RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF:	Case Number: 11-07-12
Kevin Kielmann 2816 Cambridge Street Des Moines, Iowa 50313	NOTICE OF PROPOSED ACTION
Certification: PS-17-018-15	**REVOCATION**

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 representation 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.*
> *IAC 641—131.7(2)f*
>
> *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*

The following incidents resulted in issuance of this proposed action:

> You entered a guilty plea to the following charges on April 4, 2012:
>
> - Domestic abuse assault with intent or displays a weapon
> - Harassment first degree
> - Going armed with intent
> - Assault use/display of a weapon (two counts)
> - Reckless use of a firearm with bodily injury
> - Child endangerment/no injury

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).

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.

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

5-7-2012
Date