

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**Before the Iowa Department of Public Health**

IN THE MATTER OF  Robbie Harris 2304 Maplecrest Road Bettendorf, Iowa 52722  Certification: I-09-205-07	Case: 13-03-08  <b>NOTICE OF PROPOSED ACTION</b>  <b>PROBATION</b>
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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 your emergency medical care provider certification 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 on November 13, 2012.  
The substance abuse evaluation you have provided indicates a diagnosis of alcohol 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 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.
- d. 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.

