

BEFORE THE IOWA BOARD
OF PHYSICIAN ASSISTANT EXAMINERS

In the matter of:)	
)	
CHERI L. BUSH)	
500 Adventureland Drive)	COMBINED STATEMENT
Altoona, IA 50009)	OF CHARGES, SETTLEMENT
)	AGREEMENT, CONSENT
License No.)	ORDER and FINAL ORDER
600-001358,)	
)	
Respondent.)	

COMES NOW the Iowa Board of Physician Assistant Examiners (Board) and the Respondent, Cheri L. Bush (Respondent), and files this Combined Statement of Charges, Settlement Agreement, Consent Order and Final Order, pursuant to Iowa Code §§ 17A.10(2), 147.55(3), 272C.10(5) and 272C.3(4) (2003), stating as follows:

STATEMENT OF CHARGES

1. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 17A, 148C, and 272C (2001 and 2003).
2. On June 22, 2001, the Respondent was issued License No. 600-001358 by the Board to engage in the practice of a physician assistant, subject to the laws of the State of Iowa and the rules of the Board.
3. License No. 600-001358 is current and will next expire in September 2003.
4. Respondent's current address as reported to the Board is 500 Adventureland Drive, Altoona, Iowa, 50009.

5. For purposes of this Statement of Charges, Settlement Agreement, Consent Order and Final Order, the Respondent consents to the jurisdiction of the Board.

COUNT I

Respondent is charged with violating Iowa Code § 147.55(3) (2001 and 2003), Iowa Code § 272C.10 (5) (2001 and 2003), 645 IAC 325.11(3)(c), and 645 IAC 325.11(3)(v) by engaging in conduct harmful and detrimental to the public and engaging in felonious conduct in violation of the laws of the United States which relates to the practice of physician assistant.

THE CIRCUMSTANCES

6. Documents received from the United States District Court for the Southern District of Iowa indicate that the Respondent obtained eleven credit cards using the name and social security number of another person.

7. On January 24, 2002, the Respondent pled guilty to “Use and Attempt to Use, with the Intent to Defraud, an Unauthorized Access Device (Credit Card).” The Respondent was sentenced to three years probation, a court-ordered mental health evaluation, and to pay \$22,520 in restitution.

8. Respondent pled guilty to a felony in violation of laws of the United States.

9. Respondent’s conduct is related to the practice of a physician assistant because Respondent engaged in practices harmful and detrimental to the public, engaged

in conduct contrary to generally accepted ethical standards, and conduct which served to erode public confidence in licensed health care professionals.

SETTLEMENT AGREEMENT, CONSENT ORDER AND FINAL ORDER

A. The Respondent hereby makes known a desire to resolve this matter informally and expressly waives the right to legal notice and a disciplinary hearing. In addition, the Respondent does not contest the allegations presented in this document.

B. The Respondent concedes to the jurisdiction of the Board for all issues relevant hereto, and voluntarily consents to State's counsel presenting this agreement to the Board with the terms provided. Respondent also agrees that State's counsel may have ex parte communications with the Board while presenting this document to the Board.

C. Board approval of the Statement of Charges, Settlement Agreement, Consent Order and Final Order shall constitute resolution of a contested case proceeding and be entered as a FINAL ORDER in this matter. If the Board fails to accept this Statement of Charges, Settlement Agreement, Consent Order and Final Order, it shall be of no force or effect on either party and shall not be admissible in any further proceedings in this case.

D. Any failure by the Respondent to comply with the terms and conditions imposed herein shall subject the Respondent to further licensee disciplinary action which could be initiated by the Board upon the filing of a Statement of Charges with a hearing on the merits.

E. This Statement of Charges, Settlement Agreement, Consent Order and Final Order shall not be binding as to any new complaints received by the Board.

F. This Combined Statement of Charges, Settlement Agreement, Consent Order and Final Order is a public record and will become part of the Respondent's permanent file maintained by the Board. In accordance with the requirements of Iowa Code chapter 22, this document will be available for inspection and reproduction.

IT IS THEREFORE ORDERED:

G. Respondent's license to practice as a physician assistant in the State of Iowa, License No. 600-001358 shall be placed on probation, subject to the terms and conditions specified in this document, until January 2005, or until the Respondent is released from the terms of probation imposed by the United States District Court for the Southern District of Iowa. If the Respondent is released from the probation imposed by the United States District Court prior to January 2005, the Respondent shall immediately notify the Board and provide verification of early release.

H. Respondent shall return her license renewal card to the Board office in order that the renewal card may be marked appropriately to indicate conditional licensure.

I. Respondent will complete thirty (30) contact hours of continuing education applicable to professional ethics. Board staff approval must be obtained prior to enrolling in any course taken to satisfy this requirement, and the contact hours may not be used for subsequent licensure renewal purposes. *"The time period for completion is Sept. 2003 until Sept. 2005. CB 8/4/03"*

J. During the period of probation the Respondent shall file quarterly reports to the Board detailing her compliance with the terms and conditions of this Order and her court-ordered probation.

K. Respondent shall refrain from any conduct which would be violative of the statutes and rules governing the practice of a physician assistant practicing in the State of Iowa.

L. Respondent will submit to a medical and/or mental health examination, when determined appropriate by the Board, based on any information obtained to verify compliance with the requirements of this consent agreement. The examination is to be accomplished within thirty (30) days and shall be accomplished at the Respondent's expense and in accordance with a Board Order requiring evaluation/examination.

LICENSEE DECLARATION

I understand that this Combined Statement of Charges, Settlement Agreement, Consent Order and Final Order is subject to approval by the Board and will have no force or effect on either party if not accepted.

I agree to comply with the requirements set forth in this document and understand that my failure to do so will subject me to further Board discipline.

ORDER

The Board hereby accepts Respondent's agreement to comply with the stipulations contained in this document as resolution of the contested matter and incorporates those provisions as conditions of this Order. The Iowa Board of Physician Assistant Examiners hereby **ORDERS** Cheri L. Bush to fulfill the requirements indicated.

This Combined Statement of Charges, Settlement Agreement, Consent Order and Final Order are approved by the board on October 15, 2003.