

# KANSAS

KANSAS DENTAL BOARD

900 SW JACKSON, ROOM 564-S  
TOPEKA, KANSAS 66612  
TELEPHONE (785) 296-6400  
FAX (785) 296-3116  
WEBSITE: www.accesskansas.org/kdb

KATHLEEN SEBELIUS, GOVERNOR

January 30, 2009

Angela Pickle  
1503 Spring Circle  
Haysville, KS 67060

**SUMMARY ORDER of DENIAL**

**CASE# 08-134**

FILED  
JAN 30 2009  
KANSAS DENTAL BOARD

Dear Ms. Pickle:

The Investigative Member of the Kansas Dental Board has reviewed your application materials. On behalf of the Board your application to practice dentistry in Kansas is denied. This denial is based upon the following:

### FINDINGS OF FACT

1. Applicant has submitted an application for a license by examination. It was received by the Board 5/2/2008.
2. As part of the application the Applicant was requested in question 3(c) if she had "been found guilty or pled no contest to any felony or class A misdemeanor?" The applicant checked the answer "no." A KBI background check revealed a conviction for 1 count of misdemeanor battery in December 1997. On October 23, 2008 a letter was sent to the applicant requesting records regarding this matter. To date no records have been received.
3. K.S.A. 77-511(a)(2)(a) of the Kansas Administrative Procedure Act authorizes the use of summary proceedings by a state agency when denying an application.
4. K. S. A. 65-1436(a) (1) provides that it is a ground for denial of a license if the applicant has committed fraud, deceit or misrepresentation in obtaining any license, money or other thing of value.
5. K. S. A. 65-1436(a)(9) provides that it is a ground for denial of a license if the applicant has been convicted of a misdemeanor involving moral turpitude in any jurisdiction and fails to show they have been sufficiently rehabilitated to warrant public trust.
6. K. S. A. 65-1436(a)(19) provides that it is a ground for denial of a license if the applicant has failed to furnish the board, or its investigators or representatives any information legally requested by the board.
7. Your conduct described herein violated the Kansas Dental Practices Act.
8. If the information provided is incorrect, or if you wish to present your case to the board, please let us know immediately by following the procedure for requesting a hearing. A copy of your application will be sent to you upon request
9. Pursuant to K.S.A. 77-537, this decision, which is called a Summary Order, is subject to your request for a hearing. If you desire a hearing, you must submit or direct a written request for hearing to:
10. You may request a hearing pursuant to the Kansas Administrative Procedures Act. Pursuant to K.S.A. 77-537, this decision, a Summary Order is subject to a request for a hearing *et seq.*, by filing a written request with Betty Wright, Executive Director, Kansas Dental Board at 900 S.W. Jackson Street, Room 564-S, Topeka, Kansas 66612, within fifteen (15) days of the date of service of this order. If a hearing is not requested as described above, the order denying your application for a dental license shall become a final order of the Board, effective upon the expiration of the time to request a hearing. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a Final Agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Betty Wright. Executive Director  
Kansas Dental Board  
900 S.W. Jackson Street, Room 564-S  
Topeka, Kansas 66612

**IT IS SO ORDERED.**

January 30, 2009  
DATE

Brad a Higgen  
BRAD HIGGERSON, DMD  
Investigation Member  
Kansas Dental Board

**CERTIFICATE OF SERVICE**

I hereby certify that I did, on the 3rd day of February, 2009, deposit in the United States mail, first class postage prepaid, a copy of this **AGENCY SUMMARY ORDER OF DENIAL** properly addressed to the following:

Randall J. Forbes, Esq.  
555 South Kansas Avenue, Suite 303  
Topeka, Kansas 66603

and mailed one (1) copy first class mail, and (1) copy certified return receipt requested to:

Angela Pickle  
1503 Spring Circle  
Haysville, KS 67060

Betty Wright  
Betty Wright  
Executive Director  
Kansas Dental Board