

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Adam Filmer 2615 51<sup>st</sup> Street Des Moines, Iowa 50310-1612</p> <p>Certification: B-11-309-07</p>	<p>Case Number: 09-02-01</p> <p style="text-align: center;"><b>NOTICE OF PROPOSED ACTION</b></p> <p style="text-align: center;"><b>SUSPENSION/PROBATION</b></p>
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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** your EMS certification identified above for a period of six month from the effective date of this notice and place your certification on **PROBATION** for two years from the end of the suspension.

The department may suspend or place on probation an EMS certification 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 Iowa department of public health or training program any false or forged diploma or certificate or affidavit or identification or qualification in making an application for certification in this state.*

*IAC 641—131.7(2)d*

*Knowingly making misleading, deceptive, untrue or fraudulent representation 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:*

*(5) Falsification of medical records.*

*Iowa Code Section 147A.7(1)f and IAC 641-131.7(2)f*

The following incidents resulted in issuance of this proposed action:

You filed falsified run reports with Mercy School of Emergency Medical Services as part of your clinical requirements in the EMT-P course. Your statement indicates that you copied calls you had not been involved in and which did not occur during your clinical training. You then submitted these calls as part of your field experience to meet course completion requirements.

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

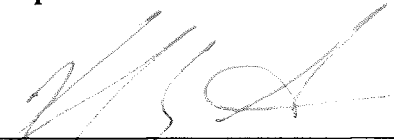
- a. During the period of suspension, you shall successfully complete a continuing education course on Medical Ethics. Prior to attending the course, you shall submit the proposed course name, course syllabus, instructor's name, instructor's credentials, and the course curriculum to the Department for approval. The Department may approve the proposed course, or may designate another course for completion. You shall provide proof of successful course completion to the Department within the period of suspension. You are responsible for all costs associated with this course.
- b. 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 Department, in writing, acknowledging that the employer and medical director have read this document and understands it.
- c. In the event you violate or fail to comply with any of the terms or provisions of your suspension, the Department may initiate appropriate action to revoke your certification or to impose other appropriate discipline.

Upon successful completion of the terms of the suspension, your probation shall be subject to the following terms and conditions.

- a. You shall submit quarterly reports to the Department (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. Copies of the medical director audits described in "b"
  - iii. Verification that you have complied with the terms of probation as specified in this Notice.
- b. The medical director, or other qualified designee, of any service for which you are employed or volunteer shall audit all calls and transfers on which you provide emergency medical care. If the medical director for any service for which you are employed or volunteer has any concerns regarding your documentation, such medical director shall notify the Department immediately. The audit shall be in writing and shall include, but need not be limited to:
  - i. Review of the patient care provided by you
  - ii. Response time and time spent on scene
  - iii. Completeness of documentation
- c. You shall make a personal appearance before the Department upon request. You shall be given reasonable notice of the date, time, and place of appearance.
- d. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- e. 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.
- f. You shall notify any EMS training program you enroll in for courses leading to certification of the reasons for this probation.
- g. You shall notify the Department of any change in address within one week of said change.
- h. 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.
- i. This Notice shall be part of the permanent record of the Department and shall be considered by the Department 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 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, Bureau Chief  
Emergency Medical Services

10/9/2009  
Date