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RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Joe L. Poschner 3931 67th Street Urbandale, Iowa 50322-2719</p> <p>Certification: PM-17-108-02</p>	<p>Case Number: 14-12-09</p> <p>NOTICE OF PROPOSED ACTION</p> <p>REVOCATION</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 EMS certification identified above.

The department may revoke an EMS certification when it finds that the certificate holder has committed any of the following acts or offenses:

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.
Iowa Code Section 147A.7(1)f and IAC 641—131.7(2)f

Habitual intoxication or addiction to drugs.
Iowa Code Section 147A.7(1)g and IAC 641—131.7(3)q

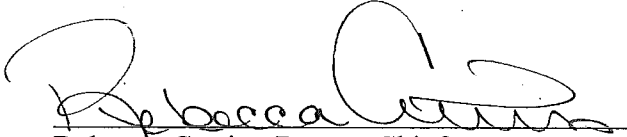
The following incidents resulted in issuance of this proposed action:

On October 15, 2014, at approximately 6:00 a.m. you responded with your service to a citizen's request for assistance. While at the scene your partner and Law Enforcement on scene noticed a strong alcohol smell and suspected that you had been drinking prior to the call. While en-route to the hospital with a patient on board you were stopped by Law Enforcement and removed from driving the ambulance. You admitted to consuming alcohol prior to your shift. You consented to an alcohol test at Dallas County Hospital. A mouth swab test for alcohol was conducted at approximately 8:30 a.m. and a blood alcohol level reading of 0.13 was obtained.

You were diagnosed with alcohol use disorder in October 2014.

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 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.



Rebecca Curtiss, Bureau Chief
Iowa Department of Public Health
Bureau of Emergency and Trauma Services

3/5/15
Date

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