

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF Lucas McCoy 601 South Third Street Fairfield, Iowa 52556-3504 Certification: F-15-335-04	Case: 10-11-32 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 you on **PROBATION** for a period of two years from the effective date of this notice.

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:

Failure to follow the directions of supervising physicians or their designees.
IAC 641—131.7(2)b

Professional incompetency. Professional incompetency includes, but is not limited to :
(4) Failure to conform to the minimal standard of acceptable and prevailing practice of
certified EMS providers in this state.
IAC 641—131.7(2)e

The following events have lead to this notice:

On October 15, 2010, two emergency medical service programs terminated you. The terminations resulted from your repeated failure to complete patient care reports to the standards established by the medical director.

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

- a. Within 90 days of the effective date of this notice, you shall successfully complete a medical documentation course. You shall submit the proposed course name, course syllabus, instructor's name, instructor's credentials, and the course curriculum to the Department for approval prior to completing the course. The Department may approve the proposed course, or may designate another course for completion. You shall provide proof of successful course completion to the Department within the period of suspension. You are responsible for all costs associated with this course.
- b. You shall submit quarterly reports to the Department (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 from the Service Medical Director that you have satisfactorily completed all patient care reports.
 - iii. Verification that you have complied with the terms of probation as specified in this Notice.
- c. You shall make a personal appearance before the Department upon request. You shall be given reasonable notice of the date, time, and place of appearance.

- d. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- e. 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 Department, in writing, acknowledging that the employer and medical director have read this document and understands it.
- f. You shall notify any EMS training program you enroll in for courses leading to certification or endorsement 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 Department, in writing, acknowledging that the training program and medical director have read this document and understands it.
- g. You shall notify the bureau of any change in address within one week of said change.
- h. 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.
- i. This Notice shall be part of the permanent record of the Department and shall be considered by the Department 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 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 Schmitt, Bureau Chief
Emergency Medical Services

1-25-11

Date