



## **FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO:**

**Travis Stern  
Sheridan Fire Department  
506 S Main Street  
Sheridan, IN 46069**

**Certification Number(s) #: 0283**

**ORDER NUMBER: W0011-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to Sheridan Fire Department (Applicant), Certification(s) #: 0283

Rule that this waiver is being requested for: 836 IAC 2-2-1 (h)(4)(A)

Specifics of the waiver request:

This waiver request is to allow a driver or emergency medical responder to drive a paramedic during transport.

### **I. FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.

- Applicant has demonstrated that:
- (1) compliance with the rule will impose an undue hardship on the Applicant; and
  - (2) either:
    - (A) noncompliance with the rule; or
    - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any):

Sheridan Fire Department has lost one third of their staff with department transfers and are working on hiring more personnel.

## II. ORDER

Based upon the Findings set forth above, the Department Orders the following:

- Applicant's waiver request is DENIED.
  - Applicant's waiver request is GRANTED with the following stipulations and restrictions:
    - a. This Waiver is applicable only to Rule 836 IAC 2-2-1 (h)
    - b. The specific terms of the Waiver grant are:  
Allows Sheridan Fire Department to use a driver or emergency medical responder to drive a paramedic during transport. The driver and EMR will be required to have yearly driving competencies. Sheridan Fire Department will be required maintain the waiver tool of when an EMT is not available and will need to show an increase in coverage if a renewal of this waiver is requested.
      - The terms are those listed above in the description with no additional terms.
      - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
      - Other:
    - c. The term of this Waiver is Two (2) years from the date of this Order.
2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security  
Emergency Medical Services Commission  
c/o Secretary  
302 W. Washington Street, Rm. E208  
Indianapolis, Indiana 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

### REVIEW RIGHTS

This order is effective fifteen (15) days after service and must be complied with until such time that: (1) this order is overturned on review; (2) an administrative law judge issues a stay of enforcement; or (3) the Department consents to a request for stay in writing. If you desire administrative review of this order by the Emergency Medical Services Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the earliest date this order was served. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

U.S. MAIL OR PERSONAL SERVICE  
Emergency Medical Services Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

ONLINE  
By completing the form at  
<https://www.in.gov/dhs/4148.htm>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

SO ORDERED.



By: Kraig Kinney, State EMS Director  
Emergency Medical Services  
Indiana Department of Homeland Security



Date

KK/rds



## **FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO: Dustin Oliphant**  
**1613 N Elm Street**  
**Muncie, IN 47303**  
**Email: dustinoliphant@gmail.com**

**PSID #: 1110-2523**

**ORDER NUMBER: W0016-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the primary instructor certification held by or being issued to Dustin Oliphant (Applicant), PSID #: 1110-2523.

Rule that this waiver is being requested for: 836 IAC 4-5-2

Specifics of the waiver request: Applicant is requesting additional time to complete the requirements to gain her primary instructor certification.

### **I. FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
  - (1) compliance with the rule will impose an undue hardship on the Applicant; and
  - (2) either:
    - (A) noncompliance with the rule; or

- (B) compliance with an alternative requirement approved by the department of homeland security;
- will not jeopardize the quality of patient care.

Notes (if any): The requested waiver is to allow more time to take and pass the online primary instructor exam and finish the primary instructor internship. Due to changes with the training institution the applicant has been unable to obtain complete material.

## II. ORDER

Based upon the Findings set forth above, the Department Orders the following:

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
  - a. This Waiver is applicable only to Rule 836 IAC 4-5-2. The specific terms of the Waiver granted are: This waiver allows the applicant additional time to take and pass the primary instructor exam and complete the primary instructor internship. Dustin has three attempts to obtain a passing score and complete the internship no later than September 2, 2024.
  - b. The specific terms of the Waiver grant are:
    - The terms are those listed above in the description with no additional terms.
    - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
    - Other:
  - c. The term of this Waiver is listed above.
- 2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security  
 Emergency Medical Services Commission  
 c/o Secretary  
 302 W. Washington Street, Rm. E208  
 Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

### III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

### IV. APPEAL RIGHTS

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### **U.S. MAIL OR PERSONAL SERVICE**

Indiana EMS Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204

#### **ONLINE**

By completing the form at  
<https://www.in.gov/dhs/4148.htm>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link  
<https://www.in.gov/dhs/appeals.htm>.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact the state EMS director at (317) 232-3983.

**SO ORDERED.**



\_\_\_\_\_  
By: Kraig Kinney, State EMS Director  
Emergency Medical Services  
Indiana Department of Homeland Security

April 3, 2024  
Date

KK/rds



## **FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO:**

**Dennis Young  
First Care Ohio LLC  
955 Redna Terrace  
Cincinnati, OH 45215**

**Certification Number(s) #: 0985**

**ORDER NUMBER: W0012-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to First Care Ohio (Applicant), Certification(s) #: 0959

Rule that this waiver is being requested for: 836 IAC 1-2-1

Specifics of the waiver request:

836 IAC 1-2-1 requires a provider organization to be certified in Indiana and to utilize personnel and ambulances certified in Indiana.

### **I. FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.



- Applicant has demonstrated that:
- (1) compliance with the rule will impose an undue hardship on the Applicant; and
  - (2) either:
    - (A) noncompliance with the rule; or
    - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any):

St. Elizabeth Dearborn has indicated to staff that they need First Care assistance for ambulance transports, and it is vital to their operation. There is not an alternate ambulance provider for transfers in the area. First Care is having challenges staffing with Indiana certified and registered personnel but has staffing that are Ohio and Kentucky certified. First Care is a certified EMS provider organization in Indiana and subject to EMS Commission oversight.

## II. ORDER

Based upon the Findings set forth above, the Department Orders the following:

- Applicant's waiver request is DENIED.
  - Applicant's waiver request is GRANTED with the following stipulations and restrictions:
    - a. This Waiver is applicable only to Rule 836 IAC 2-2-1 (h)
    - b. The specific terms of the Waiver grant are:

836 IAC 1-2-1 allows First Care Ohio to use Kentucky or Ohio certified paramedics during patient transports from St. Elizabeth Dearborn in Indiana. This waiver does require that each ambulance used for transport must have a current Indiana certification. First Care Ohio must keep track on the waiver tool each run that utilizes Kentucky or Ohio certified personnel. If a renewal waiver is applied for, First Care must show an increase of utilizing Indiana certified personnel. All other transports originating from Indiana must meet all Indiana rules. The provider organization is subject to any disciplinary sanctions for EMS providers that are not Indiana certified or licensed should it arise from a non-Indiana certified or licensed professional's conduct.

      - The terms are those listed above in the description with no additional terms.
      - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
      - Other:
    - c. The term of this Waiver is Two (2) years from the date of this Order.
2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security  
Emergency Medical Services Commission  
c/o Secretary  
302 W. Washington Street, Rm. E208  
Indianapolis, Indiana 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

### REVIEW RIGHTS

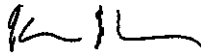
This order is effective fifteen (15) days after service and must be complied with until such time that: (1) this order is overturned on review; (2) an administrative law judge issues a stay of enforcement; or (3) the Department consents to a request for stay in writing. If you desire administrative review of this order by the Emergency Medical Services Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the earliest date this order was served. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

**U.S. MAIL OR PERSONAL SERVICE**  
Emergency Medical Services Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

**ONLINE**  
By completing the form at  
<https://www.in.gov/dhs/4148.htm>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

### SO ORDERED.



By: Kraig Kinney, State EMS Director  
Emergency Medical Services  
Indiana Department of Homeland Security

April 3, 2024  
Date

KK/rds





## **FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO: Flora Fire Department**  
**Provider Certification #0973**  
**27 W Main Street**  
**Flora, IN 46929**  
**Attn. Todd Trent**  
**Primary Email: [toddrent2004@gmail.com](mailto:toddrent2004@gmail.com)**  
**\*\* Service by ACADIS Certification Record email**

**ORDER NUMBER: S0010-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-14, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the emergency medical technician (EMT) certification and paramedic licensure held by **Flora Fire Department** (Respondent), Provider #: **0973**

### **I. FINDINGS**

1. Respondent is a certified EMS provider organization with an expiration date of April 1, 2026.
2. On Wednesday, March 30, 2024, Staff representing the Respondent submitted a renewal of their Renewal Application for Emergency Medical Service Provider Organization Certification (BLS). This was not within the sixty (60) days prior to expiration date submission.
3. Respondent's late application demonstrated that they were eligible for recertification and a renewal was issued on April 1, 2024.

## II AUTHORITY / GOVERNING LAW

4. Pursuant to IC 16-31-3-14(a)(7) and (b)(3), the Department issue a Censure if the certificate or license holder fails to comply and maintain compliance with or violates any applicable provision, standard, or other requirement of this article or rules adopted under this article.

5. Pursuant to IC 16-31-3-14(a)(2) and (b)(5), the Department may assess a civil penalty against the certificate holder or license holder fails to comply and maintain compliance with or violates any applicable provision, standard, or other requirement of this article or rules adopted under this article.

6. Pursuant to 836 IAC 1-2-2(d), Application for ambulance service provider organization certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate to assure continuity of certification. Application for renewal shall be made on forms as provided by the agency.

7. On April 16, 2021, the Indiana EMS Commission approved a non-rule policy on Provider Organization Late Applications that provides:

Application submitted between 7 days or less prior to the certification expiration date:

a. Sanction: Censure with a \$100.00 civil penalty.

## III CONCLUSIONS OF LAW

8. The Department finds that Respondent's act of submitting the ambulance service provider organization recertification application 1 day prior to their application expiration violates IC 16-31-3-14(a)(7) in that the rule 836 IAC 1-2-2(d) requires submission of said applications not less than sixty (60) days period to expiration and hence is subject to sanctions as delineated by the EMS Commission on April 16, 2021.

## IV. ORDER

Based upon the Findings set forth above, the Department Orders the following sanction:

9. Respondent's ambulance service provider certification shall contain a Censure.
10. Respondent is assessed a \$100.00 civil penalty by policy. Civil penalties may be paid via credit card or via check payable/money order payable to the "IDHS-Emergency Medical Services Education Fund." Payment may be mailed to the address in #17 below or the credit card authorization form is here: <https://www.in.gov/dhs/ems/individual-certifications/> Note that by statute, "if the certificate holder or license holder fails to pay the civil penalty within the time specified...the department may suspend the certificate holder's certificate or license holder's license without additional proceedings."
11. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:
- Indiana Department of Homeland Security  
Emergency Medical Services Commission  
c/o Secretary  
302 W. Washington Street, Rm. E208  
Indianapolis, Indiana 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)
12. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

### **III. EFFECTIVE DATE OF FINDINGS AND ORDER**

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

**IV.  
APPEAL RIGHTS**

This order is final and effective fifteen (15) days after service. If you desire administrative review of this order by the Emergency Medical Services Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the earliest date this order was served. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

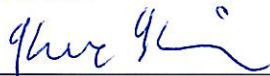
U.S. MAIL OR PERSONAL SERVICE  
Emergency Medical Services Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)


ONLINE  
By completing the form at  
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If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link  
<https://www.in.gov/dhs/appeals.htm>.

**SO ORDERED.**

  
\_\_\_\_\_  
By: Craig Kinney, State EMS Director  
Indiana Department of Homeland Security

  
\_\_\_\_\_  
Date

KK/rds



## **FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO: Greg Robinson**  
203 West College Ave  
Morocco, IN 47963  
Email: g.robinson@moroccofire.com  
**PSID #: 4269-2604**

**ORDER NUMBER: W0015-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the primary instructor certification held by or being issued to Greg Robinson (Applicant), PSID #: 4269-2604.

Rule that this waiver is being requested for: 836 IAC 4-5-2

Specifics of the waiver request: Applicant is requesting additional time to complete the requirements to gain her primary instructor certification.

### **I. FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
  - (1) compliance with the rule will impose an undue hardship on the Applicant; and
  - (2) either:
    - (A) noncompliance with the rule; or



- (B) compliance with an alternative requirement approved by the department of homeland security;
- will not jeopardize the quality of patient care.

Notes (if any): The requested waiver is to allow more time to take and pass the online primary instructor exam. Due to medical issues the applicant was not able to complete the testing process within the allotted timeframe.

## II. ORDER

Based upon the Findings set forth above, the Department Orders the following:

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
  - a. This Waiver is applicable only to Rule 836 IAC 4-5-2. The specific terms of the Waiver granted are: This waiver allows the applicant additional time to take and pass the primary instructor exam. Greg has two attempts to obtain a passing score by July 1, 2024.
  - b. The specific terms of the Waiver grant are:
    - The terms are those listed above in the description with no additional terms.
    - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
    - Other:
  - c. The term of this Waiver is listed above.
- 2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:
  - Indiana Department of Homeland Security  
Emergency Medical Services Commission  
c/o Secretary  
302 W. Washington Street, Rm. E208  
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

### III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

### IV. APPEAL RIGHTS

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### **U.S. MAIL OR PERSONAL SERVICE**

Indiana EMS Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204

#### **ONLINE**

By completing the form at  
<https://www.in.gov/dhs/4148.htm>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

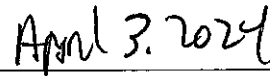
For additional information about the administrative review process, visit the following link  
<https://www.in.gov/dhs/appeals.htm>.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact the state EMS director at (317) 232-3983.

**SO ORDERED.**



By: Kraig Kinney, State EMS Director  
Emergency Medical Services  
Indiana Department of Homeland Security



Date

KK/rds



## **FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO: Justin Brummett**  
**212 W Third Street**  
**Williamsport, IN 47993**  
**Email: b-rummett@hotmail.com**

**PSID #: 9003-0756**

**ORDER NUMBER: W0014-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the primary instructor certification held by or being issued to Justin Brummett (Applicant), PSID #: 9003-0756.

Rule that this waiver is being requested for: 836 IAC 4-5-2

Specifics of the waiver request: Applicant is requesting additional time to complete the requirements to gain her primary instructor certification.

### **I. FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
  - (1) compliance with the rule will impose an undue hardship on the Applicant; and
  - (2) either:
    - (A) noncompliance with the rule; or

- (B) compliance with an alternative requirement approved by the department of homeland security;
- will not jeopardize the quality of patient care.

Notes (if any): The requested waiver is to allow more time to take and pass the online primary instructor exam. Due to medical issues the applicant was not able to complete the testing process within the allotted timeframe.

## II. ORDER

Based upon the Findings set forth above, the Department Orders the following:

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
  - a. This Waiver is applicable only to Rule 836 IAC 4-5-2. The specific terms of the Waiver granted are: This waiver allows the applicant additional time to take and pass the primary instructor exam. Justin has three attempts to obtain a passing score by July 1, 2024.
  - b. The specific terms of the Waiver grant are:
    - The terms are those listed above in the description with no additional terms.
    - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
    - Other:
  - c. The term of this Waiver is listed above.
- 2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security  
 Emergency Medical Services Commission  
 c/o Secretary  
 302 W. Washington Street, Rm. E208  
 Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

**III.  
EFFECTIVE DATE OF FINDINGS AND ORDER**

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

**IV.  
APPEAL RIGHTS**

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

**U.S. MAIL OR PERSONAL SERVICE**

Indiana EMS Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204

**ONLINE**

By completing the form at  
<https://www.in.gov/dhs/4148.htm>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

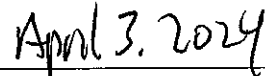
For additional information about the administrative review process, visit the following link  
<https://www.in.gov/dhs/appeals.htm>.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact the state EMS director at (317) 232-3983.

**SO ORDERED.**



\_\_\_\_\_  
By: Kraig Kinney, State EMS Director  
Emergency Medical Services  
Indiana Department of Homeland Security



\_\_\_\_\_  
Date

KK/rds



## ORDER REVOKING EMS CERTIFICATES AND LICENSE

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<b>TO:</b>	Troy Edward Louthen
<b>PSID No.:</b>	5021-6072
<b>ORDER No.:</b>	S005-2024
<b>DATE ISSUED:</b>	April 30, 2024
<b>METHOD OF SERVICE:</b>	Email to louthen.troy@outlook.com (ACADIS Certification Record Email)

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In accordance with Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-14, the Indiana Department of Homeland Security (Department) hereby **revokes**, for a period of seven (7) years, the Emergency Medical Technician (EMT) certificate, Paramedic license, and Emergency Vehicle Operator (EVOC) certificate, held by Troy Edward Louthen (PSID No.: 5021-6072).

### FINDINGS

This order is based on facts obtained by the Department following its investigation into criminal charges filed against Mr. Louthen. Specifically, the Department has found that:

1. On or about December 19, 2022, the State of Louisiana Bureau of Emergency Medical Services and Emergency Medical Services Certification Commission REVOKED the paramedic licensure for Mr. Troy Louthen with the following violations noted:
  - a. R.S. 40:1133.7(9) Unprofessional conduct.
  - b. R.S. 40:1133.7(3) Is unfit or incompetent by reason of negligence, habit, or other cause.
  - c. R.S. 40:1133.7(13) Is guilty of moral turpitude.
  - d. R.S. 40:1133.7(15) Intentional falsification of any document related to license, emergency medical services education, or related to the care of the patient.
  - e. R.S. 40:1133.7(3) and LAC Title 46 Part XXXVIII §503(D)(3) Unfit or incompetent by reason of negligence, habit, or other cause. The terms "unfit or incompetent," "habit," and "other cause" are defined in LAC Title 46, Part XXXVIII §507. The following "other causes" listed therein are involved/at issue:
    - i. improper use of drugs, medical supplies or equipment, patient's records, or other items.
2. On or about August 7, 2023, the National Registry of EMTs, in response to the Louisiana revocation, issued a revocation against Mr. Louthen's National Registry paramedic certification.
3. Mr. Louthen is subject to disciplinary sanctions under Ind. Code § 16-31-3-14(b) for the following:
  - a. Mr. Louthen violated Ind. Code § 16-31-3-14(a)(11) by being subjected to disciplinary action in another state or jurisdiction on grounds similar to those contained in Section (a) that includes:
    - i. having engaged in fraud or material deception in the course of professional services or activities in violation of Ind. Code § 16-31-3-14(a)(2).



- ii. failure to comply with 836 Ind. Admin. Code 4-4-1(e)(2) and 836 Ind. Admin. Code 4-9-3(e)(2) by acting "in such a manner that endangers the health or safety of emergency patients or the members of the general public" in violation of Ind. Code § 16-31-3-14(a)(7); and

### ORDER

Based upon the above findings and in accordance with Ind. Code § 16-31-3-14(b)(1), the Department hereby orders the following:

**Revocation of the EMT certificate, Paramedic license, and EVOC certificate held by Troy Edward Louthen (PSID No.: 5021-6072) for a period of seven (7) years from the effective date of this Order.**

Mr. Louthen shall be ineligible to obtain a renewal or new EMS certificate or license during the period of revocation. Upon expiration of the revocation period, and if Mr. Louthen ultimately is not convicted of the offenses charged which qualify as a crime of violence under Ind. Code § 16-31-3-14.5 and authorize permanent revocation, Mr. Louthen may reapply for EMS certification or licensure in accordance with the requirements for an initial certificate or license.

### REVIEW RIGHTS

This order is effective fifteen (15) days after service and must be complied with until such time that: (1) this order is overturned on review; (2) an administrative law judge issues a stay of enforcement; or (3) the Department consents to a request for stay in writing.

If you desire administrative review of this order by the Emergency Medical Services Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the earliest date this order was served. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

U.S. MAIL OR PERSONAL SERVICE  
Emergency Medical Services Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

ONLINE  
By completing the form at  
<https://www.in.gov/dhs/4148.htm>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

SO ORDERED.



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By: Craig Kinney, Director  
Emergency Medical Services,  
Indiana Department of Homeland Security

April 30, 2024  
Date



## **FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO:**

**Nate Metz  
Phoenix Paramedic Solutions  
3535 McCarty Lane  
Lafayette, IN 47905**

**Certification Number(s) #: 0985**

**ORDER NUMBER: W0013-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to Phoenix Paramedic Solutions (Applicant), Certification(s) #: 0985

Rule that this waiver is being requested for: 836 IAC 2-2-1 (h) and 836 IAC 2-14

Specifics of the waiver request:

836 IAC 2-2-1 requires a paramedic in the patient compartment when transporting a patient when ALS procedures have been initiated. 836 IAC 2-14 requires a set specif equipment to be carried on a certified ALS non-transport vehicle

### **I. FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that:

- (1) compliance with the rule will impose an undue hardship on the Applicant; and
- (2) either:
  - (A) noncompliance with the rule; or
  - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any):

Phoenix Paramedic solutions is requesting to utilize a registered nurse and EMT when conducting a inter facility transfer. They are also requesting when transporting a patient where ALS has been initiated, they can utilize the paramedic and a non-certified person from the scene. Phoenix Paramedic Solutions is also conducting patient care through their mobile integrated health program and would like to utilize an ALS non-transport vehicle with limited equipment approved by their medical director.

## II. ORDER

Based upon the Findings set forth above, the Department Orders the following:

- Applicant's waiver request is DENIED.
  - Applicant's waiver request is GRANTED with the following stipulations and restrictions:
    - a. This Waiver is applicable only to Rule 836 IAC 2-2-1 (h)
    - b. The specific terms of the Waiver grant are:

Phoenix Paramedic Solutions is granted a waiver to do the following: 1) During an inter facility transport, allow a registered nurse and an EMT during transport, 2) allow a non-certified driver with certified in CPR to drive the ambulance with a paramedic in the patient compartment, 3) allow the utilization of an ALS non-transport vehicle without a siren or emergency lighting. The ALS non-transport vehicle will only be required to carry the specific equipment and medications approved by the medical director. This list will be less than what is required by rule.

      - The terms are those listed above in the description with no additional terms.
      - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
      - Other:
    - c. The term of this Waiver is Two (2) years from the date of this Order.
2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security  
Emergency Medical Services Commission

c/o Secretary  
302 W. Washington Street, Rm. E208  
Indianapolis, Indiana 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

### REVIEW RIGHTS

This order is effective fifteen (15) days after service and must be complied with until such time that: (1) this order is overturned on review; (2) an administrative law judge issues a stay of enforcement; or (3) the Department consents to a request for stay in writing. If you desire administrative review of this order by the Emergency Medical Services Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the earliest date this order was served. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

**U.S. MAIL OR PERSONAL SERVICE**  
Emergency Medical Services Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

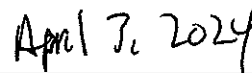
**ONLINE**  
By completing the form at  
<https://www.in.gov/dhs/4148.htm>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

### SO ORDERED.

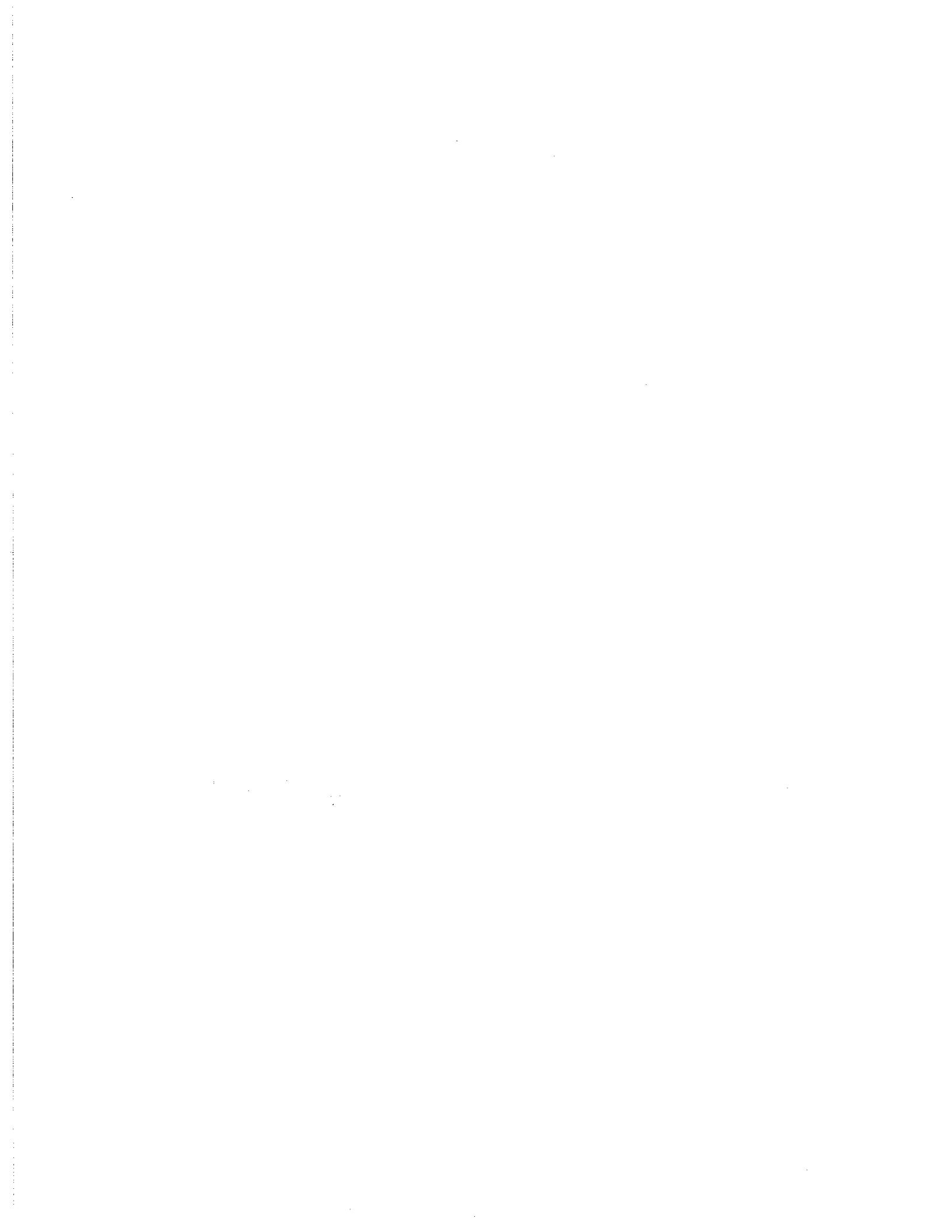


By: Craig Kinney, State EMS Director  
Emergency Medical Services  
Indiana Department of Homeland Security



Date

KK/rds





## **FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO:**

**Ken Faulkner  
Quality Care Ambulance Service  
911 S Adams Street  
Marion, IN 46953**

**Certification Number(s) #: 0402**

**ORDER NUMBER: W0009-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to Quality Care Ambulance Service (Applicant), Certification(s) #: 0402

Rule that this waiver is being requested for: 836 IAC 2-2-1 (h)(4)(A)

Specifics of the waiver request:

Requires staffing of an ALS transport to be a paramedic in the patient compartment and EMT on board. Quality Care is currently working on hiring more EMT's. They are also putting staff through EMT class but a few of them are having difficulty passing the National Registry exam.

### **I. FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.

- Applicant has demonstrated that:
- (1) compliance with the rule will impose an undue hardship on the Applicant; and
  - (2) either:
    - (A) noncompliance with the rule; or
    - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any):

EMS rule requires staffing for an ALS transport to be a paramedic in the patient compartment and EMT on board. Quality Care is currently working on hiring more EMT's. They are also putting staff through EMT class but a few of them are having difficulty passing the National Registry exam.

## II. ORDER

Based upon the Findings set forth above, the Department Orders the following:

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
  - a. This Waiver is applicable only to Rule 836 IAC 2-2-1 (h)
  - b. The specific terms of the Waiver grant are:
    - Allows Quality Care Ambulance to transport ALS patients when no EMT is available with a paramedic and driver. Quality Care Amb is required to maintain the waiver tool and keep track of times when no EMT is available. To be eligible for a renewal waiver, Quality Care will need to show an increase in coverage during waiver period.
  - The terms are those listed above in the description with no additional terms.
  - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
  - Other:
- c. The term of this Waiver is Two (2) years from the date of this Order.



2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security  
Emergency Medical Services Commission  
c/o Secretary  
302 W. Washington Street, Rm. E208  
Indianapolis, Indiana 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

### REVIEW RIGHTS

This order is effective fifteen (15) days after service and must be complied with until such time that: (1) this order is overturned on review; (2) an administrative law judge issues a stay of enforcement; or (3) the Department consents to a request for stay in writing. If you desire administrative review of this order by the Emergency Medical Services Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the earliest date this order was served. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

U.S. MAIL OR PERSONAL SERVICE  
Emergency Medical Services Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)


ONLINE  
By completing the form at  
<https://www.in.gov/dhs/4148.htm>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

SO ORDERED.



By: Kraig Kinney, State EMS Director  
Emergency Medical Services  
Indiana Department of Homeland Security



Date

KK/rds



## **FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO:**

**Shiela Browning  
Rush Memorial Hospital  
1300 N Main Street  
Rushville, IN 46173**

**Certification Number(s) #: 0949**

**ORDER NUMBER: W0010-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to Rush Memorial Hospital (Applicant), Certification(s) #: 0949

Rule that this waiver is being requested for: 836 IAC 2-2-1 (h)(4)(A)

Specifics of the waiver request:

In lieu of the rule requirement of a paramedic being required on every transport where ALS have been initiated, Rush Memorial Hospital is requesting that the nurse be an acceptable substitute as needed. The normal configuration during a transport for Rush Memorial Hospital is an RN, paramedic and or and EMT on the ground units. At times the team is required to be configured to include RN's functioning independently in the patient care compartment. The RN is required to complete additional training on several other topics to be approved by Parkview to function alone.

### **I. FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.

- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that:
  - (1) compliance with the rule will impose an undue hardship on the Applicant; and
  - (2) either:
    - (A) noncompliance with the rule; or
    - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any):

In lieu of the rule requirement of a paramedic being required on every transport where ALS have been initiated, Rush Memorial Hospital is requesting that the nurse be an acceptable substitute as needed. The normal configuration during a transport for Rush Memorial Hospital is an RN, paramedic and or and EMT on the ground units. At times the team is required to be configured to include RN's functioning independently in the patient care compartment. The RN is required to complete additional training on several other topics to be approved by Parkview to function alone.

## II. ORDER

Based upon the Findings set forth above, the Department Orders the following:

- Applicant's waiver request is DENIED.
  - Applicant's waiver request is GRANTED with the following stipulations and restrictions:
    - a. This Waiver is applicable only to Rule 836 IAC 2-2-1 (h)
    - b. The specific terms of the Waiver grant are:

Allows Rush Memorial Hospital to transport patients with an alternate staffing in the patient compartment. Depending on the patient the transport could consist of staffing with a registered nurse/EMT, EMT/paramedic or registered nurse/paramedic.

      - The terms are those listed above in the description with no additional terms.
      - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
      - Other:
    - c. The term of this Waiver is Two (2) years from the date of this Order.
2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security  
Emergency Medical Services Commission  
c/o Secretary  
302 W. Washington Street, Rm. E208  
Indianapolis, Indiana 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

### REVIEW RIGHTS

This order is effective fifteen (15) days after service and must be complied with until such time that: (1) this order is overturned on review; (2) an administrative law judge issues a stay of enforcement; or (3) the Department consents to a request for stay in writing. If you desire administrative review of this order by the Emergency Medical Services Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the earliest date this order was served. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

U.S. MAIL OR PERSONAL SERVICE  
Emergency Medical Services Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

ONLINE  
By completing the form at  
<https://www.in.gov/dhs/4148.htm>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

SO ORDERED.



By: Craig Kinney, State EMS Director  
Emergency Medical Services  
Indiana Department of Homeland Security



Date

KK/rds



## FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY

TO: **Paul D. Thompson**  
**311 S 13<sup>th</sup> Street**  
**Vincennes, IN 47591**  
Primary Email: [vtfdred@yahoo.com](mailto:vtfdred@yahoo.com)  
PSID #: **3729-0679**

**\*\* Service by ACADIS Certification Record email**

**ORDER NUMBER: S0004-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-14, the Indiana Department of Homeland Security (Department) enters this Findings and Order regarding the emergency medical technician (EMT) certification held by **Paul D. Thompson** (Respondent), PSID #: **3729-0679**.

### I. FINDINGS

1. Respondent holds an EMT Certificate with an expiration date of **March 31, 2024**.
2. On or about **February 27, 2024**, Respondent submitted a renewal application for certification/licensure using the ACADIS on-line portal system. In the system, the following affirmation by Respondent was made:
  - a. Applicant Affirmation:  
I hereby affirm, under the penalty of perjury, that all statements contained in this application are true and correct. I understand that falsifying statements or documents may be cause for disciplinary action by the Emergency Medical Services Commission, and that the disciplinary action may include revocation of certification. I also understand that Emergency Medical Services Commission may conduct an audit of the recertification documents listed at any time. Furthermore, I understand that it is prohibited to initiate a subsequent on-line renewal attempt for a certification for which I have an audit pending, and that I have not been notified during a previous attempt that my application for renewal has been audited.

b. Applicant Response:

"All requirements for this certification or license have been met, and the applicant attests that the above statements are true."

3. Respondent received a system generated audit of his certification records.
4. On or about **February 28, 2024**, Respondent submitted initial paperwork in response to the audit. The audit paperwork had the following deficiencies which resulted in an incomplete application at the time it was submitted:
  - a. The application cover sheet included the required signatures, but all were obtained **AFTER** the submission of the on-line renewal on **February 27, 2024**, in violation of EMS Commission policy:
    - i. Respondent's signature date was **February 28, 2024**.
    - ii. Respondent's affiliated provider organization director signature date was **February 28, 2024**

## II

### Authority / Governing Law

5. Pursuant to IC 16-31-3-14(a)(2) and (b)(4), the Department may issue a letter of reprimand if the certificate or license holder engaged in or knowingly cooperated in fraud or material deception to obtain a certificate or license.
6. Pursuant to IC 16-31-3-14(a)(2) and (b)(5), the Department may assess a civil penalty against the certificate holder or license holder if the certificate or license holder engaged in or knowingly cooperated in fraud or material deception in order to obtain a certificate or license.
7. On May 14, 2020, the Indiana EMS Commission approved a non-rule policy on Certifications Renewal Dishonesty that indicates that 1) submission of a renewal application is an intentional act and that IDHS will not accept claims of "accidental" recertification or claims that the person did not realize that they were not compliant and 2) set the sanction for failing to obtain all required signatures **BEFORE** submitting the application as a private reprimand and \$50.00 fine.

## III

### CONCLUSIONS OF LAW

The Department finds that Respondent's act of submitting the recertification or re-licensure application via the ACADIS portal renewal system when not all the recertification/re-licensure requirements had been met, namely the requirements of signatures of authorized affiliating staff, is fraud of material deception in obtaining a certificate or licensure. It is also noted that the affirmation of eligibility to complete the certification or licensure itself would be false.

#### IV. ORDER

Based upon the Findings set forth above, the Department Orders the following sanction:

8. Respondent is assessed a \$50.00 civil penalty that must be paid within 30 days of this Order. Civil penalties may be paid via credit card or via check payable/money order payable to the "IDHS-Emergency Medical Services Education Fund." Payment may be mailed to the address in #3 below. Payment by credit card may be done by obtaining and completing a credit card authorization form via <https://www.in.gov/dhs/files/Credit-Card-Form-EMS.pdf> and emailing [emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov). Note that by statute, "if the certificate holder or license holder fails to pay the civil penalty within the time specified...the department may suspend the certificate holder's certificate or license holder's license without additional proceedings."
9. Respondent's EMT certification and PSID status shall contain a Letter of Reprimand.
  - a. A Letter of Reprimand is issued when the Department has determined a violation has occurred and wants to emphasize that the action was unacceptable under the EMS Code and rules, but further action on the certification or license is not necessary.
  - b. Unlike a Censure, which is a publicly listed, a Letter of Reprimand is not actively publicized by the Department but could be subject to disclosure under a public records request.
  - c. A Letter of Reprimand may be used as an aggravating factor if there is a future instance of disciplinary sanction by the Department.
10. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security  
Emergency Medical Services Commission  
c/o Secretary  
302 W. Washington Street, Rm. E208  
Indianapolis, Indiana 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)
11. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

**III.  
EFFECTIVE DATE OF FINDINGS AND ORDER**

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

**IV.  
APPEAL RIGHTS**

This order is final and effective fifteen (15) days after service. If you desire administrative review of this order by the Emergency Medical Services Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the earliest date this order was served. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

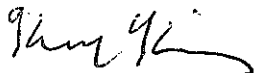
**U.S. MAIL OR PERSONAL SERVICE**  
Emergency Medical Services Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204  
[emscertifications@dhs.in.gov](mailto:emscertifications@dhs.in.gov)

**ONLINE**  
By completing the form at  
<https://www.in.gov/dhs/4148.htm>

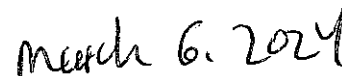
If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link  
<https://www.in.gov/dhs/appeals.htm>.

**SO ORDERED.**



By: Kraig Kinney, Director  
Emergency Medical Services  
Indiana Department of Homeland Security



Date





**FINDINGS AND ORDER  
OF THE  
INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO: Kadee L McCloud**  
9340 S Hunters Creek Road  
Norman, IN 47264  
PSID #: 5151-1401  
Primary Email: [kadeelynn22@aol.com](mailto:kadeelynn22@aol.com)  
**\*\* Service by ACADIS Certification Record email**

**ORDER NUMBER: S0008-2024**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-14, the Indiana Department of Homeland Security (Department) enters this Findings and Order regarding the paramedic certificate held by Kadee L McCloud (Respondent), PSID #: 5151-1401.

**I.  
FINDINGS**

1. Respondent holds an Indiana EMT certification and Paramedic license that expire on March 31, 2025.
2. On or about February 21, 2024, Respondent was on duty with Indiana University ("IU") Health and dispatched to an ALS scene for a patient and responded in her ALS non-transport vehicle.
3. Once on scene, Respondent made patient contact and conducted an assessment.
4. A second EMS response was dispatched at another location, and Respondent made the decision to leave the first dispatched response to respond to the second dispatched response before any other emergency crews were on scene to care for the first scene patient.
5. There was a four to six-minute delay until other EMS certified clinicians arrived on scene for the first incident. The first incident patient was ultimately transported to the hospital.

## II. RELEVANT AUTHORITY

6. Pursuant to IC 16-31-3-14(a)(7), the Department may issue sanctions if fails to comply and maintain compliance with or violates any applicable provision, standard, or other requirement of this article or rules adopted under this article.
7. Per 836 IAC 4-4-1(e), an EMT shall not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public.
8. Per 836 IAC 4-9-3(e), a paramedic shall not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public.
9. Pursuant to IC 16-31-3-14 (b)(3), the Department may issue as censure of a certificate or license holder as a sanction if the individual is eligible for sanctions under section IC16-31-3-14(a).

## III. CONCLUSIONS OF LAW

10. Respondent's conduct as described above constitutes a violation of 836 IAC 4-4-1(e) and 836 IAC 4-9-3(e) in that Respondent acted negligently, recklessly, and in such a manner that endangered the health of an emergency patient. Specifically, by initiating contact and beginning care with the initial patient and then leaving said patient with no EMS care for a period of several minutes, Respondent violated of 836 IAC 4-4-1(e) and 836 IAC 4-9-3(e), and is therefore subject to sanctions and censure pursuant to IC 16-31-3-14(a)(7) and IC 16-31-3-14(b)(3).

## IV. ORDER

11. Based upon the Findings of Fact and Conclusions of Law, the Department hereby orders that the EMT certificate and Paramedic license of Respondent shall reflect a **PUBLIC CENSURE** from the effective date of this Order.
  - a. A Censure is issued when the Department has determined a violation has occurred and wants to emphasize that the action was unacceptable under the EMS Code and rules.
  - b. The Censure is a publicly listed, subject to disclosure under a public records request, and may be utilized by the Department for educational purposes for other providers.

- c. A Censure may be used as an aggravating factor if there is a future instance of disciplinary sanction by the Department.
- d. The Censure is based upon these specific factual circumstances and does not preclude the Department from issuing harsher sanctions, where appropriate, for violations of this Rule.

#### V.

#### EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

#### IV.

#### APPEAL RIGHTS

This order is final and effective fifteen (15) days after service. If you desire administrative review of this order by the Emergency Medical Services Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the earliest date this order was served. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

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By completing the form at  
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If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

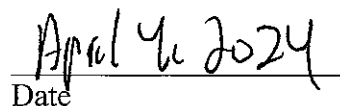
For additional information about the administrative review process, visit the following link <https://www.in.gov/dhs/appeals.htm>.

**SO ORDERED.**



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By: Kraig Kinney, State EMS Director  
Emergency Medical Services  
Indiana Department of Homeland Security

  
Date

KK/rds