

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF:	Case Number: 11-06-11
Zach Higgens 504 Oak Street Rolfe, Iowa 50581-1153	NOTICE OF PROPOSED ACTION
Certification: B-05-361-05	REVOCATION/DENIAL

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:

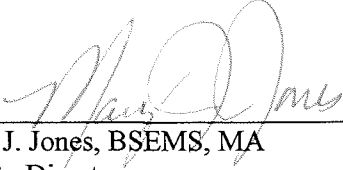
You filed falsified clinical documentation with your training program as part of your clinical requirements in the Paramedic Specialist course. Investigative materials indicate that you submitted falsified signatures and submitted patient contacts for shifts you did not complete.

You may apply to the department for reinstatement after one year from the effective date of this notice. When submitting an application for reinstatement, you must allege facts which, if established, will be sufficient to enable the department to determine that the basis for the revocation of your certification no longer exists and that it will be in the public interest for the certification to be reinstated (IAC 641—131.9).

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.



Mary J. Jones, BSEMS, MA
Deputy Director
Iowa Department of Public Health
Division Director
Acute Disease Prevention and Emergency Response



Date