

THE FOLLOWING INFORMATION WAS OBTAINED FROM THE DOCTOR SEARCH SECTION OF THE WEBSITE OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO WWW.CPSO.ON.CA

**Date:** 29/09/22 4:59:16 AM

## Bowle-Evans, Jo Ann

**CPSO#:** 21830

### MEMBER STATUS

**Active Member as of 25 Mar 1969**

CURRENT OR PAST CPSO REGISTRATION CLASS

Restricted as of 08 Aug 2022

### Summary

**Former Name:** No Former Name

**Gender:** Female

**Languages Spoken:** English

**Education:** Queen's University, 1967

### Practice Information

#### PRIMARY LOCATION OF PRACTICE

1818 6th Conc  
RR 2  
Creemore ON L0M 1G0  
**Phone:** 705-466-5013  
**Fax:** 705-466-6350 **Electoral District:** 05

#### Professional Corporation Information

**Corporation Name:** Jody Bowle-Evans Medicine Professional Corporation

**Certificate of Authorization Status:** Issued Date: Jan 13 2003

#### Shareholders:

Dr. J. Bowle-Evans ( [CPSO# 21830](#) )

#### Business Address:

1818 Concession 6 South  
RR 2  
Creemore ON L0M 1G0  
**Phone Number:** 705-466-5013

## Specialties

SPECIALTY	ISSUED ON	TYPE
Family Medicine	Effective:01 Jul 1975	CFPC Specialist

## Registration History

ACTION	ISSUE DATE
First certificate of registration issued: Independent Practice Certificate	Effective: 25 Mar 1969
Transfer of class of certificate to: Restricted certificate	Effective: 08 Aug 2022
Terms and conditions imposed on certificate by member	Effective: 08 Aug 2022

## Practice Restrictions

IMPOSED BY	EFFECTIVE DATE	EXPIRY DATE	STATUS
member	Effective: 08 Aug 2022		Active

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT  
("Undertaking")

of

DR. JO ANN BOWLE-EVANS  
("Dr. Bowle-Evans")

to

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO  
(the "College")

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A. PREAMBLE

(1) In this Undertaking:

"Code" means the Health Professions Procedural Code, which is Schedule 2 to the Regulated Health Professions Act, 1991, S.O. 1991, c. 18, as amended;

"Discipline Tribunal" means the Ontario Physicians and Surgeons Discipline Tribunal of the College;

"ICR Committee" means the Inquiries, Complaints and Reports Committee of the College;

"OHIP" means the Ontario Health Insurance Plan;

"Ontario Physicians and Surgeons Discipline Tribunal" means the Discipline Committee established under the Code;

"Public Register" means the College's register that is available to the public.

(2) I, Dr. Bowle-Evans, certificate of registration number 21830, am a member of the College.

(3) I, Dr. Bowle-Evans, acknowledge that the College has received information regarding my standard of practice and conduct and that the College is conducting an investigation, bearing File Number CAS-372045-P2P6G into the information. I am aware of the College's concern about protecting the public.

(4) I, Dr. Bowle-Evans, acknowledge that the ICR Committee has accepted this Undertaking in lieu of making an Order under section 25.4 of the Code at this time.

(5) I, Dr. Bowle-Evans, acknowledge that this Undertaking does not preclude the ICR Committee from making an order at a later date in accordance with the Code.

(6) I, Dr. Bowle-Evans, acknowledge that this Undertaking continues in force until the matters currently being investigated are disposed of by a panel of the ICR Committee or the Discipline Tribunal.

B. UNDERTAKING

(7) I, Dr. Bowle-Evans, undertake to abide by the provisions of this Undertaking, effective upon the date this Undertaking is approved by the ICR Committee ("Effective Date").

(8) Practice Restrictions

(a) I, Dr. Bowle-Evans, undertake to restrict my practice as follows:

(i) I will not prescribe ivermectin or nitazoxanide;

(ii) I will not prescribe hydroxychloroquine, doxycycline, azithromycin or prednisone in relation to COVID-19.

(9) Posting a Sign

(a) I, Dr. Bowle-Evans, undertake that I shall post a sign in all waiting rooms, examination rooms and consulting rooms, in all my Practice Locations, in a clearly visible and secure location, at all times whether or not I am physically present at the Practice Location, in the form set out at Appendix "A." If providing care in a virtual setting, I shall display the sign to the patient at the outset of the patient encounter. If the patient encounter is by telephone, I shall read the sign to the patient at the outset of the patient encounter. For further clarity, this sign shall state as follows: "Dr. Bowle-Evans must not prescribe ivermectin or nitazoxanide. Dr. Bowle-Evans must not prescribe hydroxychloroquine, doxycycline, azithromycin or prednisone in relation to COVID-19. Further information may be found on the College of Physicians and Surgeons of Ontario website at [www.cpso.on.ca](http://www.cpso.on.ca)".

(b) I, Dr. Bowle-Evans, undertake to post a certified translation in any language in which I provide services, of the sign described in section (9)(a) in all waiting rooms of all my Practice Locations, in a clearly visible and secure location, in the form set out at Appendix "A".

(c) I, Dr. Bowle-Evans, undertake to provide the certified translation described in section (9)(b), to the College within thirty (30) days of executing this Undertaking.

(d) I, Dr. Bowle-Evans, undertake that if I elect, after the execution of this Undertaking, to provide services in any other language, I will notify the College prior to providing any such services.

(e) I, Dr. Bowle-Evans, undertake to provide to the College the certified translation described in section (9)(b) prior to beginning to provide services in any language described in section (9)(d).

(10) Monitoring

(a) I, Dr. Bowle-Evans, undertake to inform the College of each and every location at which I practice, delegate, or have privileges, including, but not limited to, any hospitals, clinics, offices, and any Out-of-Hospital Premises and Independent Health Facilities with which I am affiliated, in any jurisdiction (collectively my "Practice Location" or "Practice Locations"), within five (5) days of executing this Undertaking. Going forward, I further undertake to inform the College of any and all new Practice Locations within five (5) days of commencing practice at that location.

(b) I, Dr. Bowle-Evans, give my irrevocable consent to the College to make appropriate enquiries of OHIP, and/or any person or institution that may have relevant information, in order for the College to monitor my compliance with the provisions of this Undertaking.

(c) I, Dr. Bowle-Evans, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "B".

(d) I, Dr. Bowle-Evans, undertake that I will maintain a log of all professional encounters with patients, including both in-person encounters and encounters in a virtual setting, in the form attached at Appendix "C" ("Patient Log"). The Patient Log shall include the name of each patient with whom I have a professional encounter and the date of the encounter; the patient's date of birth; the reason for the visit; and the type of visit (i.e., telemedicine or in-person).

(e) I, Dr. Bowle-Evans, undertake that I will maintain a log of all hydroxychloroquine,

doxycycline, azithromycin or prednisone prescriptions I provide in the form attached at Appendix "D" ("Prescribing Log"). The Prescribing Log shall include the name of the patient to whom I prescribed hydroxychloroquine, doxycycline, azithromycin or prednisone; the type of prescription, the date of the encounter; the patient's date of birth; and the reason for the prescription.

(f) I, Dr. Bowle-Evans, undertake that I will provide a copy of the Patient Log and Prescribing Log to the College every two (2) weeks, or at any other time as requested by the College.

(g) I, Dr. Bowle-Evans, undertake that I will submit to, and not interfere with, unannounced inspections of my Practice Locations and patient charts by a College representative for the purposes of monitoring my compliance with the provisions of this Undertaking.

### C. ACKNOWLEDGEMENT

(11) I, Dr. Bowle-Evans, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.

(12) I, Dr. Bowle-Evans, acknowledge and undertake that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc. arising from the implementation of any of the provisions of this Undertaking.

(13) I, Dr. Bowle-Evans, acknowledge that I have read and understand the provisions of this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.

(14) I, Dr. Bowle-Evans, acknowledge that the College will provide this Undertaking to any Chief of Staff, or a colleague with similar responsibilities, at any Practice Location ("Chief of Staff" or "Chiefs of Staff").

(15) I, Dr. Bowle-Evans, acknowledge that, in the event of a referral to the Discipline Tribunal and in the event of an appeal of any order of the Discipline Tribunal, if the Discipline Tribunal has directed the Registrar to revoke, suspend, or impose terms and conditions on my certificate of registration, that order will take effect immediately despite any appeal.

(16) I, Dr. Bowle-Evans, acknowledge that a breach by me of any provision of this Undertaking may constitute an act of professional misconduct and/or incompetence, and may result in a referral of specified allegations to the Discipline Tribunal.

(17) I, Dr. Bowle-Evans, acknowledge that this Undertaking constitutes terms, conditions, and limitations on my certificate of registration for the purposes of section 23 of the Code.

(18) Public Register

(a) I, Dr. Bowle-Evans, acknowledge that, during the time period that this Undertaking remains in effect, this Undertaking shall be posted on the Public Register.

(b) I, Dr. Bowle-Evans, acknowledge that, in addition to this Undertaking being posted in accordance with section (18)(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

The College has received information regarding Dr. Bowle-Evans's standard of practice and is conducting an investigation into the information. During the investigation and in the event of a referral to the Discipline Tribunal, Dr. Bowle-Evans has restricted her practice as follows:

Dr. Bowle-Evans will not prescribe ivermectin or nitazoxanide.

Dr. Bowle-Evans will not prescribe hydroxychloroquine, doxycycline, azithromycin or

prednisone in relation to COVID-19.

D. CONSENT

(19) I, Dr. Bowle-Evans, give my irrevocable consent to the College to provide all Chiefs of Staff with any information the College has that led to the circumstances of my entering into this Undertaking and/or any information arising from the monitoring of my compliance with this Undertaking.

(20) I, Dr. Bowle-Evans, give my irrevocable consent to all Chiefs of Staff to disclose to the College, and to one another, any information relevant to this Undertaking and/or relevant for the purposes of monitoring my compliance with this undertaking.

## Concerns

**Source:** Member

**Active Date:** August 8, 2022

**Expiry Date:**

**Summary:**

As from August 8, 2022, the following are imposed as terms, conditions and limitations on the certificate of registration held by Dr. Jo Ann Bowle-Evans in accordance with an undertaking and consent given by Dr. Bowle-Evans to the College of Physicians and Surgeons of Ontario: The College has received information regarding Dr. Bowle-Evans's standard of practice and is conducting an investigation into the information. During the investigation and in the event of a referral to the Discipline Tribunal, Dr. Bowle-Evans has restricted her practice as follows:

Dr. Bowle-Evans will not prescribe ivermectin or nitazoxanide.

Dr. Bowle-Evans will not prescribe hydroxychloroquine, doxycycline, azithromycin or prednisone in relation to COVID-19.

THE FOLLOWING INFORMATION WAS OBTAINED FROM THE DOCTOR SEARCH SECTION OF THE WEBSITE OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO WWW.CPSO.ON.CA

**Date:** 03/05/24 16:51:08 PM

# Bowle-Evans, Jo Ann

**CPSO#: 21830**

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**MEMBER STATUS**

**Expired: Resigned from membership as of 08 Dec 2022**

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**EXPIRY DATE**

08 Dec 2022

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**CURRENT OR PAST CPSO REGISTRATION CLASS**

Restricted as of 08 Aug 2022

## Summary

**Former Name:** No Former Name

**Gender:** Female

**Languages Spoken:** English

**Education:** Queen's University, 1967

## Practice Information

### PRIMARY LOCATION OF PRACTICE

Practice Address Not Available

## Specialties

### SPECIALTY

### ISSUED ON

### TYPE

Family Medicine

Effective:01 Jul 1975

CFPC Specialist

# Registration History

**ACTION****ISSUE DATE**

First certificate of registration issued: Independent Practice Certificate

Effective: 25 Mar 1969

Transfer of class of certificate to: Restricted certificate

Effective: 08 Aug 2022

Terms and conditions imposed on certificate by Registration Committee

Effective: 08 Aug 2022

Expired: Resigned from membership.

Expiry: 08 Dec 2022

## Concerns

**Source:** Member

**Active Date:** June 10, 2023

**Expiry Date:**

**Summary:**

Summary of the Undertaking given by Dr. Jo Ann Bowle-Evans to the College of Physicians and Surgeons of Ontario, effective June 10th, 2023:

A College investigation was conducted into whether Dr. Bowle-Evans in her family medicine and psychotherapy practice and conduct, including in relation to her prescribing of Ivermectin for the COVID-19, engaged in professional misconduct and/or was incompetent. In the face of this investigation, Dr. Bowle-Evans resigned from the College and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.