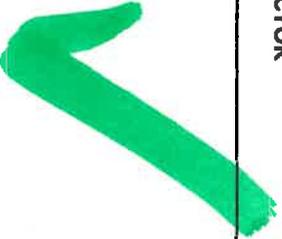


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singletta</i>	DATE <i>3-3-09</i>
------------------------	---------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101480</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



South Carolina Department of Labor, Licensing and Regulation



Mark Sanford
Governor

South Carolina Board of Dentistry

Adrienne Riggins Youmans
Director

110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1329
Phone: (803) 896-4599
FAX: (803) 896-4596
www.llr.state.sc.us

TO: INTERESTED PARTIES

FROM: SOUTH CAROLINA STATE BOARD OF DENTISTRY

RE: SEAN EMERSON BARNWELL, DDS

DATE: February 27, 2009

Enclosed please find a copy of the public order of the South Carolina State Board Of Dentistry in the above referenced matter.

VR/cjc

RECEIVED

Enclosures

MAR 03 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF DENTISTRY**

In the Matter of:

SEAN E. BARNWELL, D.D.S.
License No. 3147

OGC 06-0001
OIE 2005-5

CONSENT AGREEMENT

Respondent.

By agreement of the State Board of Dentistry of South Carolina, hereinafter referred to as the Board, and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (Supp. 2007) of the South Carolina Administrative Procedures Act:

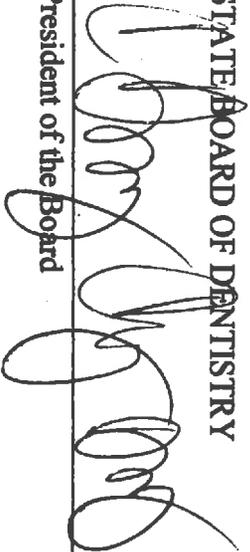
FINDINGS OF FACT

1. Respondent admits that he is licensed to practice as a dentist in the State of South Carolina and was so licensed at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent does not contest the allegations set forth in the Formal Accusation that he placed excessive numbers of crowns on minor patients during a single patient visit and therefore deviated from the standard of care. Respondent does not contest the allegations set forth in the Formal Accusation that he deviated from the standard of care with regard to his use of behavioral management techniques. Respondent further does not contest the allegations set forth in the Formal Accusation that as a result of these actions, Respondent has violated S.C. Code of Laws §§ 40-15-190(A)(14) (Supp. 2006).
3. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

4. Respondent admits that the conduct alleged and not contested in this matter constitutes sufficient grounds for disciplinary or corrective action under § 40-15-190, *supra*. Respondent hereby waives any further conclusions of law with respect to this matter.
5. Respondent has full knowledge that he has the right to a hearing and to be represented by counsel in this matter, and freely, knowingly and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement he voluntarily relinquishes any right to judicial review of Board action(s) which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the

STATE BOARD OF DENTISTRY



President of the Board

Columbia, South Carolina
AN , 2009

WE CONSENT:

Se E. Barnwell, III
SEANE E. BARNWELL, D.D.S.
Respondent

Shirley J. [Signature]
WITNESS OR ATTORNEY

PATRICK D. HANKS
Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date served
this *Consent Agreement* in the above entitled action upon all
parties to this cause by depositing a copy hereof, in the United
States mail, postage paid, or in the Interagency Mail Service
addressed to the party (ies) or their attorney (s), to the following
address: *182 Seawater Drive Rt. 1, Henderson, NC 28523*

This *30th* day of *December*, 2009

By: *Carlynn J. Coats* Administrative Assistant
Printed name, title & signature

Carlynn J. Coats



South Carolina Department of Labor, Licensing and Regulation

Mark Sanford
Governor

South Carolina Board of Dentistry

Adrienne Riggins Youmans
Director

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Post Office Box 11329
Columbia, SC 29211-1329
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RE: SEAN EMERSON BARNWELL, DDS

DATE: February 27, 2009

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VR/cjc

Enclosures

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF DENTISTRY**

In the Matter of:

SEAN E. BARNWELL, D.D.S.
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3. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

4. Respondent admits that the conduct alleged and not contested in this matter constitutes sufficient grounds for disciplinary or corrective action under § 40-15-190, *supra*. Respondent hereby waives any further conclusions of law with respect to this matter.
5. Respondent has full knowledge that he has the right to a hearing and to be represented by counsel in this matter, and freely, knowingly and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement he voluntarily relinquishes any right to judicial review of Board action(s) which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the

WE CONSENT:


SEAN E. BARNWELL, D.D.S.
Respondent


WITNESS OR ATTORNEY

PATRICK D. HANKS
Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date served
this Consent Agreement in the above entitled action upon all
parties to this cause by depositing a copy hereof in the United
States mail, postage paid, or in the Interagency Mail Service
addressed to the party (ies) or their attorney (s), to the following
address: 100 Hampton Lane, P.O. Box 1114, SC 29513

The 30th day of December, 2009
By: Carlynn J. South Administrative Assistant
Printed name, title & signature

