

**UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT**  
**("Undertaking")**

of

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

to

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

---

**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;

"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**, was a member of the College until December 8, 2022, when I resigned my membership.
- (3) I, **Dr. Bowle-Evans**, acknowledge that the College conducted an investigation bearing File Number CAS-372045-P2P6G2 (the "Investigation") into whether I engaged in professional misconduct and/or am incompetent in my family medicine and psychotherapy practice and conduct, including prescribing of ivermectin for COVID-19.
- (4) I, **Dr. Bowle-Evans**, acknowledge that there has been no referral to the Discipline Tribunal in respect of the Investigation and that, after the College receives an original copy of this Undertaking as signed by me, no further action will be taken on the Investigation.
- (5) 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 (the "Effective Date").

**B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT**

- (6) I, **Dr. Bowle-Evans**, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction after the Effective Date.
- (7) I, **Dr. Bowle-Evans**, acknowledge that, other than in Ontario, I am not currently registered to practise medicine in any other jurisdiction, and I further acknowledge that I currently do not have any outstanding applications for registration to practice medicine in any jurisdiction.
- (8) I, **Dr. Bowle-Evans**, acknowledge that in the event that the College should become aware that I am in breach of this Undertaking including, but not limited to, becoming aware that I have either applied, re-applied or attempted to apply or re-apply for registration as a physician or for a certificate of registration, or equivalent, to practise medicine in any jurisdiction after the Effective Date, the College shall, in its sole discretion, have the right to proceed with a disciplinary proceeding on the basis of a breach of this Undertaking and shall have the right to proceed with the Investigation it terminated as a result of this Undertaking and/or to proceed with a referral of specified allegations to the Discipline Tribunal.
- (9) I, **Dr. Bowle-Evans**, hereby agree to bear the risk of any prejudice that the passage of time might cause to my ability to make full answer and defence, and waive the right to seek any remedy on the basis of the passage of time, should the College proceed with any allegations that may arise as a result of a breach of this Undertaking and/or pursuant to section (8) above.
- (10) I, **Dr. Bowle-Evans**, undertake to abide by the College's Policy on Closing a Medical Practice.
- (11) I, **Dr. Bowle-Evans**, undertake that upon signing this Undertaking, I shall forward a request to the General Manager of OHIP that my billing number be deactivated for services rendered after the Effective Date.
- (12) I, **Dr. Bowle-Evans**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (13) I, **Dr. Bowle-Evans**, acknowledge and undertake that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc., if any, arising from the implementation of any of the provisions of this Undertaking.
- (14) I, **Dr. Bowle-Evans**, acknowledge and confirm 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.
- (15) I, **Dr. Bowle-Evans**, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person who or institution that may have relevant

information, in order for the College to monitor my compliance with the provisions of this Undertaking.

(16) I, **Dr. Bowle-Evans**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "A" and that the consent forms part of this Undertaking.

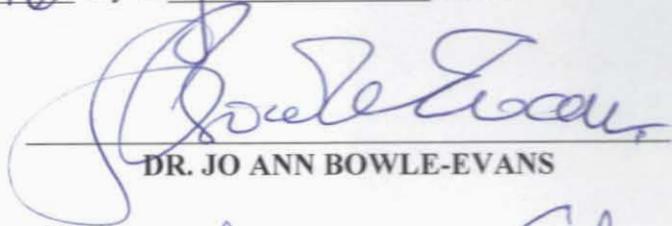
(17) **Public Register**

(a) I, **Dr. Bowle-Evans**, consent to this Undertaking being posted on the Public Register.

(b) I, **Dr. Bowle-Evans**, acknowledge that, in addition to this Undertaking being posted in accordance with section (17)(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

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.

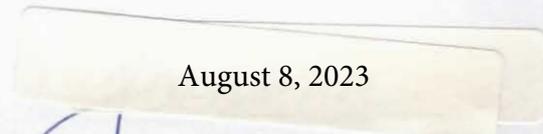
Dated at Greemore, this 10 day of June, 2023.

  
DR. JO ANN BOWLE-EVANS

Lynn Eakin  
Witness (Print Name)

  
Witness (Signature)

Approved by the ICR Committee on:

  
August 8, 2023  
Effective Date  
(yyyy/mm/dd)

**APPENDIX "A"**

**TO THE UNDERTAKING OF DR. JO ANN BOWLE-EVANS  
(“Dr. Bowle-Evans”)**

**to**

**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO  
(the “College”)**

**CONSENT AND DIRECTION  
FOR THE RELEASE OF INFORMATION FROM THE  
ONTARIO HEALTH INSURANCE PLAN**



CONSENT AND DIRECTION FOR THE RELEASE OF INFORMATION FROM THE ONTARIO HEALTH INSURANCE PLAN

\*\*\*\*\*

I consent to the release of billing information by the Ontario Health Insurance Plan to the COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO for:

- 1. Name of Physician: DR. JO ANN BOWLE-EVANS
2. OHIP billing number: 139006
3. CPSO #: 21830
4. Dates or Time Period: December 2022 onward

Dated at Creemore, this 10 day of June, 2023

[Handwritten signature of Dr. Jo Ann Bowle-Evans]
DR. JO ANN BOWLE-EVANS

Lynn Eakin
Witness (print name)

[Handwritten signature of Lynn Eakin]
Witness (Signature)