

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF Robert J. Rouse 510 6 th Avenue Clarence, IA 52216 Certification: EMT-08-501-76	Case: M 18-01-07 NOTICE OF PROPOSED ACTION PROBATION
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Pursuant to the provisions of Iowa Code Sections 17A.18 and 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is proposing to place the EMS provider's certification on **PROBATION** for a period of one year upon reinstatement of your Iowa EMS certification.

The Department may place an EMS provider on probation when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

An emergency medical care provider shall not function with an expired certification. IAC 641-131.4(4)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. IAC 641-131.7(3)f.

Representing oneself as an emergency medical care provider when one's certification has been suspended or revoked or when one's certification is lapsed or has been placed on an inactive status. IAC 641-131.7(3)l.

Practicing emergency medical services or using a designation of certification or otherwise holding oneself out as practicing emergency medical services at a certain level of certification when the emergency medical care provider is not certified at that level. IAC 641-131.7(3)aa.

The following events have led to this notice:

On March 31, 2017 your Iowa EMS certification (EMT-08-501-76) expired. From the time period of April 1, 2017 through December 4, 2017 you were directly involved with providing emergency medical care to at least fifty-one separate patients while acting in the capacity of a certified EMS provider while having a certification which had lapsed.

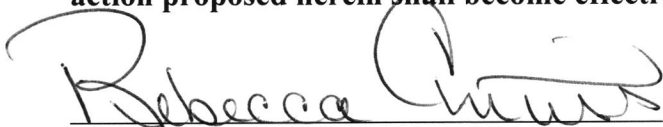
Your probation shall be subject to the following terms and conditions:

- 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 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

2/22/2018
Date