

RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

<p>IN THE MATTER OF</p> <p>Reylon Meeks 1176 SE 72nd Street Runells, Iowa 50237</p> <p>Certification: EMT-08-231-88</p>	<p>Case: 15-11-37</p> <p>NOTICE OF PROPOSED ACTION</p> <p>SUSPENSION/PROBATION</p>
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Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.7, and Iowa Administrative Code (IAC) 641—131.7, the Iowa Department of Public Health is proposing to **SUSPEND** your EMS certification identified above for 90 days and place your certification on **PROBATION** for two years from the end of the suspension.

The department may suspend or place on probation an EMS certification when it finds that the certificate holder has committed any of the following acts or offenses:

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 Section 147A.7(1)f and IAC 641—131.7(3)f

The following events have led to this notice:

On February 15, 2014, you logged into your service's time tracking program using the Fire Chief's credentials and added on call hours to your own profile. You were not authorized to use the credentials to add the hours. You added an additional 22.5 hours of on call time for which you were paid but did not work.

You also used your service's funds to pay for your personal prescriptions on February 9, 2013, April 13, 2013 and August 24, 2013. On two occasions, you paid for prescriptions personally but used your service's account to receive a discount on the personal prescriptions. These dates were December 21, 2012, April 25, 2013. You left the service on May 7, 2014 but again used the service's account to receive a discount on a personal prescription on July 25, 2014.

During the period of your suspension you shall:

- a. Successfully complete two (2) hours of continuing education in the area of ethics. Prior to attending a course, you shall submit the proposed course name and course syllabus. These hours shall be in addition to those required for renewal of your certification. You are responsible for all costs associated with this requirement.

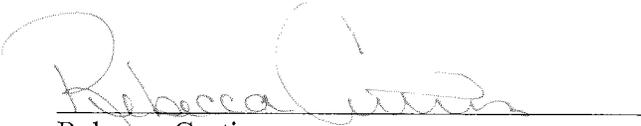
Your probation shall be subject to the following terms and conditions.

- a. You shall submit quarterly reports to the bureau (filed no later than January 10, April 10, July 10, and October 10) which shall include the following information:
 - i. The time period covered by the report

- ii. Verification that you have complied with the terms of probation as specified in this Notice.
- b. You shall make a personal appearance before the bureau upon request. You shall be given reasonable notice of the date, time, and place of appearance.
- c. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- d. You shall notify any current or prospective employer, to include direct supervisors, service directors and medical directors, of the terms, conditions and restrictions imposed by this notice. Within fifteen days of this notice taking effect, or of undertaking new employment, your direct supervisor, service director and medical director shall report to the bureau, in writing, acknowledging that the employer and medical director have read this document and understands it.
- e. You shall notify any EMS training program you enroll in for courses leading to certification of the reasons for this probation. Within fifteen days of this notice taking effect, or entering an EMS training program, the training program director and medical director shall report to the bureau, in writing, acknowledging that the training program and medical director have read this document and understands it.
- f. You shall notify the bureau of any change in address within one week of said change.
- g. In the event you violate or fail to comply with any of the terms or provisions of your suspension or probation, the department may initiate appropriate action to revoke or suspend your certification or to impose other appropriate discipline.
- h. This Notice shall be part of the permanent record of the bureau and shall be considered by the bureau in determining the nature and severity of any disciplinary action to be imposed in the event of future violations.

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 and Trauma Services, Lucas State Office Building, 321 East 12th Street, 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
Bureau of Emergency and Trauma Services

8/3/2016
Date