

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF Zachery Orlovsky 211 SW 1 st Street, PO Box 213 Rake, IA 50465 Certification: EMR4000070	Case: U 18-09-11 Orlovsky 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 indefinitely **SUSPEND** your EMS certification and impose a **CIVIL PENALTY** in the amount of \$300.00.

The Department may suspend an Iowa EMS provider and impose a civil penalty when it finds that the 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 settlement order. IAC 641—131.7(3)i

The following events have led to this notice:

On July 24, 2017 the Department issued you a proposed action, 18-month probation, which became the Department's final action on October 2, 2018. As a condition of your probation, you are required to submit quarterly probation reports due on the tenth of April, July, October and January for each year of probation. You are required to notify the Department of a change of address. You are to within 15 days provide written notification from the EMS service program, EMS supervisor, and EMS medical director with which you are affiliated acknowledging the probationary status of your EMS certification.

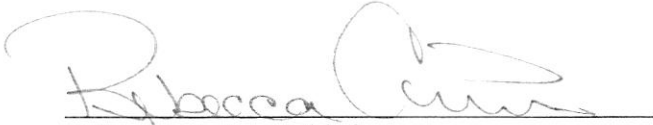
As of the date of this notice, you failed to file the probation report due January 10, 2018 by the date due for the time period of October 1 to December 31, 2017. You have failed to file the probation report due January 10, 2018 for the time period of April 1 through June 30, 2018. You have failed to provide the Department with written notification from your associated EMS service program, EMS supervisor and EMS medical director. You have failed to notify the Department of a change in your address within one week of said change.

Your certification shall be suspended until the following is received, processed and approved by the Department:

- 1) Probation report covering the period of April 1 through June 30, 2018.
- 2) Provide written notification from any EMS service program, EMS supervisor and EMS medical director with which you are affiliated.
- 3) Provide the Department with your current address
- 4) Payment in full of a \$300.00 civil penalty

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

9/14/2018
Date