

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p><b>Marvin Baker</b> 2077 Holly Rd Corning, IA 50841</p> <p>Certification #: PM-17-015-01</p>	<p>Case Number: 17-11-07</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;"><b>SUSPENSION/PROBATION</b></p>
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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 **SUSPEND** your EMS certification until the listed terms and conditions in this proposed action are met and then place your certification on **PROBATION** for a period of two years following successful completion of the terms and conditions.

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

*131.7(3) The department may deny an application for issuance or renewal of an emergency medical care provider certificate, including endorsement, or may impose any of the disciplinary sanctions provided in subrule 131.7(2) when it finds the applicant or certificate holder has committed any of the following acts or offenses:*

*d. Fraud in procuring certification or renewal including, but not limited to:*

*(3) Attempting to file or filing with the department or training program any false or forged diploma or certificate or affidavit or identification or qualification in making an application for a certification in this state. IAC 641-131.7(3)d(3).*

*f. 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.*

*v. Falsifying certification renewal reports or failure to comply with the renewal audit request. IAC 641-131.7(3)v.*

The following incident resulted in issuance of this proposed action:

On November 16, 2017 your paramedic certification for the certification period of April 1, 2015 to March 31, 2017 was audited by the department. The affirmative recertification application you submitted on March 31, 2017 indicates you completed 64 hours of continuing education with 34 of those hours being formal education hours. You submitted at least 13 hours of continuing education hours which were fraudulently obtained online in March of 2016.

Your suspension shall be subject to the following terms and conditions. Once the following requirements are successfully completed, you may apply with the Bureau of Emergency and Trauma Services for rescission of the suspension of your certification/re-certification:

- a. You shall successfully complete a minimum of 60 hours of education from the receipt of this notice with a minimum of 30 hours approved as formal education all being completed at an Iowa authorized EMS training Program. Hours completed between the date of receipt of this notice and the reinstatement of your certification shall be in addition to those required for renewal of your certification. You are responsible for all costs associated with this requirement.
- b. You shall successfully complete eight (8) hours of continuing education in the area of ethics during the period of probation. Prior to attending a course, you shall submit the proposed course name and course syllabus to the department. These hours shall be in addition to those required for renewal of your certification. You are responsible for all costs associated with this requirement.
- c. You shall successfully complete the National Registry cognitive exam for paramedics. You are responsible for all costs associated with this requirement.
- d. You shall successfully complete the National Registry practical exam for paramedics. You are responsible for all costs associated with this requirement.


If you successfully complete the above terms, you may apply for reinstatement of your certification. Following Department approval your certification will be under probation and shall be subject to the following terms and conditions:

- a. 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 that you have complied with the terms of probation as specified in this Notice.
- b. 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.
- 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 Department, 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 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 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 Department 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 12<sup>th</sup> 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.**

  
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Rebecca Curtiss, Bureau Chief  
Iowa Department of Public Health  
Bureau of Emergency

21 12 / 2018  
Date