BEFORE THE BOARD OF DENTAL EXAMINERS

OF THE STATE OF IOWA

IN THE MATTER OF:	)	
RON M. HARSHMAN, D.D.S. **501 West Jackson** **Centerville, IA 52544**	)))	**STIPULATION AND CONSENT ORDER**
License #7127	)	
Respondent	)	

On this 16th day of January, 2002, the Iowa Board of Dental Examiners and Ron M. Harshman, D.D.S., 501 West Jackson, Centerville, Iowa, each hereby agree with the other and stipulate as follows:

The licensee disciplinary hearing scheduled to commence before the Iowa Board of Dental Examiners on the 17th day of April, 2002, on the allegations specified in the Statement of Charges which is attached to the Notice of Hearing dated December 20, 2001, 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 12th day of June, 1986, as evidenced by License Number 7127, which is recorded in Book D, Page 43, of the permanent records in the office of the Iowa Board of Dental Examiners.
2. That Iowa Dental License Number 7127 is current and in full force until June 30, 2002.

3. That the Iowa Board of Dental Examiners has jurisdiction over the parties and subject matter herein.

4. A Notice of Hearing and Statement of Charges was filed against Respondent on December 20, 2001.

THEREFORE IT IS HEREBY ORDERED that Respondent's license to practice dentistry in the State of Iowa is hereby placed on indefinite probation which may be reviewed by the Board at Respondent's request five (5) years from the date of this Order. This probation is subject to the following terms and conditions:

SECTION I.

1) Respondent shall immediately comply and document successful compliance with all recommendations of the evaluating/treatment facility.

2) Respondent shall sign releases to allow for the free flow of information between the Board and Respondent's evaluators, counselors, and aftercare providers.

3) The Respondent shall fully cooperate with random unannounced visits by agents of the Board to determine compliance with this Order.

4) Respondent shall be responsible for all costs associated with compliance with this Order, and shall also be responsible for all costs, including mileage and expenses, incurred by the Board in the monitoring of this Order to determine compliance. Respondent shall promptly remit for such costs.

5) The Respondent shall submit monthly reports detailing his compliance with this Order for a period of six (6) months. After six (6) months the Respondent shall submit quarterly reports detailing his compliance with the terms of his Order during

the remainder of his probationary period. These reports shall include, but not be limited to, verification of Alcoholics Anonymous/Narcotics Anonymous attendance and participation with his physician counselor/aftercare provider(s).

6) The 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.

7) Periods of residency outside of the State of Iowa may be applied toward 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.

8) Respondent shall fully and promptly comply with all Orders of the Board and statutes and rules regulating the practice of dentistry in Iowa.

SECTION II.

1) The Respondent's prescribing, administering, and dispensing privileges relating to all controlled substances are immediately suspended effective the date of this Order. The Respondent shall immediately surrender his DEA and CSA drug registrations to the proper authorities. Responded shall not apply for reinstatement of his DEA and CSA registrations without prior approval of the Board.

2) The 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 addictionologist. The Respondent shall inform any treating health care provider of his prior chemical dependency prior to accepting any prescription drug and ensure

that the treating health care provider consults with his treating addictionologist. The Respondent shall report to the Board in writing within fourteen (14) days, any use of any prescription drugs prescribed by a licensed health care provider. 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.

3) Respondent shall obtain and work with a local 12-step sponsor and attend meetings of Alcoholics Anonymous or Narcotics Anonymous at least three (3) times each week and shall document and submit written verification of his attendance in monthly reports to the Board for the first six (6) months, thereafter Respondent shall submit written verification of his attendance in quarterly reports to the Board.

4) Respondent shall be under the care of a physician counselor who is a certified addictionologist who shall be prior approved by the Board. Care shall be arranged within four (4) weeks of the date of this Order. Respondent shall sign releases to allow the Board to fully communicate with his physician counselor. Respondent shall promptly document compliance with any and all recommendations made by his physician counselor.

5) Respondent is responsible for ensuring that his physician counselor submits written quarterly reports to the Board concerning Respondent's treatment and progress. The report shall include, but is not limited to, the Respondent's progress, participation in treatment, and compliance with the physician counselor's recommendations. The counseling shall be at Respondent's expense.

a. The Board's approval of the physician counselor may be rescinded by the Board for good cause.

b. If the Respondent or physician counselor feel 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.

c. In either case, the Respondent shall submit other names of physician counselors 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 participate in individual counseling with a counselor who shall be prior approved by the Board and shall be arranged within six (6) weeks of the date of this Order. The Respondent shall submit to the Board names of counselors within thirty (30) days of the date of this Order to serve in this role. The counselor shall evaluate and assess Respondent and submit a proposed counseling plan for Respondent to the Board for approval within sixty (60) days. Respondent shall promptly document compliance with any and all recommendations made by his counselor. Respondent shall sign releases to allow the Board and his physician counselor to fully communicate with his counselor. The Respondent shall attend individual counseling sessions a minimum of twice a month for a minimum of three (3) months. After three (3) months the schedule shall be set by the counselor but

shall not be less then monthly without prior Board approval. The counseling shall be at Respondent's expense.

a. The Board's approval of the counselor may be rescinded by the Board for good cause.

b. If the Respondent or counselor feel it is necessary to terminate their relationship, a written explanation by both parties must be submitted to the Board at least thirty (30) days before termination of the relationship.

c. In either case, the Respondent shall submit other names of counselors for the Board's approval within fifteen (15) days from the date of the Board's rescission Order or date of relationship termination.

7) Respondent is responsible for ensuring that the counselor submits written monthly reports to the Board concerning Respondent's treatment and progress. The report shall include, but is not limited to, the Respondent's progress, participation in therapy, and compliance with the counselor's recommendations.

8) Respondent shall participate in group counseling at a facility prior approved by the Board and shall be arranged within six (6) weeks of the date of this Order. The Respondent shall submit to the Board names of facilities within thirty (30) days of the date of this Order to serve in this capacity. The Respondent shall attend group counseling sessions a minimum of twice a month for a minimum of three (3) months. After three (3) months the schedule shall be set by his individual counselor but shall not be less then monthly without prior Board approval. The counseling shall be at Respondent's expense.

9) Respondent shall follow up with the evaluating/treatment facility's addictionologist for addiction medication monitoring. The first follow up shall occur in six (6) to eight (8) weeks from date of discharge. The Respondent shall be responsible for ensuring that the evaluating/treatment facility submit written reports to the Board concerning recovery progress and recommendations.

10) Any relapse of Respondent shall be immediately reported to the Board by the Respondent, the physician counselor or therapy counselor.

11) Respondent shall submit to unannounced random witnessed blood or urine samples on demand by any agent or designee of the Board. The samples shall be used for drug and alcohol screening and all costs associated with the drug and alcohol screening shall be promptly paid by Respondent.

12) The Respondent shall provide notice to all current and future licensees in his practice, employers, and staff, of this action against his license. The Respondent shall report back to the Board with signed statements from all current and future licensees, employers, and employees within ten (10) days of the date of this Order and thereafter within ten (10) days of any new employment relationship, that they have read the Statement of Charges and this final Order.

SECTION III.

1) The 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) The 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) The Respondent understands that this Order is a public record and is therefore subject to inspection and copying by members of the public.

5) The Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.

6) The 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) The 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 as 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) (2001).

This Stipulation and Consent Order is voluntarily submitted on this 15 day of January, 2002.

Ron M. Harshman

Ron M. Harshman, D.D.S.
Respondent

Subscribed and Sworn to before me on this 15th day of January, 2002.

Sheryl Wagner

Notary Public in and for
the State of Iowa

This Stipulation and Consent Order is accepted by the Iowa Board of Dental Examiners on this 16th day of January, 2002.

LeRoy I. Strohman, D.D.S.

LeRoy I. Strohman, D.D.S.
Chairperson
Iowa Board of Dental Examiners
400 SW 8th Street, Ste. D
Des Moines, IA 50309

cc: Theresa O'Connell Weeg
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