

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF Gregory Britcher 2626 South East 72 nd Street Runnells, Iowa 50237-2114 Certification: PS-18-020-05	Case: 10-03-06 NOTICE OF PROPOSED ACTION PROBATION
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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 place you on **probation** for a period of one year from the effective date of your certification.

The Department may place an EMS provider on probation when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

Obtaining, possessing, attempting to obtain or possess, or administering controlled substances without lawful authority.

IAC 641—131.7(2)q(3)

Having certification to practice emergency medical care suspended or revoked, or having other disciplinary action taken by a licensing or certifying authority of this state or another state, territory or country. A copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.

IAC 641—131.7(2)u

The following events have lead to this notice:

On September 3, 2008, the Florida Department of Public Health fined you and placed your paramedic license on probation for two years. The action resulted from a July 24, 2007 drug test which was positive for marijuana.

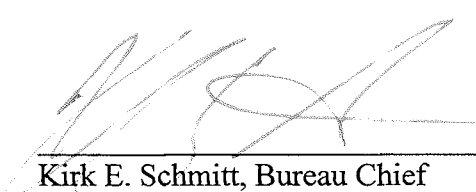
Your probation shall be subject to the following terms and conditions:

- a. You shall not consume alcohol or any mood altering chemicals or drugs and shall not use any prescription medication unless prescribed or dispensed by a physician in an appropriate manner.
- b. You shall follow all treatment and aftercare recommendations made by the facility at which you received your substance abuse evaluation.
- c. You shall attend AA, NA or similar structured recovery support group meetings twice a week. You shall obtain a sponsor and have at least weekly contact with your sponsor.
- d. You shall immediately provide a specimen of blood or urine when requested to do so by a bureau investigator or designee. You shall sign all necessary release of information forms to ensure the bureau office receives results from the testing as soon as the results are available. The cost of all such tests shall be assessed to you.
- e. You shall submit quarterly reports to the bureau (filed no later than January 10, April 10, July 10, and October 10) which shall include the following information:

- i. The time period covered by the report
 - ii. Verification that you have complied with the terms of probation as specified in this Notice.
- f. You shall make a personal appearance before the bureau upon request. You shall be given reasonable notice of the date, time, and place of appearance.
- g. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- h. You shall notify any current or prospective employer, to include direct supervisors, service directors and medical directors, of the terms, conditions and restrictions imposed by this notice. Within fifteen days of this notice taking effect, or of undertaking new employment, your direct supervisor, service director and medical director shall report to the bureau, in writing, acknowledging that the employer and medical director have read this document and understands it.
- i. You shall notify any EMS training program you enroll in for courses leading to certification of the reasons for this probation.
- j. You shall notify the bureau of any change in address within one week of said change.
- k. In the event you violate or fail to comply with any of the terms or provisions of your probation, the department may initiate appropriate action to revoke or suspend your certification or to impose other appropriate discipline.
- l. This Notice shall be part of the permanent record of the bureau and shall be considered by the bureau in determining the nature and severity of any disciplinary action to be imposed in the event of future violations.

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.


Kirk E. Schmitt, Bureau Chief
Emergency Medical Services

5/3/2010
Date