

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

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**IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST**

**MIGUEL RAMIREZ, Q.D.A., RESPONDENT**

**DES MOINES, IOWA**

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**STATEMENT OF CHARGES, SETTLEMENT AGREEMENT AND FINAL ORDER**

**(combined)**

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**COMES NOW** the Iowa Dental Board (the Board), and Miguel Ramirez, Q.D.A. (Respondent), on July 24<sup>th</sup>, 2015, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4), enter into the following combined Statement of Charges, Settlement Agreement and Final Order.

**NOTICE OF HEARING**

1. A hearing on this matter will not be held as the Board and Respondent have entered into the following combined Statement of Charges, Settlement Agreement and Final Order.
2. Respondent was issued registration and dental radiography qualification number Q12265 to practice as a dental assistant in the state of Iowa on November 4<sup>th</sup>, 2014.
3. Respondent's Iowa dental assistant registration and dental radiography qualification is current and will expire on August 31, 2015.

## **LEGAL AUTHORITY AND JURISDICTION**

4. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 153 and 272C.

## **STATEMENT OF CHARGES**

### **SECTIONS OF STATUTES AND RULES INVOLVED**

#### **COUNT I**

5. Respondent is charged pursuant to Iowa Code section 272C.10(4) (2015) with habitual intoxication, in violation of 650 Iowa Administrative Code 30.4(40).

### **STATEMENT OF MATTERS ASSERTED**

6. On June 23, 2014, Respondent submitted an application for dental assistant registration and dental radiography qualification to the Board. The Board reviewed Respondent's application along with additional information Respondent submitted regarding his criminal history, including multiple alcohol and drug related offenses.
7. The Board approved Respondent's registration and dental radiography qualification on November 4, 2014 but issued a confidential Letter of Warning based on his criminal history. The Letter of Warning informed Respondent that if similar problems arose in the future, they would be seriously considered by the Board.
8. The Board subsequently received information that Respondent pled guilty to operating a motor vehicle 2<sup>nd</sup> offense on January 12, 2015.
9. In March 2015, the Respondent entered the Fort Des Moines Men's Residential Correctional Treatment Facility for substance abuse treatment.

## SETTLEMENT AGREEMENT

**THEREFORE IT IS HEREBY ORDERED** that Respondent's registration and qualification to practice dental assisting in the state of Iowa is hereby placed on probation for a period of five (5) years. This probation is subject to the following terms and conditions:

10. Respondent shall immediately comply and document successful compliance with all recommendations of the treatment facility.
11. 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.
12. Respondent shall obtain and work with a local 12-step sponsor and attend meetings of Alcoholics Anonymous or Narcotics Anonymous at a frequency of at least three (3) meetings per 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.
13. Respondent shall sign releases to both his treatment facility and state probation officer to allow drug and alcohol screening results to be forwarded directly to the

Board. Respondent shall be submit to unannounced random witnessed blood, urine, hair or breath analysis samples on demand by an agent or designee of the Board. Upon request 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. Respondent shall promptly pay all costs associated with all drug and alcohol testing.

14. 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 assisting 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.
15. Respondent shall disclose this Agreement to all current and future employers who employ him as a dental assistant. Respondent shall report back to the Board with signed statements from all current employers within fourteen (14) days of the date of this Agreement, and thereafter within fourteen (14) days of any new employment relationship, indicating the employer has read and understands this Agreement.
16. 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.

17. 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 twenty five dollars (\$25.00) on or before the first day of January, April, July, and October, of each calendar year for monitoring costs.
18. 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.
19. 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.
20. Respondent shall fully cooperate with random unannounced visits by agents of the Board to determine compliance with this Order.

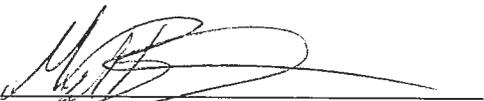
#### **FINAL ORDER**

21. This combined Statement of Charges, Settlement Agreement and Final Order constitutes the resolution of a contested case proceeding.
22. By entering into this combined Statement of Charges, Settlement Agreement and

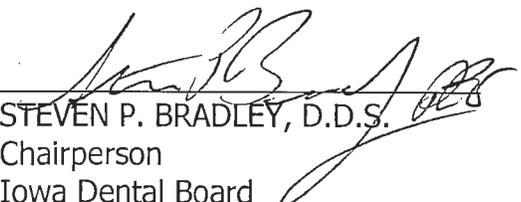
Final Order, Respondent voluntarily waives any rights to a contested case hearing on the allegations contained in the Statement of Matters Asserted, and waives any objections to the terms of this Settlement Agreement.

23. Respondent understands that by entering into this combined Statement of Charges, Settlement Agreement and Final Order, he cannot obtain a copy of the investigative file. Under Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.
24. This combined Statement of Charges, Settlement Agreement and Final Order, is voluntarily submitted by Respondent to the Board for consideration.
25. Respondent acknowledges that he has the right to be represented by counsel in this matter.
26. This combined Statement of Charges, Settlement Agreement and Final Order becomes public record available for inspection and copying upon execution of this agreement in accordance with the requirements of Iowa Code chapters 17A, 22 and 272C.
27. Respondent understands that the Board will report this Order to the National Practitioner Data Bank.
28. 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.

29. This combined Statement of Charges, Settlement Agreement and Final Order, is subject to approval of the Board. If the Board fails to approve this combined Statement of Charges, Settlement Agreement and Final Order, it shall be of no force or effect to either party.
30. The Board's approval of this combined Statement of Charges, Settlement Agreement and Final Order shall constitute a **Final Order** of the Board.

  
Miguel Ramirez, Q.D.A.  
Respondent

This combined Statement of Charges, Settlement Agreement and Final Order is approved by the Board on July 24<sup>th</sup>, 2015.

  
STEVEN P. BRADLEY, D.D.S.  
Chairperson  
Iowa Dental Board  
400 SW 8<sup>th</sup> Street, Suite D  
Des Moines, IA 50309 4687

cc: Sara Scott  
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