

DEC 03 2010

**SETTLEMENT AGREEMENT BETWEEN MISSOURI DENTAL BOARD MISSOURI DENTAL BOARD
AND WILLIAM B. MCCREADY, D.D.S.**

Come now William B. McCready, D.D.S. ("Licensee") and the Missouri Dental Board ("Board") and enter into this settlement agreement ("Board Settlement Agreement") for the purpose of resolving the question of whether Licensee's license as a dentist will be subject to discipline.

Pursuant to the terms of § 536.060, RSMo 2000¹, the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri ("AHC") regarding cause to discipline the Licensee's license, and, additionally, the right to a disciplinary hearing before the Board under § 621.110, RSMo 2000.

Licensee acknowledges that he understands the various rights and privileges afforded him by law, including the right to a hearing of the charges against him; the right to appear and be represented by legal counsel; the right to have all charges against him proven upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against him; the right to present evidence on his own behalf at the hearing; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against him and, subsequently, the right to a disciplinary hearing before the Board at which time he may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against his license. Being aware of these rights provided him by operation of law, Licensee knowingly and voluntarily waives each and every one of these rights and freely enters into the Board Settlement Agreement and agrees to abide by the terms of this document, as they pertain to him.

Licensee acknowledges that he has received a copy of the investigative report and other documents relied upon by the Board in determining there was cause to discipline his license, along with citations to law and/or regulations the Board believes was violated.

For the purpose of settling this dispute, Licensee stipulates that the factual allegations contained in the Board Settlement Agreement are true and stipulates with the Board that Licensee's license, numbered 010663

¹ Unless otherwise noted, all references to RSMo are to RSMo 2000.



is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621, Cum. Supp. 2009 and Chapter 332, RSMo.

Joint Stipulation of Fact and Conclusions of Law

1. The Missouri Dental Board ("Board") is an agency of the State of Missouri created and established pursuant to § 332.021, RSMo 2000, for the purpose of executing and enforcing the provisions of Chapter 332.

2. Licensee William B. McCreedy, D.D.S. is licensed by the Board as a dentist, License No. 010663. Licensee's Missouri license was active and current at all relevant times.

3. On October 20, 2008, the Board received a copy of a Settlement Agreement between Licensee and the Missouri Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs (BNDD) signed by Licensee on October 3, 2008 with an effective date of October 14, 2008. A copy of the Settlement Agreement and a cover letter were also sent to Licensee and his attorney. The Settlement Agreement resolved the question of whether Licensee's BNDD registration was subject to discipline. The Settlement Agreement placed Licensee's registration on probation for three years until October 14, 2011. The Settlement Agreement also placed thirty terms of probation upon Licensee's license including, but not limited to, precluding Licensee from dispensing controlled substances other than by prescribing or administering, precluding prescribing or administering for himself, immediate family and employees except in a life-threatening emergency, and not ordering, purchasing or accepting controlled substances, including samples.

4. In summary, the Settlement Agreement identifies that the violations for which Licensee is being disciplined consist of: failure to maintain an annual inventory; failure to maintain controlled substance receipt records at the registered location; failure to maintain controlled substances in a secured safe or cabinet; failure to maintain complete and accurate dispensing records; Licensee dispensing controlled substances in paper envelopes which are non-FDA approved containers; failure to label dispensing containers with the patients name and address or the name and address of Licensee; failure to place a label on the dispensing containers with a warning against the transfer of controlled substances; storing controlled substances at a location other than the registered location; failure to report loss or theft of controlled substances; improper destruction of controlled substances; and dispensed controlled substances to himself for the purpose of self-medicating.



5. The Settlement Agreement describes in detail Licensee's violations of state drug laws. The Settlement Agreement states the following:

- a. Licensee is registered with the BNDD to stock, prescribe, dispense and administer controlled substances under Missouri Controlled Substances Registration number 9876 at the practice location of 2125 Jackson, Joplin, MO 64804.
- b. Licensee stocked hydrocodone/APAP, diazepam, Ambien™, and alprazolam. Hydrocodone/APAP is a combination drug product containing hydrocodone, which is a Schedule III controlled substance pursuant to § 195.017.6(4)(d). Diazepam is a Schedule IV controlled substance pursuant to § 195.017.8(2)(n). Ambien™ is the brand name for a drug containing zolpidem, a Schedule IV controlled substance pursuant to § 195.017.8(2)(xx). Alprazolam is a Schedule IV controlled substance pursuant to § 195.017.8(2)(a).
- c. Licensee did not maintain an annual inventory for the controlled substances in his possession in violation of § 195.050.6, RSMo and 19 CSR 30-1.042(3).
- d. Licensee did not have controlled substance receipt records at his practice location, stored controlled substance receipt records at his home, and did not maintain all controlled substance records at his registered location in violation of § 195.050.6, RSMo and 19 CSR 30-1.041(2).
- e. Licensee stored controlled substances in an unlocked cabinet in a small, unlocked room at the rear of his practice during the day in violation of 19 CSR 30-1.034(1)(B).
- f. Licensee's dispensing log combined the dispensing of non-controlled substances with controlled substances, did not document the patients' address and did not identify the name of the person in his practice dispensing the controlled substances. Licensee's dispensing log documents that controlled substances had been dispensed to himself for his personal use, but the strength of the medication was not documented. Licensee did not maintain complete controlled substance dispensing records. All of these issues were in violation of § 195.050.6, RSMo and 19 CSR 30-1.048.



- g. Licensee dispensed controlled substances in paper envelopes which are containers not approved by the Poison Prevention Act of 1970 in violation of 19 CSR 30-1.066(1)(B).
- h. Licensee dispensed controlled substances in containers without applying a label documenting the patient's address or the prescribing doctor's name in violation of § 195.100.5, RSMo and 19 CSR 30-1.066(1)(C).
- i. Licensee dispensed controlled substances in paper envelopes without applying labels to the envelopes warning against the illegal transfer of controlled substances in violation of § 195.100.3, RSMo.
- j. On February 5, 2008, Licensee again met with Investigator Shurman from BNDD about bottles of Ambien™ and alprazolam obtained by Licensee, the location of which was unknown at the time of Shurman's previous visit. Licensee stated that the missing Ambien™ and alprazolam were stored at his home because he felt they were safer in his home as controlled substances had been stolen in a burglary at his practice location.
- k. Licensee stored controlled substances at his home and not at his practice location. Licensee therefore stored controlled substances at an unregistered site in violation of § 195.050.6, RSMo and 19 CSR 30-1.026(3).
- l. Licensee suffered a burglary and theft of Viocdin™, the brand name for a drug product hydrocodone, a Schedule III controlled substance pursuant to § 195.071.6(4)(d), RSMo, from his office on September 15, 2006. Licensee failed to report the theft to BNDD until February 2008 in violation of 19 CSR 30-1.034(2)(B).
- m. Licensee stated that when he had expired controlled substances, he destroyed them by flushing them down the drain in violation of 19 CSR 30-1.078(4).
- n. Licensee did not maintain complete controlled substance records in that: Licensee did not maintain controlled substance receipt records at his practice location; Licensee did not maintain an annual inventory; Licensee did not maintain a controlled substance dispensing log; Licensee dispensed Valium™, the brand name for a drug product diazepam, a Schedule IV controlled substance pursuant to § 195.017.8(2)(n), RSMo



Supp. 2007, to himself on April 22, 2005 and Licensee did not document the strength of the controlled substance. These actions are all in violation of § 195.050.6, RSMo and 19 CSR 30-1.044(1).

- o. Due to the lack of required records, it was not possible to conduct an audit to determine if any controlled substances were missing.
- p. Licensee failed to provide adequate security to detect and prevent the diversion of controlled substances in violation of 19 CSR 30-1.031.
- q. Licensee dispensed controlled substances to himself in the absence of a medical emergency on five occasions: 1) April 22, 2005 -- 20 tablets of Valium™; 2) May 31, 2006 – 50 tablets of Viocodin™; 3) January 17, 2007 – 35 tablets of Vicodin™; 4) April 10, 2007 – 40 tablets of Vicodin™; and 5) August 3, 2007 – 30 tablets of Vicodin™. Licensee cannot have a practitioner-patient relationship with himself. Licensee also dispensed controlled substances to patients at his home after treating them for non-dental related illnesses. Licensee dispensed controlled substances outside the scope of his license and registration, in the absence of good faith and in the absence of a practitioner-patient relationship. All of these actions are in violation of § 106.070.1, RSMo Supp. 2007 and § 195.040, RSMo.

6. The Board also conducted an investigation based on BNDD's investigation and findings. The Board's investigation revealed that:

- a. On December 8, 2009, Board Investigator Mark Dudenhoeffer (Dudenhoeffer) travelled to Licensee's practice location on file with the Board. Before the visit, Dudenhoeffer had obtained a controlled substance profile of controlled substance prescriptions Licensee authorized.
- b. Licensee stated that he was under investigation by BNDD and placed on three years probation. Licensee also stated that at the time of the BNDD inspection, he was stocking controlled substances in his practice location. He stated BNDD disciplined him for inadequate controlled substance record keeping and the fact that he had "self administered out of his stock of controlled substances." He stated he is no longer



allowed to stock controlled substances in his practice. He stated he is also required to maintain duplicate copies of controlled substance prescriptions in chronological order with each prescription chronologically numbered.

- c. Licensee stated that he self administered from his stock to "treat back pain." He stated he had prescriptions from his family physician for the same medications he self administered from his stock. He stated he self administered based on the cost because it is cheaper for him to buy the drugs from a distributor than to go get a prescription filled. He stated he did not know it was a violation because he did possess legal prescriptions from his doctor.
- d. Dudenhoeffer inspected Licensee's patient records based on the controlled substance profile he obtained. For each of the three patients for whom Licensee prescribed a controlled substance between January 5, 2009 and May 12, 2009, Licensee had properly recorded the controlled substance prescriptions in the patient's chart.
- e. Dudenhoeffer interviewed Licensee a second time on April 29, 2010 regarding the BNDD investigator's statement in his report that Licensee maintains a stock of controlled substances in his home in case a family member or friend needs treatment. The BNDD report, as described above, stated Licensee treated a friend, G.D. for an injury from an ax to G.D.'s leg and treated another friend who had been hooked by a fishing lure causing an injury that required stitches. Licensee stated that "approximately thirty years ago he treated this patient, but [] cannot recall the patient's name now." He also stated that at the time his office was located next to Dr. . and he would treat Dr. 's patients when he was out of town for emergencies. He stated that is why he treated G.D.
- f. On May 20, 2010, the Board received patient records for ' Licensee's physician. Dudenhoeffer had made numerous requests for the records since December, 2009. The records chronicle Licensee's treatment for neck, back and joint pain from 2006 through 2009.

7. Section 195.040.7, RSMo 2000 states:



7. A registration to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the department of health and senior services upon a finding that the registrant:

...

(4) Has violated any federal controlled substances statute or regulation, or any provisions of sections 195.005 to 195.425 or regulation promulgated pursuant to sections 195.005 to 195.425.

8. Section 195.050.6, RSMo 2000 states:

Every person registered to manufacture, distribute or dispense controlled substances under section 195.005 to 195.425 shall keep records and inventories of all such drugs in conformance with the record keeping and inventory requirements of federal law, and in accordance with any additional regulations of the department of health and senior services.

9. Section 195.070.1, RSMo states:

A physician, podiatrist, dentist, or a registered optometrist certified to administer pharmaceutical agents as provided in section 226.220, RSMo, in good faith and in the course of his or her professional practice only, may prescribe, administer, and dispense controlled substances or he or she may cause the same to be administered or dispensed by an individual as authorized by statute.

10. Section 195.100, RSMo 2000 states, in relevant part:

3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such narcotic or dangerous drug to any person other than the patient.

...

5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on a prescription issued by a physician, dentist, podiatrist or veterinarian, he shall affix to the container in which such drug is sold or dispensed, a label showing his own name and address of the pharmacy or practitioner for whom he is lawfully acting; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the physician, dentist, podiatrist or veterinarian by whom the prescription was written; and such directions as may be stated on the prescription. No person shall alter, deface, or remove any label so affixed.

11. Regulation 19 CSR 30-1.026(3) states:

Separate Locations. A separate registration is required for each principal place of business or professional practice at one



general physical location where controlled substances are manufactured, distributed or dispensed by a person.

(A) For purposes of registration only, the following locations shall be deemed to be places where controlled substances are manufactured, distributed or dispensed:

1. A warehouse where controlled substances are stored by or on behalf of a registered person, unless these controlled substances are distributed directly from the warehouse to registrants other than the registered person or to persons not required to register;
2. An office used by agents of a registrant where sales of controlled substances are solicited, made or supervised but which neither contains these substances (other than substances for display purposes or lawful distribution as samples only) nor serves as a distribution point for filling sales orders;
3. An office used by a practitioner (who is registered at another location) where controlled substances are prescribed but neither administered nor otherwise dispensed as a regular part of the professional practice of the practitioner at the office and where no supplies of controlled substances are maintained;
4. A location on the immediate or contiguous property of a hospital, provided that the location is owned and operated by the hospital and controlled substances are not dispensed for use away from the location;
5. A separate location from a registered pre-hospital emergency medical service location where an emergency vehicle is housed that does not have a permanent location of operation and which rotates between locations at least every 30 days for operational reasons other than controlled substance registration;
6. A pre-hospital emergency service located outside the state of Missouri that renders assistance to a pre-hospital emergency medical service located in the state of Missouri under a mutual aid contract in the case of an emergency, major catastrophe or other unforeseen event that jeopardizes the ability of the local Missouri pre-hospital medical service to respond promptly.

12. Regulation 19 CSR 30-1.031(1) states:

All applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances. In order to determine whether a registrant has provided effective controls against diversion, the Department of



Health shall use the security requirement set forth in 19 CSR 20-1.032- 19 CSR 30-1.034 as standards for the physical security controls and operating procedures necessary to prevent diversion. Substantial compliance with these standards may be deemed sufficient by the Department of Health after evaluation of the overall security system and needs of the applicant or registrant.

13. Regulation 19 CSR 30-1.034 states, in relevant part:

(1) Physical Security.

...

(B) Controlled substances listed in Schedules III, IV and V shall be stored in a securely locked, substantially constructed cabinet. However, pharmacies may disperse these substances throughout the stock of noncontrolled substances in such a manner as to obstruct the theft or diversion of the controlled substances.

(2) Other Security

...

(B) A registrant shall notify the Department of Health and Senior Services of the theft, diversion or significant loss of any controlled substances or regulated chemicals upon discovery.

1. The registrant shall complete and submit a report of loss or diversion of the controlled substances to the Department of Health and Senior Services no later than seven business days after the discovery of such a loss. The loss report shall contain the following information; name and address of the registrant, business phone number, Missouri Controlled Substances Registration Number, federal Drug Enforcement Administration Registration number, date of theft or loss; date of discovery of theft or loss; county of location; principal type of registration such as M.D., D.O., D.P.M., O.D., D.V.M., D.D.S., D.M.D., A.N.P., emergency medical service, pharmacy, hospital, manufacturer, nursing home kit, narcotic treatment program, teaching institution, distributor, importer, exporter, or other specified business; whether or not the loss or theft was reported to law enforcement; the name and phone number of the law enforcement agency reported to; the number of losses or thefts the registrant has experienced in the past 24 months; the type of loss or diversion such as, break in/burglary, robbery, employee theft;



forged or falsified records, lost in transit, or other explained type of loss; if lost in transit, the name of the common carrier and name of consignee; the name(s) of the individual diverting controlled substances who was responsible for the theft or loss; copy of registrant's internal investigative report involving the loss or theft; the full name, date of birth and social security number of the individual(s) responsible for the theft or diversion, if known; a copy of the police report if law enforcement was notified; if the loss or diversion was in transit, identify the origin of the delivery, the name of the carrier(s) used and the name of the consignee; a list of all controlled substances lost, stolen or diverted by their generic name, trade name, the dosage strength, dosage form and quantity; the signature of the person completing the loss report and their title and the date of signature. If the extent of the loss cannot be fully determined in that time frame, the registrant shall contact the Department of Health and Senior Services to request permission to submit an interim report and arrange for a complete record to be completed and submitted. The registrant may attach a copy of a completed Drug Enforcement Administration Loss Form in lieu of completing the back or second page of a loss report form provided by the Department of Health and Senior Services. In the event of theft, diversion or suspected theft or diversion, the report submitted to the Department of Health and Senior Services shall be accompanied by or followed by a summary of the internal investigation performed, the outcome of the investigation, and a copy of any law enforcement agency report completed if applicable.

2. If an insignificant amount of a controlled substance is lost during lawful activities authorized under Chapter 195, RSMo, the reason for the loss or a description of what occurred, the name of the drug and the amount lost shall be documented in writing, signed by the registrant and attached or filed with the last completed annual inventory.

14. Regulation 19 CSR 30-1.041(2) states:

Maintenance of Records and Inventories. Every inventory and other record required to be kept under 19 CSR 30-1.041-19 CSR 30-1.052, shall be kept by the registrant and be available, for at least two years from the date of the inventory or record, for inspecting and copying by authorized employees of the Department of Health, except that financial and shipping records



(such as invoices and packing slips, but not executed order forms) may be kept at a central location rather than at the registered location if the registrant obtains from the Department of Health approval of his/her central record keeping system and a permit to keep central records. The permit to keep central records shall be subject to the following conditions:

(A) The permit shall specify the nature of the records to be kept centrally and the exact location where the records will be kept;

(B) The registrant agrees to deliver all or any part of these records to the registered location within three working days of receipt of a written request from the Department of Health for these records and if the Department of Health chooses to do so in lieu of requiring delivery of records to the registered location, to allow authorized employees of the Department of Health to inspect the records at any central location upon request by the employees without a warrant of any kind;

(C) The failure of the registrant to perform his/her agreements under the permit shall revoke, without further action, the permit and all other such permits held by the registrant under other registrations. In the event of a revocation of other permits under subsection (2)(C) of this rule, the registrant, within 30 days after the revocation, shall comply with the requirement that all records be kept at the registered location.

15. Regulation 19 CSR 30-1.042(3) states:

Annual Inventory Date. After the initial inventory is taken, the registrant shall take a new inventory of all stocks of controlled substances on hand at least once a year. The annual inventory may be taken on any date that is within one year of the previous annual inventory date.

16. Regulation 19 CSR 30-1.044(1) states:

Every registrant required to keep records shall maintain on a current basis a complete and accurate record of each substance manufactured, imported, received, sold, delivered, exported or otherwise disposed of by him/her.

17. Regulation 19 CSR 30-1.048(1) states:

(1) Each individual practitioner, institutional practitioner and pharmacy shall maintain records with the following information for each controlled substance received, maintained, dispensed or disposed:

(A) The name of the substance;

(B) Each finished form (for example, ten milligrams (10 mg) tablet or ten milligram (10 mg) concentration per fluid ounce or milliliter) and the number of units or volume of finished form in each commercial container



(for example, 100 tablet bottle or three milliliter (3 ml) vial);

(C) The number of commercial containers of each finished form received from other persons, including the date of and number of containers in each receipt and the name, address and registration number of the person from whom the containers were received;

(D) The number of units or volume of the finished form dispensed including the name and address of the person to whom it was dispensed, the date of dispensing, the number of units or volume dispensed and the written or typewritten name or initials of the individual who dispensed or administered the substance;

(E) The number of units or volume of the finished forms, commercial containers, or both, disposed of in any other manner by the registrant, including the date and manner of disposal and the quantity of the substance in finished form disposed.

...

(3) Individual practitioners shall maintain the records listed in subsections (1)(A) – (E) of this rule separately from patient medical records.

18. Regulation 19 CSR 30-1.066(1) states, in relevant part:

An individual practitioner who dispenses controlled substances shall –

...

(B) Package all controlled substances dispensed from an individual practitioner's inventory in compliance with the Poison Prevention Packaging Act of 1970, 15 U.S.C. 1471-1476.

(C) Permanently affix a label to the exterior of the drug container which includes: the date, the name and address of the dispensing practitioner, the name of the patient, directions for use, and the exact name and strength of the drug dispensed for all controlled substances[.]

19. Regulation 19 CSR 30-1.078(4) states:

If the registrant administers controlled substances and is not in a hospital, the following procedures are to be used for the destruction of controlled substances:

(A) Controlled substances which are contaminated by patient body fluids are to be destroyed, in the presence of another employee, by the registrant or designee authorized to administer;

(B) An excess volume of a controlled substance which must be discarded from a dosage unity just prior to use



is to be destroyed in the presence of another employee, by the registrant or designee authorized to administer;

(C) The remaining contents of opened glass ampules of controlled substances which are not patient contaminated are to be destroyed, in the presence of another employee, by the registrant or designee authorized to administer;

(D) When the controlled substance is destroyed by the registrant or designee authorized to administer, the following shall be entered in the controlled substances administration records or a separate controlled substances destruction record: the date and amount destroyed, the reason for destruction and the registrant's name and address. The registrant or designee doing the destruction and the witnessing employee shall sign the entry. The drug shall be destroyed so that it is beyond reclamation. The controlled substances administration or destruction records are to be retained for two years and available for inspection by Department of Health investigators;

(E) All other controlled substances which are not patient-contaminated but are to be disposed of shall be placed in a suitable container for storage and disposed of as described in section (1) of this rule.

20. Licensee's actions as described in paragraphs 3 through 6 above constitute violations of state drug laws as described in paragraphs 7 through 19 above for which the Board has cause to discipline Licensee's license.

21. Cause exists for the Board to take disciplinary action against Licensee's license under § 332.321.2(6) and (15) RSMo, which states in pertinent part:

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any permit or license required by this chapter or any person who has failed to renew or has surrendered his or her permit or license for any one or any combination of the following causes:

...

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or any lawful rule or regulation adopted pursuant to this chapter;

...

(15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government[.]

Joint Agreed Disciplinary Order



Joint Agreed Disciplinary Order

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of § 621.045.3, RSMo 2000: The terms of discipline shall include that the dental license, license number 010663, shall be **CENSURED**.

1. The parties to the Board Settlement Agreement understand that the Missouri Dental Board will maintain the Board Settlement Agreement as an open record of the Board as provided in Chapters 332, 610, 324, RSMo.
2. The terms of the Board Settlement Agreement are contractual, legally enforceable, and binding, not merely recital. Except as otherwise provided herein, neither the Board Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.
3. Licensee, together with his heirs and assigns, and his attorneys, do hereby waive, release, acquit and forever discharge the Board, its respective members and any of its employees, agents, or attorneys, including any former Board members, employees, agents, and attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to § 536.087, RSMo, or any claim arising under 42 U.S.C. § 1983, which may be based upon, arise out of, or relate to any of the matters raised in this case, its settlement, or from the negotiation or execution of the Board Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of the Board Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems the Board Settlement Agreement or any portion thereof to be void or unenforceable.
4. If no contested case has been filed against Licensee, Licensee has the right, either at the time the Board Settlement Agreement is signed by all parties or within fifteen days thereafter, to submit the Board Settlement Agreement to the Administrative Hearing Commission for determination that the facts agreed to by the parties to the Board Settlement Agreement constitute grounds for denying or disciplining the license of the licensee. If Licensee desires the Administrative Hearing Commission to review the Board Settlement Agreement, Licensee may submit this request to: **Administrative Hearing Commission, Truman State Office Building, Room 640, 301 W. High Street, P.O. Box 1557, Jefferson City, Missouri 65101.**



5. If Licensee has requested review, Licensee and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Licensee's license and issue findings of act and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Licensee's license. Effective the date the Administrative Hearing Commission determines that the Board Settlement Agreement sets forth cause for disciplining Licensee's license, the agreed upon discipline set forth herein shall go into effect.

LICENSEE

William B. McCready, D.D.S.
William B. McCready, D.D.S.

Date Dec 2, 2010

BOARD

Brian Barnett

Brian Barnett,
Executive Director
Missouri Dental Board

Date 12/6/10

