noon the next day pursuant to § 210.4(f) of the Commission's Rules of Practice and Procedure (19 CFR 210.4(f)). Submissions should refer to the docket number (''Docket No. 3266'') in a prominent place on the cover page and/or the first page. (*See* Handbook for Electronic Filing Procedures, Electronic Filing Procedures [1]). Persons with questions regarding filing should contact the Secretary (202–205–2000).

Any person desiring to submit a document to the Commission in confidence must request confidential treatment. All such requests should be directed to the Secretary to the Commission and must include a full statement of the reasons why the Commission should grant such treatment. *See* 19 CFR 201.6. Documents for which confidential treatment by the Commission is properly sought will be treated accordingly. All such requests should be directed to the Secretary to the Commission and must include a full statement of the reasons why the Commission should grant such treatment. *See* 19 CFR 201.6. Documents for which confidential treatment by the Commission is properly sought will be treated accordingly. All information, including confidential business information and documents for which confidential treatment is properly sought, submitted to the Commission for purposes of this Investigation may be disclosed to and used: (i) By the Commission, its employees and Offices, and contract personnel (a) for developing or maintaining the records of this or a related proceeding, or (b) in internal investigations, audits, reviews, and evaluations relating to the programs, personnel, and operations of the Commission including under 5 U.S.C. Appendix 3; or (ii) by U.S. government employees and contract personnel,[2] solely for cybersecurity purposes. All nonconfidential written submissions will be available for public inspection at the Office of the Secretary and on EDIS.[3]

This action is taken under the authority of section 337 of the Tariff Act of 1930, as amended (19 U.S.C. 1337), and of §§ 201.10 and 210.8(c) of the Commission's Rules of Practice and Procedure (19 CFR 201.10, 210.8(c)).

By order of the Commission.

Issued: October 20, 2017.

Lisa R. Barton,

Secretary to the Commission.

[FR Doc. 2017–23233 Filed 10–25–17; 8:45 am]

BILLING CODE 7020–02–P

[1] Handbook for Electronic Filing Procedures: *https://www.usitc.gov/documents/handbook_on_filing_procedures.pdf.*

[2] All contract personnel will sign appropriate nondisclosure agreements.

[3] Electronic Document Information System (EDIS): *https://edis.usitc.gov.*

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. DEA–392]

Importer of Controlled Substances Application: Galephar Pharmaceutical Research, Inc.

ACTION: Notice of application.

DATES: Registered bulk manufacturers of the affected basic classes, and applicants therefore, may file written comments on or objections to the issuance of the proposed registration on or before November 27, 2017. Such persons may also file a written request for a hearing on the application on or before November 27, 2017.

ADDRESSES: Written comments should be sent to: Drug Enforcement Administration, Attention: DEA Federal Register Representative/DRW, 8701 Morrissette Drive, Springfield, Virginia 22152. All requests for hearing must be sent to: Drug Enforcement Administration, Attn: Administrator, 8701 Morrissette Drive, Springfield, Virginia 22152. All requests for hearing should also be sent to: (1) Drug Enforcement Administration, Attn: Hearing Clerk/LJ, 8701 Morrissette Drive, Springfield, Virginia 22152; and (2) Drug Enforcement Administration, Attn: DEA Federal Register Representative/DRW, 8701 Morrissette Drive, Springfield, Virginia 22152.

SUPPLEMENTARY INFORMATION: The Attorney General has delegated his authority under the Controlled Substances Act to the Administrator of the Drug Enforcement Administration (DEA), 28 CFR 0.100(b). Authority to exercise all necessary functions with respect to the promulgation and implementation of 21 CFR part 1301, incident to the registration of manufacturers, distributors, dispensers, importers, and exporters of controlled substances (other than final orders in connection with suspension, denial, or revocation of registration) has been redelegated to the Assistant Administrator of the DEA Diversion Control Division (''Assistant Administrator'') pursuant to section 7 of 28 CFR part 0, appendix to subpart R.

In accordance with 21 CFR 1301.34(a), this is notice that on August 2, 2017, Galephar Pharmaceutical Research, Inc., #100 Carr 198, Industrial Park, Juncos, Puerto Rico 00777–3873 applied to be registered as an importer of hydromorphone (9150), a basic class of controlled substance in schedule II.

The company plans to import the listed controlled substance in finished dosage form for clinical trials, research and analytical purposes.

The import of this class of controlled substance will be granted only for analytical testing, research, and clinical trials. This authorization does not extend to the import of a finished FDA approved or non-approved dosage form for commercial sale.

Dated: October 18, 2017.

Demetra Ashley,

Acting Assistant Administrator.

[FR Doc. 2017–23328 Filed 10–25–17; 8:45 am]

BILLING CODE 4410–09–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. 17–28]

Yoon H. Choi, M.D.; Decision and Order

On April 4, 2017, the Assistant Administrator, Division of Diversion Control, issued an Order to Show Cause to Yoon H. Choi, M.D. (Respondent), of Brockton, Massachusetts. The Show Cause Order proposed the revocation of Respondent's DEA Certificate of Registration as a practitioner, on the ground that he does not have authority to dispense controlled substances in Massachusetts, the State in which he is registered with the Agency. Show Cause Order, at 1.

As to the Agency's jurisdiction, the Show Cause Order alleged that Respondent holds DEA Certificate of Registration No. BC6966381, which authorizes him to dispense controlled substances in schedules II through V as a practitioner, at the registered address of Steward Medical Group, One Pearl Street, Suite 2200, Brockton, Massachusetts. *Id.* The Show Cause Order alleged that this registration does not expire until August 31, 2018. *Id.*

As to the substantive ground for the proceeding, the Show Cause Order alleged that ''[o]n January 5, 2017, the Commonwealth of Massachusetts Board of Registration in Medicine indefinitely suspended [his] medical license'' and that ''[t]his order remains in effect.'' *Id.* The Order thus alleged that Respondent is ''without authority to handle controlled substances in . . . Massachusetts, the [S]tate in which [he is] registered,'' that he is ''required to

possess authority from a [S]tate in order to obtain or retain a DEA registration,'' and that the Agency ''must revoke [his registration] based upon [his] lack of authority to handle controlled substances in . . . Massachusetts in violation of 21 U.S.C. 823(f) and 824(a)(3).'' [1] *Id.* at 1–2.

The Show Cause Order also notified Respondent of his right to request a hearing on the allegations or to submit a written statement while waiving his right to a hearing, the procedure for electing either option, and the consequence for failing to elect either option. *Id.* at 2. The Show Cause Order also notified Respondent of his right to submit a Corrective Action Plan under 21 U.S.C. 824(c)(2)(C). *Id.* at 2–3.

On May 8, 2017, Respondent, through his counsel, timely requested a hearing.[2] Resp.'s Hearing Request, at 1. The matter was placed on the docket of the Office of Administrative Law Judges and assigned to ALJ Charles Wm. Dorman, who issued a scheduling order the following day. Order Granting Summary Disposition, at 2. Under the ALJ's order, the Government was required to file any motion for summary disposition by May 16, 2017 and Respondent was required to file its opposition to the motion by ''2:00 p.m. EDT on May 26, 2017.'' *Id.*

On May 16, 2017, the Government filed its motion for summary disposition. Therein, the Government maintained that it is undisputed that Respondent lacks authority to dispense controlled substances in Massachusetts, the State in which he is registered, and that therefore, he ''no longer meets the statutory definition of a practitioner.'' Mot. for Summ. Disp., at 3–4. As support for the motion, the Government attached a copy of the Final Decision and Order of the Commonwealth of Massachusetts Board of Registration in Medicine, which indefinitely suspended Respondent's medical license, effective January 5, 2017. The Government also attached a printout from the Board's Web site which it obtained on May 12, 2017 and which shows that Respondent's medical license was still suspended, as well as a copy of Respondent's Corrective Action Plan and his Certificate of Registration.

Respondent did not file any pleading in response to the Government's motion. Order Granting Summary Disposition, at 2. Accordingly, on June 5, 2017, the ALJ granted the Government's motion, finding it undisputed that Respondent's state ''medical license is currently suspended'' and that he ''lacks state authorization to handle controlled substances in Massachusetts,'' the State in which he is registered. *Id.* at 5. Because ''DEA precedent requires that the Respondent cannot maintain a DEA registration for any location in that [S]tate,'' the ALJ recommended that I revoke his registration. *Id.* at 5–6.

Neither party filed exceptions to the ALJ's Order. Thereafter, on July 11, 2017, the ALJ forwarded the record to my Office for Final Agency Action.

Upon review of the record, the former Acting Administrator noted that while Respondent had filed a Corrective Action Plan the record contained no evidence as to the Assistant Administrator's decision as to the adequacy of Respondent's Corrective Action Plan. Accordingly, on September 22, 2017, the former Acting Administrator issued an Order directing the Government to notify my Office of the status of Respondent's Corrective Action Plan, and in the event the Assistant Administrator had issued a decision on review of the Plan, to provide a copy of that decision. The former Acting Administrator provided Respondent with the right to reply to the Government's submission no later than five business days from the date of receipt of the Government's submission.

On September 25, 2017, the Government submitted a copy of the former Assistant Administrator's letter of June 12, 2017 rejecting Respondent's Corrective Action Plan.[3] The former Assistant Administrator also explained that ''there [was] no potential modification of [Respondent's Plan] that could or would alter my decision.'' Letter from Assistant Administrator, Diversion Control Division, to Respondent's Counsel (June 12, 2017). Respondent did not file a response to the Government's submission.

Having considered the record in its entirety, I adopt the ALJ's factual finding that Respondent's Massachusetts medical license has been suspended, as well as his legal conclusion that he currently lacks authority to dispense controlled substances in Massachusetts and thus, he ''cannot maintain'' his DEA registration. I also adopt the ALJ's recommended Order that I revoke his registration. I make the following factual findings.

Findings

Respondent is the holder of DEA Certificate of Registration No. BC6966381, pursuant to which he is authorized to dispense controlled substances in schedules II through V as a practitioner, at the registered address of Steward Medical Group Brockton, One Pearl Street Suite 2200, Brockton, MA 02301. GX 1. This registration does not expire until August 31, 2018.

Respondent is also the holder of Medical License No. 206555 issued by the Commonwealth of Massachusetts Board of Registration in Medicine. GX 2, at Attachment B. However, on January 5, 2017, the Board issued a Final Decision and Order which ''indefinitely suspended'' his medical license. GX 2, at Attachment A. According to the Board's Physician Profile Web page of which I take Official Notice, *see* 5 U.S.C. 556(e),[4] the suspension remains in effect as of the date of this Decision and Order.[5]

Discussion

Pursuant to 21 U.S.C. 824(a)(3), the Attorney General is authorized to suspend or revoke a registration issued under section 823, ''upon a finding that the Registrant . . . has had his State license . . . suspended [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances.'' Moreover, DEA has held repeatedly that the possession of authority to dispense controlled substances under the laws of the State in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. *See, e.g., James L. Hooper,* 76 FR 71371 (2011), *pet. for rev. denied,* 481 Fed Appx. 826 (4th Cir. 2012).

This rule derives from the text of two provisions of the CSA. First, Congress defined ''the term 'practitioner' [to] mean[] a . . . physician . . . or other

[1] The Government's allegation erroneously suggests that Respondent's mere holding of a registration when his state authority had been suspended constitutes a violation of these provisions. These provisions are, however, grants of authority to the Attorney General to grant an application or revoke an existing registration. While these provisions (along with 21 U.S.C. 802(21)) manifest that a practitioner must hold state authority to obtain or maintain a registration, a practitioner does not violate the CSA simply by continuing to hold a registration after a State suspends or revokes his medical license. If, however, a practitioner prescribed controlled substances without holding state authority, he would violate a DEA regulation. *See* 21 CFR 1306.03(a)(1).

[2] In his hearing request, Respondent also noted that he had filed a Corrective Action Plan with the Assistant Administrator, Diversion Control Division. Hearing Request, at 1 n.1.

[3] A copy of this letter does not appear to have been previously provided to the ALJ.

[4] Respondent may refute this finding by filing a properly supported motion for reconsideration with the Office of the Administrator within 10 business days of the date of this Decision and Order.

[5] While the Board's Order provides that ''Respondent may petition to stay [the] suspension upon successful completion of a clinical skills assessment by a board-approved entity and entry into a Probation Agreement,'' the suspension remains in effect as of the date of this Order.

person licensed, registered or otherwise permitted, by . . . the jurisdiction in which he practices . . . to distribute, dispense, [or] administer . . . a controlled substance in the course of professional practice.'' 21 U.S.C. 802(21). Second, in setting the requirements for obtaining a practitioner's registration, Congress directed that ''[t]he Attorney General shall register practitioners . . . if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices.'' 21 U.S.C. 823(f). Because Congress has clearly mandated that a physician possess state authority in order to be deemed a practitioner under the Act, DEA has held that revocation of a practitioner's registration is the appropriate sanction whenever he is no longer authorized to dispense controlled substances under the laws of the State in which he practices medicine. *See, e.g., Calvin Ramsey,* 76 FR 20034, 20036 (2011); *Sheran Arden Yeates, M.D.,* 71 FR 39130, 39131 (2006); *Dominick A. Ricci,* 58 FR 51104, 51105 (1993); *Bobby Watts,* 53 FR 11919, 11920 (1988); *see also Hooper* v. *Holder,* 481 Fed. Appx. at 828.

As a consequence of the Board's Final Decision and Order, Respondent is not currently authorized to dispense controlled substances in Massachusetts, the State in which he is registered. Because the CSA makes clear that the possession of authority to dispense controlled substances under the laws of the State in which a practitioner engages in professional practice is a fundamental condition for both obtaining and maintaining a practitioner's registration, it is of no consequence that the Board's Order provided that he may petition to stay the suspension upon meeting certain conditions. *Cf. Hooper* v. *Holder,* 481 F. App'x at 828 (upholding revocation of a physician's registration as based on a reasonable interpretation of the CSA, notwithstanding that the physician's medical license was subject to a suspension of known duration); *see also James L. Hooper,* 76 FR 71371, 71371–72 (2011).[6] As of this date, Respondent is not currently authorized to dispense controlled substances in Massachusetts, and therefore, he is not entitled to maintain his registration in that State. Accordingly, I will order that his registration be revoked and that any pending application to renew his registration, or for any other registration in the Commonwealth of Massachusetts be denied.

[6] By contrast, Respondent's suspension is of unknown duration.

Order

Pursuant to the authority vested in me by 21 U.S.C. 824(a), as well as 28 CFR 0.100(b), I order that DEA Certificate of Registration No. BC6966381 issued to Yoon Choi, M.D., be, and it hereby is, revoked. Pursuant to the authority vested in me by 21 U.S.C. 823(f), I further order that any application of Yoon Choi, M.D., to renew or modify this registration, or for any other registration in the Commonwealth of Massachusetts, be, and it hereby is, denied. This Order is effective November 27, 2017.

Dated: October 17, 2017.

Robert W. Patterson,

Acting Administrator.

[FR Doc. 2017–23329 Filed 10–25–17; 8:45 am]

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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Harinder Takyar, M.D.; Decision and Order

On January 24, 2017, the Assistant Administrator, Diversion Control Division, Drug Enforcement Administration (hereinafter, DEA or Government), issued an Order to Show Cause to Harinder Takyar, M.D. (hereinafter, Respondent) of Mesa, Arizona. GX 4. The Show Cause Order proposed the revocation of Respondent's Certificate of Registration on the grounds that Respondent does ''not have authority to handle controlled substances in the State of Arizona,'' the State in which he is registered, and that Respondent's ''registration would be inconsistent with the public interest.'' GX 4, at 1 (citing 21 U.S.C. 823(f), 824(a)(3) and (4)).

As to the Agency's jurisdiction, the Show Cause Order alleged that Respondent holds DEA Certificate of Registration No. BT9321150 which authorizes him to dispense controlled substances in schedules II through V as a practitioner at the registered address of 9341 East McKellips Road, Mesa, Arizona 85207. GX 4, at 1. *See also* GX 1 (Controlled Substance Registration Certificate) (including ''Reform Physicians'') and GX 2, at 1 (Certification of Registration History) (9341 E McKellips Road, Mesa, AZ 85207–8520). The Show Cause Order alleged that this registration expires on November 30, 2019. GX 4, at 1. *See also* GX 2, at 1.

As the first substantive ground for the proceeding, the Show Cause Order alleged that Respondent is ''currently without authority to handle controlled substances in Arizona.'' GX 4, at 1. It alleged that, on December 21, 2016, Respondent ''entered into an Interim Consent Agreement for Practice Restriction with the Arizona Medical Board'' which ''prohibited [Respondent] from engaging in the practice of medicine in the State of Arizona . . . until he applies to the Executive Director and receives permission to do so.'' GX 4, at 1 and GX 3, at 5 (Interim Consent Agreement For Practice Restriction), respectively. The Show Cause Order alleged that Respondent was ''still currently prohibited from practicing medicine in the state in which . . . [he is] registered with the DEA . . . [and] therefore, the DEA must revoke . . . [his] DEA . . . [registration] based upon . . . [his] lack of authority to handle controlled substances in the State of Arizona.'' GX 4, at 2 (citing 21 U.S.C. 802(21), 823(f), and 824(a)(3)).

As the second substantive ground for the proceeding, the Show Cause Order alleged that the Arizona Attorney General's Office and the Pinal County (Arizona) Task Force ''initiated an investigation of . . . [Respondent's] medical practice after receiving information from a cooperating source that . . . [he] routinely prescribed large quantities of oxycodone, a Schedule II controlled substance, without performing an examination.'' GX 4, at 2. After summarizing two law enforcement officers' undercover visits to Respondent's medical practice, the Show Cause Order alleged that, concerning the first undercover officer, Respondent prescribed schedule II and IV controlled substances ''after conducting only a cursory medical examination[, or no physical examination but falsely documenting a full physical exam] . . . without inquiring about whether the agent experienced sleeplessness, anxiety, or panic[, and without] . . . properly execut[ing] . . . a prescription . . . as required by 21 CFR 1306.05(a) by not listing the full address of the patient on the face of the prescription . . . [or] maintain[ing] an adequate patient chart.'' GX 4, at 2–3.

Concerning the second undercover officer, the Show Cause Order alleged that Respondent prescribed a schedule II controlled substance the first time ''despite the agent informing . . . [Respondent] that he felt no pain during . . . [Respondent's] brief examination of him . . . [, and a second time without] conduct[ing] a physical exam . . . and falsely documenting a full physical