

# Iowa Practitioner Review Committee

A Confidential Peer Review Committee of the Iowa Dental Board

## Practitioner Self-Report Form

Name \_\_\_\_\_ Date of report \_\_\_\_\_

Home Address \_\_\_\_\_ Work Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Iowa License Number \_\_\_\_\_

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**Please describe reasons for this self-report. Use additional sheets if necessary.**

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**Have you undergone an evaluation for this condition?** \_\_\_\_\_

**Where?** \_\_\_\_\_

**Have you received any treatment for this condition?** \_\_\_\_\_

**Who was your treating physician?** \_\_\_\_\_

**Where did the treatment take place?** \_\_\_\_\_

**How long did the treatment last?** \_\_\_\_\_

Board rules specify that the following circumstances may make licensees ineligible to participate in the Iowa Practitioner Program:

- Unlawful diversion or distribution of controlled substances for personal gain or profit
- Harm or injury to a patient as a result of his/her condition
- Current investigation by the Iowa Dental Board
- Presently under a Board Order for alcohol or drug abuse or another offense
- Past civil administrative or criminal sanctions for actions which are violations of the laws, administrative rules, or professional ethics of this or another state
- Failure to provide truthful information or fully cooperate with the Committee

Do any of the items from the above list apply to you?       Yes\*       No

\*If yes, please explain:

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*All of the information in possession of the Iowa Practitioner Review Committee and its personnel regarding licensees is confidential. Do you give the IPRC permission to inquire about the material facts you have provided in this self-report?*

Yes     No

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Practitioner Signature

Date

**Please Return this Form to:**

**Iowa Dental Board  
Iowa Practitioner Review Committee  
400 SW 8<sup>th</sup> St., Suite D  
Des Moines, IA 50309-4687**

**If you have any additional questions or concerns, call (515) 281-5157 and ask for IPRC staff.**