

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Megan Scharff 6121 115 th Trail Lovilia, IA 50150 Certification: PM-15-105-03	Case Number: 17-09-06 NOTICE OF PROPOSED ACTION SUSPENSION
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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** your emergency medical care provider certification identified above.

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

*Willful or repeated violations of Iowa Code Chapter 147A or these rules.
IAC 641—131.7(3)s*

Continuing education renewal standards. The following standards apply to renewal through continuing education: IAC 641-131.4(5)

b. An applicant shall complete the continuing education requirements, including current course completion in CPR, during the certification period for the following emergency medical care provider levels:

(5)PS, paramedic—60 hours of approved continuing education.

c. At least 50 percent of the required hours for renewal shall be formal continuing education including, but not limited to, refresher programs, seminars, lecture programs, scenario-based programs, conferences, and Internet-delivered courses approved by CECBEMS and shall meet the criteria established in 131.4(6)d.

*i. A group of individual certificate holders will be audited for each certification period. Certificate holders to be audited will be chosen in a random manner or at the discretion of the bureau of EMS. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action. Certificate holders who are audited will be required to submit verification of continuing education compliance within 45 days of the request.
IAC 641—131.4(5)i.*

Fraud in procuring certification or renewal including, but not limited to:

(3) Attempting to file or filing with the department or training program any false or forged diploma or certificate or affidavit or identification or qualification in making an application for a certification in this states. IAC 641-131.7(3)d(3).

The following incidents resulted in issuance of this proposed action:

On March 23, 2017 you completed an Affirmative Renewal Application for paramedic certification (PM-15-105-03). During the renewal process you indicated that you had completed 68 hours of continuing education during the current certification period, that at least 68 of those hours were designated as formal education, and that you had a current course completion card in cardiopulmonary resuscitation, AED and obstructed airway procedures for all age groups according to recognized national standards.

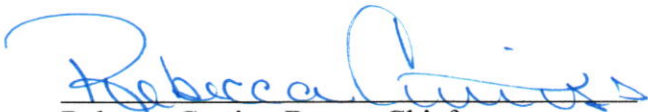
Your certification was audited pursuant to IAC 641—131.4(5)i. A letter informing you of the audit, along with an audit report form, was sent to you on December 11, 2017 (delivered certified mail on December 15, 2017). On January 22, 2018, your audit information was received by the Department. The audit information you provided indicates up to 26 formal continuing education hours were not completed on the dates and times you indicated on your audit report. Additionally, your audit report indicated you completed 63 formal hours of continuing education, five of those hours do not qualify as formal continuing education hours.

Your certification shall be suspended until the Department receives, reviews and approves the documentation of:

- 1) Documentation of a minimum of 60 education hours completed since the receipt of this notice with a minimum of 30 hours approved as formal education. Hours completed between the date of receipt of this notice and the reinstatement of your certification may not be used for any other renewal period.
- 2) Current course completion card in cardiopulmonary resuscitation, AED and obstructed airway procedures for all age groups according to recognized national standards.

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

3/22/2018
Date