

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Aaron Becker 7652 23 rd Avenue Blairstown, Iowa 5209-9543 Certification: EMT-10-1007-22	Case Number: 13-08-13 NOTICE OF PROPOSED ACTION CITATION AND WARNING
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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 issue a **Citation and Warning** to the individual identified above.

The department may cite and warn an emergency medical care provider when it finds that the certificate holder has committed any of the following acts or offenses:

Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.
IAC 641—131.7(3)i

The following incidents resulted in issuance of this proposed action:

On March 31, 2013, the Department placed your emergency medical care provider certification on probation until May 30, 2015. As part of the probation requirements, you are to notify any current or prospective employer, to include direct supervisors, service directors and medical directors, of the terms, conditions and restrictions of the probation. You were to provide, in writing, from your direct supervisors, service directors and medical director, notice that they had read and understood the probation notice within 15 days of the effective date of the probation or of undertaking employment.

On your probation report dated June 13, 2013, you indicated that you worked or volunteered with an authorized ambulance service. When the Department contacted you concerning the required notification, you indicated that you were no longer with the service, though you were with the service during June and July of 2013. You also stated that you did not provide a copy of the probation notice to your service director and medical director.

You are hereby **CITED** for failing to comply with the conditions of your probation . You are **WARNED** that failing to comply in the future may result in further disciplinary action, including suspension or revocation of your EMS certification.

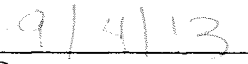
You have the right to request a hearing concerning this notice of disciplinary action. A request for a hearing must be submitted in writing to the Department by certified mail, return receipt requested, within twenty (20) days of receipt of this Notice of Proposed Action. The written request must be 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.



Rebecca Curtiss
Bureau Chief
Iowa Department of Public Health
Center for Disaster Operations and Response



Date