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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>Scott Rivers 713 Main Street Osage, Iowa 50461-1446</p> <p>Certification: PM-07-302-02</p>	<p>Case Number: 14-11-09</p> <p>NOTICE OF PROPOSED ACTION</p> <p>SUSPENSION</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 indefinitely **SUSPEND** the emergency medical care provider certification identified above.

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

Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.
IAC 641—131.7(3)i

The following incident resulted in issuance of this proposed action:

On June 22, 2015, you received a Confidential Order for Evaluation from the Department. You were ordered to complete a comprehensive medical evaluation concerning your fitness to function as an emergency medical care provider. The order required you to propose a facility to conduct the evaluation within 15 days of receiving the order.

As of the date of this notice, you have failed propose a facility to conduct your comprehensive medical evaluation and have failed to complete the evaluation.

Your certification shall be suspended until:

- 1) Propose a facility to complete a comprehensive medical evaluation. You shall include the name of the facility, the address of the facility, a description of the proposed evaluation process, the curriculum vitae/resume for those individuals who will be performing any portion of the evaluation, and the estimated cost of the evaluation.
- 2) The information is reviewed and approved by the Department.
- 3) You schedule the evaluation.

You have the right to request a hearing concerning this notice or proposed 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 12th 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.



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

7/16/15
Date

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