

BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

In The Matter Of:

SCOTT M. JENSEN, D.M.D.
(License No. 5555)

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CONSENT ORDER

THIS MATTER is before the North Carolina State Board of Dental Examiners (Board) pursuant to N.C. Gen. Stat. § 90-41.1(b) for consideration of a Consent Order in lieu of a formal administrative hearing. Based upon the record herein and the consent of the parties hereto the Board enters the following:

FINDINGS OF FACT

1. Respondent was licensed to practice dentistry in North Carolina on September 3, 1986 and is the holder of license number 5555.
2. Respondent is subject to the Dental Practice Act and the regulations of the Board.
3. On September 15, 2003, the Board and the Respondent entered into a Consent Order whereby Respondent's dental license was suspended indefinitely. Respondent's license was conditionally restored, with no active suspension, on various terms and conditions.
4. On October 24, 2003, the Board summarily suspended the Respondent's license to practice dentistry after he relapsed.
5. On February 4, 2004, following a settlement conference, the Board entered into a second Consent Order with the Respondent, whereby his dental license was provisionally restored, for an indefinite period of time. As a condition of the

Consent Order, Respondent was required to sign a new contract with the North Carolina Caring Dental Professionals (CDP) and comply with all terms of the contract.

6. In 2007, Respondent attempted to arrange a "date" with a female employee after hours.

Based upon the consent of the parties and the foregoing Findings of Fact, the Board enters the following:

CONCLUSIONS OF LAW

1. The Board has jurisdiction over the person of the Respondent and the subject matter of this proceeding.

2. Respondent violated his current CDP contract by attempting to arrange a "date" with a female employee in 2007.

WHEREFORE, with the consent of the parties hereto, it is hereby ordered as follows:

1. License Number 5555 issued to Respondent for the practice of dentistry is hereby suspended indefinitely. Respondent's license is provisionally restored, for an indefinite period of time, on condition that Respondent signs the attached CDP contract and returns the original to the CDP within 10 days of the date of this Order.

2. All other terms of the February 4, 2004 Consent Order remain in place and binding upon the Respondent.

3. Respondent shall pay the costs of this matter in the amount of \$ 150.00.

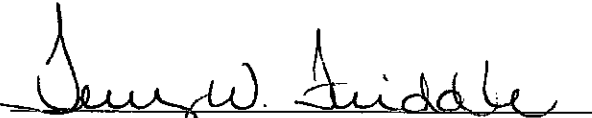
4. If Respondent fails to comply with any provision of this Order or breaches any term or condition thereof, the provisional restoration of his license shall be rescinded and upon written demand, Respondent shall immediately surrender his license and

current renewal certificate to the Board. This sanction shall be in addition to and not in lieu of any sanction the Board may impose as a result of future violations of the Dental Practice Act or of the Board's Rules.

This the 5 day of September, 2008.

THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS

BY:

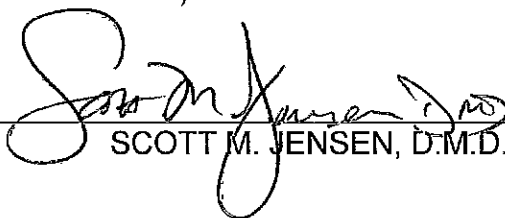
A handwritten signature in black ink, appearing to read "Terry W. Friddle", written over a horizontal line.

Terry W. Friddle
Deputy Operations Officer

STATEMENT OF CONSENT

I, SCOTT M. JENSEN, D.M.D., do hereby certify that I have read the foregoing Consent Order in its entirety and that I do freely and voluntarily admit, exclusively for the purposes of this disciplinary proceeding and any other disciplinary or licensure proceedings before this Board, that there is a factual basis for the allegations set forth therein, that these factual allegations, if proven, are legally sufficient to support findings and conclusions that I have violated §G.S. Section 90-41(a)(6) and (26), and I will not contest the factual allegations therein should further disciplinary action be warranted in this matter, and that I assent to the terms and conditions set forth therein. I hereby express my understanding that the Board will report the contents of this Consent Order to the National Practitioner Data Bank and that this Consent Order shall become a part of the permanent public record of the Board.

This the 27 day of August, 2008.



SCOTT M. JENSEN, D.M.D.

CONFIDENTIAL

NC Caring Dental Professionals Program Participation Agreement Sexual Misconduct/Psychosexual Disorders/Substance Abuse

DENTIST

I, Scott Jensen, D.D.S., recognizing that I am recovering from the disease of _____, and desiring to enroll in the North Carolina Caring Dental Professionals Program during my recovery process, agree to adhere to the terms and conditions of the following treatment Program. I recognize that in order to participate in the Caring Dental Professionals Program, I must reside and/or be licensed to practice Dentistry in North Carolina.

I WILL:

- 1.) Abstain from the use of all mood altering substances, including alcohol, over the counter medications, herbal remedies, prescription medications and/or illegal substances unless approved by the CDP and an Addictionologist approved by the CDP.
- 2.) Inform my primary care Physician, Dentist, and any other health care provider of the conditions of this Agreement and ask them not to prescribe any psychotropic drugs for me unless there is no reasonable medical alternative. Prior to my Physician prescribing these drugs, I will contact the Caring Dental Professionals Program.

- 3.) I designate Dwayne Book MD W9
Address Greensboro, NC
Phone _____

as my Continuing Care Personal Physician/Psychiatrist who is knowledgeable regarding treatment of addictions and sexually transmitted diseases, including HIV/AIDS. I will communicate with my personal Physician/Psychiatrist no less than 12 times per year.

- 4.) Follow the guidelines set out below relative to my DEA privileges for scheduled drugs:

Follow Safety Protocol in place as well as DEA Requirements. W9

If I retain my DEA privileges per the CDP Executive Director/Clinical Coordinator, I further agree to serially number and write in triplicate, all prescriptions for Schedule I, II, III, IV and V drugs. One copy of each such prescription will be given to the patient and one copy will be kept in a permanent file in the Dental Office (by number) and one copy will be placed in the patient's chart. These prescription records may be checked at any time by the CDP Executive Director/Clinical Coordinator or Peer Assistant Volunteer.

I also agree to cease using I.V. sedation (or other restrictions*) on patients in or out of the hospital during the period of this Agreement if the retention of the DEA license is likely to interfere with recovery.

5.) Neither accept nor keep in my office any sample drugs, which are Schedule I, II, III, IV or V.

6.) Under the above criteria, I may be requested not to stock any mood altering substances in my office for patient use. If a patient requires medication for severe pain, I will contact Dr. _____, phone _____, inform him/her of my restricted prescribing status, and request him/her to write a prescription for the patient. (ms) [initials]

7.) Immediately report by telephone the use of any mood altering substances (relapse) to the Executive Director/Clinical Coordinator of the Caring Dental Professionals Program. With any subsequent relapse, I agree to enter an appropriate assessment and/or treatment at the direction of the Caring Dental Professionals Executive Director/Clinical Coordinator. Failure to immediately notify the CDP Executive Director/Clinical Coordinator of any relapse may result in termination from the CDP Program and discontinuance of assistance and advocacy.

8.) Report to the Caring Dental Professionals Executive Director/Clinical Coordinator and the designated body fluid monitoring company, all use of prescription drugs and the name of the prescribing Physician. I will obtain a copy of all prescriptions written for me before I have them filled and obtain clearance from the Executive Director/Clinical Coordinator before taking these prescribed medications. In case of an emergency or if I am unable to reach the CDP staff, I will take the prescription as prescribed and notify the Executive Director the next business day. I will provide copies of the prescriptions to the Caring Dental Professionals Executive Director/Clinical Coordinator on a monthly basis.

9.) Follow the Aftercare Plan of the Treatment Provider, if such plan exists. In lieu of a Plan, an initial 90 day Aftercare Plan will be developed by the Caring Dental Professionals. Following the initial Plan(s) I agree to attend a minimum of 5 meetings per week of a CDP approved abstinence-based program of therapy or mutual support and present verification of such to the Caring Dental Professionals Program. Verification is to be a signed slip from the Secretary of each meeting. I agree to attend a professionals' support group (Caduceus) at least 2 times per month and document my attendance on the meeting attendance form. I will submit all reports to the CDP office by the tenth of each month. (ms) [initials]

Additional counseling requirements: Dr. Book 1:1 Counseling 2x month;
Defenses Group 1x per week; individual 2x month. (ms) [initials]

10.) Submit to random urine and/or blood tests and, in some instances, hair analysis, at my own expense on a schedule determined by the Caring Dental Professionals Program. The laboratory analysis of these tests will be forwarded to the Caring Dental Professionals Program Executive Director/Clinical Coordinator. Upon notification of a positive drug or alcohol screen, I shall voluntarily cease practicing dentistry immediately, promptly submit to an evaluation by a CDP approved Addictionologist or Professional Treatment Center, and shall not resume practicing until such an approved Addictionologist or Treatment Center concludes that I am not impaired in my ability to practice dentistry.

11.) Submit to any additional medical/psychiatric evaluations and treatment recommendations at the direction of the Caring Dental Professionals Program at my own expense. The results of any evaluations and treatment recommendations will be forwarded to the Caring Dental Professionals Executive Director/Clinical Coordinator.

12.) Notify the CDP of any changes in physical or mental health, address or employment. If I move from North Carolina to practice in another state, I authorize CDP to contact the Program Director of the comparable Dental Professional Assistance Program of the new State, and to inform them

of my condition and conditions of my Agreement with CDP a. , provide them with a copy of my CDP Continuing Care Agreement.

- 13.) Immediately report to CDP all sexual addiction relapses, including, but not limited to, sexual bantering, flirting, attempts to arrange "dates" or sexual encounters with anyone other than my wife and any other conduct with any individual other than my wife that is designed for sexual gratification.
- 14.) Obtain CDP approval before arranging for any practice monitoring, treatment, counseling or therapy of any kind. I will keep all therapists and counselors informed of all treatment, counseling, monitoring and therapy that I receive from other individuals or institutions.
- 15.) Permit my staff and employees to be interviewed during regular business hours by a CDP representative.
- 16.) Obey all Federal, State and local laws governing the practice of dentistry in the State of North Carolina. Report by phone any arrest or conviction of any offense to the Caring Dental Professionals Executive Director/Clinical Coordinator immediately.
- 17.) Submit a written report of my perception of my progress to the Caring Dental Professionals Executive Director/Clinical Coordinator by the tenth of each month.
- 18.) Meet with the Caring Dental Professionals Program designee and/or Peer Assistant on a monthly basis or (as otherwise deemed necessary by the Caring Dental Professionals Executive Director/Clinical Coordinator).
- 19.) Agree to monitoring of my practice boundaries, including (but not limited to) observation by a staff member when working with patients, contracting a clinical associate if recommended, and on-site monitoring by a NCCDP Peer Liaison.
- 20.) Agree to the boundary restrictions in practice including (but not limited to) using an instrument cart or tray, not placing instruments on the patient's body and having staff present when working on patients.
- 21.) If I am practicing any oral surgery or periodontal procedures using any addictive schedule I, II or III drugs, I agree to follow practice safety guidelines outlined and approved by the CDP. Specifically, all medications will be ordered and picked up by staff and secured in a safe to which I do not have access. A CDP approved oral surgeon will review my medication and prescription records on a monthly basis and report the results of the review to CDP.
- 22.) Continue my therapy with a therapist experienced in the treatment of psychosexual disorders after approval of the therapist by Caring Dental Professionals Executive Director/Clinical Coordinator.
- 23.) Complete a professional education or vocation retraining if requested. I further agree to attend a CDP-approved boundaries course if requested to do so by the CDP and approved by the Dental Board.
- 24.) Develop an office policy on sexual harassment and distribute to all employees. A copy will be provided immediately to CDP.
- 25.) Agree to explain practice boundaries to patients on a need to know basis.
- 26.) Take 8 units of Continuing Education in the subject of chemical dependency offered through the Caring Dental Professionals Program and submit documentation of hours attended to the Caring Dental Professionals Executive Director/Clinical Coordinator. I further agree to attend

any and all meetings, workshops and/or conferences offered by the CDP. Excused absences must be pre-approved by the Executive Director.

- 27.) Comply with the Program Guidelines and agree to accept the supervision to ensure my compliance with these terms and conditions. *

* Individual practice restrictions may be added to this Agreement if deemed in the best interest of my recovery by the Caring Dental Professionals Executive Director/Clinical Coordinator in conjunction with the treatment counselor.

I can expect the CDP to report me to the Dental Board if one or more of the following occur: 1.) I constitute imminent danger to the public, myself or specified others; 2.) I refuse to cooperate with the Caring Dental Professionals; 3.) I refuse to submit to assessment and/or treatment; 4.) I am still impaired and/or exhibit professional impairment or; 5.) it appears that there are other grounds for disciplinary action. If any of these conditions occur, the CDP, through the Executive Director/Clinical Coordinator, must report information to the NC Board of Dental Examiners under those circumstances. NCCDP also will submit periodic reports of my progress to the Dental Board. I authorize NCCDP to disclose any information the Program may have concerning me to the NC Board of Dental Examiners, its members, employees or agents for its use in the discharge of its duties.

I acknowledge and agree that the information and documentation collected by CDP: (1) is confidential and designed to protect not only me but all participants and volunteers of the Program; and (2) will not be released to me or anyone on my behalf, except for documentation provided to the NC Board of Dental examiners pursuant to one of the five conditions set forth above.

If I fail to comply with the current CDP Agreement, the Treatment Plan, the Continuing Care Agreement, the Return to Work Agreement, or other CDP Guidelines, and am requested or have been requested to continue participation in the CDP, the Compliance Committee will review the case to determine whether I will be allowed to continue participation in the CDP. If I am presumed not fit to participate in CDP based on past non-compliance, then I must establish, to the Review Committee's satisfaction, and in its discretion, that I should be allowed to re-enter the Program.

I agree to remain in Caring Dental Professionals Program as outlined in this Agreement indefinitely. The Caring Dental Professionals Program, after affording me notice and an opportunity to be heard, may modify, change, alter, add to, or eliminate any provisions and conditions as necessary for my treatment Program.

I agree to sign releases of information for the CDP with all treatment providers and to not rescind these at any time during this Agreement. I acknowledge that the CDP may investigate, review, and evaluate information about me and my practice as it relates to my impairment.

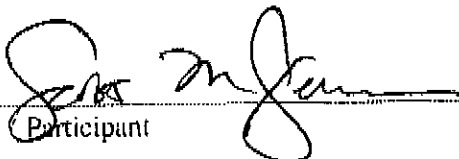
The Caring Dental Professionals Program will accommodate me with written verification of my participation in this treatment Program if I so request. I acknowledge receipt of a copy of this document.

I have received a copy of the *North Carolina Caring Dental Professionals' Guidelines*.

I acknowledge that upon my failure to comply with any of the requirements of this Agreement, CDP can and will presume that I am in relapse from my recovery.

This Agreement supersedes any and all other Agreements previously signed.

Signature: _____


Participant

Date: 8-27-08

Approved: _____


Executive Director

Date: 10/10/08

**Caring Dental Professionals Program
Participant File Checklist**

Name: Scott Jensen

Counselor: DR. Amos / DR. Book

Case #: _____

PEER Liaison: David Plummer

Date in CDP: 12/26/02

Contract Type: Alcohol/Drugs/Sexual Addict.

TX Ctr & Dates: _____

Contract Dates: 8/27/08

Margaret Haines

Scott Jensen
YES

Comments

Board Action/Referred	✓	
DEA Surrendered		Returned 2007
Contracts Signed	✓	8/29/08
Discharge Summary	✓	
Urine monitoring-Frequency	✓	3-4x per month / quarterly det. urine add 1 hair
Continuing Care Counseling	✓	Per current contract
Timely Reports	✓	
Monitor Report Received	✓	
PAST Agreement - Date	N/A	
Alumni Weekends - TX Ctr.	N/A	Last Attended:
Relapse? Date	Psychosomatic 2007	- Chemicals/Alcohol - 2002
Monthly Meeting with Peer Liaison?	✓	
Requests for Advocacy	none	
Relapse Triggers Identified		A+D - Sexual; Stress; availability; HAIR Sexual - Anxiety; Frustration; Family; PTSD Dental Board.
Problem Areas Identified by CDP		None - is in compliance
Goals Identified by Participant & CDP for coming year		Sobriety, improve family marriage, relationships - practice growth + strategies, Creative vent. Peer Assistant, ...
Comments		Scott is in recovery + working hard to remain so.

Ⓟ Follows yr. 5 ANDS call off - refused