

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: James Dunn 745 Keyes Ct Marion, Iowa 52302 Certification: PM-21-012-02	Case Number: 12-07-32 NOTICE OF PROPOSED ACTION CITATION AND WARNING
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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 issue a **Citation and Warning** to the individual identified above.

The department may cite and warn an emergency medical care provider when it finds that the certificate holder has committed any of the following acts or offenses:

Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department.
IAC 641—131.7(3)h

Failure to respond within 30 days of receipt, unless otherwise specified, of communication from the department which was sent by registered or certified mail.
IAC 641—131.7(3)ab

The following incident resulted in issuance of this proposed action:

On March 31, 2012, you completed a renewal application for your Paramedic certification. On the renewal, you indicated that, during the certification period, you had:

1. Developed a medical condition which impaired or limited your ability to provide emergency medical care.
2. Been engaged in the illegal or improper use of drugs or other chemical substances
3. Been found convicted of, found guilty or entered a plea of no contest to a felony or misdemeanor crime.
4. A license issued to you by any state, other jurisdiction of the United States or any other nation, limited, restricted, warned, censured, placed on probation, suspended, revoked or otherwise disciplined.
5. Been sued in connection with your emergency medical functions.

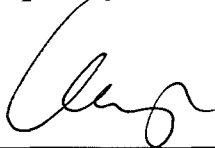
On June 18, 2012, a letter was delivered to your residence requesting information concerning your answers. The letter instructed you to provide the requested information within 30 days. The information was received by the Department on August 23, 2012.

You are hereby **CITED** for failing to respond to the Department's request for information within the time specified. You are **WARNED** that failing to respond to a request of the Department in the future may result in further disciplinary action, including suspension or revocation of your EMS certification.

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 12th 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.



Gerd W. Clabaugh
Deputy Director and
Director, Division of Acute Disease Prevention and Emergency Response

8-30-12

Date