

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**Before the Iowa Department of Public Health**

<p>IN THE MATTER OF</p> <p>Amy Shostak 3905 North 153<sup>rd</sup> Court Apt 307 Omaha, Nebraska 68116-6206</p> <p>Certification: B-05-337-16</p>	<p>Case: 11-02-18</p> <p style="text-align: center;"><b>NOTICE OF PROPOSED ACTION</b></p> <p style="text-align: center;"><b>PROBATION</b></p>
---	---

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 the emergency medical care provider certification identified above on **probation** for a period of two years from the effective date of this notice.

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:

*Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the provision of emergency medical care, including but not limited to a crime involving dishonesty, fraud, theft, embezzlement, controlled substances, substance abuse, assault, sexual abuse, sexual misconduct, or homicide. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.*

*Iowa Code Section 147A.7(1)j and IAC 641—131.7(2)t*

The following events have lead to this notice:

You were convicted of operating while intoxicated in 2010. In addition, you have been diagnosed as meeting the criteria for substance abuse.

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 complete the Nebraska Standardized Model Non-Residential Level 5 Intervention program within six months. Documentation of completion must be submitted to the Department.
- d. You shall attend a minimum of six community based 12-step support group meetings.
- e. 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.
- f. 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.
- g. 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.
  - h. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
  - i. 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.
  - j. You shall notify any EMS training program you enroll in for courses leading to certification of the reasons for this probation. Within fifteen days of this notice taking effect, or entering an EMS training program, the training program director and medical director shall report to the bureau, in writing, acknowledging that the training program and medical director have read this document and understands it.
  - k. You shall notify the bureau of any change in address within one week of said change.
  - l. 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.
  - m. 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 12<sup>th</sup> 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.**



\_\_\_\_\_  
Gerd W. Clabaugh  
Deputy Director and  
Director, Division of Acute Disease Prevention and Emergency Response

8-30-11

\_\_\_\_\_  
Date