RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF:	Case Number: 09-06-15
Bradley Held 220 North 17th Court Estherville, Iowa 51334 Certification: B-12-258-03	NOTICE OF PROPOSED ACTION **Citation and Warning**

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 issue a **Citation and Warning** to the individual identified above.

The department may cite and warn an emergency medical care provider when it finds that the 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(2)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(2)ab*

The following incidents resulted in issuance of this proposed action:

> On April 1, 2009, you indicated on your affirmative renewal application that you had, during the April 1, 2007- March 31, 2009 certification period, developed a medical condition which limited your ability to provide emergency medical care.
>
> On May 4, 2009, a certified letter from the Department requesting that you provide a letter from your physician describing your medical condition was received at your residence. You were directed to provide this information within 30 days of your receipt of the letter. On June 15, 2009, the Department attempted to contact you via phone without success. On July 23, 2009, you provided documentation from your physician indicating that you are able to perform the functions of an emergency medical care provider.

You are hereby **CITED** for failing to respond to the Department's request for information. You are **WARNED** that failing to respond to a request of the Department in the future may result in further disciplinary action, including suspension or revocation of your EMS certification.

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.

Kirk E. Schmitt
EMS Bureau Chief

8/12/2009
Date