

262434

RECEIVED
FEB 27 2015

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.mass.gov/medboard

FULL LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$600.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable.

Type of License Initial Full License Administrative License Volunteer License

Check One: U.S./Canadian Graduate International Graduate

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

Ireland Luu Dean
Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

M.D. D.O. PhD Other degree MPH Male Female

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here.

Dean Luu Cortes
Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Social Security Number: _____ Date of Birth: _____
Month Day Year

NPI (National Provider Identifier) Number: 1851521587

Place of Birth: Granada Hills CA
City State/Province/Territory Country if not USA

*Mailing Address: 119 Belmont St. Jacupm 2 Telephone: (508) 334-5746
Number and Street

Worcester MA 01605
City State/Province/Territory Zip (or postal) Code

Home Address: _____ Telephone: _____
Number and Street

City Ummac OB/GYN State/Province/Territory Zip (or postal) Code

Business Address: 119 Belmont St. Jacupm 2 Telephone: (608) 334-5746
Number and Street

Worcester MA 01605
City State/Province/Territory Zip (or postal) Code

E-mail Address: _____ Fax number: _____

Are you applying for licensure through FCVS? Yes No

* The Board will use your Mailing Address for all correspondence

RECEIVED

MAR 20 2015

Board of Registration
in Medicine

Pre-medical School

		<u>From</u>	<u>To</u>
Name:	University of California, Los Angeles	Year: 1999	Year: 2000
Street:	425 Hilgard Ave	City: Los Angeles	State: CA
Columbia University			
Name:	Columbia School of Public Health	Year: 2003	Year: 2005
Street:	732 West 168th St	City: New York	State: NY

Medical School

Name:	David Geffen School of Medicine at Univ. of California, Los Angeles	Degree:	MD
Street:	12533 Le Conte Ave	City:	Los Angeles
		State:	CA
Name:		Degree:	
Street:		City:	
		State:	

Medical School Graduation Date: 6 / 2009
Month Year

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. You must account for all periods of training or postgraduate work from the time you graduated from medical school. Enter month and year only.

		<u>From</u>	<u>To</u>
Facility:	Brown University / Women & Infants Hospital	PGY Year: 1-4	6 / 09 6 / 13
Specialty:	Obstetrics / Gynecology	City: Providence	State: RI
Facility:	David Geffen School of Medicine at Univ. of California, Los Angeles	PGY Year: 5-6	7 / 13 6 / 15
Specialty:	Family Planning	City: Los Angeles	State: CA
Facility:		PGY Year: / /	
Specialty:		City:	State:
Facility:		PGY Year: / /	
Specialty:		City:	State:
Facility:		PGY Year: / /	
Specialty:		City:	State:

Examination History

Please contact the appropriate examination entity and have the examination scores sent to you in a sealed envelope. If you are using FCVS, your examination scores will be sent to the Board with your credentials packet.

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, FLEX, COMVEX, COMLEX or a state examination). If you answer "yes" to question #5 on the Full Supplement, you must also complete the required information.

<u>Examination</u>	<u>Number of attempts</u>	<u>Passed (P) or Failed (F)</u>	
USMLE Step I	_____ \	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
USMLE Step II	_____ \	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
USMLE Step III	_____ \	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
NBME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
FLEX Component 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
FLEX Component 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
FLEX Pre-1985	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBOME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBOME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBOME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 3	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMVEX	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
LMCC – Single	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
LMCC – Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
LMCC – Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
State Board Exam	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
	(State of examination and year)		

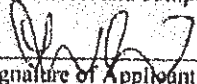
Hospital Affiliations and Employment

List hospital appointments, in chronological order by month and year where you ever had medical staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

		<u>From</u>	<u>To</u>
Facility: <u>Brain Unit/Women & Infants Hospital</u>	Position: <u>Resident</u>	<u>6/09</u>	<u>6/13</u>
Street: <u>101 Dudley St</u>	City: <u>Providence</u>		State: <u>RI</u>
Facility: <u>David Geffen School of Medicine at U of California Los Angeles</u>	Position: <u>Family Planning Fellow</u>	<u>7/13</u>	<u>6/15</u>
Street: <u>10533 Le Conte Ave</u>	City: <u>Los Angeles</u>		State: <u>CA</u>
Facility: _____	Position: _____	/	/
Street: _____	City: _____		State: _____
Facility: _____	Position: _____	/	/
Street: _____	City: _____		State: _____

1. List other states (abbreviations) where you are currently or have ever had a full license: CA
2. a) Are you certified by the American Board of Medical Specialties? Yes No
 b) Are you certified by the American Board of Osteopathic Medicine? Yes No
3. List Board Certification(s): American Board of Obstetrics and Gynecology
4. List your practice special(ies) Obstetrics/Gynecology, Family Planning
5. Have you completed the Opioid and Pain Management training? (See Full Instructions, page 4.) Yes No
6. Reason for requesting a Massachusetts medical license: Starting employment at University of Massachusetts
7. Name of Facility: University of Massachusetts Memorial Medical Center
 Address: 119 Belmont St. Taggart 2 City: Worcester
8. Anticipated starting date in Massachusetts: 8/20/2015
9. Curriculum vitae (CV) listing activities by month and year must be enclosed with your application.

Under the penalties of perjury, I declare that I have examined this full application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct and complete.



 Signature of Applicant

2 / 10 / 15
 Month Day Year

PRINT NAME: Luig Paschold

DATE: 2/9/15

FULL LICENSE APPLICATION SUPPLEMENT

IMPORTANT NOTE: If you answer "yes" to any of these questions, you must provide the additional information on pages 5-11.

QUESTIONS

YES NO

1. While enrolled in college, medical school, graduate school or postgraduate training were you ever the subject of any disciplinary action? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)
- 2-A. Have you ever been terminated or granted a leave of absence by a medical school or any postgraduate training program or have you ever withdrawn from a medical school or any postgraduate training program or had to repeat a year of postgraduate training?
- 2-B. Have you ever been placed on probation or remediation by a medical school, graduate school or any postgraduate training program?
3. If you are a US or Canadian graduate, did you take more than four (4) years to complete medical school; or if you are an international medical graduate, did you take more than six (6) years to complete medical school?
4. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of or found to have cheated or engaged in improper conduct during an examination?
5. Have you ever been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?
6. Have you ever surrendered a license to practice medicine or any professional license or has your license or certificate ever been revoked? (You do not need to report a lapsed license.)
7. Have you been denied American Board of Medical Specialties or American Board of Osteopathic Medicine certification or has your certification ever been suspended or revoked?
- 8-A. Are you aware of any pending investigation or inquiry into your professional conduct by any entity or are any disciplinary charges pending against you?
- 8-B. Since your completion of postgraduate training, has any disciplinary action ever been taken against you? (A confidentiality agreement does not absolve you of your requirement to answer this question.)

PRINT NAME: Luu Ireland

DATE: 2 / 9 / 15

YES NO

- 9-A. Have you ever relinquished any medical staff membership or association with a health care facility?
- 9-B. Has your medical staff membership, medical privileges, medical staff status or association with a health care facility ever been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee, administration or governing board?
- 9-C. Have you ever withdrawn an application for hospital privileges or appointment, or have you ever been denied medical staff membership, advancement in medical staff status or association with a health care facility, or has such denial been recommended by a medical staff committee, administration or governing body?
- 10. Have you ever been charged with any criminal offense? (You must report being arrested, arraigned, indicted or convicted, even if the charges against you were dropped, filed, dismissed, expunged or otherwise discharged. A charge of operating under the influence or its equivalent is reportable. A medical malpractice claim is a civil, not a criminal, matter and need not be reported for purposes of this question.)
- 11. Has your privilege to manufacture, distribute, administer, possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
- 12. Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?
- 13. Have you ever had an application for membership as a participating provider denied by any third-party payor, Medicare or Medicaid (any state) or have you ever been the subject of any termination, suspension or probation proceedings instituted by any third-party payor, Medicare or Medicaid (any state) or have you ever been restricted from receiving payments from any third-party payor, Medicare, Medicaid (any state)?
- 14-A. Has any medical malpractice claim ever been made against you, whether or not a lawsuit was filed in relation to the claim or has such a suit been settled, adjudicated or otherwise resolved?
- 14-B. Has any lawsuit, other than a medical malpractice suit, ever been filed against you which is related to your practice of medicine or has such a suit been settled, adjudicated or otherwise resolved?

Board of Registration in Medicine
 200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
 Telephone: (781) 876-8210 Fax: (781) 876-8383

POSTGRADUATE TRAINING VERIFICATION

APPLICANT'S AUTHORIZATION: Authorize the release of information from my postgraduate training program listed below, as requested by the Massachusetts Board of Registration in Medicine.

Applicant's Signature: [Signature] Date: 2/10/15

Print or Type Name: Luu Doan Ireland (Someday Luu Cortes Doan)

Name of Institution: Women and Infants Hospital of Rhode Island/Women and School of Medicine at Brown University

INSTRUCTIONS TO THE PROGRAM DIRECTOR

Please complete this form and forward it to the applicant in a sealed envelope, signed across the seal. If the department was a "rotating" or "transitional" program, please submit documentation of the rotations, dates and hours of training.

Name of Institution: Women & Infants Hospital

If name of Institution was different when applicant attended, please enter name: Luu Cortes Doan participated in the following program:

(List each year separately with from and to dates)

Program Type (Internship, residency, fellowship)	PGY (1,2,3,4)	Department or type of specialty training	Dates Attended (MONTH/DAY/YEAR) FROM TO	Completed (YES/NO)	Accredited By (ACGME, RSC, AOA or not accredited)
Internship	1	OB/GYN	6/24/2009 6/22/2010	yes	ACGME
Residency	2-4	OB/GYN	6/24/2010 6/22/2015	yes	ACGME

APPLICANT'S NAME: Lyn Dawn Ireland

POSTGRADUATE VERIFICATION FORM PAGE - 2

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. Please circle the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

QUESTIONS

1. Did the applicant take any leaves of absence or breaks from his/her post-graduate training? YES NO
2. Was the applicant ever placed on probation?
3. Was the applicant ever disciplined or under investigation?
4. Were any negative reports ever filed by instructors regarding the applicant?
5. Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence or disciplinary problems?
6. During the applicant's participation, our postgraduate medical training was accredited by: ACGME Other _____

COMMENTS: _____

Seal Verified 3/2
DATE: _____
INITIALS: MD

AFFIX INSTITUTIONAL SEAL HERE

(If the institution does not have a seal, this form must be notarized by a notary public).

Certification: I hereby certify that the above information is correct, to the best of my knowledge.

Program Director's Signature: [Signature]

Print Name: Bary Freshman

Academic Title: Residency Program Director

Telephone: 401-274-1122 ^{or} 1940 Today's Date: 1/1

E-mail address: freshman@white.org

PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE.



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Luu D Ireland, M.D.

License No.: 262434

Current Status: Active

License Expiration Date: 8/2/2015

1) Activity Status: Active

2) Address & Contact Information

Mailing Address: UMMC Obstetrics and Gynecology
119 Belmont Street, Jaquith 2
Worcester
Massachusetts - 01605
United States of America

Home Address: UMMC Obstetrics and Gynecology
119 Belmont Street, Jaquith 2
Worcester
Massachusetts - 01605
United States of America
(508) 334-5746

Business Address: UMMC Obstetrics and Gynecology
119 Belmont Street, Jaquith 2
Worcester
Massachusetts - 01605
United States of America
(508) 334-5746

3) Email Address:

4) Fax Number:

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS

8) Other states where you are now licensed to practice
California

9) States where you were previously licensed
None Reported

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Planned Parenthood League of Mass.	Worcester
UMass Medical School	Worcester

Board of Registration in Medicine, 200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.mass.gov/massmedboard

MEDICAL EDUCATION VERIFICATION

APPLICANT INSTRUCTIONS. Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification. Please note: Fourth year medical students must include the letter to the medical school registrar and Form B.

Waiver for Release of Information

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution.

Applicant's Signature: [Signature] Date of Birth: _____

Print or Type Name: Ireland Lin U.S. Social Security No: _____
(Last Name) (First Name) (Middle Initial)

Other Name(s): Lin Cortes DeCruz
(Please type or print)

Name of Medical School: David Geffen School of Medicine at Univ of California, Los Angeles
Address: 10833 LeConte Ave City Los Angeles State or Province: CA

INSTRUCTIONS TO THE DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL

Please complete Form A and complete Form B if the above-named applicant has not been awarded a degree. Please include a copy of the official transcript (which indicates courses taken, dates and hours of attendance, scores, grades, or evaluations) and return to the applicant in a sealed envelope. Please sign or stamp across the seal on the envelope.

APPLICANT'S EDUCATIONAL HISTORY

If name of institution was different from the above-named institution when applicant attended, please enter name below:

Premedical Education: Does your school have a premedical school education requirement? Yes No

If yes, indicate where the applicant completed premedical school.

Applicant's Undergraduate School: University of California, Los Angeles

Undergraduate School Address: 405 Hilgard Ave Los Angeles CA 90025

Enrollment and Participation: Our records indicate that

(print the applicant's name)

DOAN (Last Name)

Lee (First Name)

CATES (Middle Initial)

attended our medical school on the following dates (indicate the month, day and year separately for each academic year in the section below):

ATTENDANCE DATES:			
FROM	TO	FROM	TO
8/1/2005	6/28/06	7/7/08	6/15/09
9/15/06	4/20/07	1/1/	1/1/
6/25/07	7/3/08	1/1/	1/1/

Graduation Date (month/year): /

The applicant attended 143 total weeks or total months (must be included) of not less than 32 weeks in each academic year of continuing on-campus education.

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.

- Was the medical school training more than four (4) years for U.S. graduates or six (6) years for international medical graduates? YES NO
- Did the applicant take any leaves of absence (i.e., for research, public service, participation in an M.D./Ph.D. program, or for any "personal reasons")?
- Was the applicant ever placed on probation?
- Was the applicant ever disciplined or under investigation?
- Were any negative reports ever filed by instructors regarding the applicant?

Please provide a detailed explanation if you answered "YES" to any of the above questions.

AFFIX INSTITUTIONAL SEAL HERE

(If the institution does not have a seal, this form must be notarized.)
INTERNATIONAL MEDICAL SCHOOLS MUST ATTACH A COPY OF THE MEDICAL SCHOOL DIPLOMA AND A TRANSCRIPT OR PROVIDE AN EXPLANATION.

Signature: [Signature]
 Print Name: Kinda Cates
 Title: Registrar
 Date: 2/19/15 Telephone: 310 206 0034
 E-mail address: Registrar@mednet.jde.edu

This form must be stamped with the institutional seal or notarized. Please return to the applicant with the medical school transcripts in a sealed envelope with the signature of the Dean or the seal of the medical school affixed on the back of the envelope. Thank you.



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Luu D Ireland, M.D.

License No.: 262434

UMass Memorial Medical Center

Worcester

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 18 hrs/wk
b) outpatient care 24 hrs/wk

12) Medical Liability Insurance Information

I am not required to have malpractice insurance.

Not involved with direct or indirect patient care in Massachusetts.

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competence to practice medicine?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Luu D Ireland, M.D.

License No.: 262434

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?

22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes.

Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Luu D Ireland, M.D.

License No.: 262434

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Luu D Ireland, M.D.

License No.: 262434

25) Electronic Health Records Proficiency

I have demonstrated proficiency in the use of EHR by employment with, credentialed to provide patient care at, or in a contractual agreement with an eligible hospital or critical access hospital that has a CMS Meaningful Use program.

26) Requirement to Complete Training in Recognizing and Reporting Child Abuse

Have you completed training to recognize and report suspected child abuse or neglect?

**CURRICULUM VITAE
LUU DOAN IRELAND, MD, MPH**

RECEIVED
MAR 20 2015
FACULTY DEVELOPMENT
OFFICE

EDUCATION

Undergraduate 9/1995 - 6/2000	University of California, Los Angeles Los Angeles, California BS, Physiological Science, 2000
Graduate School 8/2003 - 6/2005	Columbia University, Mailman School of Public Health New York City, New York MPH, Population and Family Health, 2005
Medical School 8/2005 - 6/2009	David Geffen School of Medicine at the University of California, Los Angeles Los Angeles, California MD, 2009

POSTGRADUATE TRAINING

Residency	Warren Alpert Medical School of Brown University and Women and Infants Hospital of Rhode Island Providence, Rhode Island Obstetrics and Gynecology, 2009 - 2013
Fellowship	Family Planning Fellowship Training David Geffen School of Medicine at the University of California, Los Angeles, 2013 to present (anticipated graduation 2015)

Certificate Programs

Training Program in Translational Science
Clinical Translational Science Institute at the University of California, Los Angeles, 2013 - present (anticipated completion 2014)

Physicians for Reproductive Health
Leadership Training Academy, 2013 - 2014

LICENSES

CA Medical License # A125002	Exp Date, August 31, 2016
American Board of Obstetrics and Gynecology	January 2015

POSTGRADUATE HONORS AND AWARDS

- 2003 Recipient, Heilbrunn Population and Family Health Latino Fellowship
2009 Elected member of Alpha Omega Alpha
2011 Recipient, Benjamin Josephson Fund
2010 – 2013 Excellence in Teaching Award, Women and Infants Hospital of Rhode Island, The Warren Alpert Medical School of Brown University
2014 2nd Place Oral Presentation Award, Obstetrical and Gynecological Assembly of Southern California

ACADEMIC APPOINTMENTS

- 8/2015 - present Assistant Professor, Department of Obstetrics and Gynecology, University of Massachusetts, Worcester, Massachusetts

2009 – 2013 Assistant Clinical Instructor, Department of Obstetrics and Gynecology, The Warren Alpert Medical School of Brown University, Providence, Rhode Island

2013 – present Clinical Instructor, Department of Obstetrics and Gynecology, David Geffen School of Medicine at the University of California, Los Angeles, Los Angeles, California

PROFESSIONAL APPOINTMENTS

- 2013 – present Contract Physician, Planned Parenthood of the Pacific Southwest

2014 – present Contract Physician, Planned Parenthood Los Angeles

INTERNATIONAL APPOINTMENTS

- 2011 Visiting Physician, Moi University, Mother and Baby Hospital, Eldoret, Kenya

2014 Visiting Physician, Kasungu District Hospital, Kasungu, Malawi

ADDITIONAL PROFESSIONAL EXPERIENCE

- 2010 – 2012 Perinatal Mortality Conference Committee, Department of Obstetrics and Gynecology, Women and Infants Hospital/Alpert Medical School of Brown University

2011 – 2012 Institutional Review Board Committee, Department of Obstetrics and Gynecology, Women and Infants Hospital/Alpert Medical School of Brown University

2011 - 2013 Coordinator, Global Health Book Club, Department of Obstetrics and Gynecology, Women and Infants Hospital/Alpert Medical School of Brown University

2010-2013 Medical Interpreter - Spanish, Women and Infants Hospital/Alpert Medical School of Brown University

2010 - 2013 President, Resident Abortion Providers Support Group, Department of Obstetrics and Gynecology, Women and Infants Hospital/Alpert Medical School of Brown University.

MEMBERSHIP IN SOCIETIES

2009 – present American College of Obstetricians and Gynecologists
Junior Fellow
2014 LARC Policy Fellow
2014 – present District IX Committee for the Health Care of Underserved Women
2011 - present Association of Reproductive Health Professionals
2011 – present National Abortion Federation
2013 – present Society of Family Planning
2013 – present Physicians for Reproductive Health

PUBLICATIONS LIST

Peer-reviewed Articles

Ireland, LD, Goyal V, Raker C, Murray A, Allen RH. *The Effect of Immediate Postpartum versus Interval Insertion of the Etonogestrel Contraceptive Implant on Removal Rates for Bleeding.* Contraception, 2014; 90 (3): 253-258

Abstracts

Ireland LD, Sridhar A, Chen A. Primary Care Providers and Contraceptive Counseling Among Diabetic Women of Reproductive Age. American College of Obstetricians and Gynecologists District IX 2014 Annual District Meeting, Napa Valley, CA. September 2014. (POSTER)

Ireland LD, Gatter M, Chen A. First Trimester Medical Versus Surgical Abortion: A Comparison of Efficacy and Complications. North American Forum on Family Planning, Miami, FL, October 2014. (POSTER)

Ireland, LD, Goyal V, Raker C, Murray A, Allen RH. *The Effect of Immediate Postpartum versus Interval Insertion of the Etonogestrel Contraceptive Implant on Removal Rates for Bleeding.* Obstetrical and Gynecological Assembly of Southern California, May 2014. (ORAL)

Ireland LD, Sridhar A, Chen A. *Beyond Glycemic Control: Contraception Among Diabetic Women of Reproductive Age.* Fellowship in Family Planning Meeting, April 2014 (ORAL)

Ireland, LD, Goyal V, Raker C, Murray A, Allen RH. *The Effect of Immediate Postpartum versus Interval Insertion of the Etonogestrel Contraceptive Implant on Removal Rates for Bleeding.* North American Forum on Family Planning, Seattle WA. October 2013. (POSTER)

Doan LC, Wakeel F, Muthengi E, Otuniano AD, Lu MC, Rains E, Lau YY, Higgins C, Donatoni GM, Eldahaby M, Chao SM, Harding C, Collier K, Ramos D. *Effective Contraceptive Use and Unintended Pregnancy: Findings from the Los Angeles Mommy and Baby Survey.* The

Laura Doan Ireland, MD, MPH

Fourteenth Annual Maternal and Child Health Epidemiology Conference, Atlanta, GA, December 2008. (ORAL)

Doan LC, Wakeel F, Muthengi E, Otuniano AD, Lu MC, Rains E, Lau YY, Higgins C, Donatoni GM, Eldahaby M, Chao SM, Harding C, Collier K, Ramos D. *Racial and Ethnic Disparities in Intimate Partner Violence During Pregnancy: Findings from the Los Angeles Mommy and Baby Survey*. The Fourteenth Annual Maternal and Child Health Epidemiology Conference, Atlanta, GA, December 2008. (ORAL)

Doan LC, Wakeel F, Muthengi E, Otuniano AD, Lu MC, Rains E, Lau YY, Higgins C, Donatoni GM, Eldahaby M, Chao SM, Harding C, Collier K, Ramos D. *Pregnancy Intention and Contraceptive Use: Findings from the Los Angeles Mommy and Baby Survey*. The Fourteenth Annual Maternal and Child Health Epidemiology Conference, Atlanta, GA, December 2008. (POSTER)

Doan LC, Lu MC, Muthengi E, Otuniano AD, Wakeel F, Menendez K, Chao SM, Harding CA, Donatoni G, Lau Y, Higgins C, Eldahaby M, Ramos D. *Racial and Ethnic Disparities in Preconception Care Utilization: Findings from the Los Angeles Mommy and Baby Survey*. Annual Meeting and Exposition of the American Public Health Association, San Diego, CA, October 2008. (POSTER)

Online Publications

Ireland, LD. *The Intrauterine Device: More Than Just Birth Control*. Obstetrics and Gynecology blog+G. <http://journals.lww.com/greenjournal/blog/blog/pages/post.aspx?PostID=169> October 8, 2014.

Ireland, LD. *Busting Myths and Calming Fears: A Doctor Answers Questions About the IUD*. Feministing. <http://feministing.com/2014/11/19/busting-myths-and-calming-fears-a-doctor-answers-questions-about-the-iud/> November 19, 2014

Book Chapters

Doan LC, Gray-Puleo R. "Chapter 7: Pregnancy Loss Prior to Viability." *Obstetric Triage and Emergency Care Protocols*. New York, NY: Springer Publishing Co., 2012.

Lay Press

Held, Elizabeth. (March 24, 2014) Supreme Court deciding: Should bosses pay for contraception? *Orange County Register*.

Higgins, CE. (March 11, 2014) Couples' characteristics may predict condom use. *Reuters*.

RESEARCH EXPERIENCE

2004 – 2005 Columbia University, Mailman School of Public Health
 Heilbrunn Center for Population and Family Health
 Co-investigator: Women's Health / Human Rights Advocacy Initiative

Lisa Doan Ireland, MD, MPH

- Policy analysis and advocacy for low-income and immigrant women
- Internal funding

2007 - 2009 **David Geffen School of Medicine at the University of California, Los Angeles**

Department of Obstetrics and Gynecology

Co-Investigator: Los Angeles Mommy and Baby Survey

- Population-based survey of preconception and prenatal behaviors in recently postpartum women
- Funding: Los Angeles County Department of Health

2010 - 2013 **Women and Infants' Hospital Providence, RI**

Division of Ambulatory Care

Principal Investigator: The Effect of Immediate Postpartum versus Delayed Postpartum and Interval Etonogestrel Contraceptive Implant Insertion on Removal Rates for Bleeding

- Retrospective chart review evaluating premature implant removal based on timing of implant insertion
- Internal funding
- *Published manuscript*

2013 - present

Planned Parenthood, Los Angeles

Principal Investigator: First Trimester Medical Versus Surgical Abortion: A Comparison of Efficacy and Complications

- Historic cohort study comparing outcomes of medical versus surgical abortion at or less than 63 days gestation
- Internal funding
- *Manuscript in progress*

2013 - present

David Geffen School of Medicine at the University of California, Los Angeles

Division of Family Planning

Principal Investigator: Beyond Glycemic Control: Contraception among Diabetic Women of Reproductive Age

- Cross-sectional provider and patient survey on contraception knowledge, attitudes, and practices
- Funding: Society of Family Planning
- *Data analysis ongoing*

INVITED PRESENTATIONS

2009 Lecturer, Labor and Delivery Rotation, Department of Obstetrics and Gynecology, Women and Infants Hospital/Alpert Medical School of Brown University, "Postterm Pregnancy", "Induction of Labor".

2011 Lecturer, Gynecology Rotation, Department of Obstetrics and Gynecology, Women and Infants Hospital/Alpert Medical School of Brown University,

- "Management of Perimenopausal Patients", "Generalist's Guide to Pessary Use", "Premature Ovarian Failure".
- 2011 - 2012 Grand Rounds, Department of Obstetrics and Gynecology, Women and Infants Hospital/Alpert Medical School of Brown University, "The Preventable Pandemic of Unsafe Abortion."
- 2013 Lecturer, Department of Medicine/Pediatrics, David Geffen School of Medicine at the University of California, Los Angeles, "Induced Medical Abortion in the United States".
- 2014 Lecturer, Department of Internal Medicine, David Geffen School of Medicine at the University of California, Los Angeles, "Contraception and Chronic Disease: A Guide for the Primary Care Physician".
Lecturer, Ashe Student Health Services, David Geffen School of Medicine at the University of California, Los Angeles, "Contraception and Chronic Disease: A Guide for the Primary Care Physician".