CONSENT AGREEMENT
BETWEEN
JONATHAN CHADWICK COLE, D.O.
AND
THE STATE MEDICAL BOARD OF OHIO
CASE NO. 24-CRF-0211

This Consent Agreement is entered into by and between Jonathan Chadwick Cole, D.O. [Dr. Cole], and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Cole enters into this Consent Agreement being fully informed of his rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

BASIS FOR ACTION

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

A. The Board is empowered by Section 4731.22(B), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for any or all of the following violations:

i. A " departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code, and/or

ii. For "failure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as that clause is used in Section 4731.22(B)(2), Ohio Revised Code, and/or

iii. For "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, and/or

iv. For "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Utilization of Anabolic Steroids, Schedule II Controlled Substance Cocaine Hydrochloride, and Schedule II Controlled Substance Stimulants, Rule 4731-11-03, Ohio Administrative Code, and/or

v. For "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section

4731.22(B)(20), Ohio Revised Code, to wit: Standards and Procedures for Review of "Ohio Automated Rx Reporting System" (OARRS), Rule 4731-11-11, Ohio Administrative Code.

B. The Board enters into this Consent Agreement in lieu of further formal proceedings based upon the allegations set forth in the Notice of Opportunity for Hearing issued on December 11, 2024, attached hereto as Exhibit A, and incorporated herein by reference. The Board expressly reserves the right to institute additional formal proceedings based upon any other violations of Chapter 4731., Ohio Revised Code, whether occurring before or after the effective date of this Consent Agreement.

C. Dr. Cole is licensed to practice osteopathic medicine and surgery in the State of Ohio, license number 34.011910.

D. Dr. Cole states that he is also licensed to practice osteopathic medicine and surgery in the States of Georgia, Louisiana, South Carolina, North Carolina, Missouri, Massachusetts, New York, Vermont, Delaware, Connecticut and Rhode Island.

E. Dr. Cole admits to the factual and legal allegations set forth in the aforementioned Notice of Opportunity for Hearing dated December 11, 2024.

AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, Dr. Cole knowingly and voluntarily agrees with the Board to the following terms, conditions and limitations:

SUSPENSION OF CERTIFICATE

1. The certificate of Dr. Cole to practice osteopathic medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than (180) one hundred-eighty days.

INTERIM MONITORING REQUIREMENTS:

Obey all Laws

2. Dr. Cole shall obey all federal, state, and local laws

Quarterly Declarations and Appearances

3. Dr. Cole shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which this Consent Agreement becomes effective, or as otherwise requested by the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month, or as otherwise requested by the Board.

4. Dr. Cole shall appear for an interview before the Board or its designated representative, as requested.

Required Courses

5. **Controlled Substance Prescribing Course**: Within six months of the effective date of this Agreement, or as otherwise approved by the Board, Dr. Cole shall provide acceptable documentation of successful completion of a course or courses on Prescribing Controlled substances. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed. In addition, at the time Dr. Cole submits the documentation of successful completion of the course or courses on Prescribing Controlled Substances, he also shall submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of osteopathic medicine in the future.

6. **Medical Records Course:** Within six months of the effective date of this Consent Agreement, or as otherwise approved by the Board, Dr. Cole shall provide acceptable documentation of successful completion of a course or courses in proper medical Records documentation. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed. In addition, at the time Dr. Cole submits the documentation of successful completion of the course or courses on maintaining adequate and appropriate medical records, he shall also submit to the Board a written report describing the course, setting forth what he learned from the course, and identifying with specificity how he will apply what he has learned to his practice of osteopathic medicine in the future.

REQUIRED REPORTING BY LICENSEE

7. Within thirty days of the effective date of this Consent Agreement, Dr. Cole shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services (including but not limited to third party payors) or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Cole shall promptly provide a copy of this Consent Agreement to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments. In the event that Dr. Cole provides any health care services or health care direction or medical oversight to any emergency medical services organization or emergency medical services provider, within thirty days of the effective date of this Consent Agreement, Dr. Cole shall provide a copy of this Consent Agreement to the Ohio Department of Public Safety, Division of Emergency Medical Services. Further, within thirty days of the date of each such notification, Dr. Cole shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

8. Within thirty days of the effective date of this Consent Agreement, Dr. Cole shall provide a copy of this Consent Agreement by certified mail to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Dr. Cole further agrees to provide a copy of this Consent Agreement by certified mail at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement of any professional license. Additionally, within thirty days of the effective date of this Consent Agreement, Dr. Cole shall provide a copy of this Consent Agreement to any specialty or subspecialty board of the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists under which he currently holds or has previously held certification. Further, within thirty days of the date of each such notification, Dr. Cole shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

9. Dr. Cole shall notify the Board in writing of any change of principal practice address or residence address within thirty days of such change.

MONETARY FINE:

10. Within thirty days of the effective date of this Consent Agreement, Dr. Cole shall remit payment in full of a monetary fine of Three thousand dollars ($3,000). Such payment shall be made in full via credit card in the manner specified by the Board through its online portal, or by other manner as specified by the Board. Further, Dr. Cole acknowledges and agrees that his failure to timely remit full payment shall constitute a violation of this Agreement and agrees to pay all reasonable costs associated with the collection of any payment.

CONDITIONS FOR REINSTATEMENT/RESTORATION

11. The Board shall not consider reinstatement or restoration of Dr. Cole's certificate to practice osteopathic medicine and surgery until all of the following conditions are met:

    a. Dr. Cole shall submit an application for reinstatement, renewal, or restoration, as appropriate, accompanied by appropriate fees, if any.

    b. Dr. Cole shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include but shall not be limited to evidence of continuing full compliance with this Consent Agreement.

    c. Dr. Cole shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the Board within 180 days of the date upon which all the above-specified conditions for reinstatement or restoration have been completed. If the Board and Dr. Cole are unable to agree on the terms of a written consent agreement, then Dr. Cole further agrees to abide by any terms, conditions and limitations imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Ohio Revised Code. The Board shall provide notice to Dr. Cole that said hearing has been scheduled,

advising Dr. Cole of his hearing rights, and stating the date, time, and location of the hearing at which the Board will present its evidence, after which the Board will make a determination of the matter by Board Order.

Further, upon reinstatement/restoration of Dr. Cole's certificate to practice osteopathic medicine and surgery in this state, the Board may require continued monitoring which shall include, but not be limited to, compliance with the written consent agreement entered into before reinstatement/restoration or with conditions imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Revised Code.

12. In the event that the Board initiates future formal proceedings against Dr. Cole, including but not limited to issuance of a Notice of Opportunity for Hearing, Dr. Cole shall be ineligible for reinstatement/restoration until such proceedings are fully resolved by ratification by the Board of a subsequent consent agreement or a final Board Order taking effect.

13. In the event that Dr. Cole has not been engaged in the active practice of osteopathic medicine and surgery for a period in excess of two years prior to application for reinstatement/restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Cole's fitness to resume practice.

DURATION/MODIFICATION OF TERMS

Dr. Cole shall not request termination of this Consent Agreement or the terms herein until he has completed his period of suspension and he submits, and the Board has accepted as satisfactory, both the documentation of successful completion of the required medical education courses set forth herein, as well as the corresponding written reports to the Board. Otherwise, the above-described terms, conditions and limitations may be amended or terminated in writing at any time upon the agreement of both parties. In the event that the Board initiates future formal proceedings against Dr. Cole, including but not limited to issuance of a Notice of Opportunity for Hearing, this Consent Agreement shall continue in full force and effect until such time that it is superseded by ratification by the Board of a subsequent Consent Agreement or upon this Consent Agreement being superseded by a subsequent final Board Order taking effect.

Further, in the event that Dr. Cole' certificate to practice is not reinstated/restored within five years of the effective date of this Consent Agreement, this Agreement shall remain in effect but the provisions set forth within the "Interim Monitoring Requirements" and the "Required Reporting by Licensee" sections, above, shall automatically terminate at that time.

In the event that any term, limitation, or condition contained in this Consent Agreement is determined to be invalid by a court of competent jurisdiction, Dr. Cole and the Board agree that all other terms, limitations, and conditions contained in this Consent Agreement shall be unaffected.

FAILURE TO COMPLY

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Cole appears to have violated or breached any term or condition of this Consent Agreement, the Board reserves

the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

ACKNOWLEDGMENTS/LIABILITY RELEASE

By executing his signature on this Consent Agreement, Dr. Cole agrees that, in the event the Board, in its discretion, does not ratify this Consent Agreement, this settlement offer is withdrawn and shall be of no evidentiary value and shall not be relied upon or introduced in any disciplinary action or appeal by either party. Dr. Cole and the Board further agree that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding and shall not prejudice the ability of the Board to adjudicate this matter.

This Consent Agreement represents the sole and entire agreement of the parties hereto and supersedes all prior written or oral negotiations, agreements, or understandings between the parties. No party to this Agreement has been induced to enter into the Consent Agreement by any representations or inducements except those expressly set forth in this written Agreement. Further, all parties agree that, to the extent any language in the Agreement will be interpreted in a subsequent dispute, no ambiguous language shall be construed against the party drafting this Consent Agreement.

Dr. Cole acknowledges that he has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

Dr. Cole hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. Dr. Cole acknowledges that his social security number will be used if this information is so reported and agrees to provide his social security number to the Board for such purposes.

EFFECTIVE DATE

It is expressly understood that this Consent Agreement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective on January 10, 2026. Further, Dr. Cole specifically acknowledges that the electronic transmission of a scanned or photostatic copy of any executed signature to this Consent Agreement, upon being received by the Board, shall be deemed to have the full legal force and effect as the original.

JONATHAN C. COLE, D.O

KIM G. ROTHERMEL, M.D.
Secretary

11/10/2025
DATE

12-10-25
DATE

LEVI J. TKACH, ESQ.
Attorney for Dr. Cole

Harish Kakarala
HARISH KAKARALA, M.D.
Supervising Member

11/11/25
DATE

12/10/25
DATE

Kyle Wilcox
KYLE C. WILCOX
Assistant Attorney General

11-11-2025
DATE

State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

December 11, 2024

Case number: 24-CRF-0211

Jonathan Chadwick Cole, D.O.
20242 Augusta Dr
Lawrenceburg, IN 47025-7370
jonathanccole24@gmail.com

Dear Doctor Cole:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke or suspend your license or certificate, or refuse to grant or register or issue the license or certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice osteopathic medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

(1) During the time period from in or around September 2015 to in or around June 2022, you provided care and treatment in the routine course of your practice to eight patients as identified in the attached Patient Key. (Patient Key is confidential and to be withheld from public disclosure). From on or about January 1, 2016, to at least in or around June 2022, you inappropriately treated and/or failed to appropriately treat and/or failed to appropriately document your treatment of these patients, which included:

- Inappropriately prescribing, and failing to appropriately monitor the patients' medications;
- A failure to provide appropriate care, and failing to appropriately manage the patients' conditions; and
- Inadequate and/or incomplete documentation.

(2) Examples of such conduct and care to the eight patients include, but are not limited to, the following:

(a) You treated Patient 1 from in or around December 2015 to at least in or around December 2021. While you diagnosed Patient 1 with Bipolar II Disorder, Bipolar I Disorder, Posttraumatic Stress Disorder, Generalized Anxiety Disorder and Insomnia, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Adderall, Valium, Zoloft, Tegretol, lithium, Lunesta, Latuda, Inderal and Cogentin. The diagnosis of Attention Deficit Hyperactivity Disorder was not substantiated, and Adderall was not prescribed for an appropriate condition. In addition, you failed to

document an appropriate purpose for utilizing Valium and Adderall at high dosages and for extended periods. You further failed to conduct blood testing at appropriate intervals. Adjustments of antidepressant medication dosages, or trials of different antidepressants, were not conducted to address ongoing symptoms. You also failed to appropriately document, and/or address, and/or monitor the potential for drug dependency regarding Valium, Adderall and Lunesta. In addition, informed consent for the medications was not appropriately addressed. Further, OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit for the records provided, you were prescribing Adderall 30 mg three times a day, and Valium 10 mg four times a day.

(b) You treated Patient 2 from in or around July 2016 to at least in or around January 2022. While you diagnosed Patient 2 with Major Depressive Disorder, recurrent, Generalized Anxiety Disorder and Attention Deficit Hyperactivity Disorder, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Wellbutrin, Ritalin, Klonopin and Adderall. Despite prescribing Klonopin for an extended period, you failed to appropriately address and/or monitor the potential for drug dependency or abuse; you failed to obtain informed consent addressing the risks and benefits of prolonged Klonopin use; and you failed to appropriately document an effort to titrate down or discontinue Klonopin. Despite an ongoing diagnosis of Major Depressive Disorder, recurrent, mild, you discontinued the antidepressant medication (Wellbutrin), and no antidepressant medication was prescribed to replace the Wellbutrin; instead Klonopin was continued. In addition, you failed to incorporate the OARRS results into the medical record and treatment plan. At the time of the last visit for the records provided, you were prescribing Klonopin 0.5 mg three times daily as needed for anxiety, and Adderall 20 mg twice daily.

(c) You treated Patient 3 from in or around April 2018 to at least in or around July 2021. While you diagnosed Patient 3 with Major Depressive Disorder, recurrent, and Generalized Anxiety Disorder, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Xanax. Ambien, Klonopin, Seroquel, Wellbutrin, and Dalmane. You prescribed Xanax at high doses for an extended period, and at times, multiple benzodiazepines were prescribed concurrently. At the time you last saw Patient 3 in July 2021, you were prescribing 1.5 mg Xanax to be taken every six hours as needed, for panic disorder; however, panic disorder was not among the patient's disorders. The patient exhibited multiple red flags regarding medication misuse or abuse, including early refills of Xanax, and drug testing positive for amphetamines and Subutex. In addition, the patient had visits to the emergency department for altered mental status, and the patient also was assessed with benzodiazepine overdose. You failed to appropriately document, and/or address, and/or monitor the potential for drug dependency or abuse regarding benzodiazepine utilization; you failed to obtain informed consent for the risks and benefits of prolonged Xanax use, and you failed to document an appropriate effort to titrate down the Xanax dosage. In addition, you prescribed antipsychotic medications without a documented indication. You further failed to incorporate the OARRS results into the medical record and treatment plan.

(d) You treated Patient 4 from in or around March 2018 to at least in or around November 2018. While you diagnosed Patient 4 with Attention Deficit Hyperactivity Disorder, that diagnosis was not substantiated using DSM5 criteria, rating scales, collateral informants, or a review of past records. The patient reported to you that he had received Vyvanse 140 mg daily from a prior provider, and you prescribed that dosage without corroboration. You failed to obtain informed consent for the risks and benefits of high-dose Vyvanse, and there were no documented attempts to titrate down the Vyvanse dose. In addition, you failed to appropriately obtain, or document obtaining, an OARRS report when you initially prescribed Vyvanse, and you further failed to incorporate OARRS results into the patient record and treatment plan. At the time of the last visit in the patient chart, the patient was being prescribed Vyvanse 140 mg daily.

(e) You treated Patient 5 from in or around September 2015 to at least in or around October 2019. While you diagnosed Patient 5 with Posttraumatic Stress Disorder, Panic Disorder without Agoraphobia, and Sedative/Hypnotic/Anxiolytic Disorder, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Xanax, Ambien, Celexa, Seroquel, Wellbutrin, and Benadryl. In addition, other providers were prescribing opiates and muscle relaxers to the patient. You prescribed Xanax at high doses for an extended period, and the dosage was increased between visits without a documented rationale. The patient exhibited some red flags, such as indicating that her medication was lost when it was spilled down the drain. You failed to appropriately address and/or monitor the potential for drug dependency or abuse regarding benzodiazepine utilization; you failed to obtain informed consent for the risks and benefits of prolonged Xanax use; and you failed to document an appropriate effort to titrate down the Xanax dosage. While you documented discussing the tapering of the Xanax dosage with the patient, you further documented that the patient refused and you continued to prescribe Xanax 8 mg daily. The patient was concurrently being prescribed Xanax and Ambien, and those medications also were being prescribed concurrently with Norco and Zanaflex. In addition, your documentation was unclear at times regarding the initiation, continued prescribing, change in dosing, and/or apparent discontinuation of some medications. Further, OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit in the patient chart, the patient's medications included Xanax 2mg four times daily as needed for anxiety, Celexa 40 mg daily, Ambien 10 mg at bedtime, and Benadryl 50 mg at bedtime for insomnia.

(f) You treated Patient 6 from in or around September 2016 to at least in or around July 2021. While you diagnosed Patient 6 with Bipolar I Disorder, ADHD and Generalized Anxiety Disorder, those diagnoses were not substantiated using DSM5 criteria. Toward the end of your treatment, Generalized Anxiety Disorder and ADHD were no longer listed as diagnoses, but no rationale was documented in the chart. Throughout the course of your treatment, you prescribed a number of medications, including Vyvanse, Valium, Risperdal, lithium and Wellbutrin. You prescribed Valium at the initial appointment and throughout your treatment as a first-line agent for anxiety without first attempting to use non-controlled medications. The Vyvanse dose was twice the recommended dose for the first five sessions, and then reduced to the recommended maximum dose. You failed to appropriately

address and/or monitor the potential for drug dependency or abuse regarding Valium and Vyvanse; you failed to obtain informed consent for the risks and benefits of the medications prescribed; and you failed to document an appropriate effort to titrate down the Valium dosage. In addition, OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit in the patient chart, the patient's medications included Risperdal 2 mg twice daily, lithium 600 mg twice daily, and Valium 5mg as needed (dose not documented).

(g) You treated Patient 7 from in or around April 2017 to at least in or around September 2019. While the diagnoses listed in the patient chart included Obsessive Compulsive Disorder, Depressive Disorder unspecified, Anxiety Disorder unspecified and rule out ADHD, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Xanax, Ambien, Adderall, Abilify, Effexor, Viibryd and Buspar. You prescribed Xanax at moderately high doses for an extended time, and concurrently with Ambien. In addition, you prescribed Adderall at high doses for an extended period, and no diagnosis of Attention Deficit Hyperactivity Disorder was substantiated. You failed to appropriately address and/or monitor the potential for drug dependency or abuse regarding Xanax, Ambien and Adderall; you failed to obtain informed consent for the risks and benefits of the medications you prescribed; and you failed to document an appropriate effort to titrate down the Xanax and Adderall dosages. In addition, you failed to appropriately address red flags, such as the patient being required to attend drug classes. In addition OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit in the patient chart, the patient's medications included Abilify 10 mg daily and Effexor 375 mg daily.

(h) You treated Patient 8 on an outpatient basis from in or around January 2019 to at least in or around June 2022. While the diagnoses listed in the chart included Major Depressive Disorder (recurrent, severe) and Generalized Anxiety Disorder, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Cymbalta, Desyrel, selegiline, phenelzine, Neurontin, Vistaril, Benadryl, Dalmane, Ativan, Lunesta, Halcion and Xanax. At times, two or more sedatives were prescribed concurrently. In addition, sedatives were prescribed at the same time Patient 8 was receiving opiate analgesics and muscle relaxers. Benzodiazepines also were prescribed for an extended period, and at various time, multiple benzodiazepines were prescribed concurrently. You failed to appropriately address and/or monitor the potential for drug dependency or abuse regarding benzodiazepine utilization; you failed to obtain informed consent for the risks and benefits of prolonged benzodiazepine use; and you failed to document an appropriate effort to titrate down or discontinue the benzodiazepine. In addition, your documentation was, at times, unclear regarding the initiation and prescribing of some of the medications you prescribed. OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit in the patient chart for the records provided, the patient's medications included Xanax 2mg as needed for insomnia, Ativan

2mg twice daily as needed for anxiety, Prozac 40 mg daily, and Neurontin 400 mg three times daily.

(3) On or about January 4, 2024, you discussed with a representative of the Board some matters relating to your patient care, prescribing of medications and documentation. You indicated that in or around 2021 and 2022, you were informed of concerns by your employer that you were not seeing patients, to whom you were prescribing medications, on a frequent enough basis. You indicated that there were approximately five patients to whom you were prescribing medications, including controlled substances, that you had not seen, either in-person or virtually, for more than one year.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2)(a) through 2((h) above, individually and/or collectively, constitute "[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2)(a) through 2(h) above, individually and/or collectively, constitute a "departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after December 31, 2015, until August 30, 2017, as alleged in paragraphs (1) and (2)(a), 2(b), 2(e), 2(f) and 2(g), individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as in effect at that time. Pursuant to Rule 4731-11-02(E), Ohio Administrative Code, as in effect at that time, a violation of Rule 4731-11-02, Ohio Administrative Code, also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after August 31, 2017, until December 22, 2018, as alleged in paragraphs (1), (2)(a) through 2(g), and (3) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as in effect at that time. Pursuant to Rule 4731-11-02(E), Ohio Administrative Code, as in effect at that time, a violation of Rule 4731-11-02, Ohio Administrative Code, also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1), (2)(a) through (2)(h), and (3) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as currently in effect. Pursuant to Rule 4731-11-02(E), Ohio

Administrative Code, as currently in effect, a violation of Rule 4731-11-02, Ohio Administrative Code, also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2)(a),(2)(b), (2)(d), (2)(f), and (2)(g) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Utilization of schedule II controlled substance stimulants, Rule 4731-11-03, Ohio Administrative Code, as in effect from December 31, 2015 until February 27, 2023. Pursuant to Rule 4731-11-03(C), Ohio Administrative Code, as in effect at that time, a violation of Rule 4731-11-03, Ohio Administrative Code, also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, Section 4731.22(B)(3), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred from December 31, 2015 to at least September 29, 2021 as alleged in paragraphs (1) and (2)(a) through (2)(h) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Standards and Procedures for Review of "Ohio Automated Rx Reporting System" (OARRS), Rule 4731-11-11, Ohio Administrative Code, as in effect from December 31, 2015 through September 29, 2021.

Further, your acts, conduct, and/or omissions that occurred from September 30, 2021 to the present as alleged in paragraphs (1) and (2)(a) through (2)(h) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Standards and Procedures for Review of "Ohio Automated Rx Reporting System" (OARRS), Rule 4731-11-11, Ohio Administrative Code, as in effect from September 30, 2021 through the present.

Furthermore, for any violations that occurred on or after September 29, 2015, the Board may impose a civil penalty in an amount that shall not exceed twenty thousand dollars, pursuant to Section 4731.225, Ohio Revised Code. The civil penalty may be in addition to any other action the Board may take under section 4731.22, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of service of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of service of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke or suspend your license or certificate, or refuse to grant or register or issue the license or certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice osteopathic medicine and surgery, or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant or issue a license or certificate to practice to an applicant, revokes an individual's license or certificate to practice, refuses to renew an individual's license or certificate to practice, or refuses to reinstate an individual's license or certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a license or certificate to practice and the board shall not accept an application for reinstatement of the license or certificate or for issuance of a new license or certificate."

Copies of the applicable sections are enclosed for your information.

THE STATE MEDICAL BOARD OF OHIO

Kim G. Rothermel, M.D.
Secretary

KGR/MRB/lv
Enclosures

Via Email: jonathanccole24@gmail.com

State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

December 11, 2024

Case number: 24-CRF-0211

Jonathan Chadwick Cole, D.O.
20242 Augusta Dr
Lawrenceburg, IN 47025-7370
jonathanccole24@gmail.com

Dear Doctor Cole:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke or suspend your license or certificate, or refuse to grant or register or issue the license or certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice osteopathic medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

(1) During the time period from in or around September 2015 to in or around June 2022, you provided care and treatment in the routine course of your practice to eight patients as identified in the attached Patient Key. (Patient Key is confidential and to be withheld from public disclosure). From on or about January 1, 2016, to at least in or around June 2022, you inappropriately treated and/or failed to appropriately treat and/or failed to appropriately document your treatment of these patients, which included:

- Inappropriately prescribing, and failing to appropriately monitor the patients' medications;
- A failure to provide appropriate care, and failing to appropriately manage the patients' conditions; and
- Inadequate and/or incomplete documentation.

(2) Examples of such conduct and care to the eight patients include, but are not limited to, the following:

(a) You treated Patient 1 from in or around December 2015 to at least in or around December 2021. While you diagnosed Patient 1 with Bipolar II Disorder, Bipolar I Disorder, Posttraumatic Stress Disorder, Generalized Anxiety Disorder and Insomnia, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Adderall, Valium, Zoloft, Tegretol, lithium, Lunesta, Latuda, Inderal and Cogentin. The diagnosis of Attention Deficit Hyperactivity Disorder was not substantiated, and Adderall was not prescribed for an appropriate condition. In addition, you failed to

document an appropriate purpose for utilizing Valium and Adderall at high dosages and for extended periods. You further failed to conduct blood testing at appropriate intervals. Adjustments of antidepressant medication dosages, or trials of different antidepressants, were not conducted to address ongoing symptoms. You also failed to appropriately document, and/or address, and/or monitor the potential for drug dependency regarding Valium, Adderall and Lunesta. In addition, informed consent for the medications was not appropriately addressed. Further, OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit for the records provided, you were prescribing Adderall 30 mg three times a day, and Valium 10 mg four times a day.

(b) You treated Patient 2 from in or around July 2016 to at least in or around January 2022. While you diagnosed Patient 2 with Major Depressive Disorder, recurrent, Generalized Anxiety Disorder and Attention Deficit Hyperactivity Disorder, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Wellbutrin, Ritalin, Klonopin and Adderall. Despite prescribing Klonopin for an extended period, you failed to appropriately address and/or monitor the potential for drug dependency or abuse; you failed to obtain informed consent addressing the risks and benefits of prolonged Klonopin use; and you failed to appropriately document an effort to titrate down or discontinue Klonopin. Despite an ongoing diagnosis of Major Depressive Disorder, recurrent, mild, you discontinued the antidepressant medication (Wellbutrin), and no antidepressant medication was prescribed to replace the Wellbutrin; instead Klonopin was continued. In addition, you failed to incorporate the OARRS results into the medical record and treatment plan. At the time of the last visit for the records provided, you were prescribing Klonopin 0.5 mg three times daily as needed for anxiety, and Adderall 20 mg twice daily.

(c) You treated Patient 3 from in or around April 2018 to at least in or around July 2021. While you diagnosed Patient 3 with Major Depressive Disorder, recurrent, and Generalized Anxiety Disorder, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Xanax. Ambien, Klonopin, Seroquel, Wellbutrin, and Dalmane. You prescribed Xanax at high doses for an extended period, and at times, multiple benzodiazepines were prescribed concurrently. At the time you last saw Patient 3 in July 2021, you were prescribing 1.5 mg Xanax to be taken every six hours as needed, for panic disorder; however, panic disorder was not among the patient's disorders. The patient exhibited multiple red flags regarding medication misuse or abuse, including early refills of Xanax, and drug testing positive for amphetamines and Subutex. In addition, the patient had visits to the emergency department for altered mental status, and the patient also was assessed with benzodiazepine overdose. You failed to appropriately document, and/or address, and/or monitor the potential for drug dependency or abuse regarding benzodiazepine utilization; you failed to obtain informed consent for the risks and benefits of prolonged Xanax use, and you failed to document an appropriate effort to titrate down the Xanax dosage. In addition, you prescribed antipsychotic medications without a documented indication. You further failed to incorporate the OARRS results into the medical record and treatment plan.

(d) You treated Patient 4 from in or around March 2018 to at least in or around November 2018. While you diagnosed Patient 4 with Attention Deficit Hyperactivity Disorder, that diagnosis was not substantiated using DSM5 criteria, rating scales, collateral informants, or a review of past records. The patient reported to you that he had received Vyvanse 140 mg daily from a prior provider, and you prescribed that dosage without corroboration. You failed to obtain informed consent for the risks and benefits of high-dose Vyvanse, and there were no documented attempts to titrate down the Vyvanse dose. In addition, you failed to appropriately obtain, or document obtaining, an OARRS report when you initially prescribed Vyvanse, and you further failed to incorporate OARRS results into the patient record and treatment plan. At the time of the last visit in the patient chart, the patient was being prescribed Vyvanse 140 mg daily.

(e) You treated Patient 5 from in or around September 2015 to at least in or around October 2019. While you diagnosed Patient 5 with Posttraumatic Stress Disorder, Panic Disorder without Agoraphobia, and Sedative/Hypnotic/Anxiolytic Disorder, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Xanax, Ambien, Celexa, Seroquel, Wellbutrin, and Benadryl. In addition, other providers were prescribing opiates and muscle relaxers to the patient. You prescribed Xanax at high doses for an extended period, and the dosage was increased between visits without a documented rationale. The patient exhibited some red flags, such as indicating that her medication was lost when it was spilled down the drain. You failed to appropriately address and/or monitor the potential for drug dependency or abuse regarding benzodiazepine utilization; you failed to obtain informed consent for the risks and benefits of prolonged Xanax use; and you failed to document an appropriate effort to titrate down the Xanax dosage. While you documented discussing the tapering of the Xanax dosage with the patient, you further documented that the patient refused and you continued to prescribe Xanax 8 mg daily. The patient was concurrently being prescribed Xanax and Ambien, and those medications also were being prescribed concurrently with Norco and Zanaflex. In addition, your documentation was unclear at times regarding the initiation, continued prescribing, change in dosing, and/or apparent discontinuation of some medications. Further, OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit in the patient chart, the patient's medications included Xanax 2mg four times daily as needed for anxiety, Celexa 40 mg daily, Ambien 10 mg at bedtime, and Benadryl 50 mg at bedtime for insomnia.

(f) You treated Patient 6 from in or around September 2016 to at least in or around July 2021. While you diagnosed Patient 6 with Bipolar I Disorder, ADHD and Generalized Anxiety Disorder, those diagnoses were not substantiated using DSM5 criteria. Toward the end of your treatment, Generalized Anxiety Disorder and ADHD were no longer listed as diagnoses, but no rationale was documented in the chart. Throughout the course of your treatment, you prescribed a number of medications, including Vyvanse, Valium, Risperdal, lithium and Wellbutrin. You prescribed Valium at the initial appointment and throughout your treatment as a first-line agent for anxiety without first attempting to use non-controlled medications. The Vyvanse dose was twice the recommended dose for the first five sessions, and then reduced to the recommended maximum dose. You failed to appropriately

address and/or monitor the potential for drug dependency or abuse regarding Valium and Vyvanse; you failed to obtain informed consent for the risks and benefits of the medications prescribed; and you failed to document an appropriate effort to titrate down the Valium dosage. In addition, OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit in the patient chart, the patient's medications included Risperdal 2 mg twice daily, lithium 600 mg twice daily, and Valium 5mg as needed (dose not documented).

(g) You treated Patient 7 from in or around April 2017 to at least in or around September 2019. While the diagnoses listed in the patient chart included Obsessive Compulsive Disorder, Depressive Disorder unspecified, Anxiety Disorder unspecified and rule out ADHD, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Xanax, Ambien, Adderall, Abilify, Effexor, Viibryd and Buspar. You prescribed Xanax at moderately high doses for an extended time, and concurrently with Ambien. In addition, you prescribed Adderall at high doses for an extended period, and no diagnosis of Attention Deficit Hyperactivity Disorder was substantiated. You failed to appropriately address and/or monitor the potential for drug dependency or abuse regarding Xanax, Ambien and Adderall; you failed to obtain informed consent for the risks and benefits of the medications you prescribed; and you failed to document an appropriate effort to titrate down the Xanax and Adderall dosages. In addition, you failed to appropriately address red flags, such as the patient being required to attend drug classes. In addition OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit in the patient chart, the patient's medications included Abilify 10 mg daily and Effexor 375 mg daily.

(h) You treated Patient 8 on an outpatient basis from in or around January 2019 to at least in or around June 2022. While the diagnoses listed in the chart included Major Depressive Disorder (recurrent, severe) and Generalized Anxiety Disorder, those diagnoses were not substantiated using DSM5 criteria. Throughout the course of your treatment, you prescribed a number of medications, including Cymbalta, Desyrel, selegiline, phenelzine, Neurontin, Vistaril, Benadryl, Dalmane, Ativan, Lunesta, Halcion and Xanax. At times, two or more sedatives were prescribed concurrently. In addition, sedatives were prescribed at the same time Patient 8 was receiving opiate analgesics and muscle relaxers. Benzodiazepines also were prescribed for an extended period, and at various time, multiple benzodiazepines were prescribed concurrently. You failed to appropriately address and/or monitor the potential for drug dependency or abuse regarding benzodiazepine utilization; you failed to obtain informed consent for the risks and benefits of prolonged benzodiazepine use; and you failed to document an appropriate effort to titrate down or discontinue the benzodiazepine. In addition, your documentation was, at times, unclear regarding the initiation and prescribing of some of the medications you prescribed. OARRS reports were not always obtained in a timely manner, and the results were not incorporated into the medical record and treatment plan. At the time of the last visit in the patient chart for the records provided, the patient's medications included Xanax 2mg as needed for insomnia, Ativan

2mg twice daily as needed for anxiety, Prozac 40 mg daily, and Neurontin 400 mg three times daily.

(3) On or about January 4, 2024, you discussed with a representative of the Board some matters relating to your patient care, prescribing of medications and documentation. You indicated that in or around 2021 and 2022, you were informed of concerns by your employer that you were not seeing patients, to whom you were prescribing medications, on a frequent enough basis. You indicated that there were approximately five patients to whom you were prescribing medications, including controlled substances, that you had not seen, either in-person or virtually, for more than one year.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2)(a) through 2((h) above, individually and/or collectively, constitute "[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2)(a) through 2(h) above, individually and/or collectively, constitute a "departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after December 31, 2015, until August 30, 2017, as alleged in paragraphs (1) and (2)(a), 2(b), 2(e), 2(f) and 2(g), individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as in effect at that time. Pursuant to Rule 4731-11-02(E), Ohio Administrative Code, as in effect at that time, a violation of Rule 4731-11-02, Ohio Administrative Code, also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after August 31, 2017, until December 22, 2018, as alleged in paragraphs (1), (2)(a) through 2(g), and (3) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as in effect at that time. Pursuant to Rule 4731-11-02(E), Ohio Administrative Code, as in effect at that time, a violation of Rule 4731-11-02, Ohio Administrative Code, also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1), (2)(a) through (2)(h), and (3) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as currently in effect. Pursuant to Rule 4731-11-02(E), Ohio

Administrative Code, as currently in effect, a violation of Rule 4731-11-02, Ohio Administrative Code, also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2)(a),(2)(b), (2)(d), (2)(f), and (2)(g) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Utilization of schedule II controlled substance stimulants, Rule 4731-11-03, Ohio Administrative Code, as in effect from December 31, 2015 until February 27, 2023. Pursuant to Rule 4731-11-03(C), Ohio Administrative Code, as in effect at that time, a violation of Rule 4731-11-03, Ohio Administrative Code, also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, Section 4731.22(B)(3), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred from December 31, 2015 to at least September 29, 2021 as alleged in paragraphs (1) and (2)(a) through (2)(h) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Standards and Procedures for Review of "Ohio Automated Rx Reporting System" (OARRS), Rule 4731-11-11, Ohio Administrative Code, as in effect from December 31, 2015 through September 29, 2021.

Further, your acts, conduct, and/or omissions that occurred from September 30, 2021 to the present as alleged in paragraphs (1) and (2)(a) through (2)(h) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Standards and Procedures for Review of "Ohio Automated Rx Reporting System" (OARRS), Rule 4731-11-11, Ohio Administrative Code, as in effect from September 30, 2021 through the present.

Furthermore, for any violations that occurred on or after September 29, 2015, the Board may impose a civil penalty in an amount that shall not exceed twenty thousand dollars, pursuant to Section 4731.225, Ohio Revised Code. The civil penalty may be in addition to any other action the Board may take under section 4731.22, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of service of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of service of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke or suspend your license or certificate, or refuse to grant or register or issue the license or certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice osteopathic medicine and surgery, or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant or issue a license or certificate to practice to an applicant, revokes an individual's license or certificate to practice, refuses to renew an individual's license or certificate to practice, or refuses to reinstate an individual's license or certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a license or certificate to practice and the board shall not accept an application for reinstatement of the license or certificate or for issuance of a new license or certificate."

Copies of the applicable sections are enclosed for your information.

THE STATE MEDICAL BOARD OF OHIO

Kim G. Rothermel, M.D.
Secretary

KGR/MRB/lv
Enclosures

Via Email: jonathanccole24@gmail.com

IN THE MATTER OF JONATHAN CHADWICK COLE, D.O.

24-CRF-0211

DECEMBER 11, 2024, NOTICE OF OPPORTUNITY FOR HEARING - PATIENT KEY

SEALED TO PROTECT PATIENT CONFIDENTIALITY