

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Jeremy McClaren 540 S Hayes Avenue Primghar, Iowa 51245 Certification: P-08-500-21	Case Number: 08-04-31 NOTICE OF PROPOSED ACTION REVOCAION/DENIAL
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Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is proposing to **REVOKE** your EMS certification identified above and **DENY** your certification at the Paramedic Specialist level.

The department may revoke or deny an EMS certification when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

Fraud in procuring certification or renewal including, but not limited to:

(3) Attempting to file or filing with the Iowa department of public health or training program any false or forged diploma or certificate or affidavit or identification or qualification in making an application for certification in this state.

IAC 641—131.7(2)d

Knowingly making misleading, deceptive, untrue or fraudulent representation in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established. Acts which may constitute unethical conduct include, but are not limited to:

(5) Falsification of medical records.

Iowa Code Section 147A.7(1)f and IAC 641-131.7(2)f

The following incidents resulted in issuance of this proposed action:

You filed falsified preceptor evaluations with Western Iowa Technical Community College as part of your clinical requirements in the Paramedic Specialist course. Your statement indicates that you had a preceptor sign a blank preceptor evaluation form and that you then made copies of the signed form. You state you used these forms to document calls when you did not have a mentor or the mentor refused to sign the form. The investigation by Cherokee Regional Medical Center indicates that the date on one of the clinical sheets submitted does not correspond to a day when you were either working as staff at Cherokee Regional Medical Center or participating in clinical.

You have the right to request a hearing concerning this notice of disciplinary action. A request for a hearing must be submitted in writing to the Department by certified mail, return receipt requested, within twenty (20) days of receipt of this Notice of Proposed Action. The written request must be submitted to the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, 321 E 12th St, Des Moines, Iowa 50319. If the request is made within the twenty

(20) day time limit, the proposed action is suspended pending the outcome of the hearing. Prior to or at the hearing, the Department may rescind the notice upon satisfaction that the reason for the action has been or will be removed.

If no request for a hearing is received within the twenty (20) day time period, the disciplinary action proposed herein shall become effective and shall be final agency action.



Kirk E. Schmitt
EMS Bureau Chief



Date