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RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF: Michael Stuck 228 Broadway Grand River, Iowa 50108 Certification: EMR-14-307-11	Case Number: 14-04-09 NOTICE OF PROPOSED ACTION SUSPENSION/CIVIL PENALTY
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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 **SUSPEND** the emergency medical care provider certification indefinitely and levy a **CIVIL PENALTY** against you in the amount of \$100.00.

The Department may suspend and levy a civil penalty on an EMS provider when it finds that the certificate holder has committed any of the following acts or offenses:

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 state.

IAC 641—131.7(3)d

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.

147a.7f IAC 641—131.7(3)f

Willful or repeated violation of Iowa Code chapter 147A or these rules.

IAC 641—131.7(3)s

Specifically:

The applicant shall complete the continuing education requirements, including current course completion in CPR, during the certification period for the following EMS provider levels:

(1) EMR, FR, FR-D – 12 hours of approved continuing education

IAC 641—131.4(5)b

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 and conferences.

IAC 641—131.4(5)c

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. If audited, the certificate holder must provide the following information:

- (1) Date of program*
- (2) Program sponsor number*
- (3) Title of program*
- (4) Number of approved hours*
- (5) Appropriate supervisor signatures if clinical or practical evaluator hours are claimed.*

IAC 641—131.4(5)i

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

IAC 641—131.7(3)v

The following incident resulted in issuance of this proposed action:

On September 17, 2013, you completed an Affirmative Renewal Application for certification EMR-14-307-11. 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. A letter informing you of the audit, along with an audit report form, was served to you by the Decatur County Sheriff's Office on June 7, 2014. As of August 13, 2014 you have not complied with the audit request.

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

- 1) \$100 civil penalty
- 2) Documentation of a minimum of 6 hours of formal continuing education and 6 hours of optional continuing education completed since the receipt of this notice. 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.

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 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
Center for Disaster Operations and Response

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8/15/14
Date