

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Andrew Lavrenz 805 5 th Street Burt, Iowa 50522-5006 Certification: I-14-300-04	Case Number: 13-07-01 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

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(3)t

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 June 20, 2013, you entered a plea of guilty for domestic abuse assault.

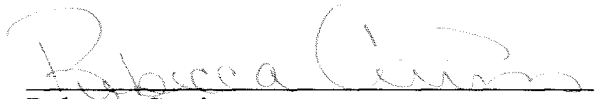
On August 28, 2013, you received a letter from the Department requesting that you provide a copy of the charging orders and court disposition for the above conviction. The letter requested that you provide this information within 30 days and notified you that failure to respond could result in disciplinary action against your emergency medical care certification, including suspension or revocation. As of the date of this notice, you have failed to provide the requested information.

Your certification shall be suspended until:

- 1) You provide copies of the charging orders and court disposition for your domestic abuse assault conviction.
- 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