

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF THE	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	ORDER GRANTING MODIFICATIONS
	:	
JEFFREY SLAVIK, D.D.S.,	:	ORDER0000517
RESPONDENT.	:	

TO: JEFFREY SLAVIK DDS
1118 MICHIGAN ST
STURGEON BAY WI 54235

On November 3, 2010, the Dentistry Examining Board ("Board") issued a Final Decision and Order ("Order") suspending Respondent's license to practice dentistry in the state of Wisconsin (#5001883-15) for an indefinite period. Respondent has been granted a stay of suspension and his license is currently limited with certain terms and conditions.

On September 4, 2013, the Board considered Respondent's request for termination of the drug and alcohol treatment requirement and review of the professional mentor requirement, which was modified on August 14, 2012. Based upon the information of record, the Board finds and makes the following:

ORDER

1. Respondent's request for termination of the drug and alcohol treatment requirement is hereby GRANTED.
2. Respondent shall continue to submit quarterly AA/NA attendance logs, verified by the meeting's speaker or chair, and shall attend no less than two meetings per week.
3. Respondent's professional mentor requirement is hereby modified as follows:
 - a. Respondent is no longer required to meet with the general dentistry mentor.
 - b. Respondent shall continue to meet with the Board-approved oral surgery mentor once every other month. The meetings shall include a review component, during which the mentor reviews patient charts for all extractions Respondent performed within the previous two months, and an observation component, during which Respondent shall observe the mentor performing an oral surgery procedure.
4. Respondent shall not petition the Board for modifications of the Order for one year from the date of this order. No such modification will be considered without a written

request from Respondent specifically identifying the modification sought and a written recommendation from the oral surgery mentor expressly supporting Respondent's request.

5. All other terms and conditions of the November 3, 2010 Order not otherwise modified remain in full force and effect.

6. This order is effective the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

By: *AP. [Signature]* *23 Sep 13*
A Member of the Board *Executive Dir.* Date
DEB