

*Tom Selig*

HEALTH & HUMAN

IN THE COURT OF COMMON PLEAS  
FRANKLIN COUNTY, OHIO

MAR 22 2000

JEFFREY A. JACKSON, M.D., :

Appellant, :

vs. :

THE STATE MEDICAL BOARD  
OF OHIO, :

Appellee. :

SERVICES SECTION

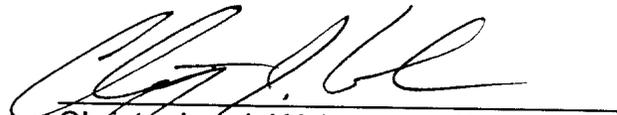
Case No. 99CVF 10-9187

Judge David Johnson

**NOTICE OF DISMISSAL OF APPEAL**

Appellant Jeffrey A. Jackson, M.D. hereby dismisses his appeal in the above-captioned matter. This dismissal shall in no way be construed as a waiver of Dr. Jackson's rights to pursue reinstatement and/or restoration of his medical license.

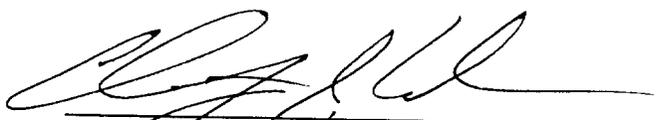
Respectfully submitted,



Christopher J. Weber (0059270)  
R. Kevin Kerns (0012781)  
KEGLER, BROWN, HILL & RITTER  
65 East State Street, Suite 1800  
Columbus, OH 43215  
614/462-5400  
Attorneys for Jeffrey A. Jackson, M.D.

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing has been served upon Rebecca J. Albers, Esq., OHIO ATTORNEY GENERAL HEALTH & HUMAN SERVICES, 30 East Broad Street, 26<sup>th</sup> Fl., Columbus, OH 43216-3428, Attorney for the State Medical Board of Ohio, on this 20<sup>th</sup> day of March, 2000.

  
\_\_\_\_\_  
Christopher J. Weber



**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing was served via hand delivery to The State Medical Board of Ohio, 77 S. High Street, 17<sup>th</sup> Floor, Columbus, Ohio 43266-0315, on this 29th day of October, 1999.

*R. Kevin Kern /OKW*

R. Kevin Kerns

STATE MEDICAL BOARD  
OCT 29 PM 4:33



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

October 13, 1999

Jeffrey A. Jackson, M.D.  
Mason City Clinic  
250 South Crescent Drive  
Mason City, IA 50401

Dear Doctor Jackson:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on October 13, 1999.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal may be taken to the Franklin County Court of Common Pleas only.

Such an appeal setting forth the Order appealed from the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Anand G. Garg, M.D.  
Secretary

AGG:jam  
Enclosures

CERTIFIED MAIL RECEIPT NO. Z 233 896 583  
RETURN RECEIPT REQUESTED

*Mailed 10/14/99*

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry, approved by the State Medical Board, meeting in regular session on October 13, 1999, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Jeffrey A. Jackson, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.

(SEAL)

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

OCTOBER 13, 1999  
Date

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF

\*

\*

JEFFREY A. JACKSON, M.D.

\*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated April 14, 1999, notice was given to Jeffrey A Jackson, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent on April 15, 1999 via certified mail, return receipt requested, to the address of record of Doctor Jackson, that being 27 Norris Drive, West Milton, OH 45383. That notice was returned to the Board offices marked "unable to forward." A second notice mailed on April 21, 1999 to 1023 Second Street, #220, Mason City, IA 50401 was also returned. On July 29, 1999, a third mailing to Mason City Clinic, 250 South Crescent Drive, Mason City, IA 50401 was sent and was subsequently successfully served.

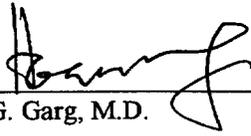
No hearing request has been received from Doctor Jackson, and more than thirty (30) days have now elapsed since the final mailing of the aforesaid notice.

WHEREFORE, for the reasons outlined in the April 14, 1999 letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the license of Jeffrey A. Jackson, M.D., to practice medicine and surgery in the State of Ohio be REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 13TH day of OCTOBER 1999, and the original thereof shall be kept with said Journal.

(SEAL)

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

OCTOBER 13, 1999  
\_\_\_\_\_  
Date

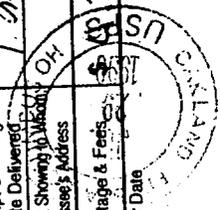
CITE-3RD MAILING JAM

Z 233 839 330

US Postal Service  
Receipt for Certified Mail  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	JEFFREY A. JACKSON, M.D.
Street & Number	250 S. CRESCENT DR. MASON CITY
Post Office, State, & ZIP Code	MASON CITY IA 50401
Postage	\$ 1.65
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.05
Postmark or Date	APR 1995

PS Form 3800, April 1995



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** JAM

Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
 2.  Restricted Delivery

3. Article Addressed to:  
 JEFFREY A. JACKSON, M.D.  
 MASON CITY CLINIC  
 250 S. CRESCENT DRIVE  
 MASON CITY, IA 50401

4a. Article Number  
 Z 233 839 330

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)  
 Mudy W. Corwell

8. Addressee's Address (Only if requested and fee is paid)  
 CITE-3RD MAILING

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

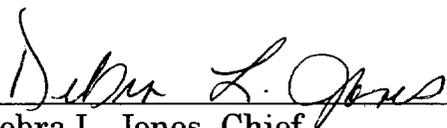
AFFIDAVIT

I, Debra Jones, being duly cautioned and sworn, do hereby depose and say:

- 1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")
- 2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;
- 3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;
- 4) That I have this day carefully examined the records of the Board pertaining to Jeffrey A. Jackson, M.D.
- 5) That based on such examination, I have found the last known address of record of Jeffrey A. Jackson, M.D., to be:

27 Norris Drive  
West Milton, OH 45383

- 6) Further, Affiant Sayeth Naught.

  
\_\_\_\_\_  
Debra L. Jones, Chief  
Continuing Medical Education,  
Records and Renewal

Sworn to and signed before me, Kristine A. Goodman, Notary  
Public, this 16th day of September, 1999.

  
\_\_\_\_\_  
Notary Public



KRISTINE A. GOODMAN  
Notary Public, State of Ohio  
My Commission Expires  
11/9/2002



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0915 • 614/466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

April 14, 1999

Jeffery A. Jackson, M.D.  
27 Norris Drive  
West Milton, OH 45383

Dear Doctor Jackson:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1) On or about October 8, 1998, the Board of Medical Examiners of Iowa (hereinafter the "Iowa Board") issued a Statement of Charges, Settlement Agreement and Final Order which **CITED** (emphasis in the original) you for your failure to comply with the prevailing standard of care in your treatment of one patient. The Iowa Board then **WARNED** (emphasis in the original) you that continued prescribing of a controlled substance to a patient for an extended period of time without examining the patient and without maintaining an adequate medical record may result in further formal disciplinary action.

The Iowa Board prohibited you from prescribing controlled substances without providing a thorough examination and without maintaining appropriate medical records. A copy of the Iowa Board Statement of Charges, Settlement Agreement and Final Order is attached hereto and fully incorporated herein.

The Iowa Board Statement of Charges, Settlement Agreement and Final Order, as alleged in paragraph (1) above, constitutes "[t]he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, the imposition of probation by that authority, or the issuance of an order of censure or other reprimand by that authority for any reason, other than nonpayment of fees," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code (as in effect prior to March 9, 1999).

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 (30) days of the time of mailing of this notice.

*Mailed 4/15/99*

Jeffery A. Jackson, M.D.

Page 2

You are further advised that 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 (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Anand G. Garg, M.D.  
Secretary

AGG/jag  
Enclosures

CERTIFIED MAIL # Z 233 895 067  
RETURN RECEIPT REQUESTED

**BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA**

\*\*\*\*\*

**IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST**

**JEFFREY A. JACKSON, MD, RESPONDENT**

**NO. 02-98-001**

6-11-98 State Board of Medical Examiners

MAR 7 0

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**STATEMENT OF CHARGES,**

**SETTLEMENT AGREEMENT and FINAL ORDER  
(combined)**

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COMES NOW the Iowa Board of Medical Examiners (the Board), and Jeffrey A. Jackson, M.D.(the Respondent), on October 8, 1998, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4), file this combined Statement of Charges, Settlement Agreement and Final Order.

**STATEMENT OF CHARGES**

1. The Respondent was issued license number 27904 to practice medicine and surgery in Iowa on January 9, 1991. The license is current and will next expire on January 1, 2000.
2. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.

**COUNT I**

3. The Respondent is charged under Iowa Code Sections 147.55(2) and 148.6(2)(g) (1997) and 653 Iowa Administrative Code Section 12.4(2)(d) with professional incompetency and a willful or repeated departure from, or failure to conform to, the minimal standard of acceptable and prevailing practice of medicine and surgery.

**COUNT II**

4. The Respondent is charged under 653 Iowa Administrative Code section 12.4 (19) with indiscriminately or promiscuously prescribing, administering or dispensing any drugs for other than a lawful purpose.

**CIRCUMSTANCES**

5. On numerous occasions between March 14, 1996, and the present, the Respondent prescribed controlled substances for patient #1, without providing an appropriate examination and without maintaining adequate medical records.

**SETTLEMENT AGREEMENT**

6. The Board has jurisdiction over the parties and subject matter herein.

7. The Respondent admits the allegations contained in the Statement of Charges.

8. Immediately upon the Board's approval of this Statement of Charges, Settlement Agreement and Final Order, the Respondent shall be prohibited from prescribing controlled substances without providing a thorough examination and without maintaining appropriate medical records.

9. Upon the Board's approval of this Statement of Charges, Settlement Agreement and Final Order, the Respondent shall be assessed a civil penalty in the amount of \$1000. The civil penalty shall be paid within 20 days thereafter by delivery of a check or money order, payable to the Treasurer of Iowa, to the executive director of the Board. The civil penalty shall be deposited into the state general fund.

10. The Respondent is hereby **CITED** for his failure to comply with the prevailing standard of care in his treatment of patient #1. The Respondent is hereby **WARNED** that continued prescribing of a controlled substance to a patient for an extended period of time without examining the patient and without maintaining an adequate medical record may result in further formal disciplinary action against his Iowa medical license.

11. The Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

MAR 10 1995

12. In the event the Respondent violates or fails to comply with any of the terms or conditions of this combined Settlement Agreement and Final Order, the Board may initiate action to suspend or revoke the Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 12.2.

13. This combined Statement of Charges, Settlement Agreement and Final Order constitutes the resolution of a contested case proceeding.

14. By entering into this combined Statement of Charges, Settlement Agreement and Final Order, the Respondent voluntarily waives any rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to the terms of this Settlement Agreement.

15. This combined Statement of Charges, Settlement Agreement and Final Order, is voluntarily submitted by the Respondent to the Board for consideration.

16. This combined Statement of Charges, Settlement Agreement and Final Order, is subject to approval of the Board. If the Board fails to approve this combined Statement of Charges, Settlement Agreement and Final Order, it shall be of no force or effect to either party.

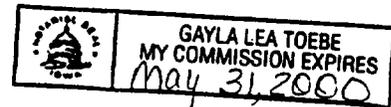
17. The Board's approval of this Statement of Charges and Settlement agreement shall constitute a **FINAL ORDER** of the Board.

Jeffrey A. Jackson, MD  
Jeffrey A. Jackson, MD, Respondent

6-10 STATE OF IOWA  
MAR 10 1999

Subscribed and sworn to before me on Sept 18, 1998.

Gayla Lea Toebe  
Notary Public, State of Iowa



This Statement of Charges and Informal Settlement is approved by the Board on October 8, 1998.

Dale R. Holdiman MD  
Dale R. Holdiman, M.D., Chairperson  
Iowa Board of Medical Examiners  
1209 East Court Avenue  
Des Moines, IA 50319-0180  
Phone 515-281-5171

cc: Theresa O'Connell Weeg, Esq.  
Assistant Attorney General  
Iowa Department of Justice  
Hoover State Office Building  
Des Moines, IA 50319  
Phone 515-281-6858