

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF Sean Strong 1219 North 19 th Street Council Bluffs, IA 51501-1023 Certification: EMT-13-370-11	Case: U 18-08-05 NOTICE OF PROPOSED ACTION SUSPENSION / CIVIL PENALTY
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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 indefinitely **SUSPEND** your EMS certification and impose a **CIVIL PENALTY** in the amount of \$300.00.

The Department may suspend an Iowa EMS provider and impose a civil penalty when it finds that the certificate holder has committed any of the following acts or offenses:

Failure to comply with the terms of a department order or the terms of a settlement agreement or settlement order. IAC 641—131.7(3)i

The following events have led to this notice:

On December 13, 2016 the Department placed your certification on probation through December 13, 2018 as part of a consent agreement. As a condition of your probation, you are required to submit quarterly probation reports due on the tenth of April, July, October and January. As of the date of this notice, you have failed to file the probation report(s) due January 10, 2018 for the time period of October 1 through December 31, 2017 and the probation report due July 10, 2018 for the time period of April 1 through June 30, 2018. Additionally, you filed required quarterly probation reports later than the required due date for the 2nd and 3rd quarter of 2017 and the 1st quarter of 2018.

As a condition of your probation you are required to notify the Department of any change of address within one week of said change. On a certification renewal application completed on March 29, 2018 you listed your address as 1219 North 19th Street, Council Bluffs, IA 51501. The Department has attempted to contact you at your address of record with the notice being returned as unable to forward. The Department attempted to contact you at the address where the consent agreement was originally mailed. This mailing was returned from the postal service as undeliverable, moved left no address.

Your certification shall be suspended until the following is received, processed and approved by the Department:

- 1) Probation report covering the period of October 1 through December 31, 2017
- 2) Probation report covering the period of April 1 through June 30, 2018
- 3) Provide current mailing address
- 4) Payment in full of a \$300.00 civil penalty

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 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, Chief
Iowa Department of Public Health
Bureau of Emergency and Trauma Services



Date