

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).”) ⁴ The Agency has applied these principles consistently. *See, e.g., Lawrence Rudolph, D.M.D.*, 89 FR 79310 (2024); *Henry-Norbert O. Ndekwe, M.D.*, 90 FR 15990 (2025); *Benson Sergiles, P.A.*, 90 FR 32016 (2025).

According to Ohio statute, “[n]o person shall knowingly obtain, possess,

licensed to practice medicine in Ohio. 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.

⁴ 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., Elias Garcia Garcia, P.A.*, 90 FR 31242 (2025); *Jason Weakley, R.N., A.P.R.N.*, 90 FR 10085 (2025); *Khurshed Haider, M.D.*, 90 FR 21950 (2025).

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). The 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 “[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 a license to practice medicine in Ohio. As already discussed, a physician is authorized by law to prescribe or administer drugs in Ohio only when authorized to practice medicine under Ohio law. Thus, because Registrant lacks authority to practice medicine in Ohio and, therefore, is not authorized to handle controlled substances in Ohio, Registrant is not eligible to maintain a DEA registration in Ohio. 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. FP3656153 issued to Jan Pijanowski, 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 Jan Pijanowski, M.D., to renew or modify this registration, as well as any other pending application of Jan Pijanowski, M.D., for additional registration in Ohio. This Order is effective November 19, 2026.

Signing Authority

This document of the Drug Enforcement Administration was signed on October 14, 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. 2026–21414 Filed 10–19–26; 8:45 am]

BILLING CODE 4410–09–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Younma Abdulhadi, M.D.; Decision and Order

On March 17, 2026, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Younma Abdulhadi, M.D., of El Centro, California (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. FA2682967, alleging that Registrant is “currently without authority to prescribe, administer, dispense, or otherwise handle controlled substances in the State of California, 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.* at 2 (citing 21 CFR 1301.43). Here, Registrant did not request a hearing, and the Agency finds her to be in default. RFAA, at 3.² “A default,

¹ According to Agency records, Registrant’s registration expired on June 30, 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, 68476–68479 (2019).

² Based on the Government’s submissions in its RFAA dated June 23, 2026, the Agency finds that service of the OSC on Registrant was adequate. The included declaration from a DEA Diversion Investigator (DI) indicates that on or about March 30, 2026, the DI traveled with a Special Agent (SA) to Registrant’s last known residential address to attempt in-person service but was unsuccessful. RFAAX 3, at 2. On the same date, the DI emailed Registrant a copy of the OSC at her registered email address. *Id.* at 3; *see also id.*, Attachment C. On or about March 31, 2026, the DI traveled with another SA and a Task Force Officer (TFO) to Registrant’s

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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), and 1301.46. RFAA, at 4; *see* 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. 21 CFR 1301.43(e). According to the OSC, effective December 4, 2024, the Medical Board of California revoked Registrant's California medical license. RFAAX 2, at 2. According to California online records, of which the Agency takes official notice,³ Registrant's California medical license has a primary status of “License Revoked.” California DCA License Search, <https://search.dca.ca.gov> (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed to practice medicine in California, the state in which she is registered with DEA.⁴

registered address to attempt in-person service but was again unsuccessful. *Id.* at 3. On the same date, the DI also mailed a copy of the OSC to Registrant's registered address. *Id.* On or about April 1, 2026, the DI mailed another copy of the OSC to a newly discovered address associated with Registrant. *Id.* Finally, on the same date, the DI emailed a copy of the OSC to two newly discovered email addresses associated with Registrant. *Id.*; *see also id.*, Attachments D–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

Discussion

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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

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 California. 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.

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, 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

According to California 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, furnishing, packaging, labeling, or compounding necessary to prepare the substance for that delivery.” Cal. Health & Safety Code § 11010 (West 2026). Further, a “practitioner” means a person “‘licensed, registered, or otherwise permitted, to distribute, dispense, conduct research with respect to, or administer, a controlled substance in the course of professional practice or research in [the] state.’” *Id.* § 11026(c).

Here, the undisputed evidence in the record is that Registrant currently lacks authority to practice medicine in California. As discussed above, an individual must be a licensed practitioner to dispense a controlled substance in California. Thus, because Registrant currently lacks authority to practice medicine in California and, therefore, is not authorized to handle controlled substances in California, 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. FA2682967 issued to Youmna Abdulhadi, 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 Youmna Abdulhadi, M.D., to renew or modify this registration, as well as any other pending application of Youmna Abdulhadi, M.D., for additional registration in California. This Order is effective November 19, 2026.

Signing Authority

This document of the Drug Enforcement Administration was signed on October 14, 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

(1993); *Bobby Watts, M.D.*, 53 FR 11919, 11920 (1988); *Frederick Marsh Blanton, M.D.*, 43 FR at 27617.

the legal effect of this document upon publication in the **Federal Register**.

Heather Achbach,

Federal Register Liaison Officer, Drug Enforcement Administration.

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DEPARTMENT OF JUSTICE

[OMB 1140–0056]

Agency Information Collection Activities; Proposed Collection; Comments Requested; Revising a Previously Approved Collection; Special Agent Medical Preplacement—ATF Form 2300.10

AGENCY: Bureau of Alcohol, Tobacco, Firearms, and Explosives; Department of Justice.

ACTION: 60-Day notice.

SUMMARY: The Department of Justice (DOJ), Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), will be submitting the following information collection request (ICR) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995.

DATES: ATF encourages comments on this information collection. You may submit written comments until midnight on December 21, 2026.

ADDRESSES: Submit written comments and recommendations for this information collection, especially on the estimated public burden or associated response time, to Dawn Cheeks, Workforce Wellness and Services Division (WWSD), by email to preemploymentmedical@atf.gov, or by mail to WWSD, Room 2.S–265; Wellness, Resiliency, and Advocacy Programs (WRAP); 99 New York Avenue NE, Washington, DC 20226. Identify comments by the OMB control number 1140–0056. You may view the proposed information collection instrument online at <https://www.atf.gov/rules-and-regulations/federal-register-actions/forms-and-information-collection>.

FOR FURTHER INFORMATION CONTACT: If you have questions or need a copy of the proposed information collection instrument with instructions or additional information, contact Dawn Cheeks, WWSD, either by mail at WWSD, Room 2.S–265; Wellness, Resiliency, and Advocacy Programs (WRAP); 99 New York Avenue NE, Washington, DC 20226, by email at

preemploymentmedical@atf.gov, or by telephone at 202.412.1770. If you require additional information on DOJ's ICR process for this renewal request, contact Darwin Arceo, Department Clearance Officer; United States Department of Justice; Justice Management Division, Policy and Planning Staff; Two Constitution Square, 145 N Street NE, 4W–218, Washington, DC.

SUPPLEMENTARY INFORMATION: We encourage written comments and suggestions from the public and affected agencies concerning the proposed information collection. Your comments should address one or more of the following four points:

- Evaluate whether the proposed information collection is necessary to properly perform ATF's functions, including whether the information will have practical utility;
- Evaluate the agency's estimate of the proposed information collection's burden for accuracy, including validity of the methodology and assumptions used;
- Evaluate whether the quality, utility, and clarity of the information being collected can be enhanced, and if so, how; and
- Minimize the information collection's burden on those who are to respond, including using appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting people to submit electronic responses.

Overview of This Information Collection

Abstract: Medical standards are part of the general requirement for specific positions in the federal government. Medical requirements are created for positions that involve arduous/hazardous duties or require a high standard of human reliability. Failing to meet an established medical standard or physical requirement means that the individual is not qualified for the position. 5 CFR 339.301 authorizes agencies to require a routine pre-appointment examination as part of qualifying for a position with specific medical standards. The Office of Personnel Management (OPM) identified the positions of criminal investigator (special agent), GL/GS–1811, and explosives enforcement officer, GS–1801, as having specific medical requirements. The qualification

standard for Criminal Investigation series (special agent) and General Inspection, Investigation, Enforcement, and Compliance series (explosives enforcement officer) are published online in OPM's *General Schedule Qualification Standards*. These medical requirements are part of the basic prerequisites for both positions. ATF uses ATF Form 2300.10, Special Agent Medical Preplacement, to collect specific identifiable data, such as the name, address, telephone, social security number, and medical data, necessary to identify the applicant and to assess whether they meet the positions' qualification standards. The applicant completes the first part of the form, and the doctor/health care provider completes the second part. Applicants from outside ATF use the form to apply for these positions, and existing special agents and explosives enforcement officers who are applying for similar positions at ATF also use the form. The information on the form is used to determine medical suitability for these positions.

Type of information collection: revising a previously approved collection.

Title of the form/collection: Special Agent Medical Preplacement.

Agency form number, if any, and the applicable component of the Department sponsoring the collection: Form number: ATF Form 2300.1. *Component:* Bureau of Alcohol, Tobacco, Firearms, and Explosives.

Affected public who will be asked or required to respond, as well as the obligation to respond: Affected public: individuals. *Obligation to respond:* required to obtain a benefit.

Estimate of the total number of respondents and the amount of time estimated for an average respondent to respond: ATF estimates 1,000 respondents associated with this collection per year, and it will take each respondent an average of approximately 45 minutes (0.75 hours) per response to complete their responses.

Estimate of the total annual burden (in hours) associated with the collection: The estimated annual public burden associated with this collection is 750 hours, which is equal to 1,000 (total respondents) * 1 (# of responses per respondent) * 0.75 hours.

Estimate of the total annual other cost burden associated with the collection, if applicable: 0; there are no costs.