Bureau of Narcotics and Dangerous Drugs Control (OBNDD) suspended Registrant's OBNDD registration. RFAAX 1, at 2.[2] According to Oklahoma online records, of which the Agency takes official notice,[3] Registrant's OBNDD registration is inactive. OBNDD Registrant Search, *https://obnddc.us.thentiacloud.net/webs/obnddc/register* (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed to handle controlled substances in Oklahoma, the state in which he is registered with DEA.[4]

Discussion

Pursuant to 21 U.S.C. 824(a)(3), the Attorney General is authorized to suspend or revoke a registration issued under 21 U.S.C. 823 ''upon a finding that the registrant . . . has had his State license or registration suspended . . . [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances.''

With respect to a practitioner, DEA has also long held that the possession of authority to dispense controlled substances under the laws of the state in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. *Gonzales* v. *Oregon,* 546 U.S. 243, 270 (2006) (''The Attorney General can register a physician to dispense controlled substances 'if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices.' . . . The very definition of a 'practitioner' eligible to prescribe includes physicians 'licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which he practices' to dispense controlled substances. 802(21).''). The Agency has applied these principles consistently. *See, e.g., James L. Hooper, M.D.,* 76 FR 71371, 71372 (2011), *pet. for rev. denied,* 481 F. App'x 826 (4th Cir. 2012); *Frederick Marsh Blanton, M.D.,* 43 FR 27616, 27617 (1978).[5]

Pursuant to Oklahoma's Uniform Controlled Dangerous Substances Act, ''[e]very person who manufactures, distributes, dispenses, prescribes, administers or uses for scientific purposes any controlled dangerous substance within or into this state . . . shall obtain a registration issued by the Director of the [OBNDD], in accordance with rules promulgated by the Director.'' Okla. Stat. tit. 63, § 2–302(A) (2024).[6]

Here, the undisputed evidence in the record is that Registrant currently lacks authority to handle controlled substances in Oklahoma because his OBNDD registration is inactive. As discussed above, a person must hold a valid OBNDD registration to dispense a controlled substance in Oklahoma, subject to limited exceptions not applicable here. Thus, because Registrant lacks authority to handle controlled substances in Oklahoma, Registrant is not eligible to maintain a DEA registration. Accordingly, the Agency will order that Registrant's DEA registration be revoked.

Order

Pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 824(a), I hereby revoke DEA Certificate of Registration No. FR0228747 issued to Abolghasem Rezaei, M.D. Further, pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 823(g)(1), I hereby deny any pending applications of Abolghasem Rezaei, M.D., to renew or modify this registration, as well as any other pending application of Abolghasem Rezaei, M.D., for additional registration in Oklahoma. This Order is effective November 19, 2025.

Signing Authority

This document of the Drug Enforcement Administration was signed on October 9, 2025, by Administrator Terrance Cole. That document with the original signature and date is maintained by DEA. For administrative purposes only, and in compliance with requirements of the Office of the Federal Register, the undersigned DEA Federal Register Liaison Officer has been authorized to sign and submit the document in electronic format for publication, as an official document of DEA. This administrative process in no way alters the legal effect of this document upon publication in the **Federal Register**.

Heather Achbach,

Federal Register Liaison Officer, Drug Enforcement Administration.

[FR Doc. 2025–19598 Filed 10–17–25; 8:45 am]

BILLING CODE 4410–09–P

[2] On February 13, 2025, OBNDD upheld the suspension. *Id.*

[3] Under the Administrative Procedure Act, an agency ''may take official notice of facts at any stage in a proceeding—even in the final decision.'' United States Department of Justice, Attorney General's Manual on the Administrative Procedure Act 80 (1947) (Wm. W. Gaunt & Sons, Inc., Reprint 1979).

[4] Pursuant to 5 U.S.C. 556(e), ''[w]hen an agency decision rests on official notice of a material fact not appearing in the evidence in the record, a party is entitled, on timely request, to an opportunity to show the contrary.'' The material fact here is that Registrant, as of the date of this decision, is not licensed to handle controlled substances in Oklahoma. Accordingly, Registrant may dispute the Agency's finding by filing a properly supported motion for reconsideration of findings of fact within fifteen calendar days of the date of this Order. Any such motion and response shall be filed and served by email to the other party and to the DEA Office of the Administrator, Drug Enforcement Administration at *dea.addo.attorneys@dea.gov.*

[5] This rule derives from the text of two provisions of the Controlled Substances Act (CSA). First, Congress defined the term ''practitioner'' to mean ''a physician . . . or other person licensed, registered, or otherwise permitted, by . . . the jurisdiction in which he practices . . . , to distribute, dispense, . . . [or] administer . . . a controlled substance in the course of professional practice.'' 21 U.S.C. 802(21). Second, in setting the requirements for obtaining a practitioner's registration, Congress directed that ''[t]he Attorney General shall register practitioners . . . if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices.'' 21 U.S.C. 823(g)(1). Because Congress has clearly mandated that a practitioner possess state authority in order to be deemed a practitioner under the CSA, DEA has held repeatedly that revocation of a practitioner's registration is the appropriate sanction whenever he is no longer authorized to dispense controlled substances under the laws of the state in which he practices. *See, e.g., James L. Hooper, M.D.,* 76 FR at 71371–72; *Sheran Arden Yeates, M.D.,* 71 FR 39130, 39131 (2006); *Dominick A. Ricci, M.D.,* 58 FR 51104, 51105 (1993); *Bobby Watts, M.D.,* 53 FR 11919, 11920 (1988); *Frederick Marsh Blanton, M.D.,* 43 FR at 27617.

[6] Although there are limited circumstances under which a person ''may lawfully possess controlled dangerous substances'' without a registration issued by the Director of the OBNDD, based on the information furnished by the Government, none are applicable here. *Id.* § 2–302(H).

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Ali Elhorr, M.D.; Decision and Order

On May 22, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Ali Elhorr, M.D. (Applicant), of Dearborn, Michigan. Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1, 4. The OSC proposed the denial of Applicant's application for DEA registration, Control No. W22137646C, alleging that Applicant is mandatorily excluded from participation in Medicare, Medicaid, and all Federal health care programs pursuant to 42 U.S.C. 1320a–7(a) and that Applicant materially falsified his application for registration. *Id.,* at 2–3 (citing 21 U.S.C. 824(a)(5), 824(a)(1)).

On July 7, 2025, the Government submitted an RFAA requesting that the Agency issue a default final order denying Applicant's application. RFAA, at 1, 5. After carefully reviewing the entire record and conducting the analysis as set forth in detail below, the Agency finds that Applicant is in default, finds that Applicant is

mandatorily excluded, and finds that Applicant materially falsified his application for registration. Accordingly, the Agency grants the Government's RFAA and denies Applicant's application.

I. Default Determination

Under 21 CFR 1301.43, an applicant entitled to a hearing who fails to file a timely hearing request ''within 30 days after the date of receipt of the [OSC] . . . shall be deemed to have waived their right to a hearing and to be in default'' unless ''good cause'' is established for the failure. 21 CFR 1301.43(a), (c)(1). In the absence of a demonstration of good cause, an applicant who fails to timely file an answer also is ''deemed to have waived their right to a hearing and to be in default.'' 21 CFR 1301.43(c)(2). Unless excused, a default constitutes ''an admission of the factual allegations of the [OSC].'' 21 CFR 1301.43(e).

The OSC notified Applicant of his right to file a written request for hearing and answer, and that if he failed to file such a request and answer, he would be deemed to have waived his right to a hearing and be in default.[1] RFAAX 1, at 3 (citing 21 CFR 1301.43). Applicant has not requested a hearing or filed an answer. RFAA, at 2. Thus, the Agency finds that Applicant is in default and therefore has admitted to the factual allegations in the OSC. 21 CFR 1301.43(e).

II. Mandatory Exclusion

A. Findings of Fact

The Agency finds that, in light of Applicant's default, the factual allegations in the OSC are deemed admitted. 21 CFR 1301.43(e). Accordingly, Applicant admits that in September 2016, he pled guilty to health care fraud in violation of 18 U.S.C. 1347. RFAAX 1, at 2. As a result of Applicant's conviction,[2] the United States Department of Health and Human Services, Office of Inspector General (HHS/OIG), mandatorily excluded Applicant from participation in Medicare, Medicaid, and all Federal health care programs pursuant to 42 U.S.C. 1320a–7(a) for a minimum period of 15 years, effective on February 20, 2017. *Id.*

B. Discussion

Pursuant to 21 U.S.C. 824(a)(5), the Agency[3] is authorized to suspend or revoke a registration upon finding that the registrant ''has been excluded (or directed to be excluded) from participation in a program pursuant to [42 U.S.C. 1320a–7(a)].'' The Agency has consistently held that it may also deny an application upon finding that an applicant has been excluded from a Federal health care program. *Mark Agresti, M.D.,* 90 FR 30098, 30099 (2025); *Samirkumar Shah, M.D.,* 89 FR 71931, 71933 (2024); *Arvinder Singh, M.D.,* 81 FR 8247, 8248 (2016).

Here, the Agency finds substantial record evidence[4] that Applicant is mandatorily excluded from participation in Medicare, Medicaid, and all Federal health care programs pursuant to 42 U.S.C. 1320a–7(a) for a minimum of 15 years. RFAAX 1, at 2. Accordingly, the Agency finds that the Government established a *prima facie* case for sanction based on mandatory exclusion, that Applicant did not rebut that *prima facie* case, and that there is substantial record evidence supporting the imposition of sanctions. 21 U.S.C. 824(a)(5).

III. Material Falsification

A. Findings of Fact

The Agency finds that, in light of Applicant's default, the factual allegations in the OSC are deemed admitted. 21 CFR 1301.43(e). Accordingly, Applicant is deemed to have admitted to each of the following facts. On October 19, 2022, Applicant submitted an application for DEA registration as a practitioner in Schedules II through V. RFAAX 1, at 2. The application form contained the following liability question: ''[h]as the applicant ever been . . . excluded or directed to be excluded from participation in a medicare or state health care program, or [is] any such action pending?'' *Id.,* at 3 (''Liability Question 1''). Applicant answered ''No'' to Liability Question 1. *Id.* At the time he submitted his application, Applicant was mandatorily excluded from ''participation in Medicare, Medicaid, and all Federal health care programs'' by HHS/OIG. *Id.; see supra* Section II.

B. Discussion

A DEA registration may be denied, suspended, or revoked upon a finding that the applicant or registrant materially falsified any application filed pursuant to or required by the CSA. 21 U.S.C. 824(a)(1).[5] To present a *prima facie* case for material falsification, the Government's record evidence must show (1) the submission of an application, (2) containing a false statement and/or omitting information that the application requires, (3) when the submitter knew or should have known that the statement is false and/or that the omitted information existed and the application required its disclosure, and (4) the false statement and/or required but omitted information is material, that is, it ''connects to at least one of the section 823 factors that, according to the CSA, the Administrator shall consider when analyzing whether issuing a registration would be inconsistent with the public interest.'' *Michael Bouknight,* 90 FR 31247, 31249 (2025) (quoting *Frank Joseph Stirlacci, M.D.,* 85 FR 45229, 45238 (2020)) (cleaned up) (citing 21 U.S.C. 823 and *Kungys,* 485 U.S. at 771). The Government must establish material falsification with record evidence that is clear, unequivocal, and convincing. *Kungys,* 485 U.S. at 772; *Michael Bouknight,* 90 FR at 31249–50; *Sasha Melissa Ikramelahai,* 90 FR 32017, 32019–20 (2025); *Frank Joseph Stirlacci, M.D.,* 85 FR at 45230–39.

First, the Government must prove that the applicant or registrant submitted an application for registration pursuant to the CSA.[6] 21 U.S.C. 824(a)(1); *see also* 21 U.S.C. 822 (persons required to register); 21 U.S.C. 823(g)(1) (registration requirements).

Second, the Government must prove that the application contained a false

[1] Based on the Government's submission in its RFAA dated July 7, 2025, the Agency finds that service of the OSC on Applicant was adequate. The included attachment shows that on June 3, 2025, a Diversion Investigator personally served the OSC on Applicant and Applicant signed a receipt of service. RFAAX 2.

[2] The underlying conviction forming the basis for mandatory exclusion from participation in Federal health care programs need not involve controlled substances to provide the grounds for revocation or denial pursuant to section 824(a)(5). *See Moustafa M. Aboshady, M.D.,* 90 FR 15992, 15993 n.5 (2025) (collecting cases).

[3] The Controlled Substances Act (CSA) delegates power to the Attorney General, who has delegated it to the Administrator of the DEA (the Agency) by 28 CFR 0.100.

[4] According to the CSA, ''[f]indings of fact by the [DEA Administrator], if supported by substantial evidence, shall be conclusive.'' 21 U.S.C. 877. Here, where Applicant is found to be in default, all the factual allegations in the OSC are deemed to be admitted. These uncontested and deemed admitted facts constitute evidence that exceeds the ''substantial evidence'' standard of 21 U.S.C. 877; it is unrebutted evidence.

[5] A statutory basis to deny an application pursuant to section 823 is also a basis to revoke or suspend a registration pursuant to section 824, and vice versa, because doing ''otherwise would mean that all applications would have to be granted only to be revoked the next day . . . .'' *Robert Wayne Locklear, M.D.,* 86 FR 33738, 33744–45 (2021) (collecting cases).

The United States Supreme Court's decision in *Kungys* v. *United States,* 485 U.S. 759 (1988), and its progeny, guide the Agency's implementation of these CSA provisions.

[6] ''The CSA and its implementing regulations set forth strict requirements regarding registration'' as a part of Congress' ''closed regulatory system'' for the manufacture, distribution, dispensing, and possession of controlled substances. *Gonzales* v. *Raich,* 545 U.S. 1, 12–14 (2005).

statement or omitted information that the application required, either of which may constitute a material falsity. *See, e.g., Emed Medical Company LLC and Med Assist Pharmacy,* 88 FR 21719, 21720 (2023) (applicant falsely answered ''no'' to Liability Question 3 on seventeen applications when the true answer was ''yes''); *Richard J. Settles, D.O.,* 81 FR 64940, 64945–46 (2016) (applicant failed to disclose an interim consent agreement restricting his license based on findings that he issued controlled substance prescriptions without federal or state legal authority to do so). In making this assessment, the Agency will examine the entire application, including registrant's ''yes/no'' answers to the liability questions and any follow-up response(s). *Daniel A. Glick, D.D.S.,* 80 FR 74800, 74802, 74808–09 (2015). To establish an omission, the Government must show both that omitted information existed and that the application required inclusion of that information. *See, e.g., Richard A. Herbert, M.D.,* 76 FR 53942, 53956 (2011) (omission of a probation which the application required to be identified); *Michel P. Toret, M.D.,* 82 FR 60041, 60042 (2017) (Voluntary Surrender Form alone is insufficient evidence to find material falsification based on registrant's ''no'' answer to the question regarding ''surrender[s] (for cause)'').

Third, the Government must prove that the applicant or registrant knew or should have known that the statement is false and/or that the omitted information existed and the application required its disclosure. *See John J. Cienki, M.D.,* 63 FR 52293, 52295 (1998) (''[I]n finding that there has been a material falsification of an application, it must be determined that the applicant knew or should have known that the response given to the liability question was false.''); *Samuel Arnold, D.D.S.,* 63 FR 8687, 8688 (1998) (''It is also undisputed that Respondent knew that his Ohio dental license had previously been suspended.''); *Bobby Watts, M.D.,* 58 FR 46995, 46995 (1993) (''Respondent knew that the Tennessee Board of Medical Examiners had suspended his medical license on May 7, 1987, and had placed his state medical license on probation on May 2, 1988.''); *see also Frank Joseph Stirlacci, M.D.,* 85 FR at 45236–37 & nn.22–23 (collecting cases).

Fourth, the Government must prove that the false statement and/or required but omitted information is ''material.'' The *Kungys* Court held that a statement is material if it is ''predictably capable of affecting, *i.e.,* had a natural tendency to affect, the [Agency's] official decision,'' or stated differently, ''had a natural tendency to influence the decision.'' *Kungys,* 485 U.S. at 771–72. As already discussed, materiality, for the purposes of the CSA, is tied to the factors that the Administrator ''shall'' consider when determining whether issuance of a registration ''would be inconsistent with the public interest.'' [7] 21 U.S.C. 823; *Kungys,* 485 U.S. at 771–72; *Frank Joseph Stirlacci, M.D.,* 85 FR at 45234, 45238.

The Government has the burden of proof in this proceeding. 21 CFR 1301.44. Here, the Agency finds that the Government's clear, unequivocal, and convincing record evidence presents a *prima facie* case that Applicant submitted a materially false application. 21 U.S.C. 823(g)(1), 824(a)(1).

In light of Applicant's default admissions, the Agency finds clear, unequivocal, and convincing record evidence of the following facts. On October 19, 2022, Applicant submitted an application for DEA registration. RFAAX 1, at 2. The application required Applicant to state whether or not he has ever been excluded from participation in Federal or state health care programs, to which Applicant responded ''no'' despite having been excluded from all Federal health care programs by HHS/OIG. *Id.,* at 3. Thus, Applicant falsified his application by representing that he was not excluded from Federal health care programs when he, in fact, knew or should have known that he was excluded and that the application required disclosure of this information. *See Lee S. Altman, M.D.,* 90 FR 23955, 23958 (2025) (''the applicant bears the responsibility to carefully read the liability questions and to answer them honestly''); *Zelideh I. Cordova-Velazco, M.D.,* 83 FR 62902, 62906 (2018) (''[a]llegedly misunderstanding or misinterpreting liability questions does not relieve the applicant of this responsibility'').

In addition, this falsification was material. Applicant's provision of false information in response to Liability Question 1 on his application deprived the Agency of the legally relevant information needed to make an informed decision regarding his application. *See* 21 U.S.C. 824(a)(5); *Lee S. Altman, M.D.,* 90 FR at 23958; *Frank Joseph Stirlacci, M.D.,* 85 FR at 45234. Therefore, Applicant's provision of false information was ''predictably capable of affecting . . . the [Agency's] official decision.'' *Kungys,* 485 U.S. at 771; *see also Daniel R. Nevarre, M.D.,* 87 FR 3340, 3342–43 (2022) (finding that providing a false response regarding exclusion from health care programs constitutes material falsification); *Michael Jones, M.D.,* 86 FR 20728, 20730–32 (2021) (same).

As a result of this established violation, the Agency finds that the Government has established a *prima facie* case for sanction based on material falsification, that Applicant did not rebut that *prima facie* case, and that there is substantial record evidence supporting the imposition of sanctions. 21 U.S.C. 824(a)(1).

IV. Sanction

Where, as here, the Government has presented a *prima facie* case showing that an applicant is mandatorily excluded from Federal health care programs and submitted a materially false application for registration, the burden shifts to Applicant to show why he can be trusted with a registration. *Morall* v. *Drug Enf't Admin.,* 412 F.3d 165, 181 (D.C. Cir. 2005); *Jones Total Health Care Pharmacy, LLC* v. *Drug Enf't Admin.,* 881 F.3d 823, 830 (11th Cir. 2018); *Garrett Howard Smith, M.D.,* 83 FR 18882, 18904 (2018). The issue of trust is a fact-dependent determination based on the circumstances presented by the individual practitioner. *Jeffrey Stein, M.D.,* 84 FR 46968, 46972 (2019); *see also Jones Total Health Care Pharmacy,* 881 F.3d at 833. Historically, the Agency has considered acceptance of responsibility, egregiousness, and deterrence when making this assessment. *See Michael Bouknight,* 90 FR at 31250; *Sasha Melissa Ikramelahai,* 90 FR at 32020–21; *Frank Joseph Stirlacci, M.D.,* 85 FR at 45239–40.

Specifically, the Agency requires the practitioner to accept responsibility for his or her violation. *Jones Total Health Care Pharmacy,* 881 F.3d at 833; *ALRA Labs, Inc.* v. *Drug Enf't Admin.,* 54 F.3d 450, 452 (7th Cir. 1995). Acceptance of responsibility must be unequivocal. *Janet S. Pettyjohn, D.O.,* 89 FR 82639, 82641 (2024); *Mohammed Asgar, M.D.,* 83 FR 29569, 29573 (2018); *see also Jones Total Health Care Pharmacy,* 881 F.3d at 830–31. In addition, the Agency considers the egregiousness and extent of the misconduct in determining the appropriate sanction. *Jones Total Health Care Pharmacy,* 881 F.3d at 834 & n.4. The Agency also considers the need to deter similar acts by Applicant and by future applicants for registration. *Jeffrey Stein, M.D.,* 84 FR at 46972–73.

Here, Applicant failed to answer the allegations contained in the OSC and did not otherwise avail himself of the opportunity to refute the Government's

[7] Because the bases for revocation listed in 21 U.S.C. 824 may also serve as bases to deny an application, *see supra* n.5, a finding of materiality may also be tied to 21 U.S.C. 824(a)(1)–(5).

case. *See supra* Section I. Thus, there is no record evidence that Applicant takes responsibility, let alone unequivocal responsibility, for the misconduct. Accordingly, he has not convinced the Agency that his future controlled-substance-related actions will comply with the CSA such that he can be entrusted with the responsibilities of a registration.

Further, the interests of specific and general deterrence weigh in favor of denial. Applicant's conduct in this matter concerns the CSA's ''strict requirements regarding registration'' and, therefore, goes to the heart of the CSA's ''closed regulatory system'' specifically designed ''to conquer drug abuse and to control the legitimate and illegitimate traffic in controlled substances.'' *Gonzales,* 545 U.S. at 12–14. If the Agency were to issue a registration to Applicant under these circumstances, it would send a dangerous message that compliance with the law is not essential to obtaining a registration.

Accordingly, the Agency will order the denial of Applicant's application.[8]

Order

Pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 824, I hereby deny the pending application for a DEA Certificate of Registration, Control No. W22137646C, submitted by Ali Elhorr, M.D., as well as any other pending applications of Ali Elhorr, M.D., for additional registration in Michigan. This Order is effective November 19, 2025.

Signing Authority

This document of the Drug Enforcement Administration was signed on October 9, 2025, by Administrator Terrance Cole. That document with the original signature and date is maintained by DEA. For administrative purposes only, and in compliance with requirements of the Office of the Federal Register, the undersigned DEA Federal Register Liaison Officer has been authorized to sign and submit the document in electronic format for publication, as an official document of DEA. This administrative process in no way alters the legal effect of this document upon publication in the **Federal Register**.

Heather Achbach,

Federal Register Liaison Officer, Drug Enforcement Administration.

[FR Doc. 2025–19599 Filed 10–17–25; 8:45 am]

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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Chantal F. Nouvellon, D.O.; Decision and Order

On April 2, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Chantal F. Nouvellon, D.O. (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1, 4. The OSC proposed the revocation of Registrant's Certificate of Registration Nos. BN5595775 and FN5439016, alleging that Registrant's registrations should be revoked because Registrant is ''currently without authority to handle controlled substances in Massachusetts and New Hampshire, the states in which [she is] registered with DEA.'' *Id.* at 2 (citing 21 U.S.C. 824(a)(3)).

The OSCs notified Registrant of her right to file with DEA a written request for hearing, and that if she failed to file such a request, she would be deemed to have waived her right to a hearing and be in default. *Id.* (citing 21 CFR 1301.43). Here, Registrant did not request a hearing, and the Agency finds that he is in default. RFAA, at 3.[1] ''A default, unless excused, shall be deemed to constitute a waiver of the registrant's/applicant's right to a hearing and an admission of the factual allegations of the [OSC].'' 21 CFR 1301.43(e).

Further, ''[i]n the event that a registrant . . . is deemed to be in default . . . DEA may then file a request for final agency action with the Administrator, along with a record to support its request. In such circumstances, the Administrator may enter a default final order pursuant to [21 CFR] 1316.67.'' *Id.* at 1301.43(f)(1). Here, regarding both of Registrant's DEA registrations, the Government has requested final agency action based on Registrant's default pursuant to 21 CFR 1301.43(c), (f), and 1301.46. RFAA, at 1; *see also* 21 CFR 1316.67.

Findings of Fact

The Agency finds that, in light of Registrant's default, the factual allegations in the OSC are deemed to be admitted. According to the OSC, on or about October 17, 2024, Registrant's Massachusetts medical license was suspended. RFAAX 1, at 2. According to Massachusetts online records, of which the Agency takes official notice,[2] Registrant's Massachusetts medical license remains suspended. Massachusetts Board of Registration in Medicine License Verification, *https://findmydoctor.mass.gov/* (last visited date of signature of this Order).

Further, according to the OSC, on Decemeber 20, 2024, Registrant's New Hampshire medical license was also suspended. *Id.* According to New Hampshire online records, of which the Agency takes official notice, Registrant's New Hampshire medical license remains suspended. New Hampshire Online Licensing Person Search, *https://forms.nh.gov/licenseverification/Search.aspx* (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed to practice medicine in Massachusetts or New Hampshire, the states in which she is registered with DEA.[3]

[8] In this matter there are two separate and distinct grounds by which the Government proposed denial, Applicant's mandatory exclusion and his material falsification; each ground, standing alone, supports the Agency's decision to deny.

[1] Based on the Government's submissions in its RFAA dated July 7, 2025, the Agency finds that service of the OSC on Registrant was adequate. The included declaration from a DEA Diversion Investigator (DI) indicates that on April 4, 2025, the DI attempted to personally serve Registrant at her residence but was unsuccessful. RFAAX 2, at 2. The following day, the DI received a phone call from Registrant's attorney regarding a separate matter, and the attorney stated that he would accept service on Registant's behalf. *Id.* On April 6, 2025, the DI emailed a copy of the OSC to the attorney and the attorney confirmed receipt on April 7, 2025. However, on May 21, 2025, the DI was informed by the attorney that while he accepted service of the OSC on behalf of Registrant, he never represented Registrant in this administrative matter. *Id.* The DI then emailed Registrant a copy of the OSC that same day, to which Registrant later responded stating, ''I have no idea what this means as I am not prescribing since my suspension.'' *Id.* at 3. The DI responded stating the instructions were included within the OSC documents but received no further response from Registrant. *Id.*

[2] Under the Administrative Procedure Act, an agency ''may take official notice of facts at any stage in a proceeding—even in the final decision.'' United States Department of Justice, Attorney General's Manual on the Administrative Procedure Act 80 (1947) (Wm. W. Gaunt & Sons, Inc., Reprint 1979).

[3] Pursuant to 5 U.S.C. 556(e), ''[w]hen an agency decision rests on official notice of a material fact not appearing in the evidence in the record, a party is entitled, on timely request, to an opportunity to show the contrary.'' The material fact here is that Registrant, as of the date of this Order, is not licensed to practice medicine in Massachusetts or New Hampshire. Accordingly, Registrant may dispute the Agency's finding by filing a properly supported motion for reconsideration of findings of fact within fifteen calendar days of the date of this Order. Any such motion and response shall be filed and served by email to the other party and to the Office of the Administrator, Drug Enforcement Administration, at *dea.addo.attorneys@dea.gov.*