

STATE OF INDIANA, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
WILLIAM DONALD VINCE, D.D.S., )  
License number 12005349, )  
 )  
Respondent. )

**FILED**

DEC 21 1990

HEALTH PROFESSIONS  
BUREAU

FINDINGS OF FACT AND ORDER

A settlement conference was held on November 2, 1990 at the Health Professions Bureau, One American Square, Suite 1020, Indianapolis, Indiana, 46282, concerning the dental license of William Donald Vince, D.D.S. ("Respondent").

The State of Indiana was represented by Charles M. Kidd, Deputy Attorney General. Respondent appeared in person and by counsel, William E. Davis, Esq. The Indiana State Board of Dental Examiners ("Board") was represented by John Backmeyer, D.D.S. The settlement conference resulted in a proposed settlement being presented to the Board.

The Board having considered said proposed settlement and taking official notice of its file in this matter, and by a vote of 9 to 1 with no abstentions, now issues the following Findings of Fact and Order:

FINDINGS OF FACT

1. Respondent is a licensed dentist holding Indiana dental license number 12005349.
2. Respondent resides at 3911 Euclid Avenue, East Chicago, Indiana, 46312.
3. Respondent timely and properly received the State's Complaint and Notice of Hearing in accordance with IC 4-21.5-3-8 and IC 4-21.5-3-20.
4. Respondent owns and operates a dental practice at 3911 Euclid Avenue, East Chicago, Indiana.
5. A record of Respondent's suspicious drug purchases was provided to the Federal Drug Enforcement Agency (DEA) by Interstate Drug Exchange, Amityville, New York, a drug wholesaler.

6. On or about March 7, 1990, DEA agents Andrew Jury and Phil Tursic, executed an administrative inspection warrant on Respondent's dental practice.

7. Respondent informed the DEA agents that he had no record of either receipt or disposition of the medications in question.

8. Respondent admitted to the DEA agents that he had provided diet medications, cough syrups and other drugs to his girlfriend and other friends either free or at no cost.

9. Respondent also admitted that the people to whom he provided the medications had no dental need for them.

10. Respondent used his license to practice dentistry in the State of Indiana for purposes beyond the scope of the practice of dentistry.

11. The Board has jurisdiction to hear this cause.

12. Pursuant to 4-21.5-3-27, the Board finds that Respondent's conduct constitutes professional incompetence in violation of IC 25-1-9-4(a)(4)(A) and 828 IAC 1-1-15(b)(5); failure to keep abreast of current professional theory and practice in violation of IC 25-1-9-4(a)(4)(B); practicing beyond the scope of his license in violation of IC 25-1-9-4(a)(6) and 828 IAC 1-1-15(b)(9); and knowingly prescribing, selling, or administering a drug classified as a narcotic, addicting, or dangerous to a habitue or addict in violation of IC 25-1-9-4(a)(9) as charged in the State's Complaint.

13. The violations referred to above warrant the imposition of disciplinary sanctions.

#### ORDER

Based on the foregoing Findings of Fact, the Board issues the following Order:

1. Respondent's license to practice dentistry in the State of Indiana is hereby **SUSPENDED INDEFINITELY** and Respondent shall not have the right to apply for reinstatement of his license for a period of twenty (20) months. Respondent is hereby given credit for the approximately eight (8) months during which he has already been suspended so that he may not apply for reinstatement prior to the Board's regularly scheduled meeting in November, 1991.

2. Should Respondent apply for, and be granted reinstatement, his license shall be reinstated on **PROBATION** and Respondent shall not have the right to apply for termination of said probation for a period of three (3) years from the date of reinstatement.

3. Prior to Respondent's petition for reinstatement of his suspended license, Respondent has voluntarily agreed to provide to the Board complete evaluations from a board certified internist and a board certified addictionologist. Said evaluations shall be considered by the Board as evidence of Respondent's ability to practice dentistry with reasonable skill and safety to the public.

4. Prior to reinstatement of Respondent's suspended license, Respondent shall present to the Board either the name or a personal appearance of a dentist licensed to practice in Indiana who will engage in an indirect supervision of Respondent's probationary practices for approval by the Board.

5. During the period of time Respondent practices on a probationary basis, Respondent's practice of dentistry shall be governed under the following terms and conditions:

- a. Respondent shall permanently surrender his Drug Enforcement Administration Permit and Indiana Controlled Substance Registration;
- b. All prescriptions written or authorized for Respondent's patients shall be done by Respondent's indirect supervising dentist;
- c. Respondent shall ensure his supervising dentist reviews Respondent's judgment with respect to his prescribing practices;

- d. Respondent shall cause reports to be generated to the Board every three (3) months of the probationary term from his supervising dentist regarding Respondent's professional performance and/or problems associated with Respondent's professional performance;
- e. Respondent shall personally generate reports to the Board every three (3) months of his probationary term identifying the progress of his practice, continuing education obtained and related efforts at improving his dental practice;
- f. Respondent shall appear before the Board on an annual basis during the probationary term with reasonable notice of the time and place of his appearance to be provided by the Health Professions Bureau.

All of which is ORDERED, ADJUDGED and DECREED, this 21st day of December, 1990, nunc pro tunc to the 2nd day of November, 1990.

INDIANA STATE BOARD OF DENTAL  
EXAMINERS

By:

Sarah B. McCarty  
Sarah B. McCarty  
Executive Director  
Health Professions Bureau

cc: William Donald Vince, D.D.S.  
3911 Euclid Avenue  
East Chicago, Indiana, 46312  
SENT CERTIFIED MAIL NO.: \_\_\_\_\_  
RETURN RECEIPT REQUESTED

P 394 920 225

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