According to Ohio statute, ''[n]o person shall knowingly obtain, possess, or use a controlled substance or a controlled substance analog,'' except ''pursuant to a prescription issued by a licensed health professional authorized to prescribe drugs if the prescription was issued for a legitimate medical purpose.'' Ohio Rev. Code § 2925.11(A), (B)(1)(d) (2025). Further, a '''[l]icensed health professional authorized to prescribe drugs' or 'prescriber' means an individual who is authorized by law to prescribe drugs or dangerous drugs or drug therapy related devices in the course of the individual's professional practice.'' *Id.* § 4729.01(I). Ohio statute further defines an authorized prescriber as ''[a] physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.'' *Id.* § 4729.01(I)(5). Additionally, Ohio law permits only ''[a] licensed health professional authorized to prescribe drugs, if acting in the course of professional practice, in accordance with the laws regulating the professional's practice'' to prescribe or administer schedule II, III, IV, and V controlled substances to patients. *Id.* § 3719.06(A)(1)(a)–(b).

Here, the undisputed evidence in the record is that Registrant lacks authority to practice medicine in Ohio. As discussed above, an individual must be a licensed health professional authorized to prescribe drugs in order to handle controlled substances in Ohio. Thus, because Registrant is not a licensed health professional authorized to prescribe drugs in Ohio and, therefore, is not authorized to handle controlled substances in Ohio, 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. AC1462302 issued to Craig Cohen, DPM. 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 Craig Cohen, DPM, to renew or modify this registration, as well as any other pending application of Craig Cohen, DPM, for additional registration in Ohio. This Order is effective October 13, 2026.

Signing Authority

This document of the Drug Enforcement Administration was signed on September 2, 2026, by DEA 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. 2026–18597 Filed 9–10–26; 8:45 am]

BILLING CODE 4410–09–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Emran Mohammad, RN, APRN, CNP; Decision and Order

On May 2, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Emran Mohammad, RN, APRN, CNP, of Minneapolis, Minnesota (Registrant). OSC, at 1, 7; Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1, 7. The OSC proposed the revocation of Registrant's DEA Certificate of Registration, No. MM8483024, alleging that Registrant has no state authority to handle controlled substances and that Registrant's continued registration would be inconsistent with the public interest. OSC, at 1; RFAAX 1, at 1 (citing 21 U.S.C. 823(g)(1); 824(a)(3); 824(a)(4)).[1]

Specifically, the OSC alleged that Registrant is ''currently without authority to prescribe, administer, dispense, or otherwise handle controlled substances in the State of Minnesota, the state in which [he is] registered with DEA.'' OSC, at 3; RFAAX 1, at 3 (citing 21 U.S.C. 824(a)(3)). The OSC also alleged that Registrant has ''a chronic history of substance abuse, including controlled substances, and non-compliance with substance abuse treatment and with a DEA [Memorandum of Agreement].'' OSC, at 5; RFAAX 1, at 5 (citing 21 U.S.C. 823(g)(1)(B), (D)–(E)).[2]

On November 18, 2025, the Government submitted an RFAA requesting that the Agency issue a default final order revoking Registrant's registration. RFAA, at 6–7. After carefully reviewing the entire record and conducting the analysis as set forth in more detail below, the Agency grants the Government's request for final agency action and revokes Registrant's registration.

I. Default Determination

Under 21 CFR 1301.43, a registrant entitled to a hearing who fails to file a

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., Elias Garcia Garcia, P.A.,* 90 FR 31242 (2025); *Jason Weakley, R.N., A.P.R.N.,* 90 FR 10085 (2025); *Khursheed Haider, M.D.,* 90 FR 21950 (2025).

[1] Based on the Government's submissions in its RFAA dated November 18, 2025, the Agency finds that service of the OSC on Registrant was adequate. Specifically, the Declaration from a DEA Diversion Investigator (DI) indicates that on April 8, 2025, the DI contacted Registrant by phone and left a voicemail, as well as attempted another call later that same day and a third call the next day. RFAAX 2, at 2. On April 11, 2025, the DI traveled with a second DI to Registrant's registered address in attempt to personally serve the OSC to Registrant, but they were informed that Registrant had only worked at the location for ''a month or two'' and had not been employed there since March 2024. *Id.* On April 17, 2025, the DI traveled with other DEA and law enforcement personnel to a residential address associated with Registrant in another attempt to personally serve the OSC to Registrant. *Id.* at 3. After receiving no response at the residence, the DI called Registrant's phone number again as well as left his DEA business card and a copy of the OSC at the residence. *Id.* Later that day, the DI received a phone call from someone who identified herself as an occupant at the residence. *Id.* This individual told the DI that she and Registrant had a child in common, that she had not seen Registrant since September 2024, that she broke a key off in a lock on her door to prevent Registrant from gaining entry, that she last spoke to Registrant on or about April 2025, and that she suspected that Registrant was in a ''sober living facility'' in California. *Id.* This individual also told the DI that DEA had the correct phone number and email address for Registrant. *Id.* On the same date, the DI emailed a copy of the OSC to Registrant's email address and did not receive any indication of delivery failure nor a response from Registrant. *Id.; see also id.,* Attachment 1. Here, the Agency finds that Registrant was successfully served the OSC by email and that the DI's efforts to serve Registrant by other means were '''reasonably calculated, under all the circumstances, to apprise [Registrant] of the pendency of the action.''' *Jones* v. *Flowers,* 547 U.S. 220, 226 (2006) (quoting *Mullane* v. *Central Hanover Bank & Trust Co.,* 339 U.S. 306, 314 (1950)). Therefore, due process notice requirements have been satisfied. *See Mohammed S. Aljanaby, M.D.,* 82 FR 34552, 34552 (2017) (finding that service by email satisfies due process where the email is not returned as undeliverable and other methods have been unsuccessful); *Emilio Luna, M.D.,* 77 FR 4829, 4830 (2012) (same).

[2] The Agency need not adjudicate the criminal violations alleged in the OSC. *Ruan* v. *United States,* 597 U.S. 450 (2022) (decided in the context of criminal proceedings).

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, a registrant 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 is deemed to constitute ''an admission of the factual allegations of the [OSC].'' 21 CFR 1301.43(e).

Here, 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. OSC, at 5–6; RFAAX 1, at 5–6 (citing 21 CFR 1301.43). According to the Government's RFAA, Registrant failed to request a hearing. RFAA, at 4. Thus, the Agency finds that Registrant is in default and therefore has admitted to the factual allegations in the OSC. 21 CFR 1301.43(e).

II. Loss of State Authority

Findings of Fact

According to the OSC, on or about October 8, 2024, the Minnesota Board of Nursing indefinitely suspended both Registrant's Minnesota advanced practice registered nurse (APRN) license and Registrant's Minnesota registered nurse (RN) license. OSC, at 3; RFAAX 1, at 3. Registrant's licenses were indefinitely suspended due to Registrant's relapse of drug use—including amphetamine (a Schedule II stimulant) and methamphetamine (A Schedule II stimulant)—and Registrant's violation of the conditions of a consent order. OSC, at 3; RFAAX 1, at 3. According to Minnesota online records, of which the Agency takes official notice,[3] both Registrant's Minnesota Certified Nurse Practitioner (CNP) license [4] and Registrant's Minnesota RN license are suspended. Minnesota Board of Nursing, Verify a License, *https://mn.gov/boards/nursing/verify-a-license* (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed as a CNP nor licensed to practice nursing in Minnesota, the state in which he is registered with DEA.[5]

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).[6]

According to Minnesota statute, a ''licensed advanced practice registered nurse'' is among those who ''in the course of professional practice only, may prescribe, administer, and dispense a controlled substance . . . .'' Minn. Stat. § 152.12, Subd. 1 (2025).

Here, the undisputed evidence in the record is that Registrant currently lacks authority to practice as an APRN in Minnesota because Registrant's Minnesota APRN license is suspended. As discussed above, an APRN must be licensed as such to handle controlled substances in Minnesota. Thus, because Registrant currently lacks authority to practice as an APRN in Minnesota, and, therefore, is not authorized to handle controlled substances in Minnesota, Registrant is not eligible to maintain a DEA registration. Accordingly, the Agency finds that Registrant's lack of state authority to handle controlled substances provides an independent basis for revocation of Registrant's DEA registration. 21 U.S.C. 824(a)(3).

III. Public Interest

Applicable Law

As the Supreme Court stated in *Gonzales* v. *Raich,* 545 U.S. 1 (2005), ''the main objectives of the CSA were to conquer drug abuse and control the legitimate and illegitimate traffic in controlled substances.'' 545 U.S. at 12. *Gonzales* explained that:

> Congress was particularly concerned with the need to prevent the diversion of drugs from legitimate to illicit channels. To effectuate these goals, Congress devised a closed regulatory system making it unlawful to manufacture, distribute, dispense, or possess any controlled substance except in a manner authorized by the CSA . . . . The CSA and its implementing regulations set forth strict requirements regarding registration, labeling and packaging, production quotas, drug security, and recordkeeping.

Id. at 12–14.

The OSC's allegations concern drug abuse and, therefore, go 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

[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] CNP is one of the four types of APRN roles in Minnesota. Minnesota Board of Nursing, Advanced Practice Registered Nurse (APRN) Licensure General Information, *https://mn.gov/boards/nursing/advanced-practice/advanced-practice-registered-nurse-(aprn)-licensure-general-information/.*

[5] 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 as a CNP nor licensed to practice nursing in Minnesota. 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.*

[6] 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.

substances,'' and ''to prevent the diversion of drugs from legitimate to illicit channels.'' *Id.* at 12–14, 27.

Findings of Fact

In light of Registrant's default, the factual allegations in the OSC are deemed admitted. 21 CFR 1301.43(e). Accordingly, Registrant admits that on or about July 17, 2019, the Blue Earth County District Court, State of Minnesota, found that Registrant was mentally ill and chemically dependent based on a diagnosis of methamphetamine induced psychosis and methamphetamine use disorder. OSC, at 3. Registrant admits that this court activity followed an incident of self-harm, on or about June 27, 2019, in which Registrant intentionally attempted to overdose on methamphetamine. *Id.* Registrant admits that the Court found that Registrant posed a substantial likelihood of physical harm to himself or others and released him to the custody of Blue Earth County Human Services. *Id.*

Registrant admits that on or about September 7, 2019, Registrant relapsed by using methamphetamine. *Id.* Registrant admits that on or about September 10, 2019, the Minnesota Board of Nursing entered an order automatically suspending both Registrant's Minnesota APRN license and Registrant's Minesota RN license based on his civil commitment. *Id.*

Registrant admits that on or about July 28, 2020, Registrant was convicted in the Hennepin County District Court, State of Minnesota, of Fleeing a Police Officer by a Means Other Than a Motor Vehicle based on an incident that took place on or about March 10, 2020, during which Registrant was experiencing methamphetamine psychosis. *Id.* at 3–4.

Registrant admits that on or about October 1, 2020, Registrant was convicted in the Blue Earth County District Court, State of Minnesota, of Driving While Impaired based on an incident that took place on or about December 9, 2019, in which Registrant was operating a motor vehicle with amphetamine and methamphetamine in his body. *Id.* at 4.

Registrant admits that on or about September 29, 2021, Registrant again used methamphetamine. *Id.* Registrant admits that on or about February 3, 2022, the Minnesota Board of Nursing rescinded the September 10, 2019 order and suspended both Registrant's Minnesota APRN license and Registrant's Minnesota RN license based on Registrant's drug use and conviction. *Id.*

Registrant admits that on or about August 3, 2023, the Minnesota Board of Nursing rescinded the February 3, 2022 order and reinstated both Registrant's Minnesota APRN license and Registrant's Minnesota RN license with a stayed suspension, conditions, and monitoring. *Id.* Registrant admits that the terms included that Registrant would completely abstain from all controlled or abusable mood-altering substances. *Id.*

Registrant admits that on or about November 28, 2023, Registrant and DEA entered into a Memorandum of Agreement (MOA). *Id.* Registrant admits that the terms of the MOA included, in pertinent part: that Registrant would not ingest, inject, insert, inhale, or in any other manner allow for any controlled substance to enter his body, unless administered, prescribed, or dispensed to him for a legitimate medical purpose by a licensed practitioner acting in the usual course of professional practice; that Registrant was prohibited from possessing any Schedule II through V controlled substance; that should Registrant's license become suspended or revoked by the Minnesota Board of Nursing, Registrant would notify the DEA Minneapolis-St. Paul District Office and surrender his DEA registration within 24 hours; that Registrant would abide by all federal, state, and local laws and regulations pertaining to controlled substances; and that Registrant would abide by all law, regulations, and requirements of the Minnesota Board of Nursing. *Id.*

Registrant admits that Registrant relapsed several times since December 2023, including the use of methamphetamine and fentanyl (a Schedule II opioid), and that each relapse was a violation of the MOA. *Id.*

Registrant admits that on March 8, 2024, Registrant submitted a specimen for toxicology screening, which tested positive for amphetamine and methamphetamine. *Id.* Registrant admits that his use of amphetamine and methamphetamine was a violation of the MOA. *Id.*

Registrant admits that on March 26, 2024, Registrant notified DEA that he relapsed. *Id.* at 5. Registrant admits that his relapse was a violation of the MOA. *Id.*

Registrant admits that on or about August 9, 2024, the Minnesota Board of Nursing entered an order on both Registrant's Minnesota APRN license and Registrant's Minnesota RN license, immediately suspending both licenses due to Registrant violating the August 3, 2023 order. *Id.* Registrant admits that, as noted *supra* II., on October 8, 2024, the Minnesota Board of Nursing indefinitely suspended both licenses due to Registrant's noncompliance, and both licenses remain suspended as of the date of this Decision and Order. *Id.*

Registrant admits that he failed to notify the DEA Minneapolis-St. Paul District Office of the suspension of his licenses by the Minnesota Board of Nursing. *Id.* Registrant admits that his failure to notify DEA within 24 hours of the suspension was a violation of the MOA. *Id.*

Registrant admits that he refused to surrender his DEA registration within 24 hours of the Minnesota Board of Nursing suspending his licenses. *Id.* Registrant also admits that on April 19, 2024, he refused to surrender his DEA registration. *Id.* Registrant admits that his refusal to surrender his DEA registration under these circumstances violated the MOA. *Id.*

In consideration of the above, the Agency finds substantial record evidence that Registrant has a chronic history of substance abuse, including controlled substances, as well as a chronic history of noncompliance with substance abuse treatment and noncompliance with a DEA MOA.

Public Interest Determination

Legal Background on Public Interest Determinations

When the CSA's requirements are not met, the Attorney General ''may deny, suspend, or revoke [a] registration if . . . the [registrant's] registration would be 'inconsistent with the public interest.' '' *Gonzales* v. *Oregon,* 546 U.S. 243, 251 (2006) (quoting 21 U.S.C. 824(a)(4)). In the case of a ''practitioner,'' Congress directed the Attorney General to consider five factors in making the public interest determination. *Id.;* 21 U.S.C. 823(g)(1)(A–E).[7]

The five factors are considered in the disjunctive. *Gonzales* v. *Oregon,* 546 U.S. at 292–93 (Scalia, J., dissenting) (''It is well established that these factors are to be considered in the disjunctive,'' quoting *In re Arora,* 60 FR 4447, 4448 (1995)); *Robert A. Leslie, M.D.,* 68 FR 15227, 15230 (2003). Each factor is

[7] The five factors are:

(A) The recommendation of the appropriate State licensing board or professional disciplinary authority.

(B) The [registrant's] experience in dispensing, or conducting research with respect to controlled substances.

(C) The [registrant's] conviction record under Federal or State laws relating to the manufacture, distribution, or dispensing of controlled substances.

(D) Compliance with applicable State, Federal, or local laws relating to controlled substances.

(E) Such other conduct which may threaten the public health and safety.

21 U.S.C. 823(g)(1)(A–E).

weighed on a case-by-case basis. *David H. Gillis, M.D.,* 58 FR 37507, 37508 (1993); *see Morall* v. *Drug Enf't Admin.,* 412 F.3d 165, 181 (D.C. Cir. 2005) (describing the Agency's adjudicative process as ''applying a multi-factor test through case-by-case adjudication,'' quoting *LeMoyne-Owen Coll.* v. *N.L.R.B.,* 357 F.3d 55, 61 (D.C. Cir. 2004)). Any one factor, or combination of factors, may be decisive, *David H. Gillis, M.D.,* 58 FR at 37508, and the Agency ''may give each factor the weight . . . deem[ed] appropriate in determining whether a registration should be revoked or an application for registration denied.'' *Morall,* 412 F.3d. at 185 n.2 (Henderson, J., concurring) (quoting *Robert A. Smith, M.D.,* 70 FR 33207, 33208 (2007)); *see also Penick Corp.* v. *Drug Enf't Admin.,* 491 F.3d 483, 490 (D.C. Cir. 2007).

Moreover, while the Agency is required to consider each of the factors, it ''need not make explicit findings as to each one.'' *MacKay* v. *Drug Enf't Admin.,* 664 F.3d 808, 816 (10th Cir. 2011) (quoting *Volkman* v. *U.S. Drug Enf't Admin.,* 567 F.3d 215, 222 (6th Cir. 2009)); *Jones Total Health Care Pharmacy, LLC* v. *Drug Enf't Admin.,* 881 F.3d 823, 830 (11th Cir. 2018); *Hoxie* v. *Drug Enf't Admin.,* 419 F.3d 477, 482 (6th Cir. 2005). ''In short, . . . the Agency is not required to mechanically count up the factors and determine how many favor the Government and how many favor the registrant. Rather, it is an inquiry which focuses on protecting the public interest; what matters is the seriousness of the registrant's misconduct.'' *Jayam Krishna-Iyer, M.D.,* 74 FR 459, 462 (2009). Accordingly, as the Tenth Circuit has recognized, Agency decisions have explained that findings under a single factor can support the revocation of a registration. *MacKay,* 664 F.3d at 821.

The Government has the burden of proof in this proceeding. 21 CFR 1301.44(e).

Registrant's Registration Is Inconsistent With the Public Interest

While the Agency has considered all the public interest factors of 21 U.S.C. 823(g)(1),[8] the Agency finds that the Government's evidence in support of its *prima facie* case best fits within Factor E. OSC, at 3–5.

Evidence is considered under Factor E when it constitutes ''[s]uch other conduct which may threaten the public health and safety.'' 21 U.S.C. 823(g)(1)(E). Congress has declared that ''improper use of controlled substances [has] a substantial and detrimental effect on the health and general welfare of the American people.'' 21 U.S.C. 801(2); *see also* 21 U.S.C. 823(l). Further, the Agency has consistently found that a registrant's self-abuse of controlled substances is proper to consider under Factor E as conduct that threatens public health and safety. *Brewster Drug, Inc.,* 85 FR 19020, 19026 (2020) (collecting cases). The Agency has also consistently found that a registrant's failure to comply with a DEA MOA is proper to consider under Factor E as conduct that threatens public health and safety. *Brian Thomas Nichol, M.D.,* 83 FR 47352, 47364–65 (2018) (citing *Erwin E. Feldman, D.O.,* 76 FR 16835, 16838 (2011)).

Here, as found above, Registrant is deemed to have admitted and the Agency finds that Registrant has a chronic history of substance abuse, including controlled substances, as well as a chronic history of noncompliance with substance abuse treatment and noncompliance with a DEA MOA. *See supra.* Notably, Registrant's substance abuse included instances of self-harm, fleeing from law enforcement, and driving while impaired, demonstrating that Registrant posed a clear danger to himself and others. The Agency therefore finds that Factor E weighs towards a finding that Registrant's registration is inconsistent with the public interest.

In sum, the Agency finds that after considering the factors of 21 U.S.C. 823(g)(1), Registrant's continued registration is ''inconsistent with the public interest.'' 21 U.S.C. 824(a)(4). Accordingly, the Government satisfied its *prima facie* burden of showing that Registrant's continued registration would be ''inconsistent with the public interest.'' *Id.* The Agency also finds that there is insufficient mitigating evidence to rebut the Government's *prima facie* case. Thus, the only remaining issue is whether, in spite of Registrant's misconduct, Registrant can be trusted with a registration.

IV. Sanction

Where, as here, the Government has met the burden of showing that Registrant's registration is inconsistent with the public interest, the burden shifts to Registrant to show why he can be entrusted with a registration. *Morall,* 412 F.3d. at 174; *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, 18,904 (2018). The issue of trust is necessarily a fact-dependent determination based on the circumstances presented by the individual registrant. *Jeffrey Stein, M.D.,* 84 FR 46968, 46972 (2019); *see also Jones Total Health Care Pharmacy,* 881 F.3d at 833. Moreover, as past performance is the best predictor of future performance, the Agency requires that a registrant who has committed acts inconsistent with the public interest accept responsibility for those acts and demonstrate that he will not engage in future misconduct. *See 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). The Agency requires a registrant's unequivocal acceptance of responsibility. *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, a registrant's candor during the investigation and hearing is an important factor in determining acceptance of responsibility and the appropriate sanction. *See Jones Total Health Care Pharmacy,* 881 F.3d at 830–31; *Hoxie,* 419 F.3d at 483–84. Further, the Agency considers the egregiousness and extent of the misconduct as significant factors in determining the appropriate sanction. *See Jones Total Health Care Pharmacy,* 881 F.3d at 834 & n.4. The Agency also considers the need to deter similar acts by a registrant and by the community of registrants. *Jeffrey Stein, M.D.,* 84 FR at 46972–73.

Here, Registrant did not request a hearing or answer the allegations in the OSC and was therefore deemed to be in default. *See supra* I. To date, Registrant has not filed a motion with the Office

[8] As to Factor A, evidence is considered under Factor A when it reflects ''the recommendation of the appropriate State licensing board or professional disciplinary authority.'' 21 U.S.C. 823(g)(1)(A). Here, as found above, *see supra* II., the Minnesota Board of Nursing indefinitely suspended both Registrant's Minnesota APRN license and Registrant's Minnesota RN license due to Registrant's relapse of drug use and Registrant violating the conditions of a consent order. Accordingly, the Agency finds that Factor A weighs towards a finding that Registrant's registration is inconsistent with the public interest. As to Factors B and D, evidence is considered under these two factors when it reflects experience dispensing controlled substances and compliance or non-compliance with laws related to controlled substances. *Kareem Hubbard, M.D.,* 87 FR 21156, 21162 (2022). Here, there is no evidence in the record reflecting Respondent's experience dispensing controlled substances nor evidence in the record reflecting Respondent's compliance or non-compliance with laws related to controlled substances. 21 U.S.C. 823(g)(1)(B), (D). As to Factor C, there is no evidence in the record that Registrant has been convicted of any federal or state law offense ''relating to the manufacture, distribution, or dispensing of controlled substances.'' 21 U.S.C. 823(g)(1)(C). However, as Agency cases have noted, ''the absence of such a conviction is of considerably less consequence in the public interest inquiry'' and is therefore not dispositive. *Dewey C. MacKay, M.D.,* 75 FR at 49973.

of the Administrator to excuse the default. 21 CFR 1301.43(c)(1). Registrant has thus failed to answer the allegations contained in the OSC and has not otherwise availed himself of the opportunity to refute the Government's case. As such, Registrant has not accepted responsibility for the proven violations, has made no representations regarding his future compliance with the CSA, and has not demonstrated that he can be trusted with registration. Accordingly, the Agency will order the revocation of Registrant's registration.

Order

Pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 824(a) and 21 U.S.C. 823(g)(1), I hereby revoke DEA Certificate of Registration No. MM8483024 issued to Emran Mohammad, RN, APRN, CNP. 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 application of Emran Mohammad, RN, APRN, CNP, to renew or modify this registration, as well as any other pending application of Emran Mohammad, RN, APRN, CNP, for additional registration in Minnesota. This Order is effective October 13, 2026.

Signing Authority

This document of the Drug Enforcement Administration was signed on September 2, 2026, by DEA 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. 2026–18605 Filed 9–10–26; 8:45 am]

BILLING CODE 4410–09–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Cheryl White, N.P.; Decision and Order

On March 17, 2026, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Cheryl White, N.P., of Newburgh, Indiana (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 2, at 1, 3. The OSC proposed the revocation of Registrant's Certificate of Registration No. MW0411049, alleging that Registrant is ''currently without authority to prescribe, administer, dispense, or otherwise handle controlled substances in the State of Indiana, the state in which [she is] registered with DEA.'' *Id.* at 2. (citing 21 U.S.C. 824(a)(3)).[1]

The OSC notified Registrant of her right to file 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 her to be in default. RFAA, at 2.[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.* at 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 3; *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, on October 31, 2023, Registrant's Indiana registered nurse license, Registrant's Indiana Advanced Practice Registered Nurse (APRN) Prescriptive Authority license, and Registrant's Indiana Controlled Substances Registration (CSR) Prescriptive Authority license all expired by their own terms. RFAAX 2, at 1–2.

According to Indiana online records, of which the Agency takes official notice,[3] Registrant's Indiana registered nurse license, Registrant's Indiana APRN Prescriptive Authority license, and Registrant's Indiana CSR Prescriptive Authority license all remain expired. State of Indiana License Search, *https://www.mylicense.in.gov/everification/Search.aspx* (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed to practice nursing nor to handle controlled substances in Indiana, the state in which she 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

[1] According to Agency records, Registrant's registration expired on May 31, 2026. The fact that a registrant allows her registration to expire during the pendency of an OSC 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 May 21, 2026, the Agency finds that service of the OSC on Registrant was adequate. The RFAA's included Declaration from a DEA Diversion Investigator (DI) indicates that on or about March 31, 2026, the DI mailed a copy of the OSC to Registrant's residential address in Lexington, Kentucky. RFAAX 3, at 3; *see also id.,* Attachment D. On the same date, the DI emailed a copy of the OSC to Registrant's registered email address. RFAAX 3, at 3; *see also id.,* Attachment F. The mailed copy of the OSC was successfully delivered on April 2, 2026. RFAAX 3, at 3; *see also id.,* Attachment E. Here, the Agency finds that Registrant was successfully served the OSC by email and that the DI's efforts to serve Registrant by other means were '' 'reasonably calculated, under all the circumstances, to apprise [Registrant] of the pendency of the action.' '' *Jones* v. *Flowers,* 547 U.S. 220, 226 (2006) (quoting *Mullane* v. *Central Hanover Bank & Trust Co.,* 339 U.S. 306, 314 (1950)). Therefore, due process notice requirements have been satisfied. *See Mohammed S. Aljanaby, M.D.,* 82 FR 34552, 34552 (2017) (finding that service by email satisfies due process where the email is not returned as undeliverable and other methods have been unsuccessful); *Emilio Luna, M.D.,* 77 FR 4829, 4830 (2012) (same).

[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 Order, is not licensed to practice nursing nor to handle controlled substances in Indiana. 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.*