately to prevent any strabismus. When Ellen got her first pair of glasses, she cried; so did we! She was so surprised that she could see things that were far away. It was just before Christmas and when she saw the Christmas lights on the trees during the ride home, she said, "I never knew there were separate lights on the trees!" Initially, her vision would only correct to 20/40 with lenses. During the next year, we began patching her right eye in an effort to force the left eye to work harder. She progressed well and under the constant direction of her doctor, she was finally able to correct to 20/20. Also, both eyes have remained conjugate. She looks so cute in her little glasses.

Thank you for the work the Iowa KidSight Program does. If not for the screening, we may have waited too long, and her vision would have been forever impaired.

Did you know? In Iowa, there are over 240,000 young children ages 0-5. Of these approximately:

- 20% live in poverty¹.
- 16% have parents with compromised mental health status including depression or anxiety².
- 40% have mothers with **less** than "excellent or very good" physical or mental health³.

Why are Early Childhood programs important to promoting and protecting the health of Iowans?

- Despite a recent decline, 2009 data reported an 11% increase of reported child abuse.
- More than 3,000 Iowa children with a known developmental delay or health condition that puts them at risk for future developmental problems are helped each year through the Early ACCESS program. This number has more than doubled since 2001.
- Unintended injury is the leading cause of death and disability for children over age 1. Preventing injuries in early child care and education settings has a large impact on the health, school readiness, and lifelong potential of Iowa's children.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

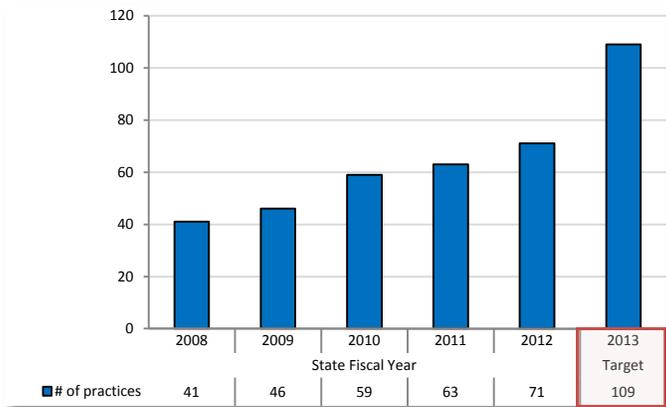
Promote healthy behaviors

What do we do?

- Early Childhood Iowa (ECI) has developed a comprehensive plan that serves as the framework for Iowa's early childhood system.
- The 1st Five program partners with primary healthcare providers to ensure quality social, emotional, and developmental screenings of children under age 5 and helps practices by offering enhanced care coordination to families in need of diverse community resources.
- Healthy Child Care Iowa (HCCI) supports the health and safety of children enrolled in early care and education programs through nurse consultation, health education, and facilitating health services referrals.
- Project LAUNCH seeks to develop the necessary infrastructure and system integration to assure Iowa children from birth to age 8 are thriving in safe, supportive environments, enter school ready to learn, and are able to succeed. Project LAUNCH targets traditionally underserved children and their families in Des Moines with a focus on low-income and minority populations.
- With the Iowa Department of Education, IDPH coordinates the Early ACCESS program, providing developmental evaluations and services for children from birth to age 3, and coordinates services for children with or at risk for developmental delays.

How do we measure our progress?

1 Number of medical practices engaged in 1st Five screenings.



Data source: 1st Five Title V Child Health Agencies. Data are available annually.

How are we doing? Between FY06 to FY12, the number of known practices in Iowa working to integrate a standardized surveillance tool during well child exams that includes assessing for social/emotional development and family risk factors increased from two to 71. During this same timeframe, the number of children birth to 5 served by this surveillance method increased from approximately 3,000 in FY06 to 75,000 in FY11. For FY13, it is estimated that approximately 38 more practices will be added. Evaluation of referrals shows that for every one referral from a medical practice, three additional referrals are identified when care coordinators work with families.

2 Number of onsite visits in early childhood and education settings by a Child Care Nurse Consultant

Data Source: ECI Annual Reports and HCCI records. Data are available annually.

How are we doing? In state fiscal year 2011, there were 4,154 onsite visits in early childhood and education settings by a Child Care Nurse Consultant. This is a new statewide performance measure for Early Childhood Iowa in SFY11 and is a change from total service requests. In SFY2012, the number of onsite visits will be counted on a per classroom basis, which is a change from SFY2011. HCCI will use the new 2012 data as a baseline to set targets for future years.

What can Iowans do to help?

1. Go to www.earlychildhoodiowa.org and the parent's page (www.parents.earlychildhoodiowa.org) to learn more about the Early Childhood Iowa project.
2. Check www.idph.state.ia.us/1stfive/ for information on children's social-emotional development and to search a current statewide map of clinics partnering with 1st Five.
3. All Iowans can make sure their babies are screened for hearing loss. Iowa law requires screening all babies before leaving the hospital. To learn more, go to www.idph.state.ia.us/iaehdi/default.asp.
4. If you have a concern about a child's development, make a referral to Early ACCESS by calling 1-888-IAKIDS1 or an email to earlyaccessia@vnsdm.org.
5. All Iowans can support and encourage funding for quality evidence-based early childhood programs.

Expenditures

Federal funds & intra state receipts* (Dept of Human Services & Education): 0153-0536/0548/0676/0980. **1st Five:** general fund, health care trust, & intra state receipts* (Dept of Human Services): K05-0691; K56-5661. **Early ACCESS:** federal funds & intra state receipts* (Dept of Education): 0153-0708/AR18. **HCCI:** intra state receipts* (Dept of Human Services & Management): 0153-0540/0662. **Vision Screening:** general fund K09-0931

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$225,380	\$366,652	\$429,885
Health care trust	\$159,057	\$0	\$0
Federal funds	\$561,312	\$1,261,542	\$1,013,196
Other funds*	\$502,025	\$596,428	\$470,905
Total funds	\$1,447,774	\$2,224,622	\$1,913,986
FTEs	6.69	8.36	7.05

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention Early Childhood

Phone: 1-800-383-3826 or 515-281-4911 www.idph.state.ia.us/hpcdp/family_health.asp

4th & 5th Floors, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075

Early ACCESS (4th floor)
Phone: 515-242-6167 Fax: 515-242-6013
www.state.ia.us/earlyaccess

1st Five (5th floor)
Phone: 515- 281-8284 Fax: 515-242-6013
www.iowaepsdt.org

Healthy Child Care Iowa (5th floor)
Phone: 281-7519 Fax: 515-242-6013
www.idph.state.ia.us/hcci

¹ Kids Count Data Center, Annie E. Casey Foundation.

² Iowa Child and Family Household Health Survey, 2005.

³ Maternal and Child Health Bureau. (2007). The health and well-being of children: A portrait of states and the nation. *US Department of Health and Human Services*. Retrieved from: <http://mchb.hrsa.gov/nsch07/state/iowa.html>

650—10.5 (153) Public health supervision allowed. A dentist who meets the requirements of this rule may provide public health supervision to a dental hygienist if the dentist has an active Iowa license and the services are provided in public health settings.

10.5(1) Public health settings defined. For the purposes of this rule, public health settings are limited to schools; Head Start programs; federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; and federal, state, or local public health programs.

10.5(2) Public health supervision defined. “Public health supervision” means all of the following:

a. The dentist authorizes and delegates the services provided by a dental hygienist to a patient in a public health setting, with the exception that hygiene services may be rendered without the patient’s first being examined by a licensed dentist;

b. The dentist is not required to provide future dental treatment to patients served under public health supervision;

c. The dentist and the dental hygienist have entered into a written supervision agreement that details the responsibilities of each licensee, as specified in subrule 10.5(3); and

d. The dental hygienist has an active Iowa license with a minimum of three years of clinical practice experience.

10.5(3) Licensee responsibilities. When working together in a public health supervision relationship, a dentist and dental hygienist shall enter into a written agreement that specifies the following responsibilities.

a. The dentist providing public health supervision must:

(1) Be available to provide communication and consultation with the dental hygienist;

(2) Have age- and procedure-specific standing orders for the performance of dental hygiene services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of dental hygiene services;

(3) Specify a period of time in which an examination by a dentist must occur prior to providing further hygiene services. However, this examination requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement; and

(4) Specify the location or locations where the hygiene services will be provided under public health supervision.

b. A dental hygienist providing services under public health supervision may provide assessments; screenings; data collection; and educational, therapeutic, preventive, and diagnostic services as defined in rule 10.3(153), except for the administration of local anesthesia or nitrous oxide inhalation analgesia, and must:

(1) Maintain contact and communication with the dentist providing public health supervision;

(2) Practice according to age- and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient;

(3) Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs;

(4) Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services; and

(5) Specify a procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist, including where these records are to be located.

c. The written agreement for public health supervision must be maintained by the dentist and the dental hygienist and must be made available to the board upon request. The dentist and dental hygienist must review the agreement at least biennially.

d. A copy of the agreement shall be filed with the Oral Health Bureau, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.

10.5(4) Reporting requirements. Each dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report shall be filed with the oral health bureau of the Iowa department of public health on forms provided and include information related to the number of patients seen and services provided to enable the department to assess the impact of the program. The department will provide summary reports to the board on an annual basis.

This rule is intended to implement Iowa Code section 153.15.

[ARC 7767B, IAB 5/20/09, effective 6/24/09]

REPORT TO THE DENTAL HYGIENE COMMITTEE

DATE OF MEETING: October 25, 2012
RE: Remediation Plan – Jessica Ford
SUBMITTED BY: Christel Braness, Program Planner
ACTION REQUESTED: Review and Recommendation on Proposed Remediation

Topic(s) for Committee Review

Is the remediation plan sufficient for approval? If no, what changes would you propose?

Background

Ms. Jessica Ford has failed her clinical examinations twice. Pursuant to IAC 650—Chapter 12, Ms. Ford must complete prior-approved remediation prior to attempting the clinical examination for a third time.

Prior Disciplinary Actions

Not applicable.

Historical Treatment of Similar Situations

Plans have been approved as deemed appropriate.

Attached for Review

- ❖ Email from Shaunda Clark asking for clarification of requirements to proceed
- ❖ Proposed plan for remediation

Braness, Christel [IDB]

From: Shaunda Clark [Shaunda.Clark@kirkwood.edu]
Sent: Tuesday, September 04, 2012 10:35 AM
To: Iowa Dental Board [IDB]
Subject: RE: Dental Hygiene remediation question
Attachments: Clinical enrichment DHY910-2012Ford.doc

Christel,

I am attaching the plan for Jessica Ford...there is a syllabus 1st then the actual plan/contract follow.

Please let me know if this is ok...or if we need to adjust.

Thanks
Shaunda

Shaunda L. Clark, CDA, RDH, MEd
Program Director Dental Hygiene Program
Kirkwood Community College
6301 Kirkwood Blvd SW
Cedar Rapids, IA 52406
319-398-5514
shaunda.clark@kirkwood.edu

From: Iowa Dental Board [IDB] [<mailto:IDB@iowa.gov>]
Sent: Tuesday, August 07, 2012 12:18 PM
To: Shaunda Clark
Subject: RE: Dental Hygiene remediation question

I need a breakdown on the hours and what will be covered. You can email that. The Dental Hygiene Committee will review the intended remediation and then approve it, or make recommended changes.

Let me know if you have any other questions.

Christel Braness, Administrative Assistant
[Iowa Dental Board](http://www.iowadentalboard.org)
400 SW 8th St., Suite D
Des Moines, IA 50309
515-242-6369; Fax: 515-281-7969

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From: Shaunda Clark [<mailto:Shaunda.Clark@kirkwood.edu>]
Sent: Tuesday, August 07, 2012 11:42 AM
To: Iowa Dental Board [IDB]
Subject: Dental Hygiene remediation question

I am planning remediation for a DH student taking her clinical board over, and want to make sure I have it done the way you need. What do I need to send you prior to the remediation and after? It has been a while since I have done one and want to just make sure we get it correct.

Thanks

Shaunda

Shaunda L. Clark, CDA, RDH, MEd
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shaunda.clark@kirkwood.edu

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COURSE SYLLABUS

<u>COURSE:</u>	Clinical Enrichment for Dental Hygiene
<u>CATALOG NUMBER:</u>	DHY910
<u>CREDIT HOURS:</u>	2 credit hours
<u>COURSE HOURS:</u>	at least 32 clinic hours
<u>COURSE DESCRIPTION:</u>	Provides focused reinforcement in the clinical portion of the dental hygiene profession, with emphasis placed on skills necessary for patient care. Content includes basic instrumentation and instruction in radiographic techniques. Manikin and patient practice are utilized for learning experience. Successful completion of this course fulfills the requirement to re-enter the dental hygiene program at Kirkwood Community College or the remediation requirement for a clinical board examination.
<u>FACULTY</u>	
NAME:	Shaunda Clark
PHONE	
NUMBER:	319-398-5514
EMAIL:	shaunda.clark@kirkwood.edu
<u>PREREQUISITES:</u>	None
<u>INSTRUCTIONAL UNITS:</u>	Student will complete either Unit 101 & 103 or Unit 102 & 103 depending on purpose for enrolling in the clinical enrichment course. Unit 101 DENTAL HYGIENE PROGRAM RE-ENTRY REQUIREMENT. Unit 102 REMEDIATION REQUIREMENT FOR CLINICAL BOARD EXAMINATION. Unit 103 ROLE MODEL, PROFESSIONALISM
<u>REQUIRED TEXT:</u>	Wilkins, <u>Clinical Practice of the Dental Hygienist</u> . Williams and Wilkins, Baltimore, MD Nield-Gehrig, <u>Fundamentals of Periodontal Instrumentation</u> . Williams and Wilkins Baltimore, MD.
<u>REFERENCES:</u>	Current copy of the clinical board examination candidate manual

h: data/health science/programs/DH/clinicforms/DLremedsyll.doc
10/05/05

<u>METHODOLOGIES:</u>	Reading, laboratory and clinical experiences proficiencies, and attendance.
<u>GRADING CRITERIA:</u>	A grade of pass (P) or fail (F) is awarded, based on successful completion of the course requirements as provided to the student in the course contract. Contract to each outcome is attached to the course syllabus.
<u>CLASS POLICIES:</u>	
<u>AMERICAN DISABILITIES ACT:</u>	Students with disabilities who need accommodations to achieve course objectives must report to Developmental Education, Linn Hall 133, as soon as possible.
<u>INFECTION CONTROL STATEMENT:</u>	<p>Students may be participating in activities within this course which have potential for exposure to infectious disease including but not limited to Hepatitis B and HIV. All measurements must be exercised to minimize risks. Students who fail to comply with protocol, jeopardizing the safety of themselves or others, may be asked to withdraw from this course.</p> <p>In the event of a significant exposure, (e.g. an occupational accident involving eye mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material, including saliva), the student must report the incident immediately to the instructor or clinical supervisor and file an incident report with the college. Follow-up evaluation will be required consistent with federal regulations. This may involve testing or treatment with emergency department or public health department for an evaluation. A portion of the medical expenses <u>MAY</u> be covered by Kirkwood.</p>
<u>INVASIVE PROCEDURE STATEMENT:</u>	<p>Students enrolled in this course will be expected to demonstrate specific career skills on fellow students and thus will have their students demonstrating the same skills on them. The purpose is to provide realistic learning and proficiency in skills that are otherwise limited by use of manikins alone. All students must sign a release form, volunteering for these learning activities. To ensure standard precautions and safety procedures are observed, rigid requirements will be required.</p> <p>All students must have a current health physical on file with the college, including documentation of current Hepatitis B vaccination.</p> <p>All students must have completed an OSHA training session within the past year.</p> <p>Any student whose conduct, skills or knowledge are found to be inadequate to perform the skills on a fellow student, or do not comply with the above requirements or in any way demonstrates actions that may jeopardize the safety of another individual will be dismissed from the course.</p>

HAZARDOUS
CHEMICAL
STATEMENT:

Students will be participating in activities within this course which have potential for exposure to hazardous chemicals. Precautions will be exercised to minimize the risk of exposure. Students are responsible to report immediately to the course instructor all incidents which involve direct exposure to hazardous chemicals to ensure follow-up management of exposure. Students are encouraged to refer to MSDS manual in the laboratory.

DROP DATE:

The last day to drop any course is 75% through the course. This date is prior to the 6th session.

CLINIC
STATEMENT:

All students must be currently registered for this course to be eligible for liability coverage and have a current health physical on file with the college, including documentation of current immunizations. All students must have completed and OSHA training session within 12 months and have a current CPR for Health Care Providers card. Some students may be required to have health care insurance. Additional requirements may be required by the clinical facility.

PLAYGIARISM
POLICY:

According to Webster, to plagiarize is "to steal or pass off the ideas or words of another as one's own...to use created productions without crediting the source...to create literary theft...to present as new and original an idea of product derived from an existing source."

Kirkwood students are responsible for authenticating any assignment submitted to an instructor. If asked, you must be able to produce proof that the assignment you submit is actually your own work. Therefore, we recommend that you engage in a verifiable process on assignments. Keep copies of all drafts of your work, make photocopies of research materials, write summaries of research materials, hang onto Writing Center receipts, keep logs or journals of your work on assignments and papers, learn to save drafts or versions of assignments under individual file names on computer diskettes, ect.

The inability to authenticate your work, should an instructor request it, is a sufficient ground for failing the assignment.

In addition to requiring a student to authenticate his/her work, Kirkwood Community College instructors may employ various other means of ascertaining authenticity – such as engaging in Internet searches, creating quizzes based on student work, requiring students to explain their work and/or process orally, ect.

WEATHER
POLICY:

In the event of severe weather and Kirkwood postpones classes, students are to report to their class or lab at the designated time classes resume (even if it is midway through the class period.)

Proficiencies/Performance Exams:

Students will assume responsibility for making decisions regarding scheduling of clinical proficiencies. Students must present a performance criteria evaluation sheet to the instructor at the same time they take the exam. Forms for clinical proficiencies are available at the College of Dentistry on the clinic floor.

Note: Students must receive a passing grade (P) on all clinical proficiencies to successfully complete the course. Clinical proficiencies are recorded as either pass (P) or fail (F) rather than a letter grade. Students will be allowed to repeat a proficiency a maximum of 3 times before a failing grade (F) will be awarded for the course.

Clinical Expectations:

Students should refer to their Dental Hygiene Program Student handbook in regard to instructor expectations for the clinical portion of this course.

OTHER
POLICIES:

Students should refer to the Kirkwood Student Handbook for other policies.

EVALUATION
METHODS:

UNIT 101 Dental Hygiene Program Re-entry Requirement

COMPETENCIES:

- .01 Prepare Unit
- .02 Follow instructions
- .03 Record/obtain clinical data
- .04 Take Vital Signs
- .05 Perform Extra-Oral Exam
- .06 Perform Intra-Oral Exams
- .07 Express Concepts In Writing
- .08 Identify and accommodate special needs
- .09 Prepare armamentarium
- .10 Perform scaling or root planing
- .11 Assess own performance for quality and improvement
- .12 Practice within legal and ethical standards
- .13 Follow injection control guidelines
- .14 Disinfect/sterilize supplies
- .15 Role model professionalism
- .16 Perform coronal polish
- .17 Perform instrument sharpening
- .18 Perform preventative measurements
- .19 Expose, develop, and process radiographs

General Objective: Upon successful completion of this unit the student will have fulfilled the requirement to re-enter the XXXXX semester of the dental hygiene program at Kirkwood Community College.

Specific Objectives:

- 101.1 Complete a minimum of 10 patients at the minimum competency (75%).
- 101.2 Student will submit completed contract after requirements are met.

Unit 102 Remediation Requirement for Clinical Board Examination

COMPETENCIES:

- .01 Prepare unit
- .02 Follow directions
- .03 Record/obtain clinical data
- .04 Take Vital Signs
- .05 Perform Extra-Oral Exam
- .06 Perform Intra-Oral Exams
- .07 Express Concepts In Writing
- .08 Identify and accommodate special needs
- .09 Prepare armamentarium
- .10 Perform scaling or root planing
- .11 Assess own performance for quality and improvement
- .12 Practice within legal and ethical standards
- .13 Follow injection control guidelines
- .14 Disinfect/sterilize supplies
- .15 Role model professionalism

General Objective: Upon successful completion of this unit the student will have fulfilled the redemption requirement for a clinical board examination.

Specific Objectives:

- 102.1 Demonstrate instrumentation skills on a Dexter Manikin head (minimum of 4 hours)
- 102.2 Perform an instrumentation on a Dexter manikin head at 95%
- 102.3 Demonstrate instrumentation on a friend or family member (minimum 4 hours)
- 102.4 Perform an instrumentation proficiency at 95% on a friend or family member
- 102.5 Perform a calculus detection proficiency at 75%
- 102.6 Perform a periodontal probing proficiency at 80%
- 102.7 Complete a minimum of 3 patients with a minimum score of 75% or higher
- 102.8 Student will demonstrate successful completion of necessary board forms and paperwork
- 102.9 Student will submit completed contract after requirements are met

Unit 103 Role Model Professionalism

COMPOTENCIES: Role Model Professionalism

General Objective: The student should be able to demonstrate behavior necessary to perform on a professional level.

Specific Objectives:

- 103.1 Arrive at lecture, laboratory, or clinic site wearing necessary attire. See program handbook for clinic and laboratory requirements.
- 103.2 Demonstrate appropriate personal grooming. See program handbook for personal grooming requirements.
- 103.3 Student must attend at least 9 of the 11 sessions.

Clinical Enrichment for the Dental Hygienist Plan of Study

Effective date: August 30, 2012

The clinical remediation plan has been created for Jessica Ford. The successful completion of this remediation plan fulfills the remediation requirement for a clinical board examination. The student is responsible for contacting the College of Dentistry to be assigned an operatory and for notifying the clinic clerk that they wish to be scheduled with patients.

Dates of Attendance	Proof of Completion	Faculty Notes
Wednesday am clinic sessions	Student must retain and submit completed daily grade sheets along with the completed contract to the Program Director to receive credit for the course.	Please note absences concerns or improvements as needed below.
To be completed by 9/7/12	View Instrumentation videos /review instrument cassette Location TBD	
To be completed by 9/14/12	Take instrumentation exam at KCC in the test center(75% required competency)	
	Three attempts will be made to successfully complete the Instrumentation Exam at 75%	
9/19/12 8 am -12 pm	Practice instrumentation on Dexter manikin head. Perform an instrumentation on a Dexter manikin head at 95%	
9/26/12 8 am -12 pm	Bring inpatient to practice instrumentation (bring in friend or family member, *patient must be pre-approved by instructor Perform a calculus detection proficiency at 75%	
10/3/12 8 am -12 pm	Perform an instrumentation proficiency at 95% on a friend or family member bring a friend or family member, *patient must be pre-approved by instructor)	
10/10/12 8 am -12 pm	Three attempts will be made to successfully complete the Instrumentation Proficiency at 95% on a clinical patient.	
10/17/12 8 am -12 pm	Treat clinical patient if all above requirements have been successfully completed. Perform a periodontal probing proficiency at 80%	
10/24/12 8 am -12 pm	Treat clinical patient with minimum score of 75% if all other requirements have been successfully completed.	
10/31/12 8 am -12 pm	Treat clinical patient with minimum score of 75% if all other requirements have been successfully completed.	
11/7/12 8 am -12 pm	Treat clinical patient with minimum score of 75% if all other above requirements have been successfully completed.	
11/14/12 8 am -12 pm	Treat clinical patient with minimum score of 75% if all other above requirements have been successfully completed.	

I have read and understand the above syllabus and agree to the contents. I understand that I must successfully complete the above criteria prior to retaking the clinic board exam.

Student Signature/Date

Instructor Signature/Date

Program Director Signature/Date

h: data/health science/programs/DH/clinicforms/DLremedsyll.doc 10/05/05

REPORT TO THE DENTAL HYGIENE COMMITTEE

DATE OF MEETING: October 25, 2012
RE: Application for License – Joan van Vliet, D.H.
SUBMITTED BY: Christel Branness, Program Planner
ACTION REQUESTED: Dental Hygiene Committee Recommendation to Board

Topic(s) for Committee Review

Based on Ms. van Vliet’s education and history, should a dental hygiene license be issued to her? Ms. van Vliet has not practiced in the United States since 2003. Ms. van Vliet does not hold a current, active license in the United States at this time. However, she is licensed and claims to have practiced in Canada through the present time.

Background

9/1979-6/1980	Attended Durham College in Ontario Canada.
6/1980	Granted a degree in dental hygiene.
9/1980-7/1995	Worked in Canada as a dental hygienist.
9/1995-6/2003	Obtained a license in Pennsylvania and worked as a dental hygienist. (Pennsylvania license is currently on a lapsed status.)
2011	Moved to Iowa with her husband.
4/6/2012	Applied for an Iowa dental hygiene license.
8/7/12	I emailed Ms. Van Vliet indicating what items were still required to complete her application. <ul style="list-style-type: none"> • I asked that she provided a more current chronology of activities since nothing was reported after 2003. I indicated that her application would require review by the Dental Hygiene Committee. I also indicated that if she had not practiced since 2003 that the Dental Hygiene Committee had some discretion in terms of what may be required before a license were to be issued.
9/24/12	Iowa Dental Board received a new letter of explanation and updated chronology of Ms. van Vliet’s activities. <ul style="list-style-type: none"> • Ms. Van Vliet indicated that there appeared to be “some confusion” as she now indicates that she has always been actively practicing dental hygiene either on a PT or FT basis. • Sept 2003-present – indicates employment in Alberta, Canada and the Northwest Territories, Canada.

Prior Disciplinary Actions

There is no action on file.

Historical Treatment of Similar Situations

There are no other similar cases.

Attached for Review

- ❖ Application for dental hygiene license and attachments.

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.

RECEIVED

APR 6 2012

Application by: _____ Examination Credentials

1. IDENTIFYING INFORMATION

Full Legal Name: (Last, First, Middle, Suffix) van Vliet, Joan, Mrs.			IOWA DENTAL BOARD		
Other Names Used: (e.g. Maiden)					
Home Address: PO Box 78				Telephone: 720-563-1926	
City: Sioux Center	County: Sioux (CB 5/1/12)	State: Iowa		Zip: 51250	
Work Address: N/A				Telephone: N/A	
City: N/A	County: N/A	State: N/A		Zip: N/A	
Home Fax:		Home E-mail:		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: 5'5"	Weight: 145 lbs.	Hair Color: lt. brown		Eye Color: hazel	
Identifying Marks: N/A		U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No, Visa Type or Alien Registration Number: TD Admin. # 294026251 26	
Date of Birth: May 25, 1955	City of Birth: Oshawa, Ontario	State of Birth: Ontario		Country of Birth: Canada	
Father's Full Name: Karel A. Schaaf			Mother's Full Name: Jacobaa Schaaf		
Full Name & Address of Nearest Relative Not Living With You: Mrs. Elizabeth VanderLoo PO Box 224 Orono, Ontario L0B 1M0			Phone/Email Address: 1-905-485-0092		

2. BASIS FOR APPLICATION

EXAMINATION	PASS	DATE(S):
National Board Examination (Attach original or a notarized copy of National Board card reflecting scores.)	[REDACTED]	April 2000
Central Regional Dental Testing Service (CRDTS) Western Regional Examining Board (WREB) (Attach scores of examination.)	[REDACTED]	N/A CB 7/30/12
Iowa Jurisprudence Examination (Required by every applicant.)	[REDACTED]	not yet completed (5/1/12-CB)
Other National, Regional, or State Licensure Examinations (List all other examinations taken. Include the date and scores.)	[REDACTED]	1999 NERB

Office Use	Lic. #	Fee: # 5053 \$246	CPR: <input checked="" type="checkbox"/>	Cert. License:
	Date issued:	F-prints: <input checked="" type="checkbox"/>	Clinical Exam(s): '99	References: <input checked="" type="checkbox"/>
	Marriage Cert:	Cert. Education:	Nat'l Bd: <input checked="" type="checkbox"/> 100	3 Yrs. Practice (Cred):
	Letter/Authorization: <input checked="" type="checkbox"/>	Diploma:	Juris:	NPDB:

Name of Applicant Joan van Vliet.

3. PRELIMINARY EDUCATION

Name of High School: <u>Henry St. High School</u>	City, State: <u>Whitby Ontario</u>	From (Mo, Yr): <u>Sept/69</u>	To (Mo, Yr): <u>06/73</u>
Name of College: <u>Durham College</u>	City, State: <u>Oshawa Ontario</u>	From (Mo, Yr): <u>Sept./79</u>	To (Mo, Yr): <u>June/80</u>
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>Durham College</u>	<u>Oshawa, Ontario Canada</u>	<u>Sept. 1979</u>	<u>June 1980</u>
Year (2)			
Year (3)			
Year (4)			
Degree Received: <u>Dental Hygiene</u>		Date of Degree: <u>June 1980</u>	

5. POST-GRADUATE DENTAL HYGIENE TRAINING

Institution: <u>N/A</u>	Specialty:	From (Mo, Yr):	To (Mo, Yr):
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):
<u>June 1980 - July 1995 worked in Canada - full time + part-time</u>		
<u>Sept. 1995 moved to Glenside PA => worked till</u>	<u>Sept. 1995</u>	<u>June 2003</u>

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)
<u>Canada in Ontario, Alberta + Northwest Territories.</u>				
<u>PA</u>	<u>DH011532L</u>	<u>07/18/2000</u>		<u>exam - Nerbs / National Bd.</u>

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 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 type="checkbox"/> | <input checked="" 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 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? |

Name of Applicant: Joan van Vliet

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

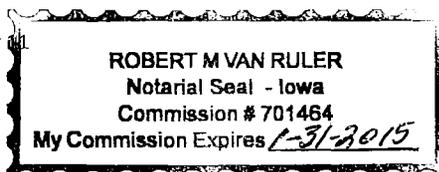
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	6. Except for minor speeding or parking offenses, have you ever been arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted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

9-5-2012

Robert M Van Ruler

Joan van Vliet

Sept. 5, 2012



Name of Applicant Joan van Vliet

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 Sioux

I, Joan van Vliet, 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.

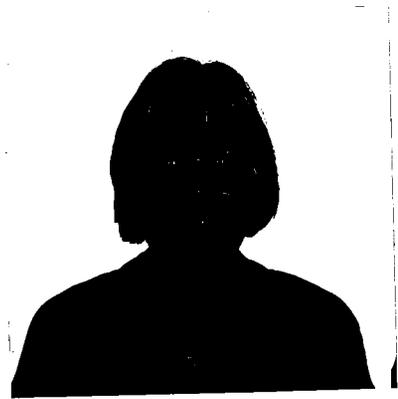
I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or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

Sworn to before me this 3rd day of April, 2012

Signature of Notary Public Loretta De Boom



take April 3, 2012

NOTARY SEAL



AUTHORIZATION TO RELEASE INFORMATION

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

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

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

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

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

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

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

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

Joan van Vliet
Signature of Dental Hygienist

April 3, 2012
Date

PROHIBITION ON REDISCLOSURE

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

Joan van Vliet, RDH
1573 Sunrise Circle
Box 78
Sioux Center, IA 51250

April 3, 2012

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

Dear Sir/Madam:

My name is Joan van Vliet and this letter is to support my application for a Dental Hygiene license authorizing me to practice dental hygiene in the state of Iowa.

I have been a licensed dental hygienist, always in good standing, since 1980. I graduated from Durham College in Oshawa, Ontario, Canada, and worked in the Greater Toronto Area until 1991 and then in Yellowknife, Northwest Territories, until 1995. These years I worked on both a full- and part-time basis, also raising a family.

We moved to Philadelphia in 1995. Following a period of intensive study, I received my PA license, after writing the U.S. National Board exams, and then the NERB exams (written and clinical). After eight years of residing there and practicing in local dental offices, we moved to Alberta, Canada, where I was then licensed to practice.

In 2011, my husbands' job change brought us back to the U.S. and we now reside in Sioux Center, Iowa, where my husband teaches economics at Dordt College. We are here under the provisions of NAFTA and are in application for permanent resident status. Three of our four children live in the U.S. as well.

In my 32 years as a dental hygienist, I have benefited greatly from the different experiences I have encountered in the many offices I have worked. My further education in the U.S. and Canada included intensive orthodontics (including invisalign) and numerous courses in periodontics. I have always maintained a love for learning in the field that I was trained. I have always worked in private practice, and working in northern Canada gave me experience in so many areas especially periodontics and orthodontics which has helped me throughout my career.

I was always an active member in the regional Dental Hygiene Societies in the jurisdictions in which I practiced. I participated in many hours of ongoing education, more than fulfilling the required annual Continuing Education credits to remain current. I have always enjoyed these learning experiences and have a record of all these credits.

I feel that I still have much to offer both to patients and also to younger hygienists in dental offices in this area. There is a real need for improved dental health here in North West Iowa and I believe that I could make a difference. I have volunteered at the Greater Sioux Center Community Health, which does a wonderful job of providing services to the local Hispanic population and in general to those in need. I would like to be more involved in that but this requires a license. I have always been involved in providing dental hygiene instruction in one form or another to local community organizations, from schools to seniors' groups. I would also like to continue working part time and would appreciate the opportunity to practice here in North West Iowa.

The uniqueness of my situation explains this detailed letter. Thank you for reading and for your consideration of my application. I look forward to hearing from you.

Sincerely,



Joan van Vliet RDH

Search Dental Assisting, Hygiene and Lab Technology Programs

- Search DDS/DMD Programs
- Search Advanced Programs
- Search Dental Assisting, Hygiene and Lab Technology Programs
- Accreditation Notices
- Accreditation Status Definitions

Dental Assisting, Hygiene and Lab Technology Programs - Canada

US Programs

By reciprocal agreement, programs that are accredited by the Commission on Dental Accreditation of Canada are recognized by the Commission on Dental Accreditation of the American Dental Association. However, individuals attending dental programs in one country and planning to practice in another country should carefully investigate the requirements of the licensing jurisdiction where they wish to practice.

For additional information, please visit the Canadian Dental Association website at <http://www.cda-adc.ca/cdacweb/en/>.



Home > Search For Accredited Programs

Accredited Education Programs : Search Results

The results of your search are listed below . Click the link(s) provided to obtain contact information for the following program(s).

Province selected: Ontario

Program category selected: Dental Hygiene Education

Total records returned: 20

[Algonquin College of Applied Arts and Technology](#)

J117, 1385 Woodroffe Avenue

Nepean , ON

K2G 1V8

[APlus Institute](#)

4950 Yonge Street, Concourse Level, #15

Toronto , ON

M2N 6K1

[Cambrian College of Applied Arts and Technology](#)

1400 Barrydowne Road

Sudbury , ON

P3A 3V8

[Canadian Institute of Dental Hygiene](#)

145 King Street East

Hamilton , ON

L8N 1B1

[Canadian National Institute of Health](#)

2650 Queensview Drive

Ottawa , ON

K2B 8H8

[Canadore College of Applied Arts and Technology](#)

P.O. Box 5001, 100 College Drive

North Bay , ON

P1B 8K9

[Collège Boréal \(French\)](#)

21, boulevard LaSalle

Sudbury , ON

P3A 6B1

[Confederation College of Applied Arts and Technology](#)

P.O. Box 398, 1450 Nakina Drive

Thunder Bay , ON

P7C 4W1

[Durham College of Applied Arts and Technology](#)

2000 Simcoe Street W., P.O. Box 385

Oshawa , ON

L1H 7K4

[Fanshawe College of Applied Arts and Technology](#)

1460 Oxford Street E., P.O. Box 7005

London , ON

N5Y 5R6



Canadian Red Cross
Croix-Rouge canadienne

Red Cross First Aid:
Prevention for Life

Joan Van Vliet

Name

Is Recertified In

CPR/AED Level A C HCP

This card is invalid if more than one level of CPR is checked.

12.20.2010

Date of Issue

40090217

Instructor I.D.#

09.20.2013

Expiry Date

Instructor

[Signature]

YOU MAY RECERTIFY SOONER IF REQUIRED FOR EMPLOYMENT.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

RECEIVED
APR 23 2012
IOWA DENTAL BOARD

April 18, 2012

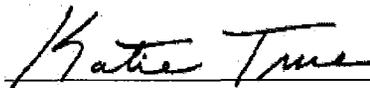
CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	JOAN VANVLIET
LICENSE TYPE:	Dental Hygienist
LICENSE NUMBER:	DH011532L
ORIGINAL LICENSURE DATE:	07/18/2000
EXPIRATION DATE:	06/30/2005
STATUS:	Expired

The license is in good standing and the records indicate no derogatory information.

Seal



Commissioner
Bureau of Professional and Occupational Affairs

CERTIFICATION OF LICENSURE

RECEIVED

APR 23 2012

IOWA DENTAL BOARD

As part of the license application process, the Iowa Dental Board requires that this form be completed by every board that has ever issued any license to the applicant, even if the license is not current. The completed form must be mailed directly from the state licensing board to the IOWA DENTAL BOARD. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the board.

Print Name Joan Van Vliet

License # DH011532L

Signature Joan van Vliet

Date April 3/2012

This portion of the form should be completed by the state licensing board.

IT IS HEREBY CERTIFIED THAT _____
(Name of Applicant)

WAS GRANTED LICENSE NUMBER _____ DATE ISSUED _____

TO PRACTICE _____ IN THE STATE OF _____

DATE LICENSE EXPIRES _____ LICENSE STATUS _____

BASIS FOR LICENSURE:

- NATIONAL BOARD EXAM
- LICENSURE BY CREDENTIALS
- STATE BOARD PREPARED WRITTEN AND/OR PRACTICAL EXAM
- REGIONAL CLINICAL EXAM, NAME OF TESTING AGENCY _____

Scores are recorded as follows:

SUBJECT	PERCENT	SUBJECT	PERCENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

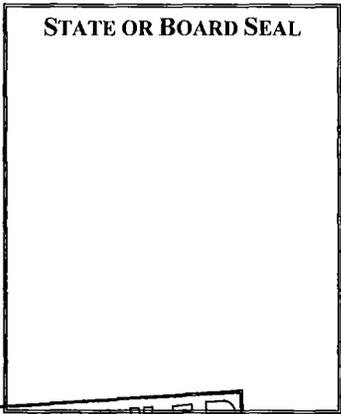
Scores are no longer available, however, I certify that it is apparent the applicant received a score sufficient to meet the licensure requirements of this state at that time; and these requirements were substantially equivalent to the requirements for licensure in Iowa.

YES NO Disciplinary action ever been initiated, pending, or taken?

Print Name _____ Title _____

Signature _____ Date _____

Phone # _____ Fax # _____



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

RECEIVED
APR 06 2012
By _____

RECEIVED

APR 30 2012



IOWA DENTAL BOARD

Registrar, Professional Licensing
Government of the Northwest Territories
Department of Health and Social Services
8th Floor, Centre Square Tower
BOX 1320, 5022 - 49 ST
YELLOWKNIFE NT X1A 2L9
Phone: (867) 920-8058 Fax: (867) 873-0484

CERTIFICATE OF STANDING

VAN VLIET, JOAN
File Number: 1566

I hereby certify that the above named has been registered in the Northwest Territories as follows:

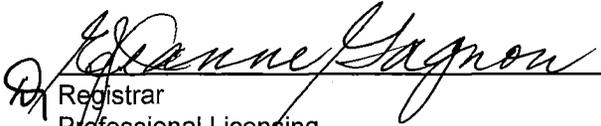
Name: VAN VLIET, JOAN

Specialty:

License Number	Start Date	End Date	Act	License/Permit Type
1501-55049	01-Apr-2012	31-Mar-2013	DENTAL AUXILLARIES ACT	Dental Hygienist License
1501-54046	01-Apr-2011	31-Mar-2012	DENTAL AUXILLARIES ACT	Dental Hygienist License
1501-53292	01-Apr-2010	31-Mar-2011	DENTAL AUXILLARIES ACT	Dental Hygienist License
1501-52041	01-Apr-2009	31-Mar-2010	DENTAL AUXILLARIES ACT	Dental Hygienist License
1501-50996	01-Apr-2008	31-Mar-2009	DENTAL AUXILLARIES ACT	Dental Hygienist License
1501-50165	01-Apr-2007	31-Mar-2008	DENTAL AUXILLARIES ACT	Dental Hygienist License
1501-48638	01-Apr-2006	31-Mar-2007	DENTAL AUXILLARIES ACT	Dental Hygienist License
1501-46009	01-Apr-2005	31-Mar-2006	DENTAL AUXILLARIES ACT	Dental Hygienist License
156605	01-Apr-2004	31-Mar-2005	DENTAL AUXILLARIES ACT	Dental Hygienist License
156604	01-Apr-2003	31-Mar-2004	DENTAL AUXILLARIES ACT	Dental Hygienist License
156603	01-Apr-2002	31-Mar-2003	DENTAL AUXILLARIES ACT	Dental Hygienist License
100-02	01-Apr-2001	31-Mar-2002	DENTAL AUXILLARIES ACT	Dental Hygienist License
100-01	01-Apr-2000	31-Mar-2001	DENTAL AUXILLARIES ACT	Dental Hygienist License
100	15-Sep-1999	31-Mar-2000	DENTAL AUXILLARIES ACT	Dental Hygienist License
01566	01-Apr-1998	31-Mar-1999	DENTAL AUXILLARIES ACT	Dental Hygienist License
1566	28-Aug-1997	31-Mar-1998	DENTAL AUXILLARIES ACT	Dental Hygienist License
T-1566	10-Apr-1996	31-Mar-1997	DENTAL AUXILLARIES ACT	Dental Hygienist License
DH-003	01-Apr-1995	31-Mar-1996	DENTAL AUXILLARIES ACT	Dental Hygienist License
2110	01-Apr-1994	31-Mar-1995	DENTAL AUXILLARIES ACT	Dental Hygienist License
2103	01-Apr-1993	31-Mar-1994	DENTAL AUXILLARIES ACT	Dental Hygienist License
1411	30-Oct-1992	31-Mar-1993	DENTAL AUXILLARIES ACT	Dental Hygienist License

The above named does not appear in the records of this licensing authority as ever having been disciplined by the N.W.T. Board of Inquiry, nor is the above named currently the subject of any inquiry. Our records show the above named to be / to have been in good standing.

Dated April 20, 2012 at Yellowknife, Northwest Territories.


Registrar
Professional Licensing
Northwest Territories





Registrar, Professional Licensing
Government of the Northwest Territories
Department of Health and Social Services
8th Floor, Centre Square Tower
BOX 1320, 5022 - 49 ST
YELLOWKNIFE NT X1A 2L9
Phone (867) 920 8058 Fax: (867) 873-0484

CERTIFICATE OF STANDING

VAN VLIET, JOAN
File Number: 1566

I hereby certify that the above named has been registered in the Northwest Territories as follows:

Name: VAN VLIET, JOAN

Specialty:

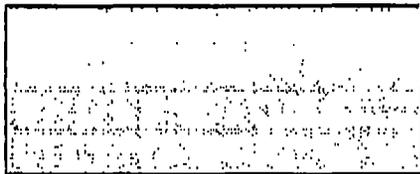
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1501-55049	01-Apr-2012	31-Mar-2013	DENTAL AUXILLARIES ACT	Dental Hygienist License
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100	15-Sep-1999	31-Mar-2000	DENTAL AUXILLARIES ACT	Dental Hygienist License
01566	01-Apr-1998	31-Mar-1999	DENTAL AUXILLARIES ACT	Dental Hygienist License
1566	28-Aug-1997	31-Mar-1998	DENTAL AUXILLARIES ACT	Dental Hygienist License
T-1566	10-Apr-1996	31-Mar-1997	DENTAL AUXILLARIES ACT	Dental Hygienist License
DH-003	01-Apr-1995	31-Mar-1996	DENTAL AUXILLARIES ACT	Dental Hygienist License
2110	01-Apr-1994	31-Mar-1995	DENTAL AUXILLARIES ACT	Dental Hygienist License
2103	01-Apr-1993	31-Mar-1994	DENTAL AUXILLARIES ACT	Dental Hygienist License
1411	30-Oct-1992	31-Mar-1993	DENTAL AUXILLARIES ACT	Dental Hygienist License

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Dated April 20, 2012 at Yellowknife, Northwest Territories


 Registrar
 Professional Licensing
 Northwest Territories





Government of the Northwest Territories
HEALTH & SOCIAL SERVICES
Professional Licensing Officer
8th Floor, Centre Square Tower
5022-49 St, BOX 1320
YELLOWKNIFE NT X1A 2L9
professional_licensing@gov.nt.ca
www.hthss.gov.nt.ca

PH: (867) 820-3323

FAX: (867) 873-0484

To: Iowa Board of Dental Examiners
400 SW 8th STREET, SUITE D
DES MOINES IA 50309

From: E. Joanne Gagnon
Professional Licensing Officer

Fax: 1-515-281-7969

Pages: 2 (including cover)

Phone:

Date: April 20, 2012

Re: Certificate of Professional Conduct CC:
- Joan VAN VLIET

Comments:

Good afternoon,

The original of the attached Certificate of Standing is being forwarded by mail.

Thanks.

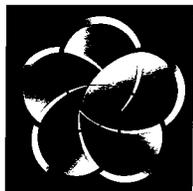
E. Joanne Gagnon
Professional Licensing Officer
and Deputy Registrar

The information is private, and is legally protected by law. If you are not the Intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reference to the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us by regular mail.

APR 4 2012

IOWA DENTAL BOARD

SUITE 302, 8657 51 AVENUE NW
EDMONTON ALBERTA T6E 6A8
PHONE (780) 465.1756
FAX (780) 440.0544



COLLEGE OF REGISTERED
DENTAL HYGIENISTS
OF ALBERTA

February 22, 2012

Iowa Board of Dental Examiners
400 SW 8th Street Ste D
Des Moines IA 50309
USA

Dear Sir/Madam:

RE: Joan van Vliet (nee Schaaf)
Former Registration Number 2051

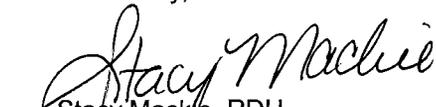
This letter is to certify that pursuant to requirements of the *Health Professions Act* (the "Act") Joan van Vliet first registered with the College of Registered Dental Hygienists of Alberta (CRDHA) on November 28, 2003. Ms. Van Vliet's last practice permit entitling her to practice dental hygiene in the Province of Alberta expired October 31, 2011.

In accordance with Section 43(5) of the Act, Ms. van Vliet's registration with CRDHA was cancelled on November 1, 2011, at her request. Ms. van Vliet is no longer a registrant with CRDHA and does not hold a practice permit.

In that regard, pursuant to the authority of section 119(1), (4) and (5) of the Act, please be advised of the following specific information respecting Ms. van Vliet and her conduct:

- No conditions were ever imposed on her practice permit while she was a registrant;
- No direction was ever made for this person to cease providing professional services under section 118(4) of the Act while she was a registrant;
- No professional conduct hearing has been held or is scheduled respecting the conduct of this person;
- There are no ongoing or current proceedings with respect to any professional conduct complaints respecting this person.

Yours truly,


Stacy Mackie, RDH
Deputy Registrar



College of Dental Hygienists of Ontario
L'Ordre des hygiénistes dentaires de l'Ontario

CERTIFICATE OF PROFESSIONAL CONDUCT

RE: Joan van Vliet

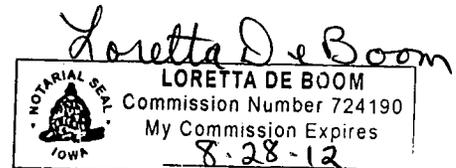
REGISTRATION # 001758

This is to confirm that Mrs. Joan van Vliet was registered as a dental hygienist in Ontario. Her records with the College indicated that she had never been the subject of any disciplinary proceeding.

Mrs. van Vliet was first registered as a dental hygienist in Ontario on June 2, 1980 and held a general certificate of registration until December 31, 1994. On January 1, 1995 Mrs. van Vliet took an inactive certificate of registration which she continued to hold until she resigned from the College on January 1, 1997.

Fran Richardson, RDH, B.Sc.D, M.Ed.
Registrar/Chief Administrative Officer

April 17/03.
Date





COLLEGE OF REGISTERED
DENTAL HYGIENISTS
OF ALBERTA

SUITE 302, 8657 51 AVENUE NW
EDMONTON ALBERTA T6E 6A8
PHONE (780) 465.1756
FAX (780) 440.0544

September 11, 2012

SEP 18 REC'D

Iowa Board of Dental Examiners
400 SW 8th Street Ste D
Des Moines IA 50309
USA

Dear Sir/Madam:

**RE: Joan van Vliet (nee Schaaf)
Former Registration Number 2051**

This letter is to certify that pursuant to requirements of the *Health Professions Act* (the "Act") Joan van Vliet first registered with the College of Registered Dental Hygienists of Alberta (CRDHA) on November 28, 2003. Ms. Van Vliet's last practice permit entitling her to practice dental hygiene in the Province of Alberta expired October 31, 2011.

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- No professional conduct hearing has been held or is scheduled respecting the conduct of this person;
- There are no ongoing or current proceedings with respect to any professional conduct complaints respecting this person.

Yours truly,


Stacy Mackie, RDH
Deputy Registrar

CERTIFICATION OF LICENSURE

As part of the license application process, the Iowa Dental Board requires that this form be completed by every board that has ever issued any license to the applicant, even if the license is not current. The completed form must be mailed directly from the state licensing board to the IOWA DENTAL BOARD. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the board.

Print Name Joan van Vliet License # 001758

Signature Joan van Vliet Date Sept. 6 / 12

***** This portion of the form should be completed by the state licensing board. *****

IT IS HEREBY CERTIFIED THAT Joan van Vliet
(Name of Applicant)

WAS GRANTED LICENSE NUMBER 2051 DATE ISSUED Initial Date of Reg: Nov. 28, 2003

TO PRACTICE Dental Hygiene IN THE ~~STATE~~ ^{Province} OF Alberta

DATE LICENSE EXPIRES Oct. 31, 2011 LICENSE STATUS Cancelled

BASIS FOR LICENSURE:

- NATIONAL BOARD EXAM → *scores kept on file with NDHCB - don't know if they've ever released*
- LICENSURE BY CREDENTIALS
- STATE BOARD PREPARED WRITTEN AND/OR PRACTICAL EXAM
- REGIONAL CLINICAL EXAM, NAME OF TESTING AGENCY _____

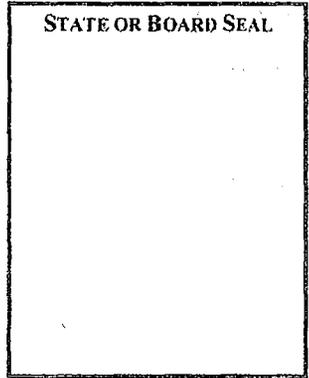
Scores are recorded as follows:

SUBJECT	PERCENT	SUBJECT	PERCENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Scores are no longer available, however, I certify that it is apparent the applicant received a score sufficient to meet the licensure requirements of this state at that time; and these requirements were substantially equivalent to the requirements for licensure in Iowa.

YES NO Disciplinary action ever been initiated, pending, or taken?

Print Name Stacy Mackie Title Deputy Registrar
 Signature Stacy Mackie Date Sept 11/12
 Phone # 780-465-1756 Fax # 780-440-0544



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

RECEIVED

SEP 14 REC'D

IOWA DENTAL BOARD

CERTIFICATION OF LICENSURE

As part of the license application process, the Iowa Dental Board requires that this form be completed by every board that has ever issued any license to the applicant, even if the license is not current. The completed form must be mailed directly from the state licensing board to the IOWA DENTAL BOARD. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the board.

Print Name Joan van Vliet License # 2051

Signature Joan van Vliet Date Sept. 6 2012

***** This portion of the form should be completed by the state licensing board. *****

IT IS HEREBY CERTIFIED THAT Joan van Vliet
(Name of Applicant)

Certificate of Registration
WAS GRANTED LICENSE NUMBER 001758 DATE ISSUED June 2, 1980

TO PRACTICE Dental Hygiene IN THE Province OF Ontario

DATE LICENSE EXPIRES December 31, 1996 LICENSE STATUS Resigned on Jan 1, 1997

BASIS FOR LICENSURE: Ms. Vliet's certificate of registration was inactive from January 1, 1995 to December 31, 1996

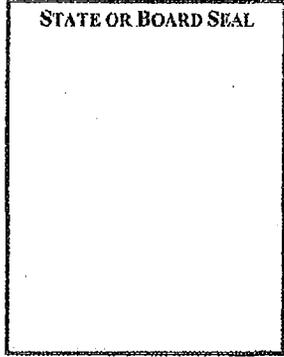
- NATIONAL BOARD EXAM
- LICENSURE BY CREDENTIALS
- ^{Provincial} STATE BOARD PREPARED WRITTEN AND/OR PRACTICAL EXAM
- REGIONAL CLINICAL EXAM, NAME OF TESTING AGENCY _____

Scores are recorded as follows:

SUBJECT	PERCENT	SUBJECT	PERCENT
<u>PASS</u>			

Scores are no longer available, however, I certify that it is apparent the applicant received a score sufficient to meet the licensure requirements of this state at that time; and these requirements were substantially equivalent to the requirements for licensure in Iowa.

YES NO Disciplinary action ever been initiated, pending, or taken?



Print Name Brad Sinclair Title Registrar

Signature Brad Sinclair Date September 10, 2012

Phone # 416-9616234 ext. 229 Fax # 416-961-6028

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

RECEIVED

SEP 24 2012

IOWA DENTAL BOARD

To The Dental Hygiene Committee

Sept. 21, 2012

Thank you for taking the time to review my license application for dental hygiene.

My name is Joan van Vliet and I have been a dental hygienist since 1980. I have practiced hygiene both full-time and part-time all these years to the present in both Canada and the U.S.

I sent my initial request for Iowa licensing to the Dental Board in Des Moines in April, with a package of information you required to assess my situation. Because of some incomplete information on my part, and additional requirements from you, I am sending the further requested information. In the email that Christel Braness sent me in August, she referred to "the extended period of time during which you have been out of practice as a dental hygienist." I think there is some confusion because I have always been actively practicing hygiene, either full- or part-time. I have now updated my resume with my complete work history which takes us into the present. I hope this clarifies things.

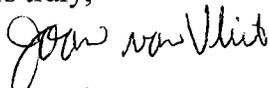
With respect to U.S. licensing, we moved to Philadelphia in 1995 and I obtained my Pennsylvania license by completing both the National Board Exam and the regional NERBS. The NERBS included both a clinical and a written exam.

My resume will also give evidence of the many years of dental experience and the credits I have earned in continuing education over the years, a requirement for retaining my dental hygiene license in good standing.

I would like to continue in my field of hygiene here in Iowa. I live in a rural part of NorthWest Iowa where there is a shortage of dental hygienists and both the dental office in town and the community health clinic are desperately looking for help which I would be more than able and willing to do. A great need for hygiene would thus be met in this community both in general practice and in the public health system which is struggling to meet the demand.

I trust you will consider these factors as you assess my situation and consider licensing me to practice. I look forward to your decision to enable me to help this community.

Yours truly,



Joan van Vliet, RDH

PERSONAL RESUME

Joan van Vliet RDH
PO Box 78
407 2nd. Ave. NE
Sioux Center, IA 51250
712-722-2412 (Home)
720-563-1926 (Cell)

1. PROFESSIONAL EXPERIENCE – DENTAL HYGIENE

Duties: Provision of Preventative, Therapeutic and Educational Dental Hygiene Services, including:

- 1.1 Complete prophylaxis
- 1.2 Removal of calcerous deposits, accretions and stain from supragingival and subgingival surfaces of the teeth by scaling, rootplaning and polishing
- 1.3 Application of pit and fissure sealants and topical solutions to exposed portions of the teeth
- 1.4 Dental hygiene exams and charting of oral conditions
- 1.5 Dental hygiene assessment and treatment planning and evaluation
- 1.6 Periodontal assessment and maintenance program
- 1.7 Taking of digital x-rays and panorex

2. LICENSING AND PROFESSIONAL AFFILIATIONS

- 2.1 Alberta Dental Hygiene Society – No 2051 - 2003 – Nov. 2011
- 2.2 Pennsylvania State Board License No. DH-011532L – July 2000-2005
- 2.3 Licensed by the Canadian Dental Hygiene Association, (2003-present)
- 2.4 Northwest Territories Dental Hygiene current License, (1991-present)
- 2.5 Registered with the College of Dental Hygienist of Ontario (1980-1999)
Registration No. 001758

3. EDUCATION

- 3.1 American National Board Exam, American Dental Association, Chicago, IL, May 2000
- 3.2 NERBS (North East Regional Board Exams), written and clinical, Philadelphia, PA, June 1999
- 3.3 Canadian National Board Exam, Canadian Dental Association, 1994
- 3.4 Certified Dental Hygienist, Durham College, Oshawa, ON, Canada, 1980
- 3.5 Preventive Dental Assistant, Durham College, Oshawa, ON, 1975
- 3.6 Dental Assistant, Durham College, Oshawa ON 1975

4. CONTINUING EDUCATION (CE), Selected Courses

- 4.1 Cardiopulmonary Resuscitation, Renewed Yearly 1995-2011
- 4.2 Invisalign Introduction, March 1, 2011
- 4.3 Implants/Bone grafts, Oct. 23, 2011
- 4.4 Fluoride, April 2010
- 4.5 Biolase, March 25, 2010
- 4.6 Right to you-Mobile Dental Hygiene Practice, Mar. 2010
- 4.7 Carpal Tunnel Prevention, Sept. 3, 2009
- 4.8 Acid Erosion and Crystal Meth, Oct. 14, 2009
- 4.9 Infection Control, Nov. 12, 2008
- 4.10 Wave of Dental Hygiene, Nov. 28, 2008
- 4.11 Digital x-ray program, Sept. 8, 2008
- 4.12 Vital signs & Medical History, Mar. 12, 2008
- 4.13 Sterilization Course, March 23, 2008
- 4.14 Antibiotic Resist & Adjunctive Periodontic Therapy, Oct. 24, 2007
- 4.15 Dental Hygiene & Employment Law, Feb. 22, 2007
- 4.16 Periodontics Seminar, Pennsylvania Dental Hygiene Society, Philadelphia, PA, December 2002
- 4.17 Orthodontic Methodology (sponsored by Invisalign), Philadelphia, PA, November 2002
- 4.18 Implant Seminar, Philadelphia, PA, October 2002
- 4.19 Ergonomics Seminar, Pennsylvania Dental Hygiene Society, Spring 2002
- 4.20 Periodontal Seminar (sponsored by Oratec), Washington D.C., July 1995
- 4.21 Periodontics –Clinical and Theory, University of Alberta (U of A), Edmonton, AB Canada, May 20-24, 1995
- 4.22 Orthodontics – Clinical, Faculty of Dentistry , U of A, AB, Feb. 20-24, 1995
- 4.23 Orthodontics – Theory, Distance Ed, U of A, AB, Sept-Nov 1994
- 4.24 Periodontics, Seminar with Dr. J. MacDonald, Calgary, AB, November 1993

5. EMPLOYMENT

- 5.1 Sept. 2003-present: Dr. Roger Armstrong, Yellowknife NT (regular locums)
- 5.2 May2006-Sept. 2011: Dr. Justin Kerr, Three Hills, AB (part-time)
- 5.3 May 2006-Sept.2011: Dr. Alice Stepanik, Red Deer, AB (part-time)
- 5.4 May 2006-2011: Dr. R. Thompson, Three Hills, AB (part-time)
- 5.5 May 2006-May 2007: Dr. J. Ord, Olds, AB (part-time)
- 5.6 March 2004-March 2006: Dr. K. McCracken, Didsbury, AB
- 5.7 Aug. 1999-June 2003: Dr. A. Junkin, Philadelphia, PA (part-time)
- 5.8 Aug. 1995-June 2003: Dr. Charles Estelle, Philadelphia, PA (full-time)
- 5.9 Feb. 1995-Aug. 1995: Adam Dental Clinic, orthodontic assistant for Dr. Sigfstead, Edmonton, AB
- 5.10 Oct. 1991-Feb. 1995: Yellowknife Dental Clinic, NT (in charge of periodontal program and maintenance)

- 5.11 June 1980- June 1982: full time employment Dr. Wilson, Oshawa, Ontario
- 5.12 May 1983 – June 1991: part-time employment in the greater Toronto area
- 5.13 1980-1991: Other employment history prior to 1991 available upon request

6. DENTAL HYGIENE ASSOCIATION MEMBERSHIPS

- 6.1 Active member of the Red Deer chapter of the Dental Hygiene Ass. - met monthly: 2003-2011
- 6.2 Annual requirements for Alberta licensing required 35 CE points and yearly CPR renewals: 2003-2011

7. REFERENCES

Furnished upon request

SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: VAN VLIET, JOAN
 Gender: FEMALE
 Date of Birth: 05/25/1955
 Other Name(s) Used:
 Organization Name:
 Organization Type:
 Home or Work Address: 407 2ND AVE NE
 PO BOX 78
 SIOUX CENTER, IA 51250
 Telephone: (712) 722-2412
 Social Security Numbers (SSN):
 Individual Taxpayer Identification Numbers (ITIN):
 Professional School(s) & Year of Graduation: DURHAM COLLEGE, OSHAWA ONTARIO CANADA (1980)
 Occupation/Field of Licensure (Code): DENTAL HYGIENIST
 State License Number, State of Licensure: NO LICENSE
 Drug Enforcement Administration (DEA) Numbers:
 National Provider Identifiers (NPI):
 Federal Employer Identification Numbers (FEIN):
 Unique Physician Identification Numbers (UPIN):

C. PAYMENT INFORMATION

Credit Card Number:	XXXXXXXXXXXX3910	Expiration Date:	10/2013
Additional Paper Copies Requested:	0		
NPDB Charge:	\$8.00*	NPDB Bill Reference Number:	N29404121
HIPDB Charge:	\$8.00*	HIPDB Bill Reference Number:	H29404121
* Each charge will appear separately on your credit card statement.		Transaction Date:	09/14/2012

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended; and by Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990; and by Section 1128E of the Social Security Act. Information from the NPDB and the HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

RECEIVED

MAY 7 2012

IOWA DENTAL BOARD

Dr Roger Armstrong B.D.S.
Great Slave Dental Clinic
5014 48th Street
Yellowknife, NT X1A 2P9
Ph: 867-873-2450
Fax: 867-873-5032
E-mail: greatslavedental@ssimicro.com

*Mailed to
Christel
Braness*

April 10th, 2012

Attention: Christel Braness, Administrative Assistant
Iowa State Board of Examiners
400 SW 8th Street, Suite D
Des Moines, IA 50309
Fax: 515-281-7969

Dear Christel,

Re: Letter of Reference for Joan Van Vliet, Dental Hygienist.

Joan Van Vliet
P.O. Box 78
Sioux Center
Iowa 51250
D.O.B. May 25th, 1955.
E-mail: joanvliet@gmail.com

This is a letter of reference for Joan Van Vliet; who is applying for a Dental Hygienist License in Iowa.

I have known Joan Van Vliet since 1992, when we both practiced at Yellowknife-MacKenzie Dental Clinic in Yellowknife, NWT, Canada.

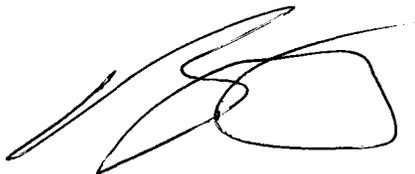
I have been the practice owner of Great Slave Dental Clinic since 2001; and in 2004 I contracted Joan to work as a Dental Hygienist in my practice. Joan was based out of Three Hills, Alberta; and would fly up to Yellowknife to work for 7-10 days each month. In 2008, we changed the arrangement; so that she would come up to Yellowknife, to provide a locum service. She would come into the practice to cover for one of my full-time hygienist's when they were taking vacations.

In the time that I have known Joan; I would categorically state that she is easily one of the best hygienists that I have ever practiced with. Her dedication to her profession is outstanding; she prides herself in staying up to date with advancements in the Dental Hygiene Field. She instantly develops rapport with her patients; and is the consummate team player, as she really sets the stage for the dentist.

I have no hesitation in recommending Joan be approved for a license to practice as a Dental Hygienist in Iowa.

If you have any questions please do not hesitate to contact me.

Regards,

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the left.

Dr. Roger Armstrong.

Dr Roger Armstrong B.D.S.
Great Slave Dental Clinic
5014 48th Street
Yellowknife, NT X1A 2P9
Ph: 867-873-2450
Fax: 867-873-5032
E-mail: greatslavedental@ssimicro.com

April 10th, 2012

Attention: Christel Braness, Administrative Assistant
Iowa State Board of Examiners
400 SW 8th Street, Suite D
Des Moines, IA 50309
Fax: 515-281-7969

Dear Christel,

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Joan Van Vliet
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I have no hesitation in recommending Joan be approved for a license to practice as a Dental Hygienist in Iowa.

If you have any questions please do not hesitate to contact me.

Regards,

A handwritten signature in black ink, appearing to be 'R. Armstrong', written in a cursive style.

Dr. Roger Armstrong.

GREAT SLAVE
DENTAL
CLINIC

To: Christal Branness

Fax #: 1-515-281-7969

From: Dr. Roger Armstrong

Number of pages 3

Dear Christal,

Here is the letter of Reference
for Joan Van Ulbet (Hygienist)

The original is being sent by
mail.

Regards,



Dr. Roger Armstrong

Red Deer

February 9, 2012

I have had a pleasure to work with Joan Van Vliet in my dental practice in Red Deer, Alberta, Canada for about 5 years.

Joan is an excellent hygienist, very competent and comfortable dealing with all aspects of dental hygiene, oral pathology, treatment planning, dental radiography and sterilization techniques. Joan was a great asset to my practice in the area of treatment of advanced periodontal cases, she provided patients with superior treatment and was a great motivator to bring these patients back for regular maintenance.

Joan has a very friendly and easygoing personality. At the same time she is very professional and loyal to the practice and she blends in with other team members nicely. She can work independently or can be a very valuable member of any dental team.

I can recommend Joan as a very skilled hygienist to any dental practitioner. I had only the best experience working with Joan.

A handwritten signature in black ink, appearing to read 'Alice Stepanik', written in a cursive style.

dr. Alice Stepanik

ph: 403 347 1525

PO Box 1178
111 - 2nd Avenue South
Three Hills, AB T0M2A0
Tel (403) 443-5820
Fax (403) 443-5850



Dr. Justin C. Kerr, B.Sc., D.D.S.

February 09, 2012

To Whom It May Concern:

Re: Joan Van Vliet

Joan has worked as a Registered Dental hygienist in my clinic since 2007. Joan recently relocated to Iowa to be closer to her family. Joan was an important part of our dental team. Joan was a great member of our dental team and has many characteristics that an employer is looking for including: punctuality, clinic competence, friendliness, loyalty and great interaction with patients. Joan would be a great addition to any dental office to which she applies. Joan worked hard and rarely missed any clinic time. I recommend Joan Van Vliet to you with much confidence. I and our clinic staff have missed her and know that she will be an asset wherever she works.

Sincerely,

A handwritten signature in black ink, appearing to read 'Justin C. Kerr', written in a cursive style.

Dr. Justin C. Kerr

RECEIVED

APR 9 2012

IOWA DENTAL BOARD

April 6, 2012

Crystal Braness, Administrative Assistant
Iowa Board of Dental Examiners
400 SW 8th St., Suite D
Des Moines, IA 50309

Dear Ms. Braness,

I write in support of Joan van Vliet's application to the Iowa Board to for licensure as a Dental Hygienist in the state of Iowa. Joan was previously licensed in Pennsylvania (expired in 2005) and most recently practiced in Canada. She has 32 years of practice as a Dental Hygienist.

Ms. van Vliet has volunteered her time and service the past few weeks at Greater Sioux Community Health Center, Inc. (GSCHC). GSCHC is a Federally Qualified Look Alike Health Center providing comprehensive medical and oral health services. The Center opened its doors in 2008. Our Oral health program was added in 2011. Our Oral health program has been operating on a part-time basis. We are presently recruiting a full-time dentist and we are advertising for both a Dental hygienist and a Dental assistant.

In her role as a volunteer, Ms. van Vliet assisted with cleaning of patient rooms, sterilization of instruments and filing of patient records. She has a sincere desire to support the mission and work as of Greater Sioux Community Health Center. Please know that we stand ready to support her in whatever steps the Board determines necessary to re-instate her licensure as a Dental Hygienist in Iowa.

Please feel free to contact me at ndykstsra@greatersiouxchc.org 712 722-1700 if you have any questions.

Sincerely,

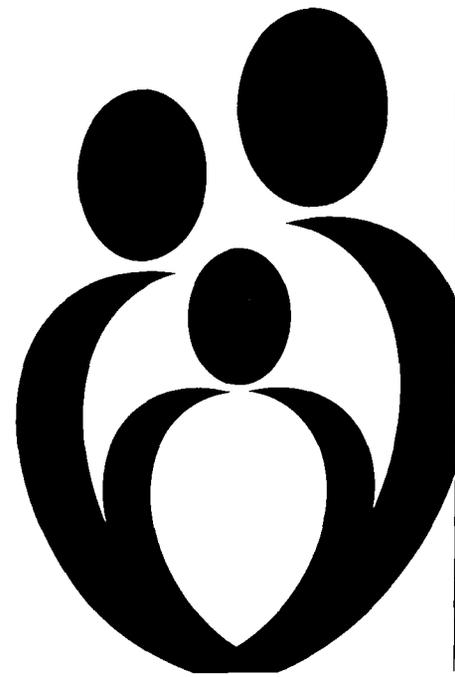


Nancy Dykstra, MA, PHCNS
Executive Director
Greater Sioux Community Health Center, Inc.



338 1st Ave NW, Sioux Center, Iowa 51250

Phone: 712.722.1700 Fax: 712.722.1770 Toll Free: 877.722.1770



REPORT TO THE DENTAL HYGIENE COMMITTEE

DATE OF MEETING: October 25, 2012
RE: Application for License – Jessica Koster, D.H.
SUBMITTED BY: Christel Braness, Program Planner
ACTION REQUESTED: Dental Hygiene Committee Recommendation to Board

Topic(s) for Committee Review

Ms. Koster has reported a lengthy criminal history. Should a dental hygiene license be issued? If yes, should it be issued as a stipulated license?

Background

1/19/98	Operating under suspension in Webster County. <ul style="list-style-type: none"> • Guilty - 5 days in jail and a fine.
9/29/99	Minor in possession of alcohol in Webster County. <ul style="list-style-type: none"> • Guilty – fine
6/9/00	Possession of paraphernalia (marijuana pipe) in Webster County. <ul style="list-style-type: none"> • Guilty – fine
6/9/00	Arrested for OWI, but was not charged
7/21/00	Contempt of Court in Webster County <ul style="list-style-type: none"> • Guilty – fine
1/8/01	Possession to manufacture paraphernalia (rolling papers) in Polk County <ul style="list-style-type: none"> • Guilty – fine
3/30/01	OWI – 1 st Offense, Polk County <ul style="list-style-type: none"> • Guilty – fine, drinking drivers course, probation.
4/10/01	Possession of a controlled substance (marijuana) in Polk County <ul style="list-style-type: none"> • Charge dismissed.
1/11/02	Possession of drug paraphernalia (marijuana pipe) in Polk County. <ul style="list-style-type: none"> • Charge dismissed in exchange for pleading guilty to possession of marijuana.
1/11/02	Possession of marijuana under 1 gram in Polk County. <ul style="list-style-type: none"> • Guilty – deferred judgment, fine, probation
7/22/03	Driving under suspension – adjudicated to driving with expired license in Polk County. <ul style="list-style-type: none"> • Guilty – fine
8/7/03	Driving under suspension – adjudicated to driving with expired license in Polk County. <ul style="list-style-type: none"> • Guilty – fine
1/28/04	Driving under suspension in Calhoun County <ul style="list-style-type: none"> • Guilty – fine
8/14/04	OWI – 2 nd offense, adjudicated to public intoxication because of the margin of error of the breathalyzer in Marion County. <ul style="list-style-type: none"> • Guilty – fine
8/14/04	Unlawful operation of a golf cart due to no flag in Marion County <ul style="list-style-type: none"> • Guilty – fine
5/05	Arrested for domestic abuse causing injury. Adjudicated to assault causing injury in Polk County. Bit boyfriend’s cheek.

	<ul style="list-style-type: none"> Deferred and expunged upon completion of 30 day inpatient substance abuse treatment, aftercare treatment, probation, fine.
3/1/08	Domestic abuse causing injury. Adjudicated down to simple assault. Slapped boyfriend, which left a red mark. <ul style="list-style-type: none"> Guilty – 1 day in jail, 16 weeks of assaultive behavior classes, probation, fine
11/23/08	OWI – 2 nd offense in Boone County. <ul style="list-style-type: none"> Guilty – 7 days in jail, probation, fine
8/10-5/12	Attended the dental hygiene program at DMACC.
9/19/12	Applied for a dental hygiene license in Iowa.

Prior Disciplinary Actions

Ms. Koster has not been licensed previously. Therefore, there is no disciplinary action on file.

Historical Treatment of Similar Situations

There are prior cases involving alcohol and/or substance abuse; however, we do not have another case, which is comparable in terms of the volume of charges.

Attached for Review

- ❖ Application for dental hygiene license
- ❖ Written explanation for criminal history
- ❖ Statement regarding any diagnosis related to alcohol/substance abuse
- ❖ DCI results regarding state background check



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>

SEP 19 2012

Application by Examination

Application by Credentials

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

IDENTIFYING INFORMATION

Full Legal Name: (Last, First, Middle) <i>Koster, Jessica, Marie</i>			
Other Names Used: (e.g. Maiden Name) <i>none</i>			
Home Address: <i>117 SE Booth Avenue</i>			
City: <i>Waukee</i>	County: <i>Dallas</i>	State: <i>ia</i>	Zip: <i>50263</i>
Home Phone: <i>515-257-3577</i>		Home E-mail: <i>jmkostel1@gmail.com</i>	
Work Address: <i>1215 Plaza Drive</i>			
City: <i>Carroll</i>	County: <i>Carroll</i>	State: <i>ia</i>	Zip: <i>51401</i>
Work Phone: <i>712-792-9102</i>	Work Fax: <i>none</i>	Work E-mail: <i>none</i>	

DENTAL HYGIENE EDUCATION

Year	Institution	City, State, Country	From (Mo/Yr)	To (Mo/Yr)
Year 1	<i>DMACC</i>	<i>Amkeny, ia, U.S.</i>	<i>8/10</i>	<i>5/11</i>
Year 2	<i>DMACC</i>	<i>Amkeny, ia U.S.</i>	<i>8/11</i>	<i>5/12</i>
Year 3				
Year 4				
Degree Received: <i>associates in applied science dental hygiene</i>		Date of Degree: <i>5-2-12</i>		

For office use only:	License #	Date Issued:	Fees (App/Fprint): <i>\$216</i> <i>#1000098019</i>
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Fprint Rcvd. 9-19-12

Name of Applicant: Jessica Koster

POST-GRADUATE DENTAL HYGIENE TRAINING

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

CHRONOLOGY OF ACTIVITIES

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

Activity & Location	From (Mo/Yr):	To (Mo/Yr):
Pirahanna Clubs /ossys Carroll da	6-06	Current

LICENSE INFORMATION

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

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

Name of Applicant: Jessica Koster

PERSONAL & CONFIDENTIAL DATA

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

Social Security Number: [REDACTED]	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	U.S. citizen: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	---	--

If no, visa type or alien registration number: <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa <input type="checkbox"/> Alien Registration	If visa, provide expiration date of current visa:
---	---

Date of birth: <u>10-13-78</u>	City of Birth: <u>Jake City</u>	State of birth: <u>Iowa</u>	Country of birth: <u>Poland</u>
-----------------------------------	------------------------------------	--------------------------------	------------------------------------

EXAMINATION INFORMATION

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

1. <u>CRDTS - clinical exam</u>	Date: <u>4-28-12</u>	[REDACTED]
2. <u>NBDHE - written exam</u>	Date: <u>5-16-12</u>	[REDACTED]

DEFINITIONS

Important! Read these definitions before completing the following questions.

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

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

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

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

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

“Improper use of drugs or other chemical substances” means ANY of the following:

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

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

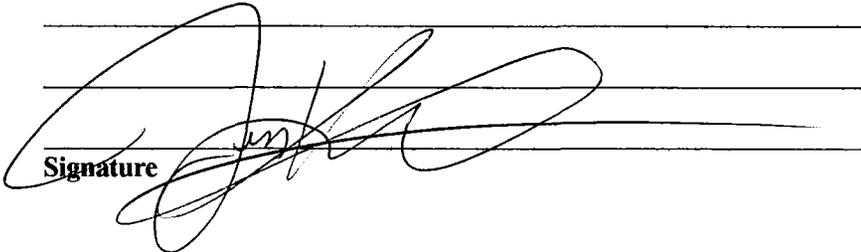
Name of Applicant: Jessica M. Koster

PERSONAL & CONFIDENTIAL DATA

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

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

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


Signature

9-14-12
Date

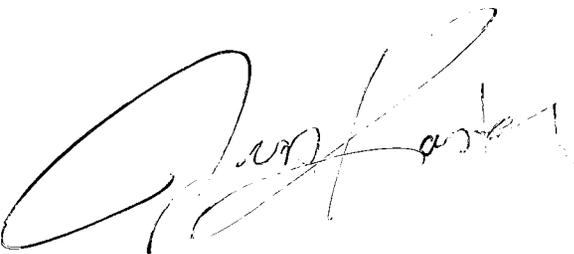
Name of Applicant: Jessica Koster

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

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

List of arrests, convictions and judgments

1. 1-19-98 Operating vehicle under suspension. Webster Co. Adjudicated to failure to have valid permit
Guilty
Sentence: 5 days in jail, Fine
2. 9-29-99 Minor in possession of alcohol. Webster co. Guilty
Sentence: fine
3. 6-9-00 possession of paraphernalia, marijuana pipe. Webster Co, Guilty
Sentence: fine
4. 6-9-00 arrested for OWI but was not charged
5. 7-21-00 Contempt of court. Webster Co. Guilty
Sentence: fine
6. 1-8-01 possession to manufacture paraphernalia, rolling papers. Polk Co. Guilty
Sentence: fine
7. 3-30-01 OWI 1st offense. Polk Co. Guilty
Sentence: fine, drinking drivers course, probation
8. 4-10-01 Possession of controlled substance, Marijuana, Polk Co. Charge dismissed
9. 1-11-02 possession of drug paraphernalia, marijuana pipe. Polk Co. Dismissed in exchange for pleading guilty of possession of marijuana
10. 1-11-02 Possession of marijuana under 1 gram. Polk Co. Guilty
Sentence: Deferred Judgment, fine, probation
11. 7-22-03 driving under suspension- adjudicated to driving with expired license. Polk Co, guilty
Sentence: fine
12. 8-7-03 driving under suspension. Adjudicated down to driving with expired license. Polk Co. Guilty
Sentence: fine
13. 1-28-04 driving under suspension. Calhoun Co. Guilty
Sentence: Fine

A handwritten signature in black ink, appearing to be "Paul Foster", is located at the bottom left of the page.

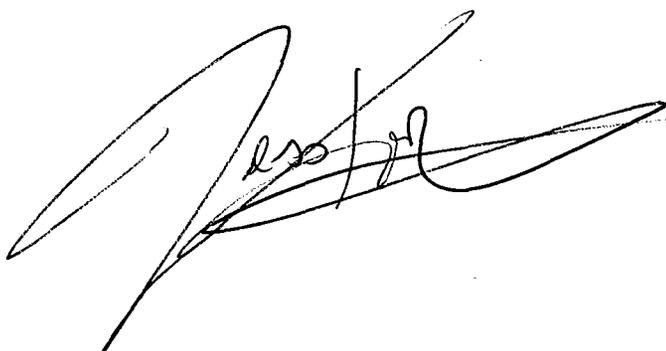
14.8-14-04 OWI 2nd offense, adjudicated to public intoxication because of the margin of error of the breathalyzer put my test below .08 blood alcohol. Marion Co. Guilty
Sentence: fine

15. 8-14-04 Unlawful operation of a golf cart due to no flag. Marion Co. Guilty
Sentence: fine

16. 5-05 Arrested for domestic abuse causing injury. Adjudicated down to assault causing injury. Polk Co. Guilty. I Bit my boyfriend's cheek
Sentence: deferred and expunged upon completion of 30 day inpatient substance abuse treatment, aftercare treatment, probation, fine

17. 3-1-08 Domestic abuse causing injury. Adjudicated down to simple assault. I slapped my boyfriend and left a red mark.
Sentence: 1 day in jail, 16 weeks of assaultive behavior classes, probation, fine

18. 11-23-08 OWI 2nd offense. Boone Co, Guilty
Sentence: fine, 7 days in jail, probation

A handwritten signature in black ink, appearing to be 'Jesse H.', written in a cursive style. The signature is located in the lower-left quadrant of the page.

IOWA CRIMINAL HISTORY
MISDEMEANOR CONVICTIONS ONLY

DCI 00641393
PAGE 1 OF 3
DATE PRINTED-
2012/09/27

DCI:00641393

NAME: KOSTER, JESS
KOSTER, JESSICA MARIE

DOB SEX RAC HGT WGT EYE HAIR SKN POB
19781013 F W 506 135 BLU BLN LGT YA

ADDITIONAL IDENTIFIERS PHOTO AVAILABLE: Y
TAT ABDOM
TAT NECK

CCH RECORD ***

✓ 01 ARRESTED 20010330
AGENCY: IA0770400 URBANDALE PD
CHARGE NO- 01 IA STATUTE IA321J-2
OWI 1ST OFFENSE
TRK#: 052739401

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT
COUNT NO- 01 IA STATUTE IA321J.2(A)
OPER VEH WH INT (OWI) / 1ST OFFENSE
COURT CASE ID: 05771 OWOM052892
CHARGE CLASS: MISDEMEANOR CONVICTION
TRK#: 052739401
SUBSTANCE ABUSE EVALUATION

SENTENCE		DISP EFF DAT
SUSPENDED JAIL	363D	20010608
JAIL	365D	20010608
FINE	\$1000	20010608
PROBATION	1Y	20010608
CREDIT W/TIME SERVED		20010608
PROBATION EXTENDED	1Y	20020628
COMMUNITY SERVICE	70H	20020628

✓ 02 ARRESTED 20020111
AGENCY: IA0770500 WEST DES MOINES PD
CHARGE NO- 01 IA STATUTE IA124-401-5
POSSESS MARIJUANA
TRK#: 058617201

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT
COUNT NO- 01 IA STATUTE IA124.401(5)
POSSESSION OF A CONTROLLED SUBSTANCE
COURT CASE ID: 05771 SRCR162359
TRK#: 058617201
SUBSTANCE ABUSE EVALUATION

SENTENCE		DISP EFF DAT
DEFERRED JUDGEMENT		20020328
PROBATION	1Y	20020328

03 ARRESTED 20040813

DCI 00641393
PAGE 2 OF 3

AGENCY: IA0630000 MARION CO SO
✓ CHARGE NO- 01 IA STATUTE IA321J-2
OWI
TRK#: 070056801

COURT DISPOSITION

AGENCY: IA063015J MARION CO DIST COURT
COUNT NO- 01 IA STATUTE IA123.46
CONSUMPTION / INTOXICATION
COURT CASE ID: 05631 OWCR020886
CHARGE CLASS: MISDEMEANOR CONVICTION
TRK#: 070056801

SENTENCE
FINE \$100 DISP EFF DAT
20041110

✓04 ARRESTED 20050627

AGENCY: IA0770200 CLIVE PD
CHARGE NO- 01 IA STATUTE IA708.2-2
ASSAULT/CAUSE INJURY
TRK#: 068037101

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT
COUNT NO- 01 IA STATUTE IA708.2(2)
ASSAULT CAUSING BODILY INJURY
COURT CASE ID: 05771 SRCR194111
CHARGE CLASS: NON CONVICTION
TRK#: 068037101

SUBSTANCE ABUSE EVALUATION
RESTITUTION

SENTENCE DISP EFF DAT
DEFERRED JUDGEMENT 20050906
FINE \$250 20050906
PROBATION 12M 20050906
DISCHARGED FROM 20060920
DEFERRED JUDGEMENT

✓05 ARRESTED 20060302

AGENCY: IA0770500 WEST DES MOINES PD
CHARGE NO- 01 IA STATUTE IA708.2A(2)(B)
DOMESTIC ABUSE ASSAULT WITHOUT INTENT CAUSING INJURY
TRK#: 061972401

COURT DISPOSITION

AGENCY: IA025015J DALLAS CO DIST COURT
COUNT NO- 01 IA STATUTE IA708.2(6)
ASSAULT
COURT CASE ID: 05251 SRCR031404
CHARGE CLASS: MISDEMEANOR CONVICTION
TRK#: 061972401

RESTITUTION

SENTENCE DISP EFF DAT

DCI 00641393
PAGE 3 OF 3

SUSPENDED JAIL	29D	20080508
JAIL	30D	20080508
FINE	\$65	20080508
COURT COSTS		20080508
PROBATION	1Y	20080508
NO CONTACT ORDER		20080508

✓ 06 ARRESTED 20081123
 AGENCY: IA0080200 OGDEN PD
 CHARGE NO- 01 IA STATUTE IA321J.2(A)
 OPER VEH WH INT (OWI) / 1ST OFFENSE
 TRK#: EG000X401

COURT DISPOSITION

AGENCY: IA008015J BOONE CO DIST COURT
 COUNT NO- 01 IA STATUTE IA321J.2(B)
 OPER VEH WH INT (OWI) / 2ND OFFENSE
 COURT CASE ID: 02081 OWCR016385
 CHARGE CLASS: MISDEMEANOR CONVICTION
 TRK#: EG000X401
 DRUNK DRIVING SCHOOL
 SUBSTANCE ABUSE EVALUATION

SENTENCE		DISP EFF DAT
SUSPENDED JAIL	113D	20090310
	FEEs	
JAIL	120D	20090310
FINE	\$1875	20090310
PROBATION	1Y	20090310

AN ARREST WITHOUT DISPOSITION IS NOT AN INDICATION OF GUILT. THIS RECORD MAINTAINED BY THE IOWA DIVISION OF CRIMINAL INVESTIGATION, BUREAU OF IDENTIFICATION IS A PUBLIC RECORD BUT CAN ONLY BE RELEASED TO NON-LAW ENFORCEMENT AGENCIES BY THE DCI.
 IN THE ABSENCE OF FINGERPRINTS FOR POSITIVE IDENTIFICATION THIS RECORD IS BASED ON INFORMATION FURNISHED. WE CANNOT CONFIRM OR DENY THAT THE RECORD COVERS THE SUBJECT OF YOUR INQUIRY.
 DIVISION OF CRIMINAL INVESTIGATION