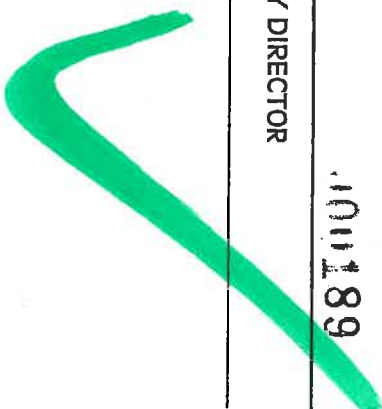


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singh</i>	DATE <i>10-23-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>100189</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

Board of Dentistry

Mark Sanford
Governor
Adrienne Riggins Youmans
Director

LLR
110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1329
Phone: (803) 896-4599
FAX: (803) 896-4719
www.llr.state.sc.us

TO: INTERESTED PARTIES

FROM: SOUTH CAROLINA STATE BOARD OF DENTISTRY

RE: GORDAN ALEXANDER GRAY, DMD

DATE: October 21, 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

OCT 23 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:

GORDAN ALEXANDER GRAY
License No. DGD.3213

CONSENT AGREEMENT

OIE #2008-129

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. Said license is currently suspended. This Board has jurisdiction over this matter.
2. Respondent admits that Respondent labors from conditions, which if not appropriately treated, may impair his ability to practice dentistry with a reasonable degree of skill and safety.
3. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. §§ 40-15-190(A)(2),(3) and(9)(Supp. 2007) and S.C. Code Ann. Regs. 39-11(1-C), as alleged.
4. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

1. Respondent admits that the conduct 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.

2. 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.

THEREFORE, IT IS UNDERSTOOD AND AGREED THAT:

1. Respondent's license is hereby reinstated. Thereafter, Respondent shall be suspended for a period of five (5) years; however, such suspension shall be immediately stayed, and the Respondent's license to practice dentistry shall continue uninterrupted in a probationary status, for the five (5) year period, provided Respondent faithfully complies with the following terms and conditions, which shall continue in effect until further Order of the Board.
 - a. Respondent shall completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. All use of such substances is to be reported by Respondent to the Board or its designee within 48 hours of initiation. All such medical treatment and prescribing shall be reported directly to the Board in writing by the treating practitioner within ten (10) days after the date of treatment. Respondent must inform the treating practitioner of this responsibility, provide a copy of this Agreement to the treating practitioner, and ensure timely compliance. Failure to comply with any of the requirements of this paragraph shall be considered a violation of this Agreement.
 - b. Respondent shall be subject to periodic, unannounced blood and urine alcohol and/or drug analysis as desired by the Board or its designee, the purpose being to ensure that the Respondent remains drug and/or alcohol-free. The costs of such blood and urine alcohol and/or drug analyses and reports will be borne by Respondent, which costs shall be paid within thirty (30) days after the date of the invoice therefore. Failure to make timely payment of such costs, to provide a specimen upon request, or to remain alcohol and/or drug-free shall be considered a violation of this Agreement.
 - c. Respondent must have a written contract with and be an active participant in the activities of the Recovering Professionals Program (the Program), as approved in advance in writing by the Board, until a period of not less than five (5) years of

documented sobriety and compliance with this Agreement has been satisfactorily established by Respondent, and until this Agreement has been terminated as provided herein. Such contract shall include provisions for any assessment, treatment, monitoring and aftercare activities, and other activities as the Program shall deem appropriate, including, but not limited to:

- (1) Assessment and treatment requirements of the Program;
- (2) Monitoring and aftercare activities of the Program;
- (3) Participation in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA);
- (4) Participation in professional support groups or organizations or equivalents, as approved by the Program;
- (5) Such additional therapeutic activities as deemed appropriate and necessary by the Program.

The Program shall submit regular written reports documenting Respondent's full compliance with the terms of the contract with the Program and this Agreement.

- d. Within thirty (30) days of the date of this Agreement, Respondent must provide to the Board a letter signed by an appropriate representative of the Program verifying that Respondent has signed a written contract with and become an active participant in the activities of the Program, as required above. Compliance with this paragraph shall not be deemed satisfied until said written verification is received by the Board. Failure to comply with this requirement within the prescribed time shall automatically result in the immediate temporary suspension of Respondent's license to practice until such time as full compliance has been made by Respondent.

- e. Respondent shall pay a fine of One-Thousand (\$1000.00) Dollars. The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payment must be in the form of a cashier's check, money order, or other good funds. Failure to pay the said fine shall is a violation of this Consent Agreement.

2. 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, if substantiated after a due process proceeding, can, in the discretion of the Board, result in the lifting of any stay that may be in effect, in accordance with South Carolina Code Ann. § 1-23-370 (c) (1976, as amended) and the permanent revocation of Respondent's license.

3. Respondent shall promptly advise this Board in writing of any changes in address, activities, hospital privileges, professional status or compliance with this Consent

Agreement. Correspondence and copies of reports and notices shall be directed to:

LLR-Board of Dentistry
P. O. Box 11329
Columbia, SC 29211-1329

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, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
7. This Consent Agreement shall take effect immediately upon receipt by Respondent or his counsel.
8. If Respondent fails to abide by any of the aforementioned terms and conditions, or if it should be indicated from reliable reports submitted to the Board that Respondent is otherwise unable to practice dentistry with reasonable skill and safety to patients, then Respondent's license may be immediately temporarily suspended until further Order of the Board following hearing into the matter.
9. Each provision of this Agreement shall be subject to review by the Board. Respondent shall cooperate with the Board, its attorneys, investigators and other representatives in the investigation of Respondent's activities and in compliance with the provisions of this Agreement. Respondent may be required to furnish the Board with additional information as may be deemed necessary by the Board or its representatives. In addition to such requests, the Board in its discretion may require Respondent to submit further documentation regarding Respondent's activities, and it is Respondent's responsibility to comply fully with all such requests in a timely fashion. Failure to comply satisfactorily with such requests will be deemed a violation of this Agreement.

AND IT IS SO ORDERED.

STATE BOARD OF DENTISTRY

Columbia, South Carolina

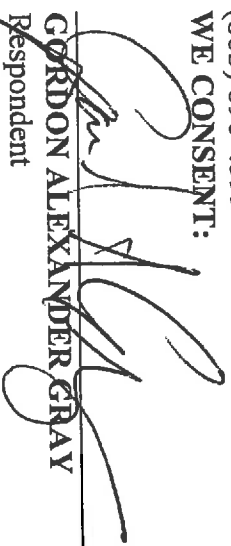
at 16, 2009.

P.O. Box 11329

Columbia, SC 29211

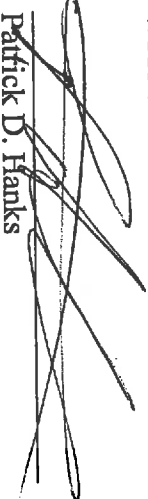
(803) 896-4599

WE CONSENT:


GORDON ALEXANDER GRAY
Respondent



Bernie Powers

WITNESS



Patrick D. Hanks

ATTORNEY for the South Carolina
Department of Labor, Licensing &
Regulation


President of the Board

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date served
this Certificate of Service 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:

By: Ms. Bernice J. Powers, Attorney 2009 April 13
at 16 day of April, 2009
Printed name, title & signature