

CHAPTER 131
EMERGENCY MEDICAL SERVICES—PROVIDER
EDUCATION/TRAINING/CERTIFICATION

641—131.1(147A) Definitions. For the purpose of these rules, the following definitions shall apply:

“*Advanced emergency medical technician*” or “*AEMT*” means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Advanced Emergency Medical Technician Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the AEMT, and is currently certified by the department as an AEMT.

“*Automated external defibrillator*” or “*AED*” means an external semiautomatic device that determines whether defibrillation is required.

“*Candidate*” means an individual who has successfully completed a course of study at an EMR, EMT, AEMT or paramedic or other level certified by the department and who has been recommended by a training program for NREMT certification examination.

“*CECBEMS*” means the continuing education coordinating board for emergency medical services.

“*CEH*” means continuing education hour, which is based upon a minimum of 50 minutes of training per hour.

“*Certification period*” means the length of time an emergency medical care provider certificate is valid. The certification period shall be for two years from initial issuance or from renewal, unless otherwise specified on the certificate or unless sooner suspended or revoked.

“*Certification status*” means a condition placed on an individual certificate for identification as active, deceased, denied, dropped, expired, failed, hold, idle, inactive, incomplete, pending, probation, restricted, retired, revoked, surrendered, suspended, or temporary.

“*Continuing education*” means department-approved training which is obtained by a certified emergency medical care provider to maintain, improve, or expand relevant skills and knowledge and to satisfy renewal of certification requirements.

“*Course completion date*” means the date of the final classroom session of an emergency medical care provider course.

“*Course coordinator*” means an individual who has been assigned by the training program to coordinate the activities of an emergency medical care provider course.

“*CPR*” means training and successful course completion in cardiopulmonary resuscitation, AED, and obstructed airway procedures for all age groups according to recognized national standards.

“*Critical care paramedic*” or “*CCP*” means a currently certified paramedic specialist who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.

“*Current course completion*” means written recognition given for training and successful course completion of CPR with an expiration date or a recommended renewal date that exceeds the current date.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*DOT*” means the United States Department of Transportation.

“*Emergency medical care*” means such medical procedures as:

1. Administration of intravenous solutions.
2. Intubation.
3. Performance of cardiac defibrillation and synchronized cardioversion.
4. Administration of emergency drugs as provided by protocol.
5. Any medical procedure authorized by subrule 131.3(3).

“*Emergency medical care provider*” means an individual who has been trained to provide emergency and nonemergency medical care at the EMR, EMT, AEMT, paramedic or other certification level recognized by the department before 2011 and who has been issued a certificate by the department.

“Emergency medical responder” or *“EMR”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Responder Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMR, and is currently certified by the department as an EMR.

“Emergency medical services” or *“EMS”* means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

“Emergency medical technician” or *“EMT”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Technician Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examinations for the EMT, and is currently certified by the department as an EMT.

“Emergency medical technician-ambulance” or *“EMT-A”* means an individual who has successfully completed the 1984 United States Department of Transportation’s Emergency Medical Technician-Ambulance curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-A.

“Emergency medical technician-basic” or *“EMT-B”* means an individual who has successfully completed the current United States Department of Transportation’s Emergency Medical Technician-Basic curriculum and department enhancements, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-B.

“Emergency medical technician-defibrillation” or *“EMT-D”* means an individual who has successfully completed an approved program which specifically addresses manual or automated defibrillation, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-D.

“Emergency medical technician-intermediate” or *“EMT-I”* means an individual who has successfully completed an EMT-Intermediate curriculum approved by the department, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-I.

“Emergency medical technician-paramedic” or *“EMT-P”* means an individual who has successfully completed the current United States Department of Transportation’s EMT-Intermediate curriculum (1999) or the 1985 or earlier DOT EMT-P curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-P.

“EMS advisory council” means the council appointed by the director, pursuant to Iowa Code chapter 147A, to advise the director and develop policy recommendations concerning regulation, administration, and coordination of emergency medical services in the state.

“EMS evaluator” or *“EMS-E”* means an individual who has successfully completed an EMS evaluator curriculum approved by the department and is currently endorsed by the department as an EMS-E.

“EMS instructor” or *“EMS-I”* means an individual who has successfully completed an EMS instructor curriculum approved by the department and is currently endorsed by the department as an EMS-I.

“Endorsement” means an approval granted by the department authorizing an individual to serve as an EMS-I, EMS-E or CCP.

“First responder” or *“FR”* means an individual who has successfully completed the current United States Department of Transportation’s first responder curriculum and department enhancements, has passed the department’s approved written and practical examinations, and is currently certified by the department as an FR.

“First responder-defibrillation” or *“FR-D”* means an individual who has successfully completed an approved program that specifically addresses defibrillation, has passed the department’s approved written and practical examinations, and is currently certified by the department as an FR-D.

“Good standing” means that a student or candidate is in compliance with these rules and training program requirements.

“Idle” means the status of a lower certification level when a higher certification level is held.

“Inactive” means the status of a certification level when an individual requests inactive status or moves from a higher certification level to a lower certification level that was previously idle.

“NCA” means North Central Association of Colleges and Schools.

“NREMT” means National Registry of Emergency Medical Technicians.

“Out-of-state student” means any individual participating in clinical or field experience as a student in an approved out-of-state training program.

“Out-of-state training program” means an EMS program located outside the state of Iowa that is approved by the authorizing agency of the program’s home state to conduct initial EMS training for EMR, EMT, AEMT, paramedic or other level certified by the department.

“Outreach course coordinator” means an individual who has been assigned by the training program to coordinate the activities of an emergency medical care provider course held outside the training program facilities.

“Paramedic” means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Paramedic Instructional Guidelines (January 2009), has passed the NREMT practical and cognitive examination for the paramedic, and is currently certified by the department as a paramedic.

“Paramedic specialist” or *“PS”* means an individual who has successfully completed the current United States Department of Transportation’s EMT-Paramedic curriculum (1999) or equivalent, has passed the department’s approved written and practical examinations, and is currently certified by the department as a paramedic specialist.

“Patient” means an individual who is sick, injured, or otherwise incapacitated.

“Physician” means an individual licensed under Iowa Code chapter 148.

“Physician assistant” or *“PA”* means an individual licensed pursuant to Iowa Code chapter 148C.

“Physician designee” means a registered nurse licensed under Iowa Code chapter 152 or any physician assistant licensed under Iowa Code chapter 148C and approved by the board of physician assistants. The physician designee acts as an intermediary for a supervising physician in accordance with written policies and protocols in directing the care provided by emergency medical care providers.

“Preceptor” means an individual who has been assigned by the training program, clinical facility or service program to supervise students while the students are completing their clinical or field experience. A preceptor must be an emergency medical care provider certified at the level at which the preceptor is providing supervision or at a higher level or must be licensed as a registered nurse, physician assistant or physician.

“Primary instructor” means an individual who is responsible for teaching the majority of an emergency medical care provider course.

“Protocols” means written directions and orders consistent with the department’s standard of care that are to be followed by an emergency medical care provider in emergency and nonemergency situations. Protocols must be approved by the service program’s medical director and address the care of both adult and pediatric patients.

“Registered nurse” or *“RN”* means an individual licensed pursuant to Iowa Code chapter 152.

“Service program” or *“service”* means any medical care ambulance service or nontransport service that has received authorization from the department.

“Service program area” means the geographic area of responsibility served by any given ambulance or nontransport service program.

“Student” means any individual enrolled in a training program and participating in the didactic, clinical, or field experience portion of the program.

“Training program” means an Iowa college approved by the North Central Association of Colleges and Schools or an Iowa hospital authorized by the department to conduct emergency medical care training.

“Training program director” means an appropriate health care professional (full-time educator or practitioner of emergency or critical care) assigned by the training program to direct the operation of the training program.

“*Training program medical director*” means a physician licensed under Iowa Code chapter 148 who is responsible for directing an emergency medical care training program.
[ARC 9443B, IAB 4/6/11, effective 8/1/11]

641—131.2(147A) Emergency medical care providers—requirements for enrollment in training programs. To be enrolled in an EMS training program course leading to certification by the department, an applicant shall:

1. Be at least 17 years of age at the time of enrollment.
2. Have a high school diploma or its equivalent if enrolling in an AEMT or paramedic course.
3. Be able to speak, write and read English.
4. Hold a current course completion card in CPR if enrolling in an EMT, AEMT or paramedic course.
5. Be currently certified, as a minimum, as an EMT if enrolling in an AEMT or paramedic course. If an applicant is currently nationally registered but not certified in Iowa, the applicant must submit an endorsement application to the department within 14 days after the course start date.
6. Be a current emergency medical care provider, RN, PA, or physician and submit a recommendation in writing from an approved EMS training program if enrolling in an EMS instructor course.
7. Be currently certified as a paramedic if enrolling in a CCP course.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

641—131.3(147A) Emergency medical care providers—authority.

131.3(1) Authority of emergency medical care personnel. An emergency medical care provider who holds an active certification issued by the department may:

a. Render, via on-line medical direction, emergency and nonemergency medical care in those areas for which the emergency medical care provider is certified as part of an authorized service program:

- (1) At the scene of an emergency;
- (2) During transportation to a hospital;
- (3) While in the hospital emergency department;
- (4) Until patient care is directly assumed by a physician or by authorized hospital personnel; and
- (5) During transfer from one medical care facility to another or to a private home.

b. Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision of a physician when:

- (1) Enrolled as a student in, and approved by, a training program;
- (2) Fulfilling continuing education requirements;
- (3) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only when under the direct supervision of a physician as a member of an authorized service program, or in an individual capacity, by rendering lifesaving services in the facility in which employed or assigned pursuant to the emergency medical care provider’s certification and under direct supervision of a physician, physician assistant, or registered nurse. An emergency medical care provider shall not routinely function without the direct supervision of a physician, physician assistant, or registered nurse. However, when the physician, physician assistant, or registered nurse cannot directly assume emergency care of the patient, the emergency medical care provider may perform, without direct supervision, emergency medical care procedures for which certified, if the life of the patient is in immediate danger and such care is required to preserve the patient’s life;

(4) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, to perform nonlifesaving procedures for which certified and designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

(4) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, to perform nonlifesaving procedures for which certified and designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

131.3(2) When emergency medical care personnel are functioning in a capacity identified in 131.3(1)“a,” they may perform emergency and nonemergency medical care without contacting a supervising physician or physician designee if written protocols have been approved by the service program medical director which clearly identify when the protocols may be used in lieu of voice contact.

131.3(3) Scope of practice.

a. Emergency medical care providers shall provide only those services and procedures that are authorized within the scope of practice for which they are certified.

b. Scope of Practice for Iowa EMS Providers (June 2016) is hereby incorporated and adopted by reference for emergency medical care providers. For any differences that may occur between the Scope of Practice adopted by reference and these administrative rules, the administrative rules shall prevail.

c. The department may grant a variance for changes to the Scope of Practice that have not yet been adopted by reference in these rules. A variance to these rules may be granted by the department pursuant to 641—subrule 132.14(1).

d. Scope of Practice for Iowa EMS Providers is available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems).

131.3(4) The department may approve emergency medical pilot project(s) on a limited basis. Requests for a pilot project application shall be made to the department.

131.3(5) An emergency medical care provider who has knowledge of an emergency medical care provider, service program or training program that has violated Iowa Code chapter 147A or these rules shall report such information to the department within 30 days.

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641—131.4(147A) Emergency medical care providers—certification, renewal standards, procedures, continuing education, and fees.

131.4(1) *Student application and candidate examination.*

a. Applicants shall complete the EMS Student Registration within 14 days after the beginning of the course. The EMS Student Registration shall be completed via the bureau of EMS Web site at www.idph.state.ia.us/ems.

b. Upon satisfactory completion of the course and all training program requirements, including payment of appropriate fees, a candidate shall be recommended by a training program to take the appropriate NREMT certification examination. A candidate is not eligible to continue functioning as a student in the clinical and field settings and must obtain state certification to perform appropriate skills.

c. A candidate shall submit an EMS Certification Application form to the department. EMS Certification Application forms are provided by the department.

d. When a student’s EMS Student Registration or a candidate’s EMS Certification Application is referred to the department for investigation or when a student or candidate is otherwise under investigation by the department, the individual shall not be eligible for certification, and the practical examination results will not be confirmed with the NREMT, until the individual is approved by the department.

e. The fee for certification as an emergency medical care provider is \$30, payable to the Iowa Department of Public Health. This nonrefundable fee shall be paid prior to a candidate’s receiving certification.

f. A candidate must successfully complete the NREMT practical and cognitive examinations to be eligible for state certification.

g. The practical examination may be conducted by an authorized training program and must be conducted according to the policies and procedures of the NREMT.

h. A candidate must meet all certification requirements within two years of the initial course completion date. If a candidate is unable to complete the requirements within two years due to medical reasons or military obligation, an extension may be granted upon submission of a signed statement from an appropriate medical or military authority and approval by the department.

i. Examination scores shall be confidential except that they may be released to the training program that provided the training or to other appropriate state agencies or released in a manner which does not permit the identification of an individual.

j. An applicant for EMS-I endorsement shall successfully complete an EMS-Instructor curriculum approved by the department.

131.4(2) Multiple certificates and renewal.

a. The department shall consider the highest level of certification attained to be active. Any lower levels of certification shall be considered idle.

b. A lower-level certificate may be issued if the individual fails to renew the higher level of certification or voluntarily chooses to move from a higher level to a lower level. To be issued a certificate in these instances, an individual shall:

(1) Complete all applicable continuing education requirements for the lower level during the certification period and submit a change of status request, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems).

(2) Complete and submit to the department an EMS Affirmative Renewal of Certification Application and the applicable fee.

(3) Complete the reinstatement process in 131.4(4) “*f*” if renewal of the higher level is requested later.

c. A citation and warning, denial, probation, restriction, suspension or revocation imposed upon an individual certificate holder by the department shall be considered applicable to all certificates issued to that individual by the department.

131.4(3) Certification transition.

a. An individual certified as a first responder based on the 1996 National Standard Curriculum for First Responders, an EMT-B, an EMT-I, an EMT-P or a PS shall complete the following certification transition requirements. Transition documents for each level are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems).

b. FR transition to EMR.

(1) The FR shall complete training identified in the FR to EMR Documentation (January 2011).

(2) The FR shall verify completion of training on the Affirmative Renewal of Certification Application by the certification’s regular expiration date prior to October 1, 2014.

(3) An FR who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to October 1, 2014.

c. EMT-B transition to EMT.

(1) The EMT-B shall complete training identified in the EMT-B to EMT Documentation (January 2011).

(2) The EMT-B shall verify completion of training on the Affirmative Renewal of Certification Application by the certification’s regular expiration date prior to April 1, 2015.

(3) An EMT-B who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to April 1, 2015.

d. EMT-I transition to AEMT.

(1) The EMT-I shall submit documentation of training identified in the EMT-I to AEMT Documentation (January 2011) to the department.

(2) The EMT-I shall successfully complete the NREMT computer-based AEMT examination.

(3) A provider certified as an EMT-I who has not completed the transition to AEMT will be issued an EMT certification on April 1, 2016.

e. EMT-P transition to paramedic.

(1) The EMT-P shall submit documentation of training identified in the EMT-P to Paramedic Documentation (January 2011) to the department.

(2) The EMT-P shall successfully complete the NREMT computer-based paramedic examination.

(3) A provider certified as an EMT-P who has not completed the transition to paramedic will be issued an AEMT certification on April 1, 2018.

f. PS transition to paramedic.

(1) The PS shall complete training identified in the PS to Paramedic Documentation (January 2011).

(2) The PS shall verify completion of training on the Affirmative Renewal of Certification Application by the certification's regular expiration date prior to April 1, 2015.

(3) A PS who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to April 1, 2015.

131.4(4) *Renewal of certification.*

a. A certificate shall be valid for two years from issuance unless specified otherwise on the certificate or unless sooner suspended or revoked.

b. All continuing education requirements shall be completed during the certification period prior to the certificate's expiration date. Failure to complete the continuing education requirements prior to the expiration date shall result in an expired certification, unless the emergency medical care provider requests an extension as described in 131.4(11) "b."

c. An emergency medical care provider shall submit the EMS Affirmative Renewal of Certification Application to the department within 90 days prior to the expiration date. Failure to submit a renewal application to the department within 90 days prior to the expiration date (date of submission is based upon the postmark date) shall cause the current certification to expire.

d. An emergency medical care provider shall not function with an expired certification.

e. An emergency medical care provider who completes the required continuing education during the certification period but fails to submit the EMS Affirmative Renewal of Certification Application within 90 days prior to the expiration date shall be required to submit a late fee of \$30 (in addition to the renewal fee) and complete the audit process pursuant to 131.4(5) "i" to obtain renewal of certification.

f. An emergency medical care provider who has not completed the required continuing education during the certification period or who is seeking to reinstate an expired, inactive, or retired certificate shall:

(1) Complete a refresher course or equivalent approved by the department.

(2) Meet all applicable eligibility requirements.

(3) Submit an EMS Reinstatement Application and the applicable fees to the department.

(4) Pass the appropriate practical and cognitive certification examinations.

g. An emergency medical care provider may request an inactive or retired status for a certificate. The request must be made by submitting a change of status request, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems). Reinstatement of an inactive or retired certificate shall be made pursuant to 131.4(4) "f." A request for inactive or retired status, when accepted in connection with a disciplinary investigation or proceeding, has the same effect as an order of revocation.

h. An emergency medical care provider shall be deemed to have complied with the continuing education requirements during periods in which the provider serves honorably on active duty in the military services or for periods in which the provider is a government employee working as an emergency medical care provider and assigned to duty outside the United States. The emergency medical care provider must submit the Affirmative Renewal of Certification Application, all appropriate fees and documentation of assignment.

131.4(5) *Continuing education renewal standards.* The following standards apply to renewal through continuing education:

a. An applicant shall sign and submit an Affirmative Renewal of Certification Application provided by the department and submit the applicable fee within 90 days prior to the certificate's expiration date.

b. An applicant shall complete the continuing education requirements, including current course completion in CPR, during the certification period for the following emergency medical care provider levels:

- (1) EMR, FR, FR-D—12 hours of approved continuing education.
- (2) EMT, EMT-A, EMT-B, EMT-D—24 hours of approved continuing education.
- (3) AEMT, EMT-I—36 hours of approved continuing education.
- (4) EMT-P—48 hours of approved continuing education.
- (5) PS, paramedic—60 hours of approved continuing education.
- (6) EMS-I—Attend at least one EMS-I workshop sponsored by the department.
- (7) CCP—8 hours of approved CCP core curriculum topics.

c. At least 50 percent of the required hours for renewal shall be formal continuing education including, but not limited to, refresher programs, seminars, lecture programs, scenario-based programs, conferences, and Internet-delivered courses approved by CECBEMS and shall meet the criteria established in 131.4(6) “*d.*”

d. Up to 50 percent of the required continuing education hours may be made up of any of the following:

- (1) Nationally recognized EMS-related courses.
- (2) EMS self-study courses.
- (3) Medical director or designee case reviews.
- (4) Clinical rounds with medical team (grand rounds).
- (5) Working with students as an EMS field preceptor.
- (6) Hospital or nursing home clinical performance.
- (7) Skills workshops/maintenance.
- (8) Community public information education projects.
- (9) Emergency driver training.
- (10) EMS course audits.
- (11) Injury prevention or wellness initiatives.
- (12) EMS service operations, e.g., management programs, continuous quality improvement.
- (13) EMS system development meetings that occur at the county, regional or state level.
- (14) Disaster preparedness.
- (15) Emergency runs/responses as a volunteer member of an authorized EMS service program (primary attendant).
- (16) EMS-Instructor development.

e. Additional hours may be allowed for any of the following (maximum):

- (1) CPR—2 hours.
- (2) Disaster drill—4 hours.
- (3) Rescue—4 hours.
- (4) Hazardous materials—8 hours.
- (5) Practical examination evaluator—4 hours.
- (6) Topics outside the provider’s core curriculum—8 hours.

f. With training program approval, a person who is not enrolled in an emergency medical care provider course may audit the course for CEHs.

g. The certificate holder must notify the department within 30 days of a change in address.

h. The certificate holder shall maintain a file containing documentation of CEHs accrued during each certification period for four years from the end of each certification period.

i. A group of individual certificate holders will be audited for each certification period. Certificate holders to be audited will be chosen in a random manner or at the discretion of the bureau of EMS. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action. Certificate holders who are audited will be required to submit an Audit Report Form provided by the department within 45 days of the request. If audited, the certificate holders must provide the following information:

- (1) Date of program.
- (2) Program sponsor number.
- (3) Title of program.
- (4) Number of approved hours.

(5) Appropriate supervisor signatures if clinical or practical evaluator hours are claimed.

j. An EMS instructor who teaches EMS initial or continuing education courses may use those courses for renewal as approved under subrule 131.4(6).

131.4(6) Continuing education approval. The following standards shall be applied for approval of continuing education:

a. Required CEHs identified in 131.4(5) “*c*” shall be approved by the department, CECBEMS, or an authorized EMS training program, using a sponsor number assignment system approved by the department.

b. Optional CEHs identified in 131.4(5) “*d*” and 131.4(5) “*e*” require no formal sponsor number; however, CEHs awarded shall be verified by an authorized EMS training program, a national EMS continuing education accreditation entity, a service program medical director, an appropriate community sponsor, or the department. Documentation of CEHs awarded shall include the date and title of the program or event, the number of hours approved, and the applicable signatures.

c. Courses in physical, social or behavioral sciences offered by accredited colleges and universities are approved for CEHs and need no further approval. One quarter credit equals 10 hours. One semester credit equals 15 hours.

d. Courses approved as formal education must meet the following criteria:

(1) Involve live interaction with an instructor or be an Internet-delivered course approved by CECBEMS; and

(2) Be based on the appropriate department curricula for EMS providers and include one or more of the following topic areas: airway management, patient assessment, trauma assessment and management, medical assessment and management, behavioral emergencies, obstetrics, gynecology, pediatrics, or patient care record documentation.

e. Programs developed and delivered by the department may be approved for formal education.

131.4(7) Out-of-state continuing education. Out-of-state continuing education courses will be accepted for CEHs if they meet the criteria in subrule 131.4(5) and have been approved for emergency medical care personnel in the state in which the courses were held. A copy of course completion certificates (or other verifying documentation) shall, upon request, be submitted to the department with the EMS Affirmative Renewal of Certification Application.

131.4(8) Fees. The following fees shall be collected by the department and shall be nonrefundable:

a. FR, EMR, EMT-B, EMT, EMT-I, AEMT, EMT-P, PS and paramedic certification fee—\$30.

b. Certification renewal fees:

(1) FR, EMR, EMT-B, and EMT—no fee.

(2) EMT-I, AEMT—\$10.

(3) EMT-P, PS and paramedic—\$25.

A certification renewal fee is refundable if the applicant’s certification renewal status is not posted on the bureau of EMS Web site in the certification database within ten working days from the date the department receives the completed renewal application.

c. Endorsement certification fee—\$50.

d. Reinstatement fee—\$30.

e. Late fee—\$30.

f. Duplicate/replacement card—\$10.

g. Returned check—\$20.

h. Extension fee—\$50.

131.4(9) Certification through reciprocity. An individual currently certified by the NREMT must also possess a current Iowa certificate to be considered certified in this state. The department shall contact the NREMT to verify certification or registry and good standing.

a. To receive Iowa certification, the individual shall:

(1) Complete and submit the EMS Reciprocity Application available from the department.

(2) Provide verification of current certification in another state, if applicable, and registration with the NREMT.

(3) Provide verification of current course completion in CPR.

(4) Meet all other applicable eligibility requirements necessary for Iowa certification pursuant to these rules.

(5) Submit all applicable fees to the department.

b. An individual certified through reciprocity shall satisfy the renewal and continuing education requirements set forth in subrule 131.4(4) to renew Iowa certification.

131.4(10) National registration in lieu of continuing education.

a. An emergency medical care provider who is certified in Iowa and is registered with the NREMT may renew certification by meeting the NREMT reregistration requirements.

b. The emergency medical care provider shall submit the NREMT Registration in Lieu of Continuing Education Application, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems), to the department, with proof of NREMT registration exceeding the current certification expiration date, within 90 days prior to the expiration date.

131.4(11) Extension of certification.

a. If an emergency medical care provider is unable to complete the required continuing education during the certification period due to a medical reason, an extension of certification may be issued upon submission of a signed statement from an appropriate medical provider and approval by the department. The statement must include information concerning the reason the emergency medical care provider could not complete the continuing education requirements, the time period affected, and the length of time requested for extension.

b. If an emergency medical care provider is unable to attain all continuing education requirements within the certification period, a 45-day extension may be granted. To complete the extension process, the provider shall:

(1) Submit a Request for Extension Application, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems), at least 7 days prior to the expiration date, but no more than 90 days prior to the expiration date, and a \$50 extension fee.

(2) Be given 45 days from the current expiration date to complete continuing education requirements.

(3) Submit the EMS Affirmative Renewal of Certification Application, with all applicable renewal fees, to the department prior to the extended expiration date (date of submission is based on the postmark date).

(4) Not use continuing education completed during the extension period in the subsequent renewal period.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

641—131.5(147A) Training programs—standards, application, inspection and approval.

131.5(1) Education standards.

a. A training program shall use the applicable United States Department of Transportation's Education Standards (January 2009) for courses leading to certification.

b. A training program shall use the EMS-Instructor curriculum approved by the department for courses leading to the EMS-I endorsement.

c. A training program shall use the Iowa CCP curriculum (January 2016) for courses leading to the CCP endorsement.

d. A training program may waive portions of the required emergency medical care provider training for individuals certified as emergency medical care providers or licensed in other health care professions including, but not limited to, nursing, physician assistant, respiratory therapist, dentistry, and military. The training program shall document equivalent training and what portions of the course have been waived for equivalency.

131.5(2) Clinical or field experience resources. If clinical or field experience resources are located outside the framework of the training program, written agreements for such resources shall be obtained by the training program.

131.5(3) Facilities.

a. A training program shall ensure adequate classroom, laboratory, and practice space to conduct the training program. A library with reference materials on emergency and critical care shall also be available.

b. A training program shall ensure opportunities for the student to accomplish the appropriate skill competencies in the clinical environment. The following hospital units shall be available for clinical experience for each training program as required in approved education standards pursuant to subrule 131.5(1):

- (1) Emergency department;
- (2) Intensive care unit or coronary care unit or both;
- (3) Operating room and recovery room;
- (4) Intravenous or phlebotomy team or other method to obtain IV experience;
- (5) Pediatric unit;
- (6) Labor and delivery suite and newborn nursery; and
- (7) Psychiatric unit.

c. A training program shall ensure opportunities for the student to accomplish the appropriate skill competencies in the field environment. The training program shall use an appropriate emergency medical care service program to provide field experience as required in approved education standards pursuant to subrule 131.5(1).

d. A training program shall have liability insurance and shall offer liability insurance to students while they are enrolled in the training program.

131.5(4) Staff.

a. A training program medical director shall be a physician licensed under Iowa Code chapter 148.

b. A training program director who is an appropriate health care professional shall be appointed. This individual shall be a full-time educator or a practitioner in emergency or critical care.

c. Course coordinators, outreach course coordinators, and primary instructors used by the training program shall be currently endorsed as EMS instructors.

d. The instructional staff shall be comprised of physicians, nurses, pharmacists, emergency medical care personnel, or other health care professionals who have appropriate education and experience in emergency and critical care.

e. Preceptors shall be assigned in each of the clinical units in which emergency medical care students are obtaining clinical experience and field experience. The preceptors shall supervise student activities to ensure the quality and relevance of the experience. Student activity records shall be kept and reviewed by the immediate supervisor(s) and by the program director and course coordinator.

f. If a training program's medical director resigns, the training program director shall report this to the department and provide a curriculum vitae for the medical director's replacement. A new course shall not be started until a qualified medical director has been appointed.

g. A training program shall maintain records pertaining to each instructor used which include, as a minimum, the instructor's qualifications.

h. A training program is responsible for ensuring that each instructor is experienced in the area being taught and adheres to the education standards.

i. The training program shall ensure that each practical examination evaluator and mock patient is familiar with the NREMT practical examination requirements and procedures. Practical examination evaluators shall attend a workshop sponsored by the department and have the evaluator endorsement.

131.5(5) Advisory committee. There shall be an advisory committee which includes training program representatives and representatives from other groups such as affiliated medical facilities, local medical establishments, and ambulance, rescue and first response service programs.

131.5(6) Student records. A training program shall maintain an individual record for each student. Training program policy and department requirements will determine contents. These requirements include, but are not limited to:

- a. Application;
- b. Current certifications and endorsements;

c. Student record or transcript of hours and performance (including examinations) in classroom, clinical, and field experience settings.

131.5(7) Selection of students. There may be a selection committee to select students. The selection committee shall use, as a minimum, the prerequisites outlined in rule 641—131.2(147A).

131.5(8) Students.

a. A student may perform any procedures and skills for which the student has received training if the student is under the direct supervision of a physician or physician designee or under the remote supervision of a physician or physician designee with direct field supervision by an appropriately certified emergency medical care provider.

b. A student shall not be substituted for the regular personnel of any affiliated medical facility or service program but may be employed while enrolled in the training program.

c. A student is not eligible to continue functioning as a student of the training program in the clinical or field setting if the student is not in good standing with the training program, once the student has met the training program requirements, or once the student has been approved for certification testing.

131.5(9) Financing and administration.

a. There shall be sufficient funding available to the training program to ensure that each class started can be completed.

b. Tuition charged to students shall be accurately stated.

c. Advertising for training programs shall be appropriate.

d. A training program shall provide to each student, no later than the first session of the course, a guide that outlines, as a minimum:

(1) Course objectives.

(2) Required hours for completion.

(3) Minimum acceptable scores on interim testing.

(4) Attendance requirements.

(5) Grievance procedure.

(6) Disciplinary actions that may be invoked, the grounds for such actions, and the process provided.

(7) Requirements for certification.

131.5(10) Training program application, inspection and approval.

a. A training program graduating students at the paramedic level after December 31, 2012, must be accredited by, or must have submitted a self-study application to, the Committee on Accreditation for the Emergency Medical Services Professions.

b. A training program seeking initial or renewal approval shall use the EMS Training Program Application provided by the department. The application shall include, as a minimum:

(1) Names of appropriate officials of the training program;

(2) Evidence of availability of clinical resources;

(3) Evidence of availability of physical facilities;

(4) Evidence of qualified faculty;

(5) Qualifications and major responsibilities of each faculty member;

(6) Policies used for selection, promotion, and graduation of trainees;

(7) Practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program; and

(8) Level(s) of EMS certification to be offered.

c. A new training program shall submit a needs assessment which justifies the need for the training program.

d. Applications shall be reviewed by the department in accordance with the 2005 Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions, published by the Commission on Accreditation of Allied Health Education Programs. Failure to comply with the standards may lead to disciplinary action as described in rule 641—131.8(147A).

e. The department shall perform an on-site inspection of the training program's facilities and clinical resources. The purpose of the inspection is to examine educational objectives, patient care practices, facilities and administrative practices and to prepare a written report for review and action by the department.

f. The department shall inspect each training program at least once every five years. The department without prior notification may make additional inspections at times, places and under such circumstances as it deems necessary to ensure compliance with Iowa Code chapter 147A and these rules.

g. No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for disciplinary action regarding training program approval.

h. Representatives of the training program may be required by the department to meet with the department at the time the application and inspection report are discussed.

i. A written report of department action and the department inspection report shall be sent to the training program.

j. Training program approval shall not exceed five years.

k. A training program shall notify the department, in writing, of any change in ownership or control within 30 days.

l. Temporary variances. If during a period of authorization there is some occurrence that temporarily causes a training program to be in noncompliance with these rules, the department may grant a temporary variance. Temporary variances to these rules (not to exceed six months in length per any approved request) may be granted by the department to a currently authorized training program. Requests for temporary variances shall apply only to the training program requesting the variance and shall apply only to those requirements and standards for which the department is responsible. To request a variance, the training program shall:

(1) Notify the department verbally (as soon as possible) of the need to request a temporary variance. The program shall submit to the department, within ten days after having given verbal notification to the department, a written explanation for the temporary variance request. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

(2) Cite the rule from which the variance is requested.

(3) State why compliance with the rule cannot be maintained.

(4) Explain the alternative arrangements that have been or will be made regarding the variance request.

(5) Estimate the period of time for which the variance will be needed.

m. Training program applications and on-site inspection reports are public information.

131.5(11) *Out-of-state training program application and approval.*

a. An out-of-state training program shall apply to the department for approval.

b. An out-of-state training program seeking department approval shall use the out-of-state training program application provided by the department. The application shall include, as a minimum:

(1) Verification of approval to conduct initial EMS training by the authorizing agency within the out-of-state training program's home state;

(2) Evidence of oversight provided by a physician medical director;

(3) Evidence of qualified faculty;

(4) Evidence of curriculum utilized;

(5) Evidence of written contracts between the out-of-state training program and clinical and field sites being utilized within Iowa; and

(6) Description of practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program.

c. An out-of-state training program shall provide the department with a roster of students who will be participating in the clinical or field experience within the state of Iowa and, for each program, the sites where the students will be participating.

d. An out-of-state training program shall not be authorized to provide initial EMS training within the state of Iowa.

e. An out-of-state training program shall be limited to utilization of clinical or field sites or both within Iowa.

f. Representatives of the out-of-state training program may be required by the department to meet with the department at the time the application is discussed.

g. An out-of-state training program approval shall not exceed five years.

h. An out-of-state training program shall notify the department, in writing, of any change in ownership, control, or approval status by the out-of-state training program's authorizing state agency within 30 days.

131.5(12) *Out-of-state students.*

a. An out-of-state student shall be registered in good standing in an approved out-of-state training program.

b. An out-of-state student may perform any procedures and skills for which the student is training provided that the procedure or skill is within the Iowa scope of practice policy of a comparable Iowa emergency medical care provider. The student must be under the direct supervision of a physician or physician designee or under the remote supervision of a physician or physician designee with direct supervision by an appropriately certified emergency medical care provider.

c. An out-of-state student shall not be substituted for personnel of any affiliated medical facility or service program but may be employed while enrolled in the training program.

d. An out-of-state student participating in the clinical or field setting within the state of Iowa shall provide documentation of liability insurance.

e. An out-of-state student is not eligible to continue functioning as a student of the approved out-of-state training program in the clinical or field setting if the student is not in good standing with the approved out-of-state training program, once the student has met the training program's requirements, or once the student has been approved for certification testing.

f. An out-of-state student shall not be eligible for Iowa EMS certification without meeting the requirements for certification through reciprocity in subrule 131.4(9).

[ARC 9443B, IAB 4/6/11, effective 8/1/11; ARC 2767C, IAB 10/12/16, effective 11/16/16]

641—131.6(147A) Continuing education providers—approval, record keeping and inspection.

131.6(1) Continuing education courses for emergency medical care personnel may be approved by the department, an EMS training program or a national EMS continuing education accreditation entity.

131.6(2) A training program may conduct continuing education courses (utilizing appropriate instructors) pursuant to subrule 131.4(6).

a. Each training program shall assign a sponsor number to each appropriate continuing education course using an assignment system approved by the department.

b. Course approval shall be completed prior to the course's being offered.

c. Each training program shall maintain a participant record that includes, as a minimum:

- (1) Name.
- (2) Address.
- (3) Certification number.
- (4) Course sponsor number.
- (5) Course instructor.
- (6) Date of course.
- (7) CEHs awarded.

d. Each training program shall submit to the department on a quarterly basis a completed Approved EMS Continuing Education Form.

131.6(3) Record keeping and record inspection.

a. To ensure compliance or to verify the validity of any training program application, the department may request additional information or inspect the records of any continuing education provider who is currently approved or who is seeking approval.

b. No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for disciplinary action regarding training program approval.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

641—131.7(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of emergency medical care personnel certificates or renewal.

131.7(1) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

131.7(2) Method of discipline. The department has the authority to impose the following disciplinary sanctions against an emergency medical care provider:

- a.* Issue a citation and warning.
- b.* Impose a civil penalty not to exceed \$1000.
- c.* Require reexamination.
- d.* Require additional education or training.
- e.* Impose a period of probation under specific conditions.
- f.* Prohibit permanently, until further order of the department, or for a specific period, a provider's ability to engage in specific procedures, methods, acts or activities incident to the practice of the profession.
- g.* Suspend a certificate until further order of the department or for a specific period.
- h.* Deny an application for certification.
- i.* Revoke a certification.
- j.* Impose such other sanctions as allowed by law and as may be appropriate.

131.7(3) The department may deny an application for issuance or renewal of an emergency medical care provider certificate, including endorsement, or may impose any of the disciplinary sanctions provided in subrule 131.7(2) when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

- a.* Negligence in performing emergency medical care.
- b.* Failure to follow the directions of supervising physicians or their designees.
- c.* Rendering treatment not authorized under Iowa Code chapter 147A.
- d.* Fraud in procuring certification or renewal including, but not limited to:
 - (1) An intentional perversion of the truth in making application for a certification to practice in this state;
 - (2) False representations of a material fact, whether by word or by conduct, by false or misleading allegations, or by concealment of that which should have been disclosed when making application for a certification in this state; or
 - (3) Attempting to file or filing with the department or training program any false or forged diploma or certificate or affidavit or identification or qualification in making an application for a certification in this state.
- e.* Professional incompetency. Professional incompetency includes, but is not limited to:
 - (1) A substantial lack of knowledge or ability to discharge professional obligations within the scope of practice.
 - (2) A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other emergency medical care providers in the state of Iowa acting in the same or similar circumstances.
 - (3) A failure to exercise the degree of care which is ordinarily exercised by the average emergency medical care provider acting in the same or similar circumstances.
 - (4) Failure to conform to the minimal standard of acceptable and prevailing practice of certified emergency medical care providers in this state.
- f.* 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. Acts which may constitute unethical conduct include, but are not limited to:

- (1) Verbally or physically abusing a patient or coworker.
- (2) Improper sexual contact with or making suggestive, lewd, lascivious or improper remarks or advances to a patient or coworker.
- (3) Betrayal of a professional confidence.
- (4) Engaging in a professional conflict of interest.
- (5) Falsification of medical records.
- g.* Engaging in any conduct that subverts or attempts to subvert a department investigation.
- h.* Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department.
- i.* Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.
- j.* Failure to report another emergency medical care provider to the department for any violations listed in these rules, pursuant to Iowa Code chapter 147A.
- k.* Knowingly aiding, assisting or advising a person to unlawfully practice EMS.
- l.* Representing oneself as an emergency medical care provider when one's certification has been suspended or revoked or when one's certification is lapsed or has been placed on inactive status.
- m.* Permitting the use of a certification by a noncertified person for any purpose.
- n.* Mental or physical inability reasonably related to and adversely affecting the emergency medical care provider's ability to practice in a safe and competent manner.
- o.* Being adjudged mentally incompetent by a court of competent jurisdiction.
- p.* Sexual harassment of a patient, student, or supervisee. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- q.* Habitual intoxication or addiction to drugs.
 - (1) The inability of an emergency medical care provider to practice with reasonable skill and safety by reason of the excessive use of alcohol on a continuing basis.
 - (2) The excessive use of drugs which may impair an emergency medical care provider's ability to practice with reasonable skill or safety.
 - (3) Obtaining, possessing, attempting to obtain or possess, or administering controlled substances without lawful authority.
- r.* Fraud in representation as to skill, ability or certification.
- s.* Willful or repeated violations of Iowa Code chapter 147A or these rules.
- t.* 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.
- u.* Having certification to practice emergency medical care suspended or revoked or having other disciplinary action taken by a licensing or certifying authority of this state or another state, territory or country. A copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.
- v.* Falsifying certification renewal reports or failure to comply with the renewal audit request.
- w.* Acceptance of any fee by fraud or misrepresentation.
- x.* Repeated failure to comply with standard precautions for preventing transmission of infectious diseases as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.
- y.* Violating privacy and confidentiality. An emergency medical care provider shall not disclose or be compelled to disclose patient information unless required or authorized by law.
- z.* Discrimination. An emergency medical care provider shall not practice, condone, or facilitate discrimination against a patient, student, or supervisee on the basis of race, ethnicity, national origin,

color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability, diagnosis, or social or economic status.

aa. 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.

ab. Failure to respond within 30 days of receipt, unless otherwise specified, of communication from the department which was sent by registered or certified mail.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

641—131.8(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of training program approval or renewal.

131.8(1) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

131.8(2) Method of discipline. The department has the authority to impose the following disciplinary sanctions against a training program:

- a.* Issue a citation and warning.
- b.* Impose a period of probation under specific conditions.
- c.* Prohibit permanently, until further order of the department, or for a specific period, a program's ability to engage in specific procedures, methods, acts or activities incident to the practice of the profession.
- d.* Suspend an authorization until further order of the department or for a specific period.
- e.* Deny an application for authorization.
- f.* Revoke an authorization.
- g.* Impose such other sanctions as allowed by law and as may be appropriate.

131.8(3) The department may impose any of the disciplinary sanctions provided in subrule 131.8(2) when it finds that the training program or applicant has failed to meet the applicable provisions of these rules or has committed any of the following acts or offenses:

- a.* Fraud in procuring approval or renewal.
- b.* Falsification of training or continuing education records.
- c.* Suspension or revocation of approval to provide emergency medical care training or other disciplinary action taken pursuant to Iowa Code chapter 147A. A certified copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.
- d.* Engaging in any conduct that subverts or attempts to subvert a department investigation.
- e.* Failure to respond within 30 days of receipt of communication from the department which was sent by registered or certified mail.
- f.* Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department.
- g.* Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.
- h.* Submission of a false report of continuing education or failure to submit the quarterly report of continuing education.
- i.* Knowingly aiding, assisting or advising a person to unlawfully practice EMS.
- j.* Representing itself as an approved training program or continuing education provider when approval has been suspended or revoked or when approval has lapsed or has been placed on inactive status.
- k.* Using an unqualified individual as an instructor or evaluator.
- l.* Allowing verbal or physical abuse of a student or staff.
- m.* A training program provider or continuing education provider shall not sexually harass a patient, student, or supervisee. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- n.* Betrayal of a professional confidence.
- o.* Engaging in a professional conflict of interest.

p. Discrimination. A training program or continuing education provider shall not practice, condone, or facilitate discrimination against a patient, student, or supervisee on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability, diagnosis, or social or economic status.

q. Failure to comply with the 2005 Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions, published by the Commission on Accreditation of Allied Health Education Programs.
[ARC 9443B, IAB 4/6/11, effective 8/1/11]

641—131.9(147A) Reinstatement of certification.

131.9(1) Any person whose certification to practice has been revoked or suspended may apply to the department for reinstatement in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the certification is permanently revoked.

131.9(2) If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur or if the certification was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender.

131.9(3) All proceedings for reinstatement shall be initiated by the respondent, who shall file with the department an application for reinstatement of the certification. Such application shall be docketed in the original case in which the certification was revoked, suspended, or relinquished. All proceedings upon the application for reinstatement shall be subject to the same rules of procedure as other cases before the department.

131.9(4) An application for reinstatement shall allege facts which, if established, will be sufficient to enable the department to determine that the basis for the revocation or suspension of the respondent's certification no longer exists and that it will be in the public interest for the certification to be reinstated. The burden of proof to establish such facts shall be on the respondent.

131.9(5) An order denying or granting reinstatement shall be based upon a decision which incorporates findings of facts and conclusions of law. The order shall be published as provided for in this chapter.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

641—131.10(147A) Certification denial.

131.10(1) An applicant who has been denied certification by the department may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the department not more than 20 days following the date of mailing of the notification of certification denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

131.10(2) All hearings held pursuant to this rule shall be held pursuant to the process outlined in this chapter.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

641—131.11(147A) Emergency adjudicative proceedings. To the extent necessary to prevent or avoid immediate danger to the public health, safety or welfare and consistent with the Constitution and other provisions of law, the department may issue a written order in compliance with Iowa Code section 17A.18 to suspend a certificate in whole or in part, order the cessation of any continuing activity, order affirmative action, or take other action within the jurisdiction of the department by emergency adjudicative order.

131.11(1) Before issuing an emergency adjudicative order, the department shall consider factors including, but not limited to, the following:

a. Whether there has been a sufficient factual investigation to ensure that the department is proceeding on the basis of reliable information;

b. Whether the specific circumstances which pose immediate danger to the public health, safety or welfare have been identified and determined to be continuing;

- c.* Whether the individual required to comply with the emergency adjudicative order may continue to engage in other activities without posing immediate danger to the public health, safety or welfare;
- d.* Whether imposition of monitoring requirements or other interim safeguards would be sufficient to protect the public health, safety or welfare; and
- e.* Whether the specific action contemplated by the department is necessary to avoid the immediate danger.

131.11(2) Issuance of order.

a. An emergency adjudicative order shall contain findings of fact, conclusions of law, and policy reasons to justify the determination of an immediate danger in the department's decision to take immediate action. The order is a public record.

b. The written emergency adjudicative order shall be immediately delivered to the individual who is required to comply with the order. Delivery shall be made by one or more of the following procedures:

- (1) Personal delivery.
- (2) Certified mail, return receipt requested, to the last address on file with the department.
- (3) Fax. Fax may be used as the sole method of delivery if the individual required to comply with the order has filed a written request that agency orders be sent by fax and has provided a fax number for that purpose.

c. To the degree practicable, the department shall select the procedure for providing written notice that best ensures prompt, reliable delivery.

d. Unless the written emergency adjudicative order is provided by personal delivery on the same day that the order issues, the department shall make reasonable immediate efforts to contact by telephone the individual who is required to comply with the order.

e. After the issuance of an emergency adjudicative order, the department shall proceed as quickly as feasible to complete any proceedings that would be required if the matter did not involve an immediate danger.

f. Issuance of a written emergency adjudicative order shall include notification of the date on which department proceedings are scheduled for completion. After issuance of an emergency adjudicative order, continuance of further department proceedings to a later date will be granted only in compelling circumstances upon application in writing unless the individual that is required to comply with the order is the party requesting the continuance.

[ARC 9443B, IAB 4/6/11, effective 8/1/11]

641—131.12(147A) Complaints, investigations and appeals.

131.12(1) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

131.12(2) All complaints regarding emergency medical care personnel, training programs or continuing education providers, or those purporting to be or operating as the same, shall be reported to the department in writing. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

131.12(3) An emergency medical care provider who has knowledge of an emergency medical care provider or service program that has violated Iowa Code chapter 147A, 641—Chapter 132 or these rules shall report such information to the department.

131.12(4) Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

131.12(5) A determination of mental incompetence by a court of competent jurisdiction automatically suspends a certificate for the duration of the certificate unless the department orders otherwise.

131.12(6) Notice of denial, issuance of a citation and warning, probation, suspension or revocation shall be affected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, probation, suspension or revocation shall be served by certified mail, return receipt requested, or by personal service.

131.12(7) Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

131.12(8) Upon receipt of a request for hearing, the department shall forward the request within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

131.12(9) The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

131.12(10) When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 131.12(11).

131.12(11) Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

131.12(12) Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

131.12(13) The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or by personal service.

131.12(14) It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

131.12(15) Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

131.12(16) The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

131.12(17) Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or employer.

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