to Show Cause to Miles J. Jones, M.D. (Respondent) notifying him of an opportunity to show cause as to why DEA should not revoke his Certificate of Registration, BJ0839540 under 21 U.S.C. 824(a)(3) and deny any pending applications or requests pursuant to 21 U.S.C. 823(f). Specifically, the Order to Show alleged that the Respondent is not authorized under state law to handle controlled substances based upon the revocation of his Missouri state medical license on February 5, 2003.

By letter dated September 15, 2003, the Respondent, proceeding *pro se,* timely requested a hearing in response to the show cause order. In his hearing request, the Respondent asserted that the DEA action in revoking his Certificate of Registration was premature since matters involving the revocation of his Missouri medical license were under appeal. In response to the Respondent's request for stay, the presiding Administrative Law Judge Gail A. Randall (Judge Randall) issued a Notice and Order on September 25, 2003, allowing the Government the opportunity to respond to the Respondent's request.

On September 26, 2003, counsel for DEA filed Government's Request for Stay of Proceedings and Motion for Summary Judgment. The Government asserted that the Respondent is without authorization to handle controlled substances in Missouri, and as a result, further proceedings in the matter were not required. On September 30, 2003, the Government followed its motion with the Government's Response to Respondent's Request for Stay of Proceedings, arguing that the Respondent had failed to provide sufficient grounds to warrant a stay of the proceedings.

On September 30, 2003, Judge Randall issued an Order Staying Proceedings, where she afforded the Respondent the opportunity to respond to the Government's Motion by October 29, 2003. However, the Respondent did not file a response.

Accordingly, on December 4, 2003, Judge Randall issued her Opinion and Recommended Decision of the Administrative Law Judge (Opinion and Recommended Decision). As part of her recommended ruling, Judge Randall granted the Government's Motion for Summary Disposition and found that the Respondent lacked authorization to handle controlled substances in Missouri, the jurisdiction in which he is registered with DEA. In granting the Government's motion, Judge Randall also recommended that the Respondent's DEA registration be revoked and any pending applications for renewal or modification be denied. No exceptions were filed by either party to Judge Randall's Opinion and Recommended Decision, and on January 16, 2004, the record of these proceedings was transmitted to the Office of the DEA Deputy Administrator.

The Deputy Administrator has considered the record in its entirety and pursuant to 21 CFR 1316.67, hereby issues her final order based upon findings of fact and conclusions of law as hereinafter set forth. The Deputy Administrator adopts, in full, the Opinion and Recommended Decision of the Administrative Law Judge.

The Deputy Administrator finds that the Respondent currently possesses DEA Certificate of Registration BJ0839540, and is registered to handle controlled substances in Missouri. The record before the Deputy Administrator reveals that on July 26, 2002, the North Dakota Board of Medical Examiners (North Dakota Board) revoked the Respondent's medical license in that state, based in part upon information that the Respondent repeatedly wrote prescriptions for patients over the Internet without first examining the patient or obtaining appropriate patient information.

In response to the revocation action of the North Dakota Board, on February 5, 2003, the Missouri State Board of Registration for the Healing Arts (Missouri Board) issued its Findings of Fact, Conclusions of Law and Disciplinary Order in the matter of the Respondent's Missouri medical license. The Missouri Board ordered the revocation of the Respondent's medical license and further ordered that he be prohibited from applying for reinstatement of his license ''for two (2) years and one (1) day from the date of [the Missouri Board's] order.''

There is no evidence before the Deputy Administrator that the order of the Missouri Board has been stayed or rescinded. Therefore, the Deputy Administrator finds that the Respondent is currently not licensed to practice medicine in Missouri and as a result, it is reasonable to infer that he is also without authorization to handle controlled substances in that state.

DEA does not have statutory authority under the Controlled Substances Act to issue or maintain a registration if the applicant or registrant is without state authority to handle controlled substances in the state in which he conducts business. *See* 21 U.S.C. 802(21), 823(f) and 824(a)(3). This prerequisite has been consistently upheld. *See Kanwaljit S. Serai, M.D.*, 68 FR 48943 (2003); *Dominick A. Ricci, M.D.*, 58 FR 51104 (1993); *Bobby Watts, M.D.*, 53 FR 11919 (1998).

Here, it is clear that the Respondent is not currently authorized to handle controlled substances in Missouri, where he is registered with DEA. Therefore, he is not entitled to maintain that registration. Accordingly, the Deputy Administrator of the Drug Enforcement Administration, pursuant to the authority vested in her by 21 U.S.C. 823 and 824 and 28 CFR 0.100(b) and 0.104, hereby orders that DEA Certificate of Registration, BJ0839540, issued to Miles J. Jones, M.D., be, and it hereby is, revoked. The Deputy Administrator further orders that any pending applications for renewal or modification of such registration be, and they hereby are, denied. This order is effective August 5, 2004.

Dated: June 21, 2004.

Michele M. Leonhart,

Deputy Administrator.

[FR Doc. 04–15151 Filed 7–2–04; 8:45 am]

BILLING CODE 4410–09–M

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Simon J. Trueblood, M.D.; Revocation of Registration

On June 13, 2003, the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration (DEA), issued an Order to Show Cause to Simon J. Trueblood, M.D. (Dr. Trueblood), proposing to revoke his DEA Certificate of Registration, BT5741081, as a practitioner pursuant to 21 U.S.C. 824(a)(3), and deny any pending applications for registration as a practitioner under 21 U.S.C. 823(f), for reason that Dr. Trueblood does not have a controlled substance license for the State of Illinois, the state in which he intends to move his practice. The Order to Show Cause further alleged that renewal or modification of Dr. Trueblood's DEA registration would be inconsistent with the public interest, based in relevant part, upon the following:

1. On March 10, 1998, the Medical Licensing Board of Indiana (the Board) placed Dr. Trueblood's medical license on indefinite probation. As grounds for this action, the Board found that Dr. Trueblood had prescribed legend drugs and controlled substances to a number of members of his family. Dr. Trueblood admitted that all the prescriptions had been for his mother. Dr. Trueblood also admitted that he had written the prescriptions in different names in order

to deceive pharmacists and not draw attention to his practices.

2. On February 22, 1999, Dr. Trueblood entered into a Memorandum of Understanding (MOU) with DEA in lieu of the agency taking action to revoke his DEA controlled substance registration. Under the MOU, Dr. Trueblood agreed, among other things, that he would:

a. Not purchase, manufacture, possess, dispense, administer or in any way acquire, handle or engage in any other controlled substance activities whatever, except to prescribe in Schedules II through V;

b. Not prescribe, dispense or administer controlled substances to himself or to any member of his immediate family;

c. Maintain and submit to DEA a complete and accurate record of all controlled substances that he prescribed, every three months, for three years.

3. In November 2000, Dr. Trueblood applied for renewal of his Illinois DEA Registration, BT57 41081, as well as his Indiana DEA registration, AT23001241. On his applications, Dr. Trueblood answered ''no'' to a question which asked: ''has the applicant ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied.'' This answer was false, since the MOU restricted Dr. Trueblood's DEA registrations.

4. On January 10, 2001, Dr. Trueblood admitted to DEA investigators that the violated the MOU by purchasing, administering, handling and possessing controlled substances. On January 17, 2001, DEA investigators conducted an inspection of the office of Dr. Trueblood and found that he had violated the MOU and numerous laws and regulations concerning controlled substances. Among the violations noted were failure to keep an inventory of controlled substances, in violation of 21 U.S.C. 827 and 21 CFR 1304.11(e)(3); failure to keep records of controlled substances that he received and dispensed, in violation of 21 CFR 1304.22(c) and 21 CFR 1304.03(b); the ordering of controlled substances on 55 occasions, in violation of the MOU; maintaining controlled substances at an unregistered location, in violation of 21 CFR 1301.13(a); violation of terms of the MOU by failing to send to DEA complete and accurate records of all controlled substances prescribed, every three months; failure to maintain records of administering controlled substances to patients, in violation of 21 CFR 1304.03(d); and, failure to maintain prescribing records in separate files or ledgers for three years, in violation of the MOU.

5. DEA investigators inspecting Dr. Trueblood's Merrillville, Indiana office on January 17, 2001, seized controlled substances found in the office. Pursuant to the investigators' request that the surrender all controlled substances in his office, Dr. Trueblood provided the investigators with a box containing controlled substances. Dr. Trueblood told investigators that he had provided all controlled substances that were in his office, but further informed them that they were free to conduct a further search of the office for these products. A further search uncovered additional controlled substances, which Dr. Trueblood claimed he was unaware of. Dr. Trueblood again told inspectors that there were no more controlled substances in his office.

6. On January 19, 2001, DEA investigators returned to the Merrillville office where they met with Dr. Trueblood and his counsel. The investigators found additional controlled substances in Dr. Trueblood's office. On the same day, DEA investigators met Dr. Trueblood and his attorney at the doctor's second office location in Valparaiso, Indiana. The investigators searched and seized controlled substances in that office. The investigators advised Dr. Trueblood that he had not obtained a registration for the Valparaiso office and therefore no controlled substances could be stored, dispensed, or administered at that location.

7. On January 19, 2001, Dr. Trueblood surrendered his DEA registration, AT2301341, which was assigned to his Indiana registered location. The surrender of Dr. Trueblood's Indiana DEA registration rendered his renewal application for that registration null and void.

8. Following the surrender of his registration, Dr. Trueblood continued writing prescriptions using his Indiana DEA registration. Between January 19 and March 2, 2001, Dr. Trueblood wrote prescriptions for OxyContin, Percodan, Dilaudid and methadone, all Schedule II controlled substances; two prescriptions for Vicodin, a Schedule III controlled substance; and Xanax and Ambien, both Schedule IV controlled substances.

9. On February 28, 2001, the Board suspended Dr. Trueblood's Indiana medical license for 90 days, on the grounds that he represented a clear and immediate danger to the public health and safety. Dr. Trueblood admitted to the Board that he violated the restrictions in the MOU from the time it was signed by continuing to purchase, possess, dispense and administer Schedules II through V controlled substances. The Board found that Dr. Trueblood effectively ignored and failed to comply with the terms of the MOU. Dr. Trueblood appealed the Board's decision and a stay was issued.

10. On May 30, 2001, the Board revoked Dr. Trueblood's Indiana medical license and forbade him from reapplying for that license for seven years. Despite the revocation, Dr. Trueblood continued to write prescriptions for non-controlled substances.

11. On September 27, 2001, Dr. Trueblood appeared before the Board concerning his request for renewal of his Indiana medical license.

12. On October 23, 2001, the Board denied Dr. Trueblood's renewal application.

13. On January 24, 2003, a hearing was held concerning Dr. Trueblood's appeal of the denial of his renewal application. The Board voted in favor of denying Dr. Trueblood's appeal.

14. On February 23, 2003, the Board revoked Dr. Trueblood's Indiana medical license.

The Order to Show Cause was sent by certified mail to Dr. Trueblood at his address in Buffalo Springs, Illinois, and was received by Dr. Trueblood on June 23, 2003. Nevertheless, DEA has not received a request for hearing or any other reply from Dr. Trueblood or anyone purporting to represent him in this matter.

Therefore, the Deputy Administrator of DEA, finding that (1) thirty days having passed since the delivery of the Order to Show Cause to Dr. Trueblood's address of record and his receipt of the same, and (2) no request for hearing having been received, concludes that Dr. Trueblood is deemed to have waived his hearing right. See *David W. Linder,* 67 FR 12579 (2002). After considering material from the investigative file in this matter, the Deputy Administrator now enters her final order without a hearing pursuant to 21 CFR 1301.43(d) and (e) and 1301.46.

According to the investigative file, DEA Certificate of Registration, AT2301341, was assigned to Dr. Trueblood in or around 1986, at an address in Merrillville, Indiana. On January 23, 2001, Dr. Trueblood surrendered that registration. The investigative file also reveals that on March 3, 1998, DEA Certificate of Registration, BT5741081, was assigned to Dr. Trueblood for an address in Calumet, Illinois. The latter DEA registration of Dr. Trueblood is the subject of the instant proceeding.

Subsequent to the issuance of the Order to Show Cause, and in light of Dr.

Trueblood's waiver of a hearing, the Deputy Administrator accepted into the record a copy of a Certification of Licensure (certification) from the Illinois Department of Professional Regulation (IDPR). The certification was dated April 7, 2004, and was signed by the Deputy Director, Licensing and Testing for IDPR. According to the certification, Dr. Trueblood's Illinois controlled substance license expired on July 31, 1999, and is currently in a ''NON-RENEWED'' status.

The investigative file contains no evidence that Dr. Trueblood's Illinois controlled substance license has been renewed. Therefore, the Deputy Administrator finds that Dr. Trueblood is currently not authorized to handle controlled substances in that state.

DEA does not have statutory authority under the Controlled Substances Act to issue or maintain a registration if the applicant or registrant is without state authority to handle controlled substances in the state in which he conducts business. *See* 21 U.S.C. 802(21), 823(f) and 824(a)(3). This prerequisite has been consistently upheld. *See Rory Patrick Doyle, M.D.*, 69 FR 11655 (2004); *Dominick A. Ricci, M.D.,* 58 FR 51104 (1993); *Bobby Watts, M.D.*, 53 FR 11919 (1988).

Here, it is clear that Dr. Trueblood's Illinois controlled substance license has expired and has not been renewed. As a result, he is currently not licensed under Illinois law to handle controlled substances and therefore, he is not entitled to a DEA registration in that state. As a result of a finding that Dr. Trueblood lacks state authorization to handle controlled substances, the Deputy Administrator concludes that it is unnecessary to address further whether his DEA registration should be revoked based upon the public interest grounds asserted in the Order to Show Cause. *See Fereida Walker-Graham, M.D.,* 68 FR 24761 (2003); *Nathaniel-Aikens-Afful, M.D.*, 62 FR 16871 (1997); *Sam F. Moore, D.V.M.*, 58 FR 14428 (1993).

Accordingly, the Deputy Administrator of the Drug Enforcement Administration, pursuant to the authority vested in her by 21 U.S.C. 823 and 824 and 28 CFR 0.100(b) and 0.104, hereby orders that DEA Certificate of Registration, BT5741081, issued to Simon J. Trueblood, M.D., be, and it hereby is, revoked. The Deputy Administrator further orders that any pending applications for renewal or modification of such registration be, and they hereby are, denied. This order is effective August 5, 2004.

Dated: June 21, 2004.

Michele M. Leonhart,

Deputy Administrator.

[FR Doc. 04–15150 Filed 7–2–04; 8:45 am]

BILLING CODE 4410–09–M

DEPARTMENT OF JUSTICE

Federal Bureau of Investigation

Agency Information Collection Activities: Proposed New Collection, Comments Requested

ACTION: 30-day notice of information collection under review: CJIS Customer Satisfaction Survey.

The Department of Justice (DOJ), Federal Bureau of Investigation (FBI), Criminal Justice Information Services (CJIS) Division has submitted the following information collection request to the Office of Management and Budget (OMB) for review and clearance in accordance with review procedures of the Paperwork Reduction Act of 1995. The proposed information collection was previously published in the **Federal Register** on March 22, 2004, Volume 69, Number 55, on page 13334, allowing for a 60 day comment period.

The purpose of this notice is to allow for an additional 30 days for public comment until August 5, 2004. This process is conducted in accordance with 5 CFR 1320.10.

Written comments and/or suggestions regarding the items contained in this notice, especially estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Information and Regulatory Affairs, Attention: Department of Justice Desk Officer, Washington, DC 20503. Additionally, comments may be submitted to OMB via facsimile to (202) 395–5806.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address one or more of the following four points:

—Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency/component, including whether the information will have practical utility;

—Evaluate the accuracy of the agencies/components estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

—Enhance the quality, utility, and clarity of the information to be collected; and

—Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submission of responses.

Overview of this information collection:

(1) *Type of Information Collection:* New collection.

(2) *Title of the Form/Collection:* CJIS Customer Satisfaction Surveys.

(3) *Agency Form Number, if any, and the applicable component of the department sponsoring the collection:* Form Number: None. Criminal Justice Information Services Division, Federal Bureau of Investigation, Department of Justice.

(4) *Affected Public Who Will Be Asked or Required To Respond, As well As a Brief Abstract: Primary:* State, local or tribal governments. Other: Federal government and business or other for-profit. Brief Abstract: The FBI established the CJIS Division to serve as the focal point and central repository for criminal justice information services within the FBI. The CJIS Division is responsible for the following programs administered by the FBI for the benefit of local, State, Federal, and foreign criminal justice agencies: (a) Integrated Automated Fingerprint Identification System, (b) Law Enforcement Online, (c) National Crime Information Center, (d) National Instant Criminal Background Check System—Federal Firearm Licensees, (e) National Instant Criminal Background Check System: Point of Contact and Partial Point of Contact States, (f) Uniform Crime Reporting, Interstate Identification, and Index, and (g) the CJIS Help Desk. CJIS will be conducting a customer service survey for each of the seven aforementioned programs as well as for the CJIS Help Desk. These surveys will be used to establish approval rating baselines of CJIS Division services in addition to identifying areas where our services can be improved, or new services established to assist the criminal justice community with the performance of their official duties.

(5) *An Estimate of the Total Number of Respondents and the Amount of Time Estimated for an Average Respondent To Respond:* The estimated total number of respondents are 2,485 which are broken into the following areas: (a) Integrated Automated Fingerprint Identification System, 400 respondents,