RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF:	Case Number: 10-11-29
Gerald Malone 204 West Zickel Monroe, Iowa 50170 Certification: PS-17-105-18	NOTICE OF PROPOSED ACTION **SUSPENSION**

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 Paramedic Specialist certification indefinitely.

The Department may suspend an EMS certification 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(2)h*
>
> *Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the provision of emergency medical care, including but not limited to a crime involving dishonesty, fraud, theft, embezzlement, controlled substances, substance abuse, assault, sexual abuse, sexual misconduct, or homicide. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.*
> *Iowa Code Section 147A.7(1)j and IAC 641—131.7(2)t*
>
> *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(2)ab*

The following incident resulted in issuance of this proposed action:

> You were convicted of assault causing bodily injury on January 12, 2011.
>
> On April 5, 2011, you received an order from the department to submit the name of a facility where you proposed to complete a comprehensive mental health evaluation concerning your fitness to provide emergency medical care with reasonable skill and safety. The order instructed you to provide the name of the facility, the address of the facility, a description of the proposed evaluation process, the curriculum vitae for those individuals who will be performing any portion of the evaluation and the estimated cost of the evaluation within fifteen days of the receipt of the order. As of the date of this notice, you have failed to provide the requested information.

Your certification shall be suspended until:

1) You provide the information requested in the order;
2) The information is reviewed and approved by the Department;
3) You complete the comprehensive mental health evaluation;
4) The department reviews and approves the evaluation.

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.

Mary J. Jones, BSEMS, MA
Deputy Director
Iowa Department of Public Health
Division Director
Acute Disease Prevention and Emergency Response

5-9-11
Date