


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

**ACTION REFERRAL**

TO <i>Singletta</i>	DATE  <i>3-3-09</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>100480</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 (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	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](http://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

Enclosures

**RECEIVED**

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


Board. Respondent understands and agrees that a representative of the General Counsel's Office may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

THEFORE, IT IS UNDERSTOOD AND AGREED THAT:

1. Respondent shall limit the number of crowns delivered per date of service to six (6).
2. Respondent will not use the papoose board for a period of twelve (12) months from the effective date of this Agreement. Respondent shall redraft his informed consent to use the papoose board. Informed consent must describe the papoose board and offer parents not familiar with the board the right to view it. The Respondent shall inform his patients' parent or sponsor of their right to be present and to terminate treatment at any point. Respondent's modified informed consent shall be presented to the Board at the time this matter is submitted to the Board.
3. Respondent understands that failure to comply with the letter, intent or spirit of this Consent Agreement shall result in the immediate temporary suspension of his license to practice dentistry in the State of South Carolina pending a hearing into the matter and until further Order of the Board. In addition, the failure to comply with the letter, intent or spirit of this Consent Agreement may result in the immediate lifting of any stay that may be in effect, in accordance with South Carolina Code Ann. § 1-23-370(c) (1976, as amended).
4. Respondent agrees to comply with all state and federal statutes and regulations governing the practice of dentistry.
5. Respondent understands his right to legal representation and enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
6. Pursuant to the South Carolina Freedom of Information Act, S.C. Code Ann. §§30-4-10 *et seq.*, as amended, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with 42 U.S.C. §§11101 *et seq.*
7. This Consent Agreement shall take effect immediately upon receipt by Respondent or his counsel.

AND IT IS SO AGREED.

**STATE BOARD OF DENTISTRY**



**President of the Board**

President of the Board

Columbia, South Carolina  
AN xx, 2009

WE CONSENT:

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

*Shirley J. Hanks*  
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 Document* in the above entitled action upon all  
parties to this cause by depositing a copy hereof, in the United  
States mail, postage paid, at the Interagency Mail Service  
addressed to the party (ies) or their attorney (s), to the following  
address: *100 Sumner Ave. Rt. 1, Anderson, SC 29623*

This *30<sup>th</sup>* day of *January*, 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 Riggs Youmans**  
Director

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**TO: INTERESTED PARTIES**

**FROM: SOUTH CAROLINA STATE BOARD OF DENTISTRY**

**RE: SEAN EMERSON BARNWELL, DDS**

**DATE: February 27, 2009**

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VR/cjc

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BEFORE THE STATE BOARD OF DENTISTRY**

In the Matter of:

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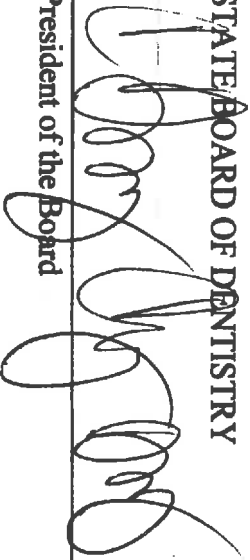
**CONCLUSIONS OF LAW**


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STATE BOARD OF DENTISTRY

  
\_\_\_\_\_  
President of the Board

  
\_\_\_\_\_  
Columbia, South Carolina  
AN 7-2, 2009

WE CONSENT:

*Sean E. Barnwell, D.D.S.*  
SEAN E. BARNWELL, D.D.S.  
Respondent

*Shirley J. Hanks*  
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 South Main St., Columbia, SC 29203*

The *30<sup>th</sup>* day of *December*, 2009  
By: *Deborah J. Smith, Administrative Assistant*  
Printed name, title & signature

*Deborah J. Smith*