

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Holly Thovson 2242 233 rd Street Marshalltown, Iowa 50138 Certification: B-07-342-02	Case Number: 13-05-43 NOTICE OF PROPOSED ACTION SUSPENSION
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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** the emergency medical care provider certification identified above.

The department may suspend an EMS certification when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department.

IAC 641—131.7(3)h

Failure to respond within 30 days of receipt, unless otherwise specified, of communication from the department which was sent by registered or certified mail.

IAC 641—131.7(3)ab

The following incident resulted in issuance of this proposed action:

On March 29, 2013, you completed a renewal application for your emergency medical care provider certification. On the renewal, you indicated that, during the certification period, you had:

1. Developed a medical condition which impaired or limited your ability to provide emergency medical care.
2. Been engaged in the illegal or improper use of drugs or other chemical substances.
3. Been found convicted of, found guilty or entered a plea of no contest to a felony or misdemeanor crime.
4. A license issued to you by any state, other jurisdiction of the United States or any other nation, limited, restricted, warned, censured, placed on probation, suspended, revoked or otherwise disciplined.
5. Been sued in connection with your emergency medical functions.

On August 17, 2013, a letter was delivered to you concerning your answers. The letter instructed you to provide the requested information within 30 days. As of the date of this notice, you have failed to provide the requested information.

Your certification shall be suspended until:

- 1) You provide an explanation of the answers you provided as described in the previous letter.
- 2) The information is reviewed and approved by the Department.

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


Date