BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Petition to Revoke Probation Against:	
Mark Daniel Cook, M.D.	Case No. 800-2024-108462
Physician's and Surgeon's Certificate No. A 60965	
Respondent.	

DECISION

The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on July 31, 2026.

IT IS SO ORDERED July 1, 2026.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., Chair
Panel A

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Petition to Revoke Probation Against:

MARK DANIEL COOK, M.D., Respondent

Agency Case No. 800-2024-108462

OAH No. 2025070147

PROPOSED DECISION

Sean Gavin, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on December 15, 16, and 22, 2025, and April 1 through 3, 2026, from Sacramento, California.

John. S. Gatschet, Deputy Attorney General, represented Reji Varghese (complainant), Executive Director of the Medical Board of California (Board).

Lawrence Niermeyer, Attorney at Law, represented respondent Mark Daniel Cook, M.D., who was present throughout the hearing.

Evidence was received and the hearing concluded on April 3, 2026. The ALJ held the record open until April 7, 2026, for respondent to submit an additional exhibit. After respondent submitted the exhibit, complainant objected. On May 5, 2026, the

ALJ issued an order reopening the record to address the exhibit and objection. Pursuant to that order, the record was reclosed and the matter considered resubmitted for decision as of April 8, 2026.

On May 7, the ALJ identified an issue about which he needed the parties' input. The ALJ reopened the record and conducted a status conference with the parties to address the issue. In advance of the status conference, complainant submitted a letter outlining the points he would make at the status conference. The ALJ marked the letter as Exhibit 70 and admitted it into the record as argument. Following the status conference, the record was reclosed and the matter considered resubmitted for decision as of May 11, 2026.

FACTUAL FINDINGS

Respondent's License and Disciplinary History

1. On October 2, 1996, the Board issued respondent Physician's and Surgeon's Certificate Number A 60965 (license). The license is current and will expire on August 31, 2026, unless renewed.

ACCUSATIONS AGAINST RESPONDENT

2. On December 9, 2022, in case number 800-2017-039585, the Board's former Executive Director signed and thereafter filed a First Amended Accusation against respondent's license for sexual exploitation, sexual misconduct, gross negligence, repeated negligent acts, and dishonesty. The former Executive Director alleged that between 2015 and 2017, respondent provided grossly negligent medical treatment to Patients A and B, who were his wife and step-daughter, respectively. The

former Executive Director further alleged that over the same time period, respondent sexually abused his step-daughter. Finally, the former Executive Director alleged that respondent lied to Board investigators about his medical treatment of his wife at the time.

3. On March 17, 2023, in case number 800-2020-072482, complainant signed and thereafter filed an Accusation against respondent's license for gross negligence, repeated negligent acts, and failing to maintain adequate and accurate records. Complainant alleged that between 2020 and 2023, respondent provided grossly negligent medical treatment to Patient C, who was his wife. Complainant further alleged respondent did not maintain proper records of Patient C's treatment.

4. On November 30, 2023, in case number 800-2021-083681, complainant signed and thereafter filed an Accusation against respondent's license for gross negligence, repeated negligent acts, and failing to maintain adequate and accurate records. Complainant alleged that in late 2021, respondent managed, stored, and administered the COVID-19 vaccine in a grossly negligent manner. Complainant further alleged that for five patients, respondent failed to document administering the COVID-19 vaccine or the patients' informed consent.

STIPULATED SETTLEMENT AND LICENSE PROBATION

5. On December 29, 2023, respondent entered into a Stipulated Settlement and Disciplinary Order (Stipulated Settlement) to resolve the three disciplinary matters pending against him. Pursuant to the Stipulated Settlement, respondent acknowledged that at a hearing, complainant could establish a prima facie case in support of all the allegations against him except those alleging he sexually abused his step-daughter. He further acknowledged that, with the same exception, the

allegations, if so proven, would constitute cause to discipline his license. Moreover, paragraph 16 of the Stipulated Settlement provides that if complainant filed a petition to revoke respondent's probation, all charges and allegations in the Accusations would be deemed true, correct, and fully admitted, again with the exception of the allegations regarding sexual abuse of his step-daughter.

6. Based on the Stipulated Settlement, on April 24, 2024, the Board revoked respondent's license, immediately stayed the revocation, and placed the license on probation for 10 years, subject to terms and conditions. As relevant to this matter, respondent's probation terms and conditions provide for the following:

Condition 2 suspended him from practicing medicine for 60 days beginning on the 16th day after the effective date of the Stipulated Settlement;

Condition 10 required him to undergo a psychiatric evaluation within 30 days of the effective date of the Stipulated Settlement and forbade him from practicing medicine until the Board notified him that he was determined mentally fit to practice medicine safely;

Condition 11 requires him, starting within 60 days of the effective date of the Stipulated Settlement and continuing throughout probation, to have a Board-approved monitor for his practice;

Condition 12 requires him to have a third-party chaperone while consulting, examining, or treating female patients;

Condition 16 requires him to obey all federal, state, and local laws and all rules governing the practice of medicine in California; and

Condition 23 authorizes the Board to revoke probation and institute the original license discipline that was ordered stayed if respondent fails to comply fully with all terms and conditions of probation.

RESPONDENT'S CEASE PRACTICE ORDER

7. Conditions 11 and 12 of respondent's probation required him to cease practicing medicine until the Board approved a practice monitor and a third-party chaperone, respectively. Those Conditions also authorize the Board to issue respondent a notice requiring him to cease practicing if he violates either condition.

8. On July 22, 2024, pursuant to Conditions 11 and 12, Board personnel, on behalf of complainant, issued respondent a Cease Practice Order. The Cease Practice Order provided, in relevant part:

> Respondent has failed to obey Probationary Conditions Nos. 11 and 12 . . . by failing to obtain approval of a practice monitor within 60 days of the effective date of the Decision and failing to obtain approval of a third party chaperone within 60 days of the effective date of the Decision. Accordingly, Respondent . . . is prohibited from engaging in the practice of medicine. Respondent shall not resume the practice of medicine until a practice monitor is approved and assumes practice monitoring responsibility, and a third party chaperone is approved and assumes monitoring responsibility.

9. The Cease Practice Order was in effect from July 22 through November 19, 2024, when complainant issued respondent a Termination of Cease Practice Order.

RESPONDENT'S SUSPENSION AND INELIGIBILITY TO PRACTICE MEDICINE

10. Based on Conditions 2, 10, 11, and 12, in conjunction with the Cease Practice Order, respondent was not permitted to practice medicine on the following dates:

As a result of Condition 10, respondent was not permitted to practice medicine from April 24, 2024, until he received notification that he was deemed mentally fit to resume practicing medicine. Respondent submitted to the psychological evaluation and was deemed fit to continue practicing medicine as of May 14, 2024.

As a result of Condition 2, respondent was suspended from practicing medicine from May 10, 2024 (the 16th day after the effective date of the Stipulated Settlement) through July 8, 2024 (60 days later).

As a result of Conditions 10, 11, and 12, in conjunction with the Cease Practice Order, respondent was suspended from practicing medicine from April 24 through November 19, 2024.

Petition to Revoke Probation

11. On June 11, 2025, complainant signed and thereafter filed a First Amended Petition to Revoke Probation (Petition) against respondent. Complainant alleged the Board should revoke respondent's probation and impose the stayed revocation of his license for violating Conditions 2, which suspended his license for 60 days, and 16, which required him to obey all laws.

12. First, complainant alleged respondent violated the law regarding his corporate structure and governance. Specifically, respondent is the sole shareholder of a general corporation known as Mark D. Cook, M.D., Inc., which does business as

Oakdale Family Medicine. Complainant alleged respondent hired another doctor, Bradley Tourtlotte, M.D., as an independent contractor to see patients at his practice during respondent's license suspension. Respondent did not transfer ownership of the corporation to Dr. Tourtlotte. Based thereon, complainant alleged respondent violated the law by operating his corporation: (1) as a sole owner while his license was suspended; (2) under the name Oakdale Family Medicine without a fictitious name permit; and (3) as a medical corporation despite being incorporated as a general corporation.

13. Complainant further alleged respondent continued to practice medicine between April 24 and November 19, 2024, while his license was suspended. Specifically, complainant alleged that during that time, respondent: (1) continued to treat patients at his office and via telehealth visits; (2) prescribed Dr. Tourtlotte the controlled substance tramadol for arm and shoulder pain; (3) employed an unlicensed individual who provided Dr. Tourtlotte with tramadol; and (4) discussed with a pharmacist a patient's treatment plan and prescription for the controlled substance methadone.

14. Finally, complainant alleged that during respondent's license suspension, he violated Health and Safety Code sections and other laws related to controlled substances when he possessed and dispensed, and/or allowed an unlicensed employee at his practice to possess and dispense, tramadol to Dr. Tourtlotte.

15. Respondent timely filed a Notice of Defense. This hearing followed.

Evidence at Hearing

BOARD INSPECTION

16. Melissa Dean has been an Inspector with the Board for approximately 10 years. In that role, she provides orientations to licensees beginning probation, investigates complaints against licensees, and visits probationary licensees' offices to ensure they are complying with all terms and conditions.

17. Pursuant to the Stipulated Settlement, respondent's probation began on April 24, 2024. On April 8, 2024, Inspector Dean conducted an intake orientation with respondent to ensure he understood the terms and conditions of his probation. She explained all 26 terms and conditions in detail. She then sent respondent a letter on April 9, 2024, in which she summarized their discussion about each term and condition of probation.

18. At hearing, Inspector Dean explained that Condition 10 required respondent to undergo a psychiatric evaluation within 30 days of April 24, 2024, the effective date of the Stipulated Settlement. Condition 10 also forbade respondent from practicing medicine until the Board notified him that he was determined mentally fit to practice medicine safely following the psychiatric evaluation.

19. Respondent participated in the psychiatric evaluation on May 3, 2024. On May 11, 2024, the evaluator issued a report finding respondent psychologically fit to practice. The Board notified respondent of that finding on May 14, 2024. Inspector Dean explained that, based on those dates, Condition 10 prohibited respondent from practicing medicine from April 24 through May 14, 2024.

20. On May 8, 2024, Inspector Dean visited respondent's office unannounced to see if he was practicing while his license was suspended. Following her visit, she prepared a Non-Compliance Report in which she chronicled her observations. She testified at hearing consistently with her report.

21. Before her visit, Inspector Dean called respondent's office and spoke with a staff member who informed her that respondent was the only doctor in the office that day. When Inspector Dean arrived, she saw a patient with a guest in the waiting area. Inspector Dean went to the front desk and spoke with Kimberly Mann, a receptionist. When Inspector Dean asked if respondent was in the office, Ms. Mann replied that he was currently seeing patients. Ms. Mann further explained respondent was very busy that day because he had many patients to see. She offered to take a message. Inspector Dean then announced her name and job title, at which point Ms. Mann retrieved respondent.

22. A few minutes later, respondent came out from the back office area into the waiting room. He was wearing scrubs, a surgeon's skull cap, and a stethoscope. He asked Inspector Dean what she wanted to discuss. When she asked if he was aware he was not supposed to be practicing medicine, he denied that he was. Instead, he said he was doing "taxes, paperwork, stuff like that." Inspector Dean asked why respondent wore scrubs, a surgical cap, and a stethoscope to complete administrative paperwork, to which he replied that he "ha[d] been dressing like this for over 30 years."

23. Inspector Dean then asked why there were patients in the waiting room if respondent was the only doctor in the office that day. Respondent replied that he wanted to figure out whom Inspector Dean talked to when she called earlier that morning. He led Inspector Dean to the front desk, where Ms. Mann and three other employees were. Respondent asked Ms. Mann what information she had given to

Inspector Dean. Ms. Mann denied taking a call that morning and advised Inspector Dean that when a potential new patient calls, she takes the information for respondent to review. Another employee said a different doctor was seeing respondent's patients.

24. Inspector Dean asked Ms. Mann why she said respondent was busy seeing patients during their phone call that morning. Ms. Mann explained, "I tell patients [respondent] is here, but he is very busy with things, and then I ask if they would like me to relay a message."

25. Before Inspector Dean left, respondent offered to show her what he was working on that morning. He led her to the back office, where she saw a patient and a companion talking to a different doctor. She also saw two other patients in the office.

BOARD INVESTIGATION

26. Inspector Dean completed her Non-Compliance Report on May 20, 2024, and forwarded the matter to the Department of Consumer Affairs, Division of Investigation (DOI), Health Quality Investigation Unit, which investigates complaints for the Board. On May 30, 2024, the DOI assigned Lindsay Brearly to investigate the matter.

27. Investigator Brearly has been a sworn peace officer since 2007. She completed the Specialized Investigator's Basic Course through the Commission on Peace Officer Standards and Training. Since 2007, she has investigated more than 200 cases.

28. Between May 2024 and April 2025, Investigator Brearly reviewed documents and interviewed several witnesses to investigate whether respondent was practicing during his license suspension. She also reviewed respondent's corporate

documents to determine whether the business complied with the law. Additionally, she participated in an unannounced visit to respondent's practice on June 18, 2024, at which time she and other investigators photographed respondent's corporate signage.

29. Investigator Brearly completed and signed a Report of Investigation on April 18, 2025. She then completed and signed a Supplemental Report of Investigation on September 15, 2025. She testified at hearing consistently with her reports.

30. After Investigator Brearly began her investigation, several events caused the investigation to develop beyond Inspector Dean's original report. Specifically, the Board received two anonymous complaints accusing respondent of practicing while suspended; Dr. Tourtlotte and respondent told police officers that respondent had provided Dr. Tourtlotte with the controlled substance tramadol; and other medical professionals in the community shared their belief that respondent was continuing to practice while suspended.

31. On June 4, 2024, the Board received an anonymous complaint alleging, among other things, that respondent was continuing to see patients while signed into a computer under Dr. Tourtlotte's credentials. Investigator Brearly later learned Ericha Sjouwke, a former employee in respondent's office, submitted the complaint. Investigator Brearly interviewed Ms. Sjouwke, who reported that following her employment with respondent, she worked at a different doctor's office in the same building. Ms. Sjouwke said a patient attended her new office seeking an appointment and reported having seen respondent the week prior. Ms. Sjouwke further reported other patients claiming to have seen respondent after April 24, 2024.

32. On June 7, 2024, officers from the Oakdale Police Department cited Dr. Tourtlotte for, among other things, possession of tramadol. Dr. Tourtlotte and

respondent initially told the officers that respondent provided Dr. Tourtlotte the pills, though Dr. Tourtlotte later claimed a different employee in respondent's office provided them.

33. During the unannounced office visit on June 18, 2024, investigators spoke with, among other individuals, Raquel Hernandez, a medical assistant in respondent's office. Ms. Hernandez told the investigators, in relevant part, that Chrissy Schoonover, a lab employee at Oak Valley Hospital (OVH), had recently called respondent's office because the lab was receiving referrals with respondent's handwriting on them. An investigator then interviewed Ms. Schoonover, the Lab Manager at OVH.

34. Ms. Schoonover reported her lab had received several lab orders from respondent's office in the past six weeks that appeared to be from respondent. One such order, dated April 30, 2024, included a section labeled "Physician Signature (Required by Regulation)." On the signature line was the printed name "Bradley Tourlotte, MD" (misspelling in original), followed by the initials "BT." Ms. Schoonover explained she recognized respondent's handwriting, including on the signature line, on that and other lab orders. She called respondent's office and left a message asking to speak with Dr. Tourtlotte. Instead, respondent called her back. He initially denied writing the lab orders. However, he then admitted doing so as a "scribe" after she explained she recognized his distinctive handwriting. Ms. Schoonover provided the investigator a copy of the lab order dated April 30, 2024. (See Exhibit 57.)

35. During her interview with Investigator Brearly, Ms. Hernandez also reported that Cathryn Duncan, a pharmacist at Vineyard Pharmacy in Escalon, might have information about the office's prescribing practices while respondent was

suspended. On June 19, 2024, Investigator Brearly went to Vineyard Pharmacy and interviewed Ms. Duncan about any recent interactions with respondent.

36. Ms. Duncan confirmed she knew of respondent's suspension. She also reported that on June 6, 2024, a mutual patient visited her pharmacy to fill a methadone prescription from Dr. Tourtlotte. Although Ms. Duncan and respondent had collaborated for months to reduce the patient's dosage, Dr. Tourtlotte's prescription increased the dose. Ms. Duncan called respondent's office and left a message asking to speak with Dr. Tourtlotte about the discrepancy. Instead, respondent called her back.

37. Ms. Duncan explained she was calling to speak with Dr. Tourtlotte, but respondent asked what concerns she had. She explained her hesitance to increase the patient's dosage and potentially reverse the progress they had made. Respondent explained the patient's increased pain in the spring and summer justified the increased dosage. That was inconsistent with Ms. Duncan's understanding of the patient's pain cycle, which she understood to increase in the winter.

38. As Ms. Duncan and respondent continued to discuss the matter, Dr. Tourtlotte spoke, which surprised Ms. Duncan because she did not know he was participating in the call. They continued to discuss the situation until Ms. Duncan agreed to fill the increased dose on a temporary basis. Ms. Duncan felt respondent pressured her to fill the prescription. She described respondent as "definitely the primary mouthpiece" on the call.

39. On February 27, 2025, Investigator Brearly interviewed respondent as part of the investigation. Respondent denied practicing medicine between April 24 and November 19, 2024. He denied speaking with Ms. Duncan on the phone about a

patient's methadone prescription. He said Dr. Tourtlotte was on the phone with her and she must have mistaken their voices.

40. Respondent also told Investigator Brearly that Dr. Tourtlotte filled out all lab order forms and signed and dated them. Respondent would occasionally fill in the patient's name and date of birth.

41. Further, respondent told Investigator Brearly that when an Oakdale police officer called, he denied giving Dr. Tourtlotte tramadol. Investigator Brearly played the audio recording of that portion of respondent's phone call with the officer. Despite hearing that he clearly acknowledged giving Dr. Tourtlotte tramadol, he told Investigator Brearly that he had denied as much to the officer.

COMPLAINANT'S ADDITIONAL EVIDENCE AT HEARING

42. Ms. Mann testified at hearing and submitted a written statement. She worked for respondent's practice from September 2022 through March 2025. She was a receptionist in the office from approximately January 2023 through the end of her employment, although she went on disability in July or August 2024.

43. In her testimony and written statement, Ms. Mann confirmed that when Inspector Dean visited the office on May 8, 2024, respondent was seeing patients. She wrote in her statement, in relevant part, "[d]espite [respondent's] suspension, on May 8, 2024, [respondent] was seeing clinic patients in the clinic and providing medical care to patients." She further explained that when she went to the back of the office to let respondent know of Inspector Dean's visit, she found him in a treatment room with a patient. At hearing, she clarified that she heard muffled voices inside the room before knocking. Once she opened the door, she saw respondent and a person she

recognized as a patient. She confirmed both respondent and the other physician, Dr. Tourtlotte, were seeing patients that day.

44. Ms. Mann went on to explain in her written statement:

> I went to the back of the clinic to retrieve [respondent] and I found him in [a] treatment room with a patient. [Respondent] told me to lie to Inspector Dean and tell her that he was not in a treatment room with a patient. I initially lied, due to the stress of the moment, to the Medical Board that [respondent] was not seeing patients on May 8, 2024, and that he was in compliance with his suspension term. I lied to the Medical Board because I was fearful that [respondent] would terminate my employment.

45. Ms. Duncan also testified at hearing and submitted a written statement. She confirmed her statements to Investigator Brearly were true and accurate. Specifically, she confirmed she spoke with respondent, who advocated for her to fill the prescription for the increased dose of methadone. Although Dr. Tourtlotte eventually joined the call, in Ms. Duncan's opinion, respondent was "the primary medical provider in advocating for" the patient's prescription.

46. Ms. Schoonover also testified at hearing. She confirmed her statements to Investigator Brearly were true and accurate. Specifically, she confirmed she has worked in the same medical community as respondent since 2010, has interacted with him dozens of times, and has received lab order forms from him more than 100 times. She characterized respondent's handwriting as distinct and described its unique

features, such as using uppercase lettering, angular lines, and letters that are "squished together."

47. Ms. Schoonover recognized respondent's handwriting on the "Physician Signature" line of a lab order form on April 30, 2024. (See Exhibit 57.) She also went through multiple patient records at hearing and confirmed other instances of respondent's handwriting on lab forms that had Dr. Tourtlotte's name on them. For example, a lab order form dated June 11, 2024, is completely in respondent's handwriting except for the name "Tourtlotte/BT" at the top. (See Exhibit 39, p. A646.) Another lab order form dated June 6, 2024, includes respondent's handwriting in several areas and different handwriting for Dr. Tourtlotte's name. (See Exhibit 40, p. A669.)

48. Sergeant Ryan Smith with the Oakdale Police Department testified at hearing about Dr. Tourtlotte's citation and possession of tramadol on June 7, 2024. Sergeant Smith has been a sworn peace office for approximately eight years. Sergeant Smith wore his body camera during his interactions with Dr. Tourtlotte and his phone call with respondent. He confirmed that Dr. Tourtlotte initially said respondent provided him the tramadol. He also confirmed that respondent admitted providing Dr. Tourtlotte the tramadol without a prescription for it.

49. At hearing, Sergeant Smith reviewed a transcript of the audio recording from his body camera while he talked with Dr. Tourtlotte and called respondent on the phone. He confirmed the transcript was accurate. During his phone call with respondent, Sergeant Smith said, "[Dr. Tourtlotte] advised me that he did not have a prescription for these medications [tramadol] but that you had distributed them to him because he advised he was in pain." Respondent replied, "Yes." Sergeant Smith

began, "Okay, so," and respondent interrupted, "That's true, but those are for emergency use only. Is he okay?"

50. A few moments later, Sergeant Smith asked, "So just so I'm clear, you, you [*sic*] prescribed them [tramadol] to him due to his, he said he broke his shoulder, or broke his arm?" Respondent replied, "Oh yes, did he tell you that yesterday he fell over backwards onto an outstretched arm?"

51. Later in the conversation, Sergeant Smith again asked, "For my report, did you, you [*sic*], just to clarify, due to him having a muscular skeletal injury you prescribed him tramadol?" Respondent replied, "Well in terms of prescribe, like that would require me writing out a prescription to go to a pharmacy, but it was in my, in the medical practice, so yes technically that's correct. Yes."

52. Shannon Tester worked in respondent's office for approximately 13 or 14 years as a front office receptionist and medical transcriptionist. From 2022 through March 2025, she was an office manager and receptionist. During respondent's license suspension, Ms. Tester heard him several times providing medical advice to patients on the phone. She heard him asking patients about their symptoms and recommending treatments. She also saw respondent accessing patient medical charts between April and June 2024. Additionally, she is aware that approximately 10 to 15 times between April and June 2024, respondent approved medical assistants to provide vitamin B12 or immunization injections to patients. Furthermore, she saw respondent write Dr. Tourtlotte's name on documents.

53. Samuel Mann, who is Kimberly Mann's husband, also testified at hearing. He is an information technology (IT) contractor who provided IT work for respondent's

practice from May 2022 through April 2025. Mr. Mann saw respondent access patient charts during his suspension.

RESPONDENT'S EVIDENCE AT HEARING

54. Respondent testified at hearing. He has operated Mark D. Cook, M.D., Inc. since 2009. He was formerly in practice with partners, who collectively operated Oakdale Family Medicine. When he began his own company in 2009, he took over that business name. He has never applied for a fictitious name permit.

55. Respondent met Dr. Tourtlotte in approximately March 2024. He asked Dr. Tourtlotte to join the practice while respondent was suspended. Dr. Tourtlotte joined on April 29, 2024. Although they had an oral agreement for Dr. Tourtlotte to become a 50 percent partner in the business, they never signed any contract or transferred any money or shares to effectuate such an agreement.

56. Before Dr. Tourtlotte began working for respondent, a nurse practitioner named Mary Jayne Johnson worked at the office. Respondent was Ms. Johnson's supervising physician while she worked there, including between April 24 and May 1, 2024.

57. Respondent confirmed he understood he was not allowed to practice medicine during his suspension. However, he believed he was permitted to do "everything else" the office needed, including acting as a scribe during patient visits. He therefore attended many patient exams with Dr. Tourtlotte. While in the exam room, he did not diagnose, treat, or prescribe anything to the patients. Respondent denied ever signing Dr. Tourtlotte's name or using his initials on any forms.

58. Regarding the phone call with Ms. Duncan on June 6, 2024, about the increased prescription for methadone, respondent testified he did not participate in the call. He merely asked Ms. Duncan to hold until Dr. Tourtlotte was available. Then, he listened in while Ms. Duncan and Dr. Tourtlotte discussed the patient. Respondent gave Dr. Tourtlotte historical information about the patient, but Dr. Tourtlotte made all the medical decisions.

59. Respondent disagreed with the witnesses who testified that he provided medical care to patients over the phone during his suspension. He criticized the witnesses as biased and suggested they had hearing or memory problems. He acknowledged he accessed patient charts daily but said he did so for legitimate administrative reasons unrelated to providing direct medical care.

60. Regarding his phone call with Sergeant Smith about Dr. Tourtlotte's tramadol, respondent denied saying he provided the tramadol to Dr. Tourtlotte. He said he was standing beside a noisy highway and could not clearly hear the officer. He was adamant that he did not tell the officer he had provided Dr. Tourtlotte the tramadol, but he suggested he led the officer to believe he had provided the tramadol. Specifically, respondent testified, "I couldn't blatantly deny it because Bradley [Dr. Tourtlotte] would get arrested for lying to an officer."

61. Dr. Tourtlotte testified at hearing on respondent's behalf. He never witnessed respondent practice medicine during his suspension. Respondent was "a great resource" and helped inform Dr. Tourtlotte's treatment decisions. However, respondent never gave patients his medical advice, opinion, or test results during his suspension.

62. Dr. Tourtlotte also confirmed that respondent sometimes completed lab order forms, but only based on what Dr. Tourtlotte requested. At hearing, he reviewed the lab order form dated April 30, 2024, which includes his handwritten name in the signature line (Exhibit 57). He confirmed he did not write his name or the initials beside it. He also confirmed the other lab order forms Ms. Schoonover discussed did not contain his handwriting. (See Exhibit 39, p. A646, and Exhibit 40, p. A669.)

63. Regarding the phone call with Ms. Duncan on June 6, 2024, about the increased prescription for methadone, Dr. Tourtlotte confirmed he joined the call after respondent and Ms. Duncan were already talking. Before that phone call, Dr. Tourtlotte had no knowledge of the patient's previous treatment plan or the attempts to decreased his methadone dosage. Respondent told Dr. Tourtlotte that the patient historically had dosage changes consistent with the prescription Dr. Tourtlotte wrote.

64. Regarding his police stop on June 7, 2024, Dr. Tourtlotte first testified that he did not recall telling the officers that respondent gave him the tramadol. After listening to a portion of the audio recording from the officers' body camera, Dr. Tourtlotte confirmed he told the officers respondent gave him the tramadol. However, he said he still had no independent recollection of having said that. He then testified that he lied to the officers.

65. Dr. Tourtlotte explained that he fell and injured his arm. Nevertheless, he needed to drive to respondent's office to pick up his paycheck so he could afford to visit the hospital. While in the parking lot, he saw three or four of respondent's employees. He did not recall their names at the time. He told them he was injured and they began to reach into their purses and hand him loose pills. Ms. Hernandez gave him the pills that he later learned were tramadol, but he did not know what they were

at the time. He accepted the pills and put them in the center console of his car. He did not intend to ingest them.

66. On cross-examination, Dr. Tourtlotte confirmed he told the police officers some of the pills they found in his car were tramadol. He testified he knew when he was pulled over that some of the pills were tramadol. He did not explain the circumstances under which he learned the unidentified pills Ms. Hernandez gave him were tramadol by the time he was pulled over.

67. Respondent also called four patients to testify. They all confirmed that between April and November 2024, Dr. Tourtlotte treated them rather than respondent.

68. Additionally, the parties stipulated that if Melissa Ibarra, an employee in respondent's clinic, had testified in this matter, she would have testified that she observed Ms. Hernandez provide pills to Dr. Tourtlotte on June 7, 2024.

Analysis

69. This case involves two sets of allegations. First, complainant alleged respondent violated the law regarding his corporate structure and governance. Second, complainant alleged respondent continued to practice medicine while his license was suspended. It is appropriate to address each set of allegations separately.

RESPONDENT'S CORPORATE STRUCTURE AND GOVERNANCE

70. Complainant alleged respondent violated Condition 16 of his probation, which required him to obey all laws, when he operated his company, Mark D. Cook, M.D., Inc., under the name Oakdale Family Medicine without a fictitious name permit. Complainant proved this allegation at hearing. A physician acting as a sole proprietor

or in a partnership, group, or medical corporation may not use a fictitious name in any public communication, advertisement, sign, or advertisement without first obtaining a fictitious name permit from the Division of Licensing. (Bus. & Prof. Code, §§ 2285, 2415, subd. (a).) Here, respondent used the name Oakdale Family Medicine, including on his practice's public signage, without obtaining a fictitious name permit.

71. Complainant further alleged respondent violated Condition 16 of his probation by violating the Moscone-Knox Professional Corporation Act (the Moscone-Knox Act, Corp. Code, § 13400 et seq.), which governs professional corporations. Specifically, complainant alleged respondent allowed his company to engage in the practice of medicine: (1) while his license was suspended despite being the sole shareholder; and (2) despite being incorporated as a general corporation.

72. Under the Moscone-Knox Act, a "professional corporation" is one that is organized under the General Corporation Law (Bus. & Prof. Code, § 100 et seq.) and is "engaged in rendering professional services in a single profession . . . pursuant to a certificate of registration issued by the governmental agency regulating the profession as herein provided and that in its practice or business designates itself as a professional or other corporation as may be required by statute." (Corp. Code, § 13401, subd. (b).) A professional corporation is not required to obtain a certificate of registration if it is "rendering professional services by persons duly licensed by the Medical Board of California." (*Ibid.*) Here, the Moscone-Knox Act did not initially require respondent's company to obtain a certificate of registration.

73. However, as of April 24, 2024, respondent's license was suspended. As a result, his business was not rendering professional services by persons duly licensed by the Medical Board of California. Indeed, if a sole shareholder of a professional corporation becomes disqualified, that disqualification "shall be grounds for the

suspension or revocation of the certificate of registration of a professional corporation." (Corp. Code, § 13408.) Consequently, upon respondent's license suspension, he became disqualified, and his business was required either to render professional services by one or more other individuals duly licensed by the Medical Board, obtain a certificate of registration, or cease operating. (*Id.*, §§ 13401, subd. (d), 13408.) The company did not do any of those three things.

74. Instead, Dr. Tourtlotte started with the practice on April 29, 2024. He was never a shareholder. Respondent's testimony that Dr. Tourtlotte was a part owner or partial shareholder of the company based on their oral agreement was unpersuasive. Dr. Tourtlotte denied such an arrangement in his testimony, instead asserting that he was an independent contractor. Furthermore, respondent did not produce any documents demonstrating a transfer of shares or ownership.

75. Additionally, the Moscone-Knox Act requires that a professional corporation's articles of incorporation must "contain a specific statement that the corporation is a professional corporation within the meaning of [the Moscone-Knox Act]." (Corp. Code, § 13404.) The articles of incorporation for Mark D. Cook, M.D., Inc., (Exhibit 47, pp. A868–A869) do not include that statement. Instead, they specify the corporation's purpose is "to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California, other than . . . the practice of a profession permitted to be incorporated by the California Corporations Code." That language excludes medical corporations. (Corp. Code, §§ 13401, subd. (a), 13401.5, subd. (a).)

76. Thus, complainant proved respondent allowed his company to engage in the practice of medicine while his license was suspended despite being the sole

shareholder and despite being incorporated as a general corporation. Both actions, independently and collectively, constituted violations of the Moscone-Knox Act.

RESPONDENT'S CONDUCT WHILE ON SUSPENSION

77. Complainant alleged respondent violated Conditions 2 and 16 of his probation by practicing medicine while his license was suspended. Practicing medicine consists of practicing "any system or mode of treating the sick or afflicted in this state," or "diagnos[ing], treat[ing], operat[ing] for, or prescrib[ing] for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person." (Bus. & Prof. Code, § 2052, subd. (a).)

78. Resolving the allegations that respondent practiced medicine while his license was suspended largely involves credibility determinations. Complainant called several witnesses and submitted documentary evidence to show that respondent practiced medicine between April 24 and November 19, 2024, while his license was suspended. Complainants witnesses were credible. Respondent was not.

79. Specifically, Ms. Duncan credibly testified that when she called respondent's office on June 7, 2024, about a patient's increased methadone prescription, respondent called her back and advocated for her to fill the prescription. In doing so, he explained the patient's need for the medicine and the specific dosage. Although Dr. Tourtlotte joined the conversation at some point, Ms. Duncan credibly characterized respondent as the "primary mouthpiece."

80. Dr. Tourtlotte confirmed he joined the call after respondent and Ms. Duncan were already talking. In contrast, respondent said he did not speak with Ms. Duncan at all, other than to ask her to wait for Dr. Tourtlotte to be available. Respondent's testimony was implausible, self-serving, and not credible.

81. By advocating for Ms. Duncan to fill the prescription, respondent engaged in a system or mode of treating a sick patient. Thus, he practiced medicine while his license was suspended.

82. Similarly, Ms. Schoonover credibly testified that respondent signed several lab order forms while his license was suspended, including a lab order for a patient's knee X-ray on April 30, 2024. That lab order form (Exhibit 57) includes respondent's handwriting on the "Physician Signature" line, where he wrote (and misspelled) Dr. Tourtlotte's name and initialed beside it. Respondent admitted he wrote Dr. Tourtlotte's name but denied initialing. He said he did so merely as a "scribe." His testimony was not credible. His testimony, both on this point and throughout the hearing, was smug, self-serving, and implausible. It was also inconsistent with Dr. Tourtlotte's testimony, in which he denied writing the initials.

83. By signing a lab order form on April 30, 2024, for a patient's knee X-ray, respondent engaged in a system or mode of treating a sick patient. Thus, he practiced medicine while his license was suspended.

84. Respondent also told Sergeant Smith three times that he gave Dr. Tourtlotte tramadol on June 7, 2024. Despite those three admissions, respondent testified at hearing that he did not tell Sergeant Smith he supplied Dr. Tourtlotte with tramadol. To be clear, respondent did not say he falsely told Sergeant Smith he provided Dr. Tourtlotte with tramadol. Rather, he testified he did not even tell Sergeant Smith he provided Dr. Tourtlotte with tramadol.

85. At hearing, the ALJ reviewed those three portions of Sergeant Smith's phone call with respondent and asked respondent to explain his statements to Sergeant Smith. Respondent said he could not clearly hear Sergeant Smith on the

phone call because he was outside near a busy highway. Respondent's testimony was wholly unbelievable. At no point in the call did he say he was having trouble hearing or understanding Sergeant Smith. The credible evidence established that respondent gave Dr. Tourtlotte tramadol on or about June 7, 2024.

86. In summary, complainant proved that while respondent's license was suspended, he practiced medicine on at least three occasions. He advocated for a patient's increased methadone prescription on June 6, 2024, during a phone call with a pharmacist. He signed a lab order form with Dr. Tourtlotte's signature and initials on April 30, 2024. And he provided Dr. Tourtlotte with tramadol on or about June 7, 2024. Those actions are consistent with the reports of his employees, who stated that he routinely practiced medicine during his suspension.

Costs

87. Pursuant to Business and Professions Code section 125.3, complainant requested respondent be ordered to reimburse the Board its costs for the investigation and prosecution of this matter. Complainant submitted a Declaration of Investigative Activity signed by Michel Veverka, a Supervising Investigator, seeking $55,033 for 318.5 hours of investigation time. Attached to the certification is a printout detailing the investigative tasks performed and the time spent on those tasks.

88. Complainant also submitted a Certification of Prosecution Costs and Declaration of Mr. Gatschet and a Supplemental Certification of Prosecution Costs and Declaration of Mr. Gatschet that indicate he and his colleagues billed the Board $80,043.25 in costs for 344.75 hours of time enforcing this matter from May 22 through December 12, 2025, and includes a daily itemization of the tasks performed and time consumed.

89. Respondent did not raise any specific objections to the requested costs. The request for costs is addressed in the Legal Conclusions below.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. A regulatory agency may discipline a licensee for violating the terms and conditions of his probation if it proves the allegations in a petition to revoke probation by a preponderance of the evidence. (*Sandarg v. Dental Bd. of California* (2010) 184 Cal.App.4th 1434, 1441.) A preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1388.)

Respondent's Suspension from Practicing Medicine

2. Condition 2 of respondent's probation suspended his license for 60 days beginning on the 16th day after the effective date of the Stipulated Settlement. The effective date of the Stipulated Settlement was April 24, 2024. Therefore, Condition 2 suspended his license from May 10 through July 8, 2024.

3. Condition 10 of respondent's probation required him to undergo a psychiatric evaluation within 30 days of the effective date of the Stipulated Settlement and forbade him from practicing medicine until the Board notified him that he was determined mentally fit to practice medicine safely. Respondent submitted to the psychological evaluation and was deemed fit to continue practicing medicine as of May 14, 2024. Therefore, as a result of Condition 10, respondent was not permitted to practice medicine from April 24 through May 14, 2024.

4. Condition 11 of respondent's probation requires him, starting within 60 days of the effective date of the Stipulated Settlement and continuing throughout probation, to have a Board-approved monitor for his practice. Condition 12 requires him to have a third-party chaperone while consulting, examining, or treating female patients. Those conditions also authorize the Board to issue respondent a notice requiring him to cease practicing if he violates either condition.

5. On July 22, 2024, pursuant to Conditions 11 and 12, Board personnel, on behalf of complainant, issued respondent a Cease Practice Order. The Cease Practice Order was in effect from July 22 through November 19, 2024, when complainant issued respondent a Termination of Cease Practice Order. Therefore, as a result of Condition 11 and 12, in conjunction with the Cease Practice Order, respondent was not permitted to practice medicine from June 23 (the 60th day after the effective date of the Stipulated Settlement) through November 19, 2024.

6. Condition 16 of respondent's probation requires him to obey all federal, state, and local laws and all rules governing the practice of medicine in California.

Causes to Revoke Probation

7. After a hearing before an ALJ, the Board may discipline a physician's license by revoking the license, suspending the license for up to one year, placing the license on probation and requiring the license to pay probation monitoring costs, publicly reprimanding the license, or taking any other action as the ALJ deems proper. (Bus. & Prof. Code, § 2227, subd. (a).)

8. Condition 23 of respondent's probation authorizes the Board to set aside the stay order and revoke respondent's license if he violates the conditions of his probation.

FAILURE TO COMPLY WITH FICTITIOUS NAME PERMIT REQUIREMENTS

9. Pursuant to Business and Professions Code section 2415, subdivision (a):

> Any physician and surgeon or any doctor of podiatric medicine, as the case may be, who as a sole proprietor, or in a partnership, group, or professional corporation, desires to practice under any name that would otherwise be a violation of Section 2285 may practice under that name if the proprietor, partnership, group, or corporation obtains and maintains in current status a fictitious-name permit issued by the Division of Licensing, or, in the case of doctors of podiatric medicine, the California Board of Podiatric Medicine, under the provisions of this section.

10. Pursuant to Business and Professions Code section 2285:

> The use of any fictitious, false, or assumed name, or any name other than his or her own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of his or her practice without a fictitious-name permit obtained pursuant to Section 2415 constitutes unprofessional conduct.

11. Here, complainant proved by a preponderance of the evidence that respondent violated Business and Professions Code sections 2285 and 2415, subdivision (a). Specifically, as explained in Factual Finding 70, respondent operated his company, Mark D. Cook, M.D., Inc., under the name Oakdale Family Medicine

without a fictitious name permit. Cause therefore exists to grant complainant's petition, set aside the stay order, and revoke respondent's license, pursuant to probation Condition 16, for failing to obey all laws.

FAILURE TO COMPLY WITH THE MOSCONE-KNOX ACT

12. The Corporation Code permits medical corporations to be incorporated for the purpose of practicing medicine as a profession. (Corp. Code, §§ 13401, subd. (b), 13401.5, subd. (a).) A professional corporation's articles of incorporation must "contain a specific statement that the corporation is a professional corporation within the meaning of [the Moscone-Knox Professional Corporation Act, Corporations Code § 13400 et seq.]." (Corp. Code, § 13404.) Respondent's articles of incorporation do not contain such a statement.

13. As explained in Factual Findings 71 through 76, respondent incorporated Mark D. Cook, M.D., Inc., in January 2009. The articles of incorporation specify the corporation's purpose is "to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California, other than . . . the practice of a profession permitted to be incorporated by the California Corporations Code." That language excludes medical corporations. (Corp. Code, §§ 13401, subd. (a), 13401.5, subd. (a).)

14. Under the Moscone-Knox Act, a "professional corporation" is one that is organized under the General Corporation Law (Bus. & Prof. Code, § 100 et seq.) and is "engaged in rendering professional services in a single profession . . . pursuant to a certificate of registration issued by the governmental agency regulating the profession as herein provided and that in its practice or business designates itself as a professional or other corporation as may be required by statute." (Corp. Code, § 13401,

subd. (b).) A professional corporation is not required to obtain a certificate of registration if it is "rendering professional services by persons duly licensed by the Medical Board of California." (*Ibid.*)

15. As explained in Factual Findings 73 and 74, as of April 24, 2024, respondent's license was suspended and his business was therefore not rendering professional services by persons duly licensed by the Medical Board of California. Therefore, as of April 24, 2024, respondent was noncompliant with the requirements of the Moscone-Knox Act. All of respondents' arguments to the contrary have been considered and rejected. Cause therefore exists to grant complainant's petition, set aside the stay order, and revoke respondent's license, pursuant to probation Condition 16, for failing to obey all laws.

PRACTICING MEDICINE WHILE SUSPENDED

16. Pursuant to Business and Professions Code section 2306:

> If a licensee's right to practice medicine is suspended, he or she shall not engage in the practice of medicine during the term of such suspension. Upon the expiration of the term of suspension, the certificate shall be reinstated by the Division of Medical Quality, unless the licensee during the term of suspension is found to have engaged in the practice of medicine in this state. In that event, the division shall revoke the licensee's certificate to engage in the practice of medicine.

17. As explained in Factual Findings 77 through 86, complainant proved by a preponderance of the evidence that while respondent's license was suspended, he

practiced medicine on at least three occasions. He advocated for a patient's increased methadone prescription on June 6, 2024, during a phone call with a pharmacist. He signed a lab order form with Dr. Tourtlotte's signature and initials on April 30, 2024. And he provided Dr. Tourtlotte with tramadol on or about June 7, 2024. Those actions are consistent with the reports of his employees, who stated that he routinely practiced medicine during his suspension. Cause therefore exists to grant complainant's petition, set aside the stay order, and revoke respondent's license, pursuant to probation Condition 16, for failing to obey all laws.

VIOLATION OF STATE AND FEDERAL DRUG STATUTES

18. Under Health and Safety Code section 11155:

> Any physician, who by court order or order of any state or governmental agency, or who voluntarily surrenders his controlled substance privileges, shall not possess, administer, dispense, or prescribe a controlled substance unless and until such privileges have been restored, and he has obtained current registration from the appropriate federal agency as provided by law.

19. Under Health and Safety Code section 11350, subdivision (a), it is a crime for a person to possess any "controlled substance classified in Schedule III, IV, or V which is a narcotic drug, unless upon the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in this state." Tramadol is a Schedule IV narcotic drug. (Code Fed. Regs., tit. 21, § 1308.14(b)(3).)

20. Under United States Code, title 21, section 844, it is a crime for a person "knowingly or intentionally to possess a controlled substance unless such substance

was obtained directly, or pursuant to a valid prescription or order, from a practitioner, while acting in the course of his professional practice."

21. Under Business and Professions Code section 4170, subdivision (a)(1) and (4), a prescriber shall not dispense drugs or dangerous devices to patients in the prescriber's office or place of practice unless:

> (1) The dangerous drugs or dangerous devices are dispensed to the prescriber's own patient, and the drugs or dangerous devices are not furnished by a nurse or physician attendant; [and]
>
> [¶] . . . [¶]
>
> (4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging requirements of good pharmaceutical practice, including the use of childproof containers.

22. Under Business and Professions Code section 11190, subdivision (c)(1), a prescriber of a Schedule IV controlled substance must record and maintain certain required information.

23. As explained in Factual Findings 84 through 86, complainant proved by a preponderance of the evidence that respondent provided Dr. Tourtlotte with tramadol on or about June 7, 2024, while his license was suspended. Tramadol is a dangerous drug. (Bus. & Prof. Code, § 4022, subd. (a).) Respondent did not fulfill all labeling requirements or record and maintain the information required by Business and

Professions Code section 11190, subdivision (c)(1). Cause therefore exists to grant complainant's petition, set aside the stay order, and revoke respondent's license, pursuant to probation Condition 16, for failing to obey Health and Safety Code sections 11155 and 11350, subdivision (a); United States Code, title 21, section 844; and Business and Professions Code sections 4170, subdivision (a)(1) and (4), and 11190, subdivision (c)(1), individually and collectively.

Appropriate Discipline

24. Public protection is the Board's highest priority in exercising its disciplinary functions. (Bus. & Prof. Code, § 2229, subd. (a).) The purpose of administrative proceedings regarding professional licenses is not to punish licensees, but to protect the public. (*Hughes v. Bd. of Architectural Exam'rs* (1998) 17 Cal.4th 763, 785-786.)

25. Here, the only appropriate remedy is to grant complainant's petition, set aside the stay order, and revoke respondent's license. Despite being on probation for 10 years and being subject to an actual suspension and a Cease Practice Order, respondent continued to practice medicine in multiple contexts. He showed no insight or remorse. To the contrary, he attempted to defend himself in this matter through deceit and misrepresentations. His testimony was completely incredible. Based thereon, public protection requires his license to be revoked.

Costs

26. Business and Professions Code section 125.3 provides that a licensee found to have violated a licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth factors to be

considered in determining the reasonableness of the costs sought under statutory provisions such as section 125.3. Those factors include whether the licensee was successful at hearing in getting charges dismissed or reduced, the licensee's subjective good faith belief in the merits of his position, whether the licensee raised a colorable challenge to the proposed discipline, and the financial ability of the licensee to pay.

27. Complainant sought $80,043.25 in costs for 344.75 of time enforcing this matter from May 22 through December 12, 2025. Complainant supplied a spreadsheet that included a daily itemization of the tasks performed and time consumed. When applying the *Zuckerman* factors, those costs are reasonable and justified. This case involved multiple allegations of wrongdoing, took six days of hearing, and included 14 witnesses and more than 1,140 pages of documents spread over more than 70 exhibits. Additionally, respondent was unsuccessful in reducing the level of discipline complainant requested and offered no proof of his inability to pay costs. Consequently, the enforcement costs will be awarded in the full requested amount of $80,043.25.

28. Additionally, complainant's request for $55,033 for 318.5 hours of investigation time is adequately supported and reasonable. Investigator Brearly and others on her team spent significant time interviewing witnesses, reviewing documents, and writing a thorough report.

29. The reasonable enforcement costs of $80,043.25 and the reasonable investigation costs of $55,033 add to $135,076.25. Respondent did not present any evidence of financial hardship or other justification to reduce the cost award.

ORDER

The First Amended Petition to Revoke Probation against respondent Mark Daniel Cook, M.D., is GRANTED. The Board's prior order, which stayed the revocation of respondent's license, is VACATED, and Physician and Surgeon's Certificate No. A 60965, issued to respondent, is REVOKED.

Respondent shall reimburse the Board for its costs of investigation and prosecution in the amount of $135,076.25. Said amount shall be in addition to any outstanding costs respondent owes the Board and shall be paid in full prior to any reinstatement of his license unless otherwise ordered by the Board.

DATE: June 10, 2026

SEAN GAVIN
Administrative Law Judge
Office of Administrative Hearings