

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Anita Hopp PO Box 83 George, Iowa 51237 Certification: B-08-217-51	Case Number: 09-06-22 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:

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

- (1) An intentional perversion of the truth in making application for a certification to practice in this state;*
- (2) False representation of a material fact, whether by word or by conduct, by false or misleading allegations, or by concealment of that which should have been disclosed when making application for a certification in this state;*
- (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 a certification in this state.*

Iowa Code 147A.7d and IAC 641—131.7(2)d

Knowingly making misleading, deceptive, untrue or fraudulent representations 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.

Iowa Code 147A.7k and IAC 641—131.7(2)f

Engaging in any conduct that subverts or attempts to subvert a department investigation.

IAC 641—131.7(2)g

Falsifying certification renewal reports or failure to comply with the renewal audit request.

IAC 641—131.7(2)v

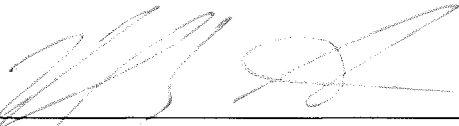
The following resulted in issuance of this proposed action:

As part of the audit process, you provided documentation of the continuing education you completed during your certification period. You identified continuing education courses as formal education which were in fact approved as optional education by the sponsoring training program. You were informed by the Department that you needed to appropriately distinguish formal from optional hours and to provide accurate sponsor numbers for each course.

You are hereby **CITED** for submitting false documentation to the department. You are **WARNED** that violating the Department's rules 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.



Kirk E. Schmitt
EMS Bureau Chief

7/15/2009
Date