

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

IN THE MATTER OF:)	
DENNIS J. SCHULLER, D.D.S.)	
2335 Blairs Ferry Rd NE)	STIPULATION AND
Cedar Rapids, IA 52402)	CONSENT ORDER
Iowa Dental License #06013)	
Respondent)	

On this 1st day of October, 2010, the Iowa Dental Board Dennis J. Schuller, 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 23rd day of August, 2010 was continued until further Order of the Board on the 30th day of July, 2010. On the 4th day of August, 2010 the Board rescheduled the hearing to commence on the 13th of October, 2010, on the allegations specified in the Notice of Hearing and Statement of Charges dated July 14, 2010, 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 7th day of February, 1975, as evidenced by license number 06013 which is recorded in the permanent records in the office of the Iowa Dental Board.
2. That Iowa Dental License Number 06013 is currently suspended.
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 July 14, 2010.

THEREFORE, IT IS HEREBY ORDERED that Respondent's license to practice dentistry in the state of Iowa shall continue to be suspended until the Board reinstates his license pursuant to 650 IAC 51.34. Respondent shall not apply for reinstatement until he has met all the requirements of Sections A., B., and C., below. Respondent is responsible for all costs incurred in meeting these requirements.

A. Substance abuse and mental health.

1. Respondent shall come under the care of an Iowa-licensed, board-certified psychiatrist approved by the Board. Respondent shall meet with his psychiatrist at a rate determined by the psychiatrist, but at a minimum, on a quarterly basis. Respondent shall sign releases to allow for the free flow of information between the Board and his psychiatrist. Respondent shall promptly document compliance with all recommendations made by his psychiatrist.
2. Respondent shall come under the care of an Iowa-licensed, Board-approved psychotherapist skilled and experienced with working with professionals with knowledge of substance abuse and dependence. Respondent shall meet with his psychotherapist at a rate determined by the psychotherapist, but at a minimum, on a monthly basis. Respondent shall sign releases to allow for the free flow of information between the Board and his psychotherapist. Respondent shall promptly document compliance with all recommendations made by his psychotherapist.
3. Respondent shall come under the care of an Iowa-licensed, board-certified primary care physician approved by the Board. Respondent shall meet with his primary care physician at a rate determined by the primary care physician, but at a minimum, on a quarterly basis. Respondent shall sign releases to allow for the free flow of information between

the Board and his primary care physician. Respondent shall promptly document compliance with all recommendations made by his primary care physician.

4. Respondent is responsible for ensuring that his psychiatrist, psychotherapist, and primary care physician submits written quarterly reports to the Board concerning Respondent's treatment and progress. The reports shall include, but are not limited to, the Respondent's progress, participation in treatment, and compliance with the provider's recommendations.
5. The Board's approval of any treatment provider may be rescinded by the Board for good cause. If the Respondent or treatment provider feels it is necessary to terminate their doctor/patient relationship, a written explanation by both parties must be submitted to the Board at least thirty (30) days before termination of the relationship. In either case, the Respondent shall submit the names of additional treatment providers for the Board's approval within fifteen (15) days from the date of the Board's rescission Order or date of doctor/patient relationship termination.
6. Respondent shall completely abstain from the personal use and possession of alcohol and all controlled substances or drugs in any form unless prescribed by a duly licensed and treating health care provider in consultation with his treating psychiatrist. The Respondent shall inform any treating health care provider of his prior substance abuse and mental health issues prior to accepting any prescription drug, and shall ensure that the treating health care provider consults with his treating psychiatrist before issuing him any prescriptions for controlled substances. The Respondent shall report to the Board in writing within forty-eight (48) hours any use of any prescription drugs. The report shall include the name and quantity of the prescription, the name and phone number of the

prescribing health care provider, the reason for the prescription, and the name and telephone number of the pharmacy where the prescription was filled.

7. 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 any agent or designee of the Board. Respondent shall promptly pay all costs associated with all drug and alcohol screenings.
8. When all of Respondent's treatment providers agree that Respondent is stable, that he has maintained a successful period of abstinence from all mood altering chemicals, including alcohol, and has been compliant for a period of time with all treatment and monitoring, the treatment providers shall provide written notice to the Board. This notice must be signed by all treatment providers and state that Respondent is capable of returning to the practice of dentistry.
9. Respondent shall submit to evaluation at a program approved by the Board and obtain a recommendation that he is safe to return to practice, and if so, upon what terms recommended by that program.

B. Professional competency.

1. Respondent shall successfully complete a comprehensive clinical assessment at a college of dentistry prior approved by the Board to determine Respondent's level of competency. This assessment and any subsequent courses of study shall be taken at Respondent's expense.
 - a. The Board shall forward to the evaluating college, prior to the assessment, the Board's file relating to the Respondent. The college shall report directly to the Board, with a copy to Respondent, the results of said assessment.

- b. Following said assessment, the college shall prepare a proposed course of study to address any concerns or deficiencies, if any, noted during Respondent's clinical assessment.
 - c. Respondent agrees to comply with any recommendations made by the college.
 - d. Respondent shall, within twelve (12) months of the completion of the assessment, successfully complete any course of study recommended by the assessing college, if any, which shall be taken at an accredited college of dentistry prior approved by the Board. The course of study shall be prior approved by the Board.
 - e. Following completion of the course of study, Respondent shall advise the supervising faculty to contact the Board to verify that the Respondent has completed the course of study. The verification from the college shall include a written report relative to Respondent's successful completion of the program, a narrative evaluation of his participation in the program, and any other information relative to Respondent's abilities in the practice of dentistry and any recommendations regarding Respondent's future practice.
 - f. Respondent agrees to comply with any future practice recommendations or restrictions made by the college.
 - g. The Board shall review the report from the college to determine if the Respondent has successfully completed the course of study.
2. Respondent shall submit to the Board a practice monitoring plan for Board approval. That plan shall include a provision for a practice monitor, who is an Iowa-licensed dentist approved by the Board. The practice monitor shall be responsible for ensuring Respondent's compliance with record keeping and billing requirements, as well as for ensuring Respondent's clinical practice meets the standard of care.

C. Civil penalty.

1. Respondent shall, within one hundred eighty (180) days of the date of this Stipulation and Consent Order, submit a civil penalty to the Board office in a single payment in the amount of ten thousand dollars(\$10,000.00), payable to Treasurer, State of Iowa, and deposited in the general fund.

D. Reinstatement proceedings.

1. Following successful completion of all terms and conditions of Sections A. – C., above, Respondent may make application for reinstatement of his dental license pursuant to 650 Iowa Administrative Code Section 51.34.
2. The Board shall issue an Order granting or denying the Respondent's application for reinstatement. If Respondent's license is reinstated, the Reinstatement Order shall contain specific terms and conditions, pursuant to 650 Iowa Administrative Code Section 51.34(6).

E. General provisions.

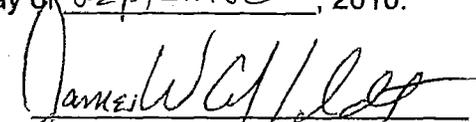
1. Respondent acknowledges that he has read in its entirety the foregoing Stipulation and Consent Order and that he understands its content and that he executed the Order freely, voluntarily, and with no mental reservation whatsoever.
2. Respondent acknowledges his right to a hearing as provided for 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)(2009).
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 23 day of September, 2010.


Dennis J. Schuller, D.D.S.
Respondent

Subscribed and Sworn to before me on this 23rd day of September, 2010.


Notary Public in and for the state
of Iowa

9-28-10

This Stipulation and Consent Order is accepted by the Iowa Dental Board on this

1st day of October, 2010.

A handwritten signature in black ink, appearing to read "Gary D. Roth, D.D.S.", with a horizontal line underneath it.

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

cc: Theresa O'Connell Weeg
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