BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

In the Matter of: )
Gettys Cohen, Jr., DDS ) AGREEMENT TO CEASE PRACTICE
License No. 4046 ) AND NOT TO RENEW LICENSE

WHEREAS, Gettys Cohen, Jr., DDS ("Dr. Cohen") is licensed as a dentist under license number 4046 issued by the North Carolina Board of Dental Examiners ("Board") on July 21, 1975;

WHEREAS, Dr. Cohen has agreed to voluntarily cease practicing dentistry effective upon signing this Agreement, Dr. Cohen intends to retire, and does not have any intention to resume the practice of dentistry in North Carolina;

WHEREAS, Dr. Cohen has operated a dental practice at 17 Nobel Street, Smithfield, North Carolina 27577;

WHEREAS, Dr. Cohen is the subject of a complaint and investigation by the Board that have not resulted in any formal disciplinary charges against Dr. Cohen to date;

WHEREAS, the North Carolina Department of Health and Human Services, Surveillance for Healthcare Associated and Resistant Pathogens Patient Safety (SHARPPS) program issued a report with recommendations on February 27, 2020 from a site visit conducted of Dr. Cohen's office (Report) identifying numerous issues with sterilization and infection control and also noting that it was unlikely that Dr. Cohen's office could become compliant with the applicable requirements and recommendations; and

WHEREAS, because Dr. Cohen voluntarily agrees not to practice, does not intend to renew his license, and does not intend to seek a dental license in the future, the parties desire to resolve the complaint and the issues identified in the Report without formal disciplinary charges and without any admission of responsibility, and with finality that Dr. Cohen would never seek further privileges from the Board.

IT IS THEREFORE UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES AS FOLLOWS:

1. Dr. Cohen shall neither engage in the practice of dentistry nor apply for or seek renewal or reinstatement of his license as a dentist in the State of North Carolina. Dr. Cohen further shall not seek any other licensing or any other privilege from the Board in the future.

2. Dr. Cohen understands and agrees engaging in the practice of dentistry after signing this agreement would violate this agreement and would be considered a violation of N.C.G.S. 90-41(b), which could result in permanent revocation of his dental license.
3. In consideration of Dr. Cohen’s representations in this Agreement and so long as Dr. Cohen complies with the terms of the Agreement, the Board staff shall not initiate or seek any disciplinary proceedings against Dr. Cohen before the Board.

4. Dr. Cohen acknowledges that he voluntarily waives his rights pursuant to the North Carolina Dental Practice Act and North Carolina Administrative Procedure Act including, but not limited to, a statement of charges and a notice of hearing before the Board, the right to counsel, the right to a hearing, the right to cross-examine witnesses who may testify against him, the right to introduce evidence on his own behalf and the right to judicial review, appeal or challenge in any way of this Agreement. Dr. Cohen further voluntarily waives any rights to petition for reconsideration, waiver, termination or any other modification of this Agreement, and the Board shall not schedule any such request – as well as any request for any privilege prohibited by this Agreement – for hearing or other consideration by the Board.

5. Dr. Cohen acknowledges and agrees that he has read this Agreement and that he fully understands the terms, conditions and contents of the same. Dr. Cohen acknowledges and agrees that he voluntarily and of his own free will accepts the terms and conditions set out in this Agreement and is signing this Agreement on the advice of his attorney or after knowingly and voluntarily choosing not to consult with counsel. This agreement is made voluntarily and without pressure, coercion or the threat of force being made against him.

6. Dr. Cohen acknowledges and agrees that this Agreement is a public record under Chapter 132 of the North Carolina General Statutes.

7. Dr. Cohen acknowledges and agrees that this Agreement will be reported to the National Practitioner Databank, as required.

This the ___ day of ___ , 2020.

Dr. Gettys Cohen, Jr.

NORTH CAROLINA BOARD OF DENTAL EXAMINERS

By: __________________________
    President

Date: MARCH 3, 2020