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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>Steven Cross 102 2nd Street N Coggon, Iowa 52218-9616</p> <p>Certification: AEMT-10-307-01</p>	<p>Case: 15-03-09</p> <p>NOTICE OF PROPOSED ACTION</p> <p>REVOCATION</p>
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Pursuant to the provisions of Iowa Code Sections 17A.18 and 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is proposing to **REVOKE** the emergency medical care provider 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. Acts which may constitute unethical conduct include, but are not limited to:

*(1) Verbally or physically abusing a patient or coworker.
Iowa Code Section 147A.7(1)f and IAC 641—131.7(3)f*

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

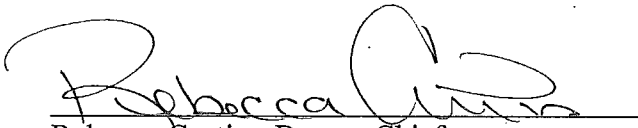
The following events have led to this notice:

On December 31, 2014, you struck a patient with your hand while providing care.

On June 24, 2015, you received a deferred judgment for assault related to the above incident. You are currently on criminal probation.

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 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

8/5/15
Date

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