

**Waiver of Limited Ex Parte Communication**

If the Investigative Panel (IP) intends to recommend that the submitted Management Arrangement between \_\_\_\_\_ and \_\_\_\_\_ or any revised version of it submitted to the IP (hereafter, "submitted Management Arrangement") is compliant with the Dental Practice Act (DPA) and Management Arrangement Rule (MAR), I agree and consent to review of the submitted Management Arrangement by a Hearing Panel of the Board without the need for an Investigative Review Conference (IRC). Accordingly, I agree that the Board staff, the Investigative Panel (IP) and its counsel, may submit documentation to the Hearing Panel members relating to this matter and may discuss such documentation with Hearing Panel members, if necessary. The documents provided to the Hearing Panel members will not contain the name of the management company or the dentist/P.A.

I agree that neither I nor anyone on my behalf will assert that that these limited ex parte communications disqualify any Board members (other than the Case Officer for the IP) from considering this matter at an IRC or disqualify any Board Hearing Panel members from considering any subsequent possible disciplinary action against any involved dentist, including but not limited to pursuant to N.C. Gen. Stat. §150B-40(b). I also agree that I am not entitled to obtain or discover the above-referenced limited communications or the substance of these communications between the Hearing Panel members and the Board staff, the IP and its counsel.

I understand that the disposition of this matter is subject to review and approval and is not effective until approved by the Board's Hearing Panel. If the Hearing Panel does not approve the IP's recommendation of compliance, the matter will be scheduled for an IRC, at which time I will have the opportunity to attend and present my position to the Hearing Panel members directly or through counsel.

I have consulted with, or had the opportunity to consult with, an attorney before signing and agreeing to this waiver of limited ex parte communication.

\_\_\_\_\_  
Dentist or Management Company  
Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counsel for \_\_\_\_\_

\_\_\_\_\_  
Date