

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF:  Michelle Cairns PO Box 147 Maxwell, Iowa 50161-0147  Certification: F-19-300-03	Case Number: 10-02-11  NOTICE OF PROPOSED ACTION  <b>REVOCAATION</b>
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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:

*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*

*Willful or repeated violations of Iowa Code Chapter 147A or these rules.*

*IAC 641—131.7(2)s*

*Specifically:*

*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(6)i*

*Falsifying certification renewal reports or failure to comply with the renewal audit request.*

*IAC 641—131.7(2)v*

*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 incidents resulted in issuance of this proposed action:

On July 3, 2009, you completed an Affirmative Renewal Application for certification F-19-300-03. During the renewal process, you indicated that you had completed 12 hours of continuing education during the current certification period, that at least 6 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(4)i. On December 16, 2009, you received an audit request instructing you to submit audit information within 45 days. As of the date of this notice, you have failed to submit the requested information.

**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 12<sup>th</sup> 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.**



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Kirk E. Schmitt  
EMS Bureau Chief

2/17/2010  
Date