

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF:  Robert Roberson 204 South Chestnut Avenue New Hampton, Iowa 50659-2108  Certification: B-07-327-05	Case Number: 09-08-01  NOTICE OF PROPOSED ACTION  <b>CITATION AND WARNING</b>
---	---

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 a subpoena issued by the department or failure to cooperate with an investigation of the department.*

*IAC 641—131.7(2)h*

The following incidents resulted in issuance of this proposed action:


On March 25, 2009, you indicated on your affirmative renewal application that you had, during the April 1, 2007- March 31, 2009 certification period, been convicted of a misdemeanor or felony crime and had a license disciplined.

On May 1, 2009, a certified letter from the Department requesting information concerning your convictions and license discipline was sent by certified mail. The letter was returned unclaimed. On June 18, 2009 the letter was served to you by the Chickasaw County Sherriff's Office. You were directed to provide this information within 30 days of your receipt of the letter. On August 11, 2009, the Department attempted to contact you via phone without success. On November 2, 2009, you provided the requested documentation.

You are hereby **CITED** for failing to respond to the Department's request for information. 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 12<sup>th</sup> 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

11/9/2009  
\_\_\_\_\_  
Date