

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF</p> <p>Rita Heithoff 414 SE 6th Street Ankeny, Iowa 50021-3426</p> <p>Certification: I-11-202-11</p>	<p style="text-align: right;">Case: 11-12-10</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;">REVOCACTION</p>
--	--

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 **REVOKE** the emergency medical care provider certification identified above.

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

Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.
Iowa Code Section 147A.7(1)f and IAC 641—131.7(3)f

Fraud in representation as to skill, ability or certification.
Iowa Code Section 147A.7(1)h and IAC 641—131.7(3)r

Practicing emergency medical services or using a designation of certification or otherwise holding oneself out as practicing emergency medical services at a certain level of certification when the emergency medical care provider is not certified at such level.
IAC 641—131.7(3)aa

The following events have led to this notice:

You have represented yourself as a paramedic in a resume, a letter of application and on a job application. You were enrolled in a paramedic course on 2000, but did not complete the course or become certified as a paramedic. You are currently certified as and EMT-Intermediate. You also indicated that you volunteered on a fire department; however that department has no record of you ever being on the roster.

In addition, you indicated to your former employer that you are licensed as a Registered Nurse in the State of Iowa. The Board of Nursing has no record of you ever being licensed.

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.

You may apply to the department for reinstatement after one year from the effective date of this notice. When submitting an application for reinstatement, you must allege facts which, if established, will be sufficient to enable the department to determine that the basis for the revocation of your certification no longer exists and that it will be in the public interest for the certification to be reinstated (IAC 641—131.9).



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



Date