

**IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, *ex rel.* )  
 OKLAHOMA STATE BOARD )  
 OF MEDICAL LICENSURE )  
 AND SUPERVISION, )  
 )  
 Plaintiff, )  
 )  
 v. )  
 )  
 JANICE CAROL RAINS, OTA )  
 LICENSE NO. OA 599 )  
 )  
 Defendant. )

**FILED**

JAN 21 2021

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 20-07-5925

**VOLUNTARY SURRENDER OF LICENSE IN LIEU OF PROSECUTION**

State of Oklahoma )  
 ) ss:  
Oklahoma County )

I, Janice Carol Rains, Occupational Therapy Assistant (“Defendant”), being of lawful age and after first being duly sworn, depose and state as follows:

1. I hereby voluntarily surrender my Oklahoma Occupational Therapy Assistant License No. OA 599, effective January 21, 2021. 59 O.S. 509.1(E), *et seq.*
2. The surrender of my license is freely and voluntarily made. I have not been subject to any coercion or duress, and I am fully aware of the consequences of the surrender of my license.
3. I admit that I am the subject of a proceeding by the Oklahoma State Board of Medical Licensure and Supervision (“Board”) involving allegations which, if proven, would constitute grounds for disciplinary action by the Board.
4. On a January 31, 2019 license renewal application, I reported that I had completed 20 hours of Continuing Education and that I had the documentation to verify the same. However, I actually had completed 0 hours of Continuing Education and my statement to the contrary was incorrect and untruthful.
5. On August 17, 2020, I pled “Guilty” to the felony charge that I violated 21 O.S. §843.4(A)(1) “Exploitation of an Elderly Person or Disabled Adult.” As a result of my plea, I was found guilty and received a 7-year deferred sentence with 18 months of supervised probation, plus payment of restitution to the victim in the amount of \$20,000.00.

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6. I am guilty of violating the following rules of professional conduct:
  - a. Participation in fraud, abuse and/or violation of state or federal laws, in violation of Okla. Admin. Code 435: 30-1-10(a)(5).
  - b. Obtaining or attempting to obtain a license, certificate or documents of any form as an occupational therapist or occupational therapy assistant by fraud or deception, in violation of Okla. Admin. Code 435: 30-1-10(a)(23) and 59 O.S. §888.9(1).
  - c. Failure to comply with continuing education requirements, in violation of the terms of Okla. Admin. Code 435: 30-1-5(b).
7. I hereby submit my wallet card and wall certificate as evidence of my intent to surrender my license. 59 O.S. § 509(E)(2).
8. I hereby agree that I will not reapply for reinstatement of my Oklahoma Occupational Therapy Assistant license for a minimum of one (1) year from the date this Voluntary Surrender in Lieu of Prosecution ("SILOP") is accepted by the Board. If I am reinstated, I agree it will be under probation with terms and conditions to be determined by the Board at the time of reinstatement.
9. If the Board does not accept this Voluntary Surrender In Lieu of Prosecution the Plaintiff and Defendant (collectively, the "Parties") stipulate that it shall be regarded as null and void. Admissions by Defendant herein, if any, shall not be regarded as evidence against Defendant in a subsequent disciplinary hearing. Defendant will be free to defend herself, and no inferences will be made from her willingness to have this Order accepted by the Board. The Parties stipulate that neither the presentation of the Order nor the Board's consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.
10. As a condition to accepting my voluntary surrender of license in lieu of prosecution, I acknowledge that the Board shall require me to pay all costs expended by the Board for any legal fees and cost, any investigation, probation and monitoring fees, including but not limited to staff time, salary and travel expense, witness fees and attorney fees.

Dated this 20 day of December, 20 20  
13<sup>th</sup> January 21

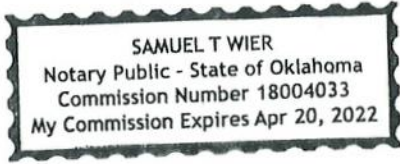
**Janice Carol Rains**  
 Janice Carol Rains, OTA  
 License No. OA599



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Subscribed and sworn before me this 13 day of January, 2021.



[Signature]  
Notary Public  
My commission expires: 04-20-2022  
My commission number: 18004033

**ACCEPTED:**

[Signature]

Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

Dated: Dated this 21<sup>st</sup> day of January, 2021

BOARD [Signature]

JCR [Signature]