SUPPLEMENTARY INFORMATION: In accordance with 21 CFR 1301.34(a), this is notice that on November 7, 2025, Groff Health Inc., 2218 South Queen Street, York, Pennsylvania 17402, applied to be registered as an importer of the following basic class(es) of controlled substance(s):

Controlled substance	Drug code	Schedule
Psilocybin	7437	
Psilocyn	7438	

The company plans to import bulk substances to support internal research, clinical trials, analytical purposes, and distribution to their customers. No other activities for these drug codes are authorized for this registration.

Approval of permit applications will occur only when the registrant's business activity is consistent with what is authorized under 21 U.S.C. 952(a)(2). Authorization will not extend to the import of Food and Drug Administration-approved or non-approved finished dosage forms for commercial sale.

Thomas Prevoznik,

Deputy Assistant Administrator. [FR Doc. 2025–23466 Filed 12–18–25; 8:45 am] BILLING CODE P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Timothy Balisky, N.P.; Decision and Order

On July 28, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Timothy Balisky, N.P., of Huntersville, North Carolina (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1 at 1, 4. The OSC proposed the revocation of Registrant's Certificate of Registration, No. MB7242352, alleging that Registrant's registration should be revoked because Registrant is "currently without authority to prescribe, administer, dispense, or otherwise handle controlled substances in the State of North Carolina, the state in which [he is] registered with DEA." Id. at 2 (citing 21 U.S.C. 824(a)(3)).1

The OSC notified Registrant of his right to file a written request for hearing, and that if he failed to file such a request, he would be deemed to have waived his right to a hearing and be in default. *Id.* at 2–3 (citing 21 CFR 1301.43). Here, Registrant did not request a hearing, and the Agency finds him to be in default. RFAA, at 2–3.2 "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.* 1301.43(f)(1). Here, the Government has requested final agency action based on Registrant's default pursuant to 21 CFR 1301.43(c), (f), 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 admitted. According to the OSC, effective May 13, 2025, the North Carolina State Board of Nursing issued an Order of Summary Suspension, suspending Registrant from the practice of nursing in North Carolina. RFAAX 1, at 2. According to North Carolina online records, of which the Agency takes official notice,3 the current status of Registrant's North Carolina nurse practitioner license is "No License due to Discipline." North Carolina Board of Nursing License Verification, https:// portal.ncbon.com/licenseverification/ search.aspx (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed as a nurse practitioner in North Carolina, 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

¹ According to the OSC and Agency records, Registrant's registration expired on July 31, 2025. RFAAX 1, at 2. The fact that a registrant allows his registration to expire during the pendency of an administrative enforcement proceeding does not impact the Agency's jurisdiction or prerogative under the Controlled Substances Act (CSA) to adjudicate the OSC to finality. *Jeffrey D. Olsen, M.D.*, 84 FR 68474, 68476–79 (2019).

² Based on the Government's submissions in its RFAA dated September 9, 2025, the Agency finds that service of the OSC on Registrant was adequate. Specifically, the Government's Declaration from a DEA Diversion Investigator (DI) indicates that on July 29, 2025, Registrant was personally served with a copy of the OSC. RFAAX 2, at 1; see also id. at 3 (Form-DEA 12 signed by Registrant, acknowledging receipt of the OSC).

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).

⁴Pursuant 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 as a nurse practitioner in North Carolina. 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 CSA. First, Congress defined the term "practitioner" to mean "a physician . . . or other person licensed, registered, or otherwise permitted, . 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 posses 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

According to North Carolina statute, "dispense" means "to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery." N.C. Gen. Stat. 90-87(8) (2024). Further, a "practitioner" means a "physician . . . or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance so long as such activity is within the normal course of professional practice or research in [the] State." Id. at 90-87(22)(a).6

Here, the undisputed evidence in the record is that Registrant lacks authority to practice as a nurse practitioner in North Carolina. As discussed above, an individual must be a licensed practitioner to dispense a controlled substance in North Carolina. Thus, because Registrant lacks authority to practice as a nurse practitioner in North Carolina and, therefore, is not authorized to handle controlled substances in North Carolina, 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. MB7242352 issued to Timothy Balisky, N.P. 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 Timothy Balisky, N.P., to renew or modify this registration, as well as any other pending application of Timothy Balisky, N.P., for additional registration in North Carolina. This Order is effective January 20, 2026.

Signing Authority

This document of the Drug Enforcement Administration was signed on December 15, 2025, by Administrator Terrance C. 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. 2025-23475 Filed 12-18-25; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

[CPCLO Order No. 05-2025]

Privacy Act of 1974; Systems of Records

AGENCY: Executive Office for Immigration Review, United States Department of Justice

ACTION: Notice of a system of records.

SUMMARY: Pursuant to the Privacy Act of 1974, 5 U.S.C. 552a, and Office of Management and Budget (OMB) Circular No. A-108, notice is hereby given that the Executive Office for Immigration Review (EOIR), a component within the United States Department of Justice (DOJ or Department), proposes to develop a new system of records titled "Pro Bono List Program Records," and numbered JUSTICE/EOIR-005. EOIR proposes to establish this system of records to track and manage information and documents related to the List of Pro Bono Legal Service Providers (the List), as well as administration of the underlying application process for organizations, pro bono referral services, and attorneys to be included on the List. The system integrates an electronic information system to manage the records more efficiently, simplify the application process for providers through an online web-based Pro Bono List User Portal, allow providers to update their own contact information in the List, and streamline communications between EOIR, legal service providers, and the public.

DATES: In accordance with 5 U.S.C. 552a(e)(4) and (11), this notice is effective upon publication, subject to a 30-day period in which to comment on the routine uses, described below.

Therefore, please submit any comments by January 20, 2026.

ADDRESSES: The public, Office of Management and Budget (OMB), and Congress are invited to submit any comments: by mail to the United States Department of Justice, Office of Privacy and Civil Liberties, ATTN: Privacy Analyst, Two Constitution Square, 145 N St. NE, Suite 8W–300, Washington, DC 20530; by facsimile at 202–307–0693; or by email at privacy.compliance@usdoj.gov. To ensure proper handling, please reference the above CPCLO Order No. on your correspondence.

FOR FURTHER INFORMATION CONTACT: Justine Fuga, Senior Component Official for Privacy, Office of the General Counsel; by mail at Executive Office for Immigration Review, 5107 Leesburg Pike, Suite 2600, Falls Church, VA 22041; or by email at Justine.Fuga@usdoj.gov and EOIR.Privacy.Intake@usdoj.gov.

SUPPLEMENTARY INFORMATION: The primary mission of EOIR is to adjudicate immigration cases by fairly, expeditiously, and uniformly interpreting and administering the Nation's immigration laws. Under delegated authority from the Attorney General, EOIR conducts immigration court proceedings, appellate reviews, and administrative hearings.

EOIR is required under 8 U.S.C. 1158(d)(4) and 1229(b)(2) to maintain a list of pro bono legal service providers who are available to represent individuals who are placed in immigration proceedings before EOIR and the Department of Homeland Security (DHS). The EOIR Office of Policy maintains the List, which must be updated on a quarterly basis. 8 U.S.C. 1158(d)(4), 1229(b)(2). The List is provided to individuals in immigration proceedings and contains information on non-profit organizations and attorneys who have committed to providing at least 50 hours per year of pro bono legal services before the immigration court with respect to which they appear on the List. The List also contains information on pro bono referral services that refer individuals in immigration court proceedings to pro bono counsel. The rules for qualifying organizations, pro bono referral services, and attorneys to be placed on the List can be found at 8 CFR 1003.61 et seq.

EOIR uses an electronic information system to manage records related to the List more efficiently; simplify the application process for providers through the external-facing web-based Pro Bono List User Portal; allow providers to update to their own contact

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 North Carolina law permits licensed nurse practitioners to handle controlled substances provided certain requirements are met. *See* 21 N.C. Admin. Code 36.0809 (2024); N.C. Gen. Stat. 90–87(22)(a).