

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

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| IN THE MATTER OF: Mark Lowe 202 Westview Drive S Rockwell, Iowa 50469-1030 Certification: F-02-307-07 | Case Number: 09-01-10 NOTICE OF PROPOSED ACTION SUSPENSION |
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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 identified above.

The department may suspend an EMS certification 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:

(2) False representations 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.

IAC 641—131.7(2)d

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

IAC 641—131.7(2)v

Willful or repeated violations of Iowa Code chapter 147A or these rules.

IAC 641—131.7(2)s

Specifically:

The applicant shall complete the continuing education requirements, including current course completion on CPR, during the certification period for the following EMS provider levels:

(1) FR, FR-D – 12 hours of approved continuing education.

IAC 641—131.4(4)b

At least 50 percent of the required hours for renewal shall be formal continuing education including, but not limited to, refresher programs, seminars, lecture programs, scenario-based programs, and conferences.

IAC 641—131.4(4)c

The following has led to this notice:

On July 16, 2008, you completed an Affirmative Renewal Application for certification F-02-307-07. During the renewal process you indicated that you had completed 12 hours of continuing education during the current certification period, that at least 6 of those hours were designated as formal education, and that you had a current course completion card in cardiopulmonary resuscitation, AED and obstructed airway procedures for all age groups according to recognized national standards.

Your certification was audited pursuant to IAC 641—131.4(4)i. A letter informing you of the audit, along with an audit report form, was sent to you. On November 12, 2008 your audit information was received by the Department.

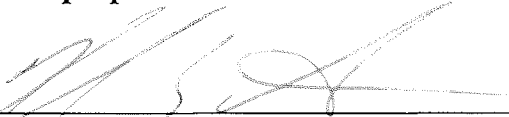
Audit documentation which you provided to the Department indicates that you had completed no hours of formal education during the certification period of April 1, 2006 through March 31, 2008.

Your certification shall remain suspended until you meet the following conditions and the Department authorizes reinstatement of your certification.

- 1) Submit an EMS Reinstatement Application and the applicable fees to the department
- 2) Meet all applicable eligibility requirements
- 3) Complete a refresher course or equivalent approved by the department
- 4) Pass the First Responder practical and cognitive certification examinations

You have the right to request a hearing concerning this notice or proposed 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.



Kirk E. Schmitt
Chief, Bureau of EMS



Date