

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

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<b>IN THE MATTER OF:</b>	)	
<b>BRUCE C. KROOK, D.D.S.</b>	)	<b>STIPULATION AND</b>
<b>Iowa Dental License #06474</b>	)	<b>CONSENT ORDER</b>
<b>Respondent</b>	)	

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On this 21<sup>st</sup> day of June, 2011, the Iowa Dental Board and Bruce C. Krook, D.D.S., each hereby agree with the other and stipulate as follows:

The licensee disciplinary hearing originally scheduled to commence before the Iowa Dental Board on the 21st day of July, 2011, on the allegations specified in the Notice of Hearing and Statement of Charges dated April 20, 2011, shall be resolved without proceeding to hearing, as the parties have agreed to the following Stipulation and Consent Order:

1. That Respondent was issued a license to practice dentistry on the 30th day of July, 1979, as evidenced by license number 06474 which is recorded in the permanent records in the office of the Iowa Dental Board.
2. That Iowa Dental License Number 06474 is current and in full force until August 31, 2012.
3. That the Iowa Dental Board has jurisdiction over the parties and subject matter herein.
4. A Notice of Hearing and Statement of Charges was filed against Respondent on April 20, 2011.
5. In April and May, 2011, Respondent voluntarily submitted to a substance abuse evaluation at a Board approved facility.

**THEREFORE, IT IS HEREBY ORDERED** that Respondent's license to practice dentistry in the state of Iowa shall immediately be placed on indefinite probation effective the date of this Order subject to the following terms. Respondent may request termination of his probation following three (3) years after successful compliance with the following terms.

**SECTION I.**

1. Respondent shall immediately comply and document successful compliance with all recommendations of the evaluating/treatment facility.
2. Respondent shall completely abstain from the personal use and possession of alcohol and all controlled substances or drugs in any form unless prescribed by a duly licensed and treating health care provider. The Respondent shall inform any treating health care provider of his prior chemical dependency prior to accepting any prescription drug.
3. Respondent shall participate in the Board's random drug and alcohol screening program. Respondent agrees to submit to testing at the frequency rate determined by the Board. In addition, Respondent shall submit to unannounced random witnessed blood, urine, hair, or breath analysis samples on demand by an agent or designee of the Board. Respondent shall promptly pay all costs associated with all drug and alcohol screenings.
4. Respondent shall immediately enter outpatient AODA treatment at Powell Chemical Dependency, located in Des Moines, Iowa. Respondent shall promptly comply with all recommendations made by Powell CDC.
5. Respondent shall come under the care of a Board approved certified addictionologist. Respondent shall meet with his addictionologist at a rate to be determined by the addictionologist. Respondent shall sign releases to allow the Board to fully communicate with his addictionologist. Respondent shall promptly document compliance with any and all

recommendations made by this addictionologist. Care provided by the addictionologist shall be at Respondent's expense.

6. Respondent shall come under the care of a Board approved certified psychiatrist. Respondent shall meet with his psychiatrist at a rate to be determined by the psychiatrist. Respondent shall sign releases to allow the Board to fully communicate with his psychiatrist. Respondent shall promptly document compliance with any and all recommendations made by this psychiatrist. Care provided by the psychiatrist shall be at Respondent's expense.
7. Respondent is responsible for ensuring that all his treatment providers submit written quarterly reports to the Board concerning Respondent's treatment and progress. These reports shall include, but not be limited to, Respondent's progress, participation in treatment, and compliance with aftercare requirements. Respondent shall ensure that these reports are submitted prior to the first day of January, April, July and October, of each calendar year during the probationary period.
8. The Board's approval of treatment providers may be rescinded by the Board for good cause. If the Respondent or treatment provider feels it is necessary to terminate their professional relationship, a written explanation from both parties must be submitted to the Board at least thirty (30) days before termination of the relationship. In either case, Respondent shall submit other names of alternate treatment providers for the Board's approval within fifteen (15) days from the date of the Board's rescission Order or date of discontinuance of care.
9. Respondent shall obtain and work with a local 12-step sponsor and attend meetings of Alcoholics Anonymous or Narcotics Anonymous at a frequency of ninety (90) meetings in ninety (90) days. Following this ninety (90) day period Respondent shall attend at least

four (4) meetings each week. Respondent shall document and submit written verification of meeting attendance at these meetings to the Board. Verification of meeting attendance requires the date, time, and location of the meeting along with a signature or initials of another person in attendance accompanied by a phone number at which the person can be reached for verification.

10. Respondent shall disclose to all current and future licensees, employers, and staff in his practice this Stipulation and Consent Order, as well as the Notice of Hearing and Statement of Charges dated April 20, 2011. The Respondent shall report back to the Board with signed statements from all current and all future employers/employees within fourteen (14) days of the date of this Order and thereafter within fourteen (14) days of any new employment relationship, indicating that they have read these documents.
11. Respondent shall submit the name of a practitioner or co-worker who regularly observes and/or supervises him in a practice setting to serve as his Worksite Monitor (WSM). The WSM is required to report to the Board any suspected impairment, inappropriate behavior, questionable dental practice, or professional misconduct. In addition, the WSM shall keep the Board apprised of any restriction in the scope of the Respondent's clinical privileges and changes thereof that were the result of or may be affected by the Respondent's impairment. The WSM shall provide written quarterly reports to the Board prior to the first day of January, April, July, and October, of each calendar year during the probationary period.
12. Respondent shall submit reports to the Board detailing his compliance with the terms of this Order for the remainder of his probationary period. Respondent shall ensure that the reports are submitted prior to the first day of January, April, July, and October, of each

calendar year during the probationary period. These reports shall include, but not be limited to, verification of AA/NA attendance and participation with his treatment provider(s).

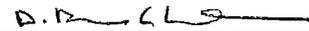
13. Respondent shall be responsible for all costs associated with compliance with this Order, and shall also be responsible for all costs incurred by the Board in the monitoring of this Order to determine compliance. Respondent shall promptly remit three hundred dollars (\$300.00) on or before the first day of January, April, July, and October, of each calendar year for monitoring costs.
14. Respondent shall upon reasonable notice, and subject to the waiver provisions of Board rule 650 Iowa Administrative Code 31.6, appear before the Board at the time and place designated by the Board.
15. Periods of residency outside of the state of Iowa may be applied toward the period of probation if prior approved by the Board. Any changes in residency must be provided to the Board in writing within fourteen (14) days of departure.
16. Respondent shall fully cooperate with random unannounced visits by agents of the Board to determine compliance with this Order.

## **SECTION II.**

1. Respondent acknowledges that he has read in its entirety the foregoing Stipulation and Consent Order and that he understands its content and that he executed the Order freely, voluntarily, and with no mental reservation whatsoever.
2. Respondent acknowledges his right to a hearing as provided for by law and waives his right to a hearing in this matter.
3. Respondent acknowledges that he has the right to be represented by counsel in this matter.

4. Respondent understands that this Order is a public record and is therefore subject to inspection and copying by members of the public.
5. Respondent understands that the Board will report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
6. Respondent acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured him, in any way whatsoever, to execute this Order.
7. Respondent acknowledges that this proposed settlement is subject to approval of a majority of the full Board. If the Board fails to approve this proposed settlement, it shall be of no force or effect to either party.
8. Respondent shall fully and promptly comply with all Orders of the Board and the statutes and rules regulating the practice of dentistry in Iowa. Any violation of the terms of this Order is grounds for further disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with Iowa Code Section 272C.3(2)(a)(2011).
9. The Board's approval of this Stipulation and Consent Order shall constitute a FINAL ORDER of the Board.

This Stipulation and Consent Order is voluntarily submitted on this 5<sup>th</sup> day of JUNE, 2011.

  
Bruce C. Krook, D.D.S.  
Respondent

This Stipulation and Consent Order is accepted by the Iowa Dental Board on this 21<sup>st</sup> day of June, 2011.

  
Gary D. Roth, D.D.S.  
Chairperson

cc: Theresa O'Connell Weeg  
Sara Scott  
Assistant Attorneys General  
Office of the Attorney General  
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Des Moines, IA 50319