

RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

COPY

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Ben Darling PO Box 9072 Cedar Rapids, Iowa 52409-9072</p> <p>Certification: PM-10-107-02</p>	<p>Case Number: 14-07-05</p> <p>NOTICE OF PROPOSED ACTION</p> <p><b>REVOCATION OF ENDORSEMENT</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 **REVOKE** your instructor endorsement.

The department may revoke an endorsement 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 representation 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(3)d*

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

*IAC 641—131.7(3)v*

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

*IAC 641—131.7(3)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:*

*(6) EMS-I – Attend at least one EMT-I workshop sponsored by the department.*

*IAC 641—131.4(5)b*


The following has led to this notice:

On March 4, 2014, you completed an Affirmative Renewal Application for certification PM-10-107-02. During the renewal process, you indicated that you had completed a department sponsored EMS Instructor Workshop.

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 May 12, 2014, the Bureau of EMS received your audit information. You did not include documentation of attending an EMS-Instructor Workshop. On July 17, 2014, you contacted the Bureau and stated that you did not attend an EMS Instructor Workshop during your certification period.

**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 E 12<sup>th</sup> St, 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

COPY

7/18/14  
Date

Bureau Chief  
Iowa Department of Public Health  
Center for Disaster Operations and Response