

BEFORE THE DENTAL BOARD OF THE STATE OF IOWA

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

SARAH RAMOS, D.A., RESPONDENT

DAVENPORT, IOWA

#16-0159

STATEMENT OF CHARGES, SETTLEMENT AGREEMENT AND FINAL ORDER

(combined)

COMES NOW the Iowa Dental Board (the Board), and Sarah Ramos, D.A. (Respondent), on June 8, 2018, 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 qualification number 05664 to practice as a dental assistant in the state of Iowa on November 12, 1998.

3. Respondent's Iowa dental assistant registration and qualification is current and will expire on August 31, 2019.

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 153.34(9) (2017) and 650 Iowa Administrative Code 30.4(4) with the conviction of a felony in the courts of this state.

STATEMENT OF MATTERS ASSERTED

6. On June 20, 2017, Respondent pled guilty to one count of obtaining or attempting to obtain a prescription drug or device by providing a false statement.

SETTLEMENT AGREEMENT

THEREFORE IT IS HEREBY ORDERED that Respondent's registration to practice dental assisting in the state of Iowa is hereby placed on probation to run concurrent with her criminal probation. This probation is subject to the following terms and conditions:

7. Respondent shall follow all terms and conditions of her criminal probation and shall immediately notify the Board of any violations of her criminal probation.

8. 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. Respondent shall inform any treating health care provider of her prior chemical dependency prior to accepting any prescription drug.
9. Respondent will immediately report all personal use of prescription medications to the Board. Written verification must be provided by the prescribing physician or practitioner within ten (10) days from the date the medication was ordered or administered.
10. Respondent shall attend structured recovery support group meetings if participation is recommended by the treatment program. Respondent shall obtain documentation of attendance and provide copies of this documentation to the Board with her quarterly reports or immediately upon request of the Board.
11. Respondent shall enroll in the Board's chemical screening program within thirty (30) days of request of the Board. Respondent shall fully comply with the Board's chemical screening program, which includes daily contact with the chemical screening program to determine whether a specimen is required. Respondent shall provide random urine, blood, or hair specimens when required by the chemical screening program and provide random urine, blood, or hair specimens on demand by an agent of the Board. The specimens shall be used for alcohol and drug screening, all costs of which shall be paid by Respondent.

12. Respondent shall disclose this Agreement to all current and future employers who employ her 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.
13. Respondent shall submit reports to the Board detailing her compliance with the terms of this Order for the remainder of her 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, if required to attend.
14. Respondent agrees to sign all necessary release forms that may be required to obtain information related to case monitoring and/or compliance with the provisions of this Agreement.
15. 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.

16. Respondent agrees to submit a civil penalty in the amount of five hundred dollars (\$500.00) to the Board within sixty (60) days of the date of this Order made payable to: Treasurer, State of Iowa.
17. 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.
18. 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.
19. Respondent shall fully cooperate with random unannounced visits by agents of the Board to determine compliance with this Order.

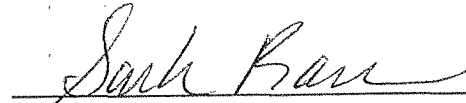
FINAL ORDER

20. This combined Statement of Charges, Settlement Agreement and Final Order constitutes the resolution of a contested case proceeding.
21. 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.
22. Respondent understands that by entering into this combined Statement of Charges, Settlement Agreement and Final Order, she 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.

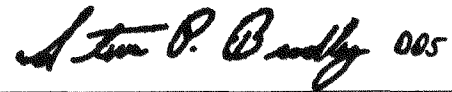
23. This combined Statement of Charges, Settlement Agreement and Final Order, is voluntarily submitted by Respondent to the Board for consideration.
24. Respondent acknowledges that she has the right to be represented by counsel in this matter.
25. Respondent agrees that the State's counsel may present this Order to the Board and may have *ex parte* communications with the Board while presenting it.
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 her, 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.



Sarah Ramos, D.A.
Respondent

This combined Statement of Charges, Settlement Agreement and Final Order is approved by the Board on June 8th, 2018.



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

cc: Sara Scott
Assistant Attorney General
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