GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Care Licensing &
Customer Service Division

Approval Date: SEPTEMBER 25, 2002

Name: DALLAS JOHNSON, MD

License Number: MD 034531

License Category: MEDICINE

Your application to practice MEDICINE was reviewed and approved for licensure by the BOARD OF MEDICINE on the above date.

Your application has been forwarded to our contractor, Promissor, for final processing and issuance of license(s).

In the meantime if your health facility is surveyed by an inspection team from the Department of Health, this letter will be accepted by the team as proof of licensure while you await receipt of your original license. Please give a copy of this letter to your supervisor. If your supervisor has any questions or concerns, please have the employer contact ANTOINETTE STOKES at (202) 442-4768 or (202) 442-9200.

Antoinette B. Stokes
Antoinette B. Stokes
Health Licensing Specialist
D. C. Board of Medicine

9/26/03
Date Signed

SEAL

825 North Capitol Street, N.E., Second Floor, Washington, D.C. 20002 Telephone (202) 442-9200 FAX (202) 442-9431

Government of the District of Columbia
Department of Health

Health Professional Licensing Administration

FACSIMILE TRANSMITTAL SHEET

TO: Dallas Johnson	FROM: Tamara
COMPANY:	DATE: 9/26/03
FAX NUMBER: (202)-741-2550	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: Approval Letter	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

THIS FACSIMILE AND ANY ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, PROPRIETARY AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW(S). IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY USE, REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMITTAL SHEET OR ACCOMPANYING DOCUMENTS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATIN IN ERROR, PLEASE NOTIFY US IMMEDIATELY AT (202) 442-9200 OR (202) 442-5888. THANK YOU.

825 North Capitol Street, NE, 2nd Floor, Washington, DC 20002 (202) 442-9200 • FAX (202) 442-9431

MEDICAL FACULTY ASSOCIATES

THE GEORGE WASHINGTON UNIVERSITY

File in Jacket

Dear Ms. Stokes,

My new addresses and phone numbers are as follows:

Home:

I prefer the PO Box as it is more secure than my mailbox that is unsecured and on the street.

Office: Medical Faculty Associates of GWU
Dept of OB/GYN
2150 Pennsylvania Ave, NW
Washington, DC 20037

phone: (202) 741-2554
fax: (202) 741-2550

Thank you for you help and understanding.

Sincerely,

Dallas W. Johnson, MD

MEDICAL FACULTY ASSOCIATES

THE GEORGE WASHINGTON UNIVERSITY

FACSIMILE TRANSMITTAL SHEET

DATE: 9 / 25 / 2003	FROM: Dr. Dallas Johnson ✓ Dr. Susanne Bathgate ___ Mary Kendell, NP ___ Dr. E. Britton Chahine ___ Dr. Jeffery Lin ___ Dr. Nancy Gaba ___ Dr. Eleanor McCurdy ___ Dr. Ana-Maria Gray ___ Dr. K. Parviainen ___
TO: Ms. Antoinette Stokes	
FAX #: (202) 442-9401	RE: New addresses + phone numbers
TELEPHONE#: (202) 442-9400	OUR DIRECT TELEPHONE #: (202) 741-2559
COMPANY: DC Board of Medicine	TOTAL # OF PAGES + COVER: 1+12

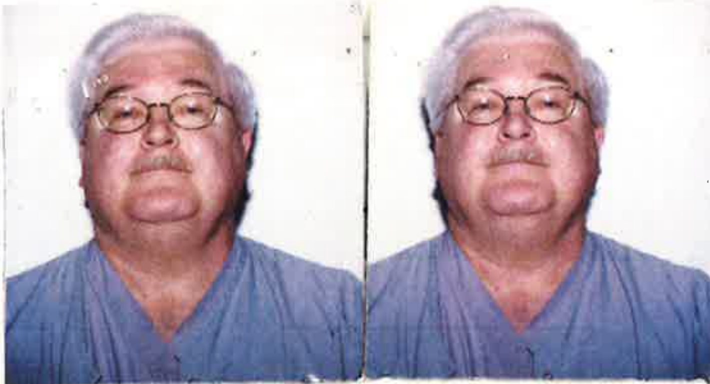
URGENT ___ FOR REVIEW ✓ PLEASE REPLY ___

NOTES/COMMENTS:

DEPARTMENT OF OBSTETRICS & GYNECOLOGY
2150 PENNSYLVANIA AVENUE, NW • WASHINGTON, DC 20037 • 202-741-2500 • FAX 202-741-2550

Appl# 101817

JUN 02 2003



OF THE DISTRICT OF COLUMBIA
F HEALTH/DC BOARD OF MEDICINE
IEW YORK AVENUE NE
1st FLOOR
ASHINGTON, DC 20002
FOR DC LICENSE - MEDICINE

MDL1070203A-3

nit the original application and all required supporting documents. ets with typed responses. False or misleading statements will be n pursuant to DC Code 22-2514. If you have any questions, call

1A. TYPE OF LICENSE

Check the box next to the type of license for which you are applying.

√ Medicine and Surgery (MD)

MAKE FEE PAYABLE TO:	MAIL APPLICATION PACKAGE AND FEE TO:
PROMISSOR *A charge of $50.00 will be imposed for dishonored checks (Public Law 89-208)*	DEPARTMENT OF HEALTH/DC BOARD OF MEDICINE 64 New York Avenue NE 1st Floor Washington, DC 20002

1B. BASIS OF APPLICATION

Check the box next to the type of license for which you are applying.
*Do not select 'EXAMINATION' if you have already passed the USMLE Step 3 Examination.

TOTAL

#1098

√ Waiver of Examination - FLEX $546

$546

TOTAL FEE DUE: $546.00

2A. NAME

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

Suffix:

First Name: **Dallas** Last Name: **Johnson** M.I: **W** HPLA ONLY ☐

SSN: Date of Birth: m-dd-yyyy)

Place of Birth: *Provide City and State for US birthplace or Country for foreign place of birth.)*

Gender: **Male**

3A. HOME ADDRESS - A street address MUST be provided.

Street 1:

MAY 0 2 2003

Street 2:

City: State:

Zip Code: E-Mail:

Home Phone: (Home Fax:

3B. BUSINESS ADDRESS - A street address MUST be provided.

Street 1: **6550 Fannin Street**

Street 2: **Suite 801A**

City: **Houston** State: **Texas**

Zip Code: **77030** E-Mail:

Business Phone: **(713)798-1513** Business Fax: **(713)798-5000**

4. INDICATE YOUR PREFERRED MAILING ADDRESS

All correspondence will be sent to your preferred mailing address.

Home √ **Business**

5A. SCHOOLS ATTENDED

List all colleges and universities attended prior to and including medical/professional schools. List schools attended in reverse chronological order, beginning with the most recent at the top.

School Name	City	State	Country	# of hours completed	Date of Graduation	Type of Degree/ Certificate
Texas Tech University School of Medicine	Lubbock	TX	USA	150	20MAY1987	M.D.
University of Texas	Austin	TX	USA	50	n/a	n/a
Loyola Marymount University	Los Angeles	CA	USA	90	May 1978	J.D.
United States Naval Academy	Annapolis	MD	USA	150	Jun 1972	B,S,
Texas A&M University	College Station	TX	USA	80	n/a	n/a

5B. MEDICAL/PROFESSIONAL TRAINING AND MEDICAL/PROFESSIONAL PRACTICE

List all experience since medical/professional school graduation below. Include letters from employing facilities and organizations for internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent.

Organization/Institution	Start Date	End Date	Description

Dept of OB/GYN/Baylor College of Medicine	1JUL 2000	30 JUN 2003	Fellowship
J&C Nationwide Locum Tenens	1 NOV 1999	30 JUN 2000	Employment
Private Practice, Dallas, Texas	1 NOV 1992	31 OCT 1999	Private Practice
CIGNA Healthplan, Dallas, Texas	1 JUL 1991	31 OCT 1992	Employment
Texas Tech U. School of Med/R.E.Thomason G.H.	1 JUL 1988	30 JUN 1991	Residency
U. of Arizona School of Med/University Med Center	1 JUL 1987	30 JUN 1988	Internship

Note: If **Other** in description is selected, please attach a typed explanation to this form. If you were unemployed or self-employed for any period of two months or more please include a statement to that effect on a seperate sheet of paper. All letters attached with this application should include begining and ending dates.

5C. MEDICAL/PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

Are you now or have you ever been licensed in DC or any other state/jurisdiction? If yes, be sure to complete section below of this form. List all states and jurisdictions in which you have ever held a license. You must request verification of licensure for all of these licenses, past and/or present.

Jurisdiction	Date License Was First Obtained	License Number
Texas	6 DEC 1988	H-4441

6. SUPPORTING DOCUMENTS

Please indicate the supporting documents you have included with this package or requested to be sent to DOH on behalf of the Board of Medicine. Keep a photocopy of all supporting documents for your records.

HPLA ONLY

1. Two recent passport-type photos of the applicant's face (approx. 2" x 2") with applicant's name printed on the back. Home snapshots are not acceptable. **Yes** ☐
2. Three (3) character reference forms **Yes**

JUN 02 2003

3. AMA Profile — Yes ☐
4. Verification(s) of licensure - These should be provided in a sealed envelope from the issuing jurisdiction for each license identified in Section #5C — Yes ☐
5. All undergraduate, graduate, medical, and professional school transcripts - These should be provided in a sealed envelope from the issuing institution for each of the schools attended listed in #5A, except for graduates of schools that provide transcripts in other than English. Applicants with non-English transcripts must provide a translation in addition to the transcripts. — Yes ☐
6. Documentation of all experience following graduation from medical/professional school. Proof of experience should be submitted as a letter from the overseeing institution/organization. Letters that document an applicants' post graduate training should include a statement as to whether the program was ACGME or AOA approved at the time that the applicant participated. — Yes ☐
7. Examination scores - These should be provided in a sealed envelope from the examination contractor or administrator. — Yes ☐
8. ECFMG Certificate (if Foreign applicant) — No ☐
9. FMGEMS Certificate (if Fifth Pathway applicant) — No ☐
10. Eminence application package (if Eminence 1 or 2 applicant) — No ☐

7. SCREENING QUESTIONS

Please answer all of the following questions. If you answer 'Yes' to any of the questions 2 through 11 below, you must provide full information and complete details on the text area below the question.

HPLA ONLY

1. Do you owe any outstanding debt over $100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law. — No ☐
2. Have you ever been arrested, indicted or convicted of a crime (other than minor traffic violations)? — No ☐

3. Do you owe more than $100 to the District of Columbia Government in back taxes or in fines, penalties or interest under the Litter Control Administration Action of 1985, the Illegal Dumping Enforcement Act of 1994 or the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1995? No ☐
4. Have you ever been party to a malpractice action or had a malpractice action brought against you? **Yes** ☑

   If yes, please explain: **During residency I was a party to several claims but I was dropped as a defendant before trial. I have had one action since completing residency that was tried. I was one of two defendants and there was a judgement against both but I was able to have the judgement against me set aside on appeal.**
5. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation? No ☐
6. Has any authority taken adverse action against your medicine/osteopathy license or privileges or informed you of any pending charges not previously reported to this Board? No ☐
7. Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or suspended at any hospital or health care facility? No ☐
8. Have you ever been terminated from or resigned from a clinical or professional training program? No ☐
9. Do you have a physical or medical condition that currently impairs your ability to practice medicine? No ☐
10. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? No ☐
11. Have you withdrawn an application to practice medicine in DC or any other state/jurisdiction? No ☐
12. If your practice is limited to a specialty, please select a specialty: **OB - Obstetrics & Gynecology** ☐
13. If you are certified by the "American Board of" any specialty, please select a specialty: **OB - Obstetrics & Gynecology** ☐

8. AFFIDAVIT OF APPLICANT

This form will be returned unprocessed if the form is not signed by the applicant and notarized. Keep a photocopy of this form for your records.

I, Dallas W. Johnson, being duly sworn, deposes and says: That the information given in this application, including all writings and exhibits attached hereto, is true and complete.

[signature] APPLICANT'S SIGNATURE

6·17·03 DATE

HPLA ONLY ☐

State: Texas

Subscribed and sworn to before me this 17th day of June, 2003 by the affiant, who personally appeared before me.

NOTARY PUBLIC SIGNATURE

2.7.07
MY COMMISSION EXPIRES

HPLA ONLY ☐

BONNIE ROSANNE LUGO
Notary Public, State of Texas
My Commission Expires
February 07, 2007

(NOTARY SEAL)

HPLA ONLY
Clerk's No. 1098
Clerk's Initials

DC OPLA MEDICAL (MD/DO) NEW LICENSE SUPPORTING DOCUMENT/ATTACHMENT MATRIX

Rev. 9/24/98

Application Date: *07/02/03*
Applicant's Name: *JOHNSON, DALLAS W.*
BTRS Batch Number: *MDLI070203A-3*

Social Security Number: *450-74-0415*
License Type: *MD*
Basis of Application: *WAIVER (Flex)*

Date Package Complete:

Date Package Forwarded to DC:

	Acceptable Doc.*	Exam (USMLE)	Re-Exam (USMLE)	Flex Waiver	NBME Waiver	State Waiver	Combo Waiver	Em 1**	Em 2**	5th Path	Doc. Required	Documents Present	Date Rec'd	Proc. Assoc. Initials
✓ License Application (notarized)	O or C	x	x	x ✓	x	x	x	x	x	x	1	✓ ✓	07/02	[illegible]
✓ Two Passport Type Photos	O	x		x ✓	x	x	x	DC	DC	x	2	✓ ✓	07/25	JVF.
✓ Three Character Reference Forms	O	x		x ✓	x	x	x	DC	DC	x	3	✓ ✓ ✓	07/28	JVF.
✓ AMA Profile	O	x		x ✓	x	x	x	DC	DC	x	1	✓	08/03	JVF.
Verification of Licensure (if licensed in other jurisdictions)	O	x		x ✓	x	x	x	DC	DC	x				
✓ Undergraduate, Graduate, Medical & Professional School Transcripts	O	x		x ✓	x	x	x	DC	DC	x	5	✓ ✓ ✓ ✓ ✓	07/28	JVF.
Documentation of all Post-Grad Experience (work/training experience)	O or N/C and/or H	x		Prob waived x ✓	x	x	x	DC	DC	x				
✓ Examination Scores	O	USMLE 1&2		x	x	x	x				1	✓	08/03	JVF.
USMLE Exam registration form with 2 additional photos	O	x	x									R P P		
If Foreign Trained Physician	O	ECFMG Cert		ECFMG Cert	ECFMG Cert	ECFMG Cert	ECFMG Cert							
Fifth Pathway Certificate										x				
FMGEMS Certificate										x				
Name Change***														
✓ Clean Hands Act Form	O OR N/C	x	x	x	x	x	x	x	x	x				

ALL APPLICANTS WHO ANSWER 'YES' TO A SCREENING QUESTION MUST SUBMIT AN EXPLANATION FOR EACH 'YES' RESPONSE

SCREENING QUESTIONS	ANSWER	Support Doc	Date Rec'd	Initials
QUESTION 7A	N			
QUESTION 7B	↓			
QUESTION 7C	↓			
QUESTION 7D	Y	Y	07/02	[illegible]
QUESTION 7E	N			
QUESTION 7F	↓			
QUESTION 7G	↓			
QUESTION 7H	↓			
QUESTION 7I	↓			
QUESTION 7J	↓			
QUESTION 7K	↓			

* Refer to Key.

** Eminence applicants must also submit packages with information concerning their careers. This information will be evaluated for completeness by the DC Medical Board.

*** All applicants requesting a name change must provide a marriage license, divorce decree, or court order (Copies are acceptable.)

Key	
C	Copy
DC	Forward to
H	Hardship
N/C	Not
P	Photo
R	US

Return Letter Info.	
Date	Letter #
/ /	
/ /	
/ /	
/ /	
/ /	

NOTE: Remember to enter extended notes in the candidate's record upon receipt of EACH supporting document.

attach.lst

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Professional
Licensing Administration

July 3, 2003

DALLAS W. JOHNSON

Dear DALLAS W. JOHNSON:

This is to advise you that your MEDICINE AND SURGERY application for licensure is pending and remains incomplete for the following reason(s):

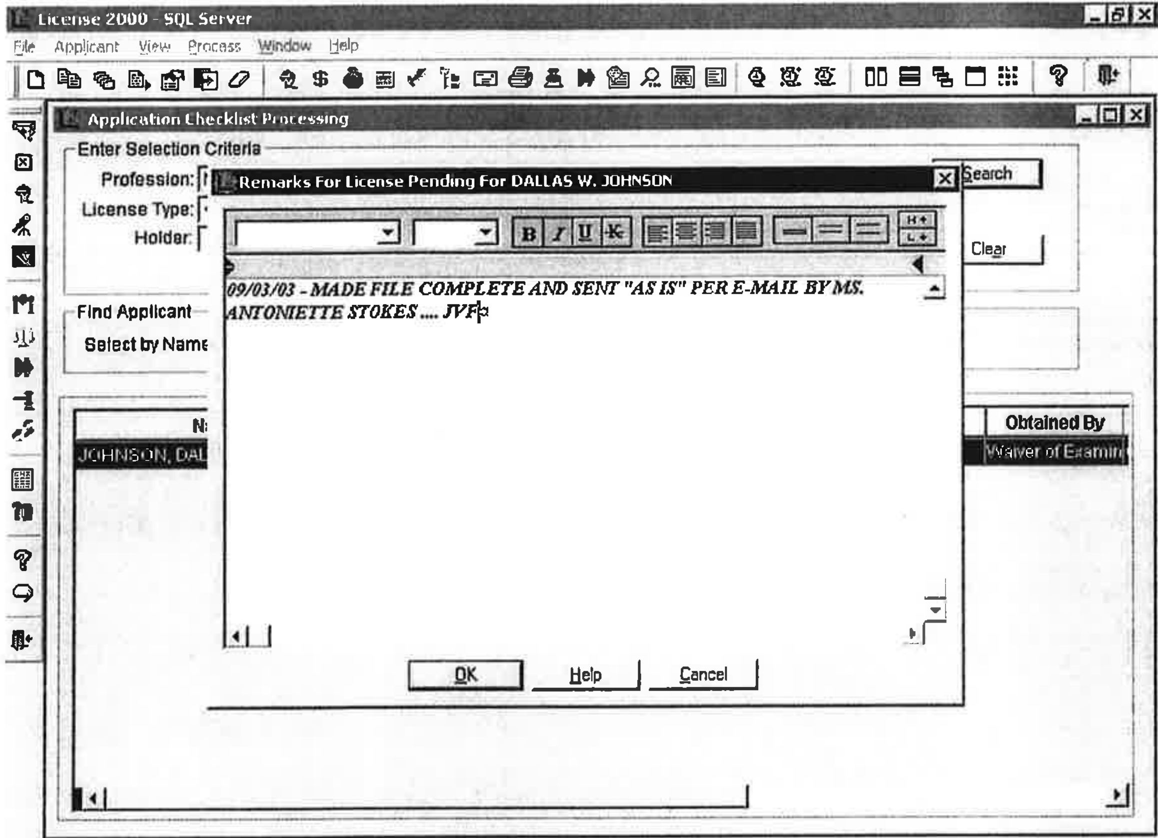
- You included an insufficient number of photos or no passport type photos with your application. All applicants must provide two passport type photos. Please mail the correct number of passport type photos to the address listed below.
- Three (3) character reference forms are needed.
- A completed clean hands form was not enclosed with your application.
- DOH has not received the required exam scores from the testing company.
- The transcripts required with your new license application were not returned. Please review the highlighted section(s) of the enclosed form for the specific requirements. Return your request required transcripts to DOH at the address listed below.
- We have not yet received verification of licensure from the issuing state(s) or jurisdiction(s) highlighted in section 5C of the enclosed new license application. Please contact the highlighted state(s)/jurisdiction(s) to ensure that your request for verification has been processed. Each verification of licensure should be received by DOH in a sealed envelope.
- Your Post Graduate Work Experience is missing or incomplete from your new license application. All applicants are required to complete this information in section 5B on the application.
- Your AMA Profile is also required to complete the process of your application.

If you are unable to provide any of the requirements mentioned above, please submit a written NOTARIZED letter of hardship explaining your situation. Please include a copy of this letter with your response.

The required documents should be forwarded to the address shown in the footer. Your application will be held open for sixty days from the date of this letter. If you have any questions concerning your application, please call 1-888-204-6193.

Sincerely,
Mrs. K. D. Duncan-Lawrence
DC Health and Professional Licensing Administration

64 New York Avenue, NE, 1st Floor, Washington, DC 20002 (202) 442-9200 • FAX (202) 442-9431



JVF. 9/3

"Stokes, Antoinette"
<astokes@dchealth.com>

09/03/2003 10:32 AM

To: "'Teguaded_Kebede@promissor.com'"
<Teguaded_Kebede@promissor.com>

cc:

Subject: DC medical applicant

Good morning. Please forward Dr. Dallas Johnson's file folder "AS IS".

Thanks,
Annette

District of Columbia

Department of Health

CANDIDATES FOR BOARD REVIEW

Profession: MEDICINE

Date Checklist Completed: 09/03/2003 to 9/3/2003

Candidate No	License Type	Candidate Name	SSN / FID	Date Checklist Completed	Candidate Address	Degree	School Name
101846	MEDICINE AND SURGERY						
101921	MEDICINE AND SURGERY	JOHNSON, DALLAS W.		09/03/2003		Medical	TEXAS TECH UNIVERSITY SCHOOL OF MEDICINE
				09/03/2003		BS	UNITED STATES NAVAL ACADEMY

Office of the Registrar
Lubbock, Texas 79430

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

JUL 2 1 2003

1

Permanent Record of Johnson, Dallas Wayne
(Last) (First) (Middle)
Home Address
Date of Birth
Place of Birth
Sex Male

Matriculation Number
Previous College University of Texas at Austin
Date of Graduation Degree
Other Degrees Loyola University, J.D. 6/78
U.S. Naval Academy, B.S. 6/72

Parent or Guardian's Name Mr. Wayne J. Johnson
Parent or Guardian's Address
Marital Status
Date of Admission

Dept.	Course No.	Course Description	GR
		August 10, 1983	
MBC	51025	Biochemistry	4
MAN	50609	Gross Anatomy	2
MAN	50311	Histology	
MAN	50210	Embryology	
MAY	50100	Anesthesiology Elective	
	CREDITS	SEM TOT AVG	
	ATTEMPT	22 22 SEM CUM	
	PASSED	22 22 89.71 89.71	
		January 4, 1984	
MPY	50921	Physiology	
MID	50801	Neurosciences	
MFP	50101	Emergency Medicine	
MOY	50100	Ophthalmology Elective	
	CREDITS	SEM TOT AVG	
	ATTEMPT	19 41 SEM CUM	
	PASSED	19 41 89.12 89.45	
		August 6, 1984	
MMB	60631	Microbiology	
MPS	60452	Intro Psychiatry	
MPM	60210	Preventive Medicine	
MPA	60101	Forensic Medicine	
MRD	60101	Radiology	
	CREDITS	SEM TOT AVG	
	ATTEMPT	14 55 SEM CUM	
	PASSED	14 55 86.00 88.57	

Dept.	Course No.	Course Description	GR
		January 3, 1985	
MPA	61745	General & Systems Pathology	
MPH	60713	Pharmacology	
MIM	60433	Physical Diagnosis	
MPS	60273	Psychiatry	
	CREDITS	SEM TOT AVG	
	ATTEMPT	30 85 SEM CUM	
	PASSED	30 85 78.58 85.37	
		April 29, 1985	
MPA	60110	Pathology (Parasitology)	
MDM	60101	Dermatology	
MOY	60101	Ophthalmology	
MAY	60102	Advanced Cardiac Life Support	
	CREDITS	SEM TOT AVG	
	ATTEMPT	4 89 SEM CUM	
	PASSED	4 89 78.33 85.10	
		July 8, 1985	
MGS	71827	General Surgery Clerkship	
MPD	71237	Pediatric Clerkship	
MOB	71247	Ob/Gyn Clerkship	
MPS	71257	Psychiatry Clerkship	
	CREDITS	SEM TOT AVG	
	ATTEMPT	54 143 SEM CUM	
	PASSED	54 143 83.33 84.38	

Dept.	Course No.	Course Description	GR
		July 1, 1986	
MIM	71817	Internal Medicine Clkship	
MFP	80601	Family Medicine Clerkship	
MFP	80602	Family Medicine Preceptorship	
MIM	806EB	Cardiology Elective	
MRD	806EA	Radiology Elective	
MOR	806EA	Orthopaedic Surgery Elect	
MIM	806EC	Hematology/Oncology Elect	
MIM	806EH	Rheumatology Elective	
	CREDITS	SEM TOT SEM	
	ATTEMPT	60 203 SEM CUM	
	PASSED	60 203 82.00 83.94	

DEGREE: M.D. 05/30/87

7-16-03

[signature]
REGISTRAR

Grading System (effective August, 1975). All credits are expressed in semester hours. The second and third digit of the course number represents the credit hours. Passing grades: Numerical grades that are 70-100, H (honors), S (satisfactory).

Failing grades: Numerical grades below 70, U (unsatisfactory). Other grades: CR (credit), WP (withdrawal passing), WF (withdrawal failing), I (incomplete), X (course audited). Grades with NO Point Values: H, S, U, CR, WP, WF, I, X.

This Document is issued in accordance with the Family Educational Rights and Privacy Act of 1974, whereby no information contained herein will be released to any other party without receiving the written consent of this student.

This transcript is official only if the Health Sciences Center seal and the signature of the Registrar are affixed.

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, THIS TRANSCRIPT CANNOT BE RELEASED TO A THIRD PARTY WITHOUT WRITTEN CONSENT OF THE STUDENT

THE UNIVERSITY OF TEXAS AT AUSTIN

OFFICE OF THE REGISTRAR, MAIN BLDG. ROOM 1, AUSTIN, TX 78712-1157, (512) 475-7575

FICE CODE: 3658 IPEDS CODE: 228778 ATP CODE: 6882 ACT CODE: 4240 JUL 21 2003

OFFICIAL TRANSCRIPT

NAME: JOHNSON, DALLAS WAYNE DATE OF TRANSCRIPT: 07/17/03
STUDENT ID NUMBER: DOB: PAGE: 1

HIGH SCHOOL: CLASS OF 1964

ATTENDED: TEXAS A&M UNIVERSITY COLLEGE STATION SUMMER 1966 SPRING 1968

ATTENDED: UNITED STATES NAVAL ACADEMY FALL 1968 SPRING 1972
DEGREE AWARDED: B S SPRING 1972

ATTENDED: LOYOLA MARYMOUNT UNIVERSITY FALL 1975 SPRING 1978

COURSEWORK UNDERTAKEN AT THE UNIVERSITY OF TEXAS AT AUSTIN

SUMMER SESSION 1964 ENGINEERING

M	F301E	COLLEGE ALGEBRA	3.0
DRW	W201	ENGINEERING DRAWING	2.0
M	F304E	TRIGONOMETRY	3.0
M	S305E	ANALYTIC GEOMETRY	3.0
M	S301E	COLLEGE ALGEBRA	3.0

GPA HRS 14 GR PTS 27 GPA

FALL SEMESTER 1964 ARTS & SCIENCES

RPE	000	REQ HEALTH & PHYS ED	0.0
PHY	801A	GEN PHY-TECH CRS MECH HEAT SND	4.0
E	601A	ENGLISH COMPOSITION	3.0
SOC	302	INTRO TO STUDY OF SOCIETY	3.0
SPN	406	BEGINNERS SPANISH	4.0

GPA HRS 14 GR PTS 21 GPA

EFFECTIVE SPRING 1965 SCHOLASTIC PROBATION

SPRING SEMESTER 1965 ENGINEERING

RPE	000	REQUIRED HEALTH & PHYSICAL ED	0.0
DRW	202	DESCRIPTIVE GEOMETRY	2.0
G E	001A	PRE-ENGINEERING ABILITY TESTS	0.0
G E	001B	ORIENTATION CONVOCATIONS	0.0
E	601B	ENGLISH COMPOSITION	3.0
CH	801A	GENERAL CHEMISTRY	4.0
HIS	315K	UNITED STATES 1492-1865	3.0
M	305E	ANALYTIC GEOMETRY	3.0

GPA HRS 12 GR PTS 29 GPA

EFFECTIVE SUMMER 1965 SCHOLASTIC PROBATION

SUMMER SESSION 1965 ENGINEERING

E	S601B	ENGLISH COMPOSITION	3.0
M	F613EA	CALCULUS	3.0
M	S613EB	CALCULUS	3.0

GPA HRS 6 GR PTS 12 GPA

EFFECTIVE FALL 1965 SCHOLASTIC PROBATION

MORE WORK ON NEXT PAGE

Ted E. Pfeifer, Registrar

This official transcript is printed on security paper and does not require a raised seal.

THE NAME OF THE UNIVERSITY IS PRINTED IN WHITE TYPE ON THE FACE OF THIS DOCUMENT
THE WORD COPY APPEARS WHEN PHOTOCOPIED. A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL

THE UNIVERSITY OF TEXAS AT AUSTIN

OFFICE OF THE REGISTRAR, MAIN BLDG. ROOM 1, AUSTIN, TX 78712-1157, (512) 475-7575

FICE CODE: 3658 IPEDS CODE: 228778 ATP CODE: 6882 ACT CODE: 4240

OFFICIAL TRANSCRIPT

NAME: JOHNSON, DALLAS WAYNE
STUDENT ID NUMBER: 450-74-0415
DOB:

DATE OF TRANSCRIPT: 07/17/03


```
FALL SEMESTER 1965        ARTS & SCIENCES
     GRG  305   GEOGRAPHY OF THE WORLD                      3.0
     ECO  316   THE MODERN WORLD ECONOMY                    3.0
     E    314K  INTRODUCTION TO LITERATURE I                3.0
     GOV  610A  AMERICAN GOVERNMENT                         3.0
     RPE  000   REQUIRED HEALTH & PHYSICAL ED               0.0
     HIS  315L  UNITED STATES SINCE 1865                    3.0
HRS UNDERTAKEN 12   HRS PASSED 12   GPA HRS 12   GR PTS 24   GPA

EFFECTIVE SPRING 1966  CONTINUED ON SCHOLASTIC PROBATION BY DEAN

SPRING SEMESTER 1966      ARTS & SCIENCES
     SPE  319   BUSINESS & PROFESSIONAL SPEAK               3.0
     SPN  407   INTERMEDIATE SPANISH                        4.0
     E    317   TECHNICAL WRITING                           3.0
     M    303   MATH OF MODERN BUSINESS                     3.0
HRS UNDERTAKEN 13   HRS PASSED 13   GPA HRS 13   GR PTS 34   GPA

EFFECTIVE SUMMER 1966  PROBATION ENDED

SUMMER SESSION 1981       LIBERAL ARTS
     BIO S302   CELLULAR & MOLECULAR BIO                    3.0
HRS UNDERTAKEN 3    HRS PASSED 3    GPA HRS 3    GR PTS 12   GPA

FALL SEMESTER 1981        LIBERAL ARTS
     BIO  303   STRUCTURE & FUNC ORGANISMS                  3.0
     BIO  206   LAB EXP BIO-STRUCTURE & FUNCTN              2.0
     ZOO  325   GENETICS                                    3.0
     CH   610A  ORGANIC CHEMISTRY                           3.0
     CH   110K  ORGANIC CHEMISTRY LABORATORY                1.0
HRS UNDERTAKEN 12   HRS PASSED 12   GPA HRS 12   GR PTS 39   GPA

SPRING SEMESTER 1982      NATURAL SCIENCES
     PED  104J  SQUASH RACQUETS-BEG                         1.0
     C C  306M  MEDICAL & SCIENTIFIC TERMINOLO              3.0
     ZOO  321   DEVELOPMENTAL BIO                           3.0
     ZOO  365N  VERTEBRATE PHYSIOLOGY                       3.0
     ZOO  165P  VERTEBRATE PHYSIO LAB                       1.0
     CH   610B  ORGANIC CHEMISTRY                           3.0
     CH   110L  ORGANIC CHEMISTRY LABORATORY                1.0
HRS UNDERTAKEN 12   HRS PASSED 12   GPA HRS 12   GR PTS 48   GPA

FALL SEMESTER 1982        NATURAL SCIENCES
     EDP  363   PERSONALITY & BEHAV-SEXUALITY               3.0
     MIC  319   GENERAL MICROBIOLOGY                        3.0
     MIC  119K  GENERAL MICROBIOLOGY LAB                    1.0
     ZOO  371K  SPECIAL STUDIES ADV ZOOLOGY                 3.0
     CH   339K  BIOCHEMISTRY I                              3.0
HRS UNDERTAKEN 13   HRS PASSED 13   GPA HRS 13   GR PTS 52   GPA
```

MORE WORK ON NEXT PAGE

Ted E. Pfeifer, Registrar

This official transcript is printed on security paper and does not require a raised seal.

THE NAME OF THE UNIVERSITY IS PRINTED IN WHITE TYPE ON THE FACE OF THIS DOCUMENT
THE WORD COPY APPEARS WHEN PHOTOCOPIED   A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL

THE UNIVERSITY OF TEXAS AT AUSTIN

OFFICE OF THE REGISTRAR, MAIN BLDG. ROOM 1, AUSTIN, TX 78712-1157, (512) 475-7575

JUL 21 2003

FICE CODE: 3658 IPEDS CODE: 228778 ATP CODE: 6882 ACT CODE: 4240

OFFICIAL TRANSCRIPT

NAME: JOHNSON, DALLAS WAYNE
STUDENT ID NUMBER: 4
DOB
DATE OF TRANSCRIPT: 07/17/03

SPRING SEMESTER 1983 NATURAL SCIENCES

PHL	325M	MEDICINE ETHICS & SOCIETY	3.0
MIC	360	IMMUNOLOGY	3.0
MIC	160K	IMMUNOLOGY LABORATORY	1.0
ZOO	351	CELL PHYSIOLOGY	3.0
ZOO	151K	CELL PHYSIO LAB	1.0
CH	339L	BIOCHEMISTRY II	3.0

HRS UNDERTAKEN 14 HRS PASSED 14 GPA HRS 14 GR PTS 53 GPA

CUMULATIVE TOTALS EARNED AS AN UNDERGRADUATE STUDENT AT U.T. AUSTIN
GPA HRS 125 GR PTS 351 GPA

*** END OF TRANSCRIPT ***

Ted E. Pfeifer, Registrar

This official transcript is printed on security paper and does not require a raised seal.

THE NAME OF THE UNIVERSITY IS PRINTED IN WHITE TYPE ON THE FACE OF THIS DOCUMENT

450-74-0415

UNITED STATES NAVAL ACADEMY
Annapolis, Maryland
Office of the Registrar
SCHOLASTIC RECORD

Transcript Is Official Only with Seal and Signature.

CLASS OF 1972

NAME: JOHNSON, Dallas Wayne

IDENTIFICATION NO.: 724130

COMPANY: 32

DATE ADMITTED: 26 June 1968

DATE OF BIRTH:

PLACE OF BIRTH:

DATE SEPARATED: 7 June 1972

SOURCE OF APPOINTMENT: Presidential-At Large

CAUSE OF SEPARATION: Graduated with merit

PREVIOUS HIGH SCHOOL OR COLLEGE: Little Cypress High School, Orange, Texas; Texas A&M University, College Station, Texas

MAJOR(S): Operations Analysis

DEGREE: B.S.

HIGH SCHOOL RANK IN CLASS: 14/48

PRIOR SERVICE: None

ATTENDED NAPS*: No

MINOR:

COMMISSIONED: 2nd Lt., USMC

ACADEMIC ORDER OF MERIT:

REMARKS:

COLLEGE BOARD TEST SCORES

	SAT-V	SAT-M	ENGL.	MATH.
SCORE				
MEAN				

COURSE NUMBER	COURSE TITLE	FINAL GRADE	SEMESTER HOURS	QUALITY POINTS
	COURSES VALIDATED			
H101	COMPOSITION AND LITERATURE	VAL	3.00	
H102	COMPOSITION AND LITERATURE	VAL	3.00	
L101S	BASIC SPANISH I	VAL	3.00	
L102S	BASIC SPANISH II	VAL	3.00	
M111	CALCULUS I	VAL	4.00	
M120	CALCULUS II	VAL	4.00	
S101	GENERAL CHEMISTRY I	VAL	4.00	
	FIRST SEMESTER 1968-1969			
S107	GENERAL CHEMISTRY %ADV¤		300	00
E501	ENG DRAWING DESCRIP GEOM		300	00
M221	CALCULUS III-B		400	00
W102	FUNDS OF WEAPS & ENGNRG		300	00
H201	EUROPEAN CIVILIZ & WORLD PWR		300	00
T101	PHYSICAL EDUCATION			
	SECOND SEMESTER 1968-1969			
E209	STATICS AND DYNAMICS		400	0
E608	ENGINEERING DESIGN GRAPHICS		300	[illegible]
S211	GENERAL PHYSICS I		400	[illegible]
M228	ANALYSIS IV-B		400	[illegible]
N101	FUNDAMENTALS OF NAVAL SCI		400	[illegible]
H304	ECONOMIC ANALYSIS		300	[illegible]
T102	PHYSICAL EDUCATION			
	SUMMER SEMESTER 1969-1970			
P201	3/C SUMMER AT SEA TRNG			
	FIRST SEMESTER 1969-1970			
SP212	GENERAL PHYSICS II		400	00
MM239	ANALYSIS V		300	00
NN201	NAVIGATION I		400	00
MM311	ENGINEERING MATHEMATICS I		300	00
HP110	US GOVT AND CONSTIT DEVEL		300	00
PE201	PHYSICAL EDUCATION			
	SECOND SEMESTER 1969-1970			
EN200	NAVAL ENGINEERING I		400	00
MM269	PROBABILITY & STATISTICS II		300	00
NL302	INTRO PSYCHOLOGY & LDRSHIP		300	00
NN202	NAVIGATION II		400	00
SE311	NAVAL ELECTRICITY		400	00
PE202	PHYSICAL EDUCATION			
	SUMMER SEMESTER 1970-1971			
HL300	SPEECH		100	00
NS300	OPERATIONS & TACTICS I		300	00
	FIRST SEMESTER 1970-1971			
EE312	NAVAL ELECTRONICS		400	00
EN301	NAVAL ENGINEERING II		400	00
EW301	SHIPBOARD WEAPONEERING		300	00
HH310	HISTORY OF SEAPOWER		300	00
SM261	MATRIX THEORY		300	00
NA311	INTRO TO NAV OPS ANALYSIS		400	00
PE301	PHYSICAL EDUCATION			

	SECOND SEMESTER 1970-1971		
ES410	CONTROL SYSTEMS & THEIR APPL	400	)0
FE421	ECONOMICS OF DEFENSE MANAGEM	300	)0
NA312	METHODS OF OPERATIONS ANALYS	300	)0
NA441	APPLIED STATISTICS	300	)0
NS302	OPERATIONS & TACTICS II	200	)0
PE302	PHYSICAL EDUCATION		
	SEM QPR		
	SUMMER SEMESTER 1971-1972		
P400	1/C SUMMER AT SEA TRAINING		
	SEM QPR --		
	FIRST SEMESTER 1971-1972		
NA411	METHODS OF OPERATIONS ANALYS	300	00
NA421	GAMES OF STRATEGY & GAMING	300	00
NA432	LOGISTICS	300	00
NL401	LAW FOR THE NAVAL OFFICER	300	00
HH411	MILITARY HISTORY & POLICY OF	300	00
PE401	PHYSICAL EDUCATION		
	SEM QPR		
	SECOND SEMESTER 1971-1972		
NA412	APPLICATIONS OF OPERATIONS A	300	00
NL454	THE JUNIOR MARINE CORPS OFFI	200	00
NL211	GENERAL PSYCHOLOGY	300	00
HH140	WESTERN CULTURAL HERITAGE	300	00
NM311	ACCOUNTING	300	00
NL422	ORGANIZATIONAL BEHAVIOR	300	00
PE402	PHYSICAL EDUCATION		
	SEM QPR		
	CUM QPR		

Under the Family Educational Rights and Privacy Act of 1974, it is not permissible to release information from this transcript to a third party

Barbara S. Meeks

BARBARA S. MEEKS
Assistant Registrar

D

LOYOLA UNIVERSITY OF LOS ANGELES **Permanent Record** **SS#:** **SCHOOL OF LAW**

Record of JOHNSON, Dallas Wayne Address

Date of birth Place of birth Admitted 8-18-75

Basis of admission B.S. U.S. Naval Academy, Annapolis, MD 6-7-72 Withdrew

YEAR	COURSES	FALL SEMESTER		SPRING SEMESTER		SUMMER SESSION	
		GRADE	UNITS	GRADE	UNITS	GRADE	UNITS
75-76	Civil Procedure		3		3		
"	Contracts		3		3		
"	Legal Communication		1		1		
"	Legal Method		2				
"	Property		3		3		
"	Torts		3		3		
"	Criminal Law				2		
SS'76	Clinical Special						5
76-77	Constitutional Law		2		3		
"	Corporations I		3				
"	Criminal Procedure		4				
"	Evidence		2		2		
"	Law & Psychiatry		2				
"	Trusts & Wills		3				
"	Federal Income Tax I				3		
"	Estate & Gift Tax				3		
"	Community Property-Lect.				2		
"	Family Law				3		
SS'77	Clinical Special						6
77-78	Legal Ethics		1				
"	Commercial Transactions		3				
"	Dbtr.& Crdtr.Relations I		3				
"	Remedies I		3				
"	Criminal Trial Advocacy		3				
"	Aviation Law				2		
"	Patent Law						
"	Federal Income Tax II				3		
"	Remedies II				3		
"	City Attorney				3		

I certify that this is a correct copy of the record of: DALLAS WAYNE JOHNSON while a student in the School of Law.

Date 7/22/03 Registrar

90–100 = A
80– 89 = B
70– 79 = C
60– 69 = D
0– 59 = F

Remarks: DEAN'S LIST - 1976-77, 1977-78.

Graduation: June 4, 1978

Degree: Juris Doctor

Transcript to: USC, UCLA, Self 7/29/76 ; State Bar Cert., 6/5/78;

JUL 25 2003

UNITED STATES NAVAL ACADEMY
Annapolis, Maryland 21402

EXPLANATORY NOTES TO ACCOMPANY ACADEMIC TRANSCRIPTS

1. Current Grading System. Beginning with Academic Year 1963-64, the Naval Academy adopted the following letter grading system: A=Excellent; B=Good; C=Satisfactory; D=Passing; F=Failing ("quality point" values: A=4; B=3; C=2; D=1; F=0). A cumulative average (QPR) of 2.00 is required for graduation. For repeated D's and F's, only the latest grade counts.

2. QPR. The Quality Point Rating is computed in the following manner: (1) multiply the Quality Point value of the letter grade in each course by the semester hour credit for the course, (2) find the sum of those products for all the courses included in the applicable period, (3) divide this sum by the total semester hour value of the courses included.

3. Class Standing. The Class Standings before the Class of 1967 included At-Sea Training and several other non-academic factors. Academic standing, used since 1967, is based only upon the Cumulative QPR.

4. Previous Grading System. Prior to Academic Year 1963-64, the Naval Academy used a marking scale based upon a maximum grade of 4.00. In converting to letter grades, for purposes of comparison, this office recommends the following: 4.00 to 3.40 = A; 3.39 to 3.00 = B; 2.99 to 2.60 = C; 2.59 to 2.40 = D; 2.39 and less = F.

5. Credits. The semester hour is the unit of credit. Each semester hour equals one period of recitation (or two periods of laboratory work) per week for a semester.

6. Validation. Where validation is indicated, this means that the Naval Academy has granted credit based upon an examination or a transfer of credits.

7. Degree. Until June 1969, all Naval Academy graduates were awarded a Bachelor of Science degree with no specialty designation. Beginning with the Class of 1969, a graduate who completes the appropriate major is awarded the B.S. in the following engineering fields: Aerospace Engineering, Electrical Engineering, Marine Engineering, Mechanical Engineering, Naval Architecture, Ocean Engineering, Systems Engineering. Those with majors in other disciplines receive the undesignated B.S. degree.

8. Major. Prior to Academic Year 1959-60, all midshipmen followed the same course of instruction. In Academic Year 1959-60, an elective course program was instituted which permitted qualified midshipmen to achieve a major through the validation of previous academic work and overload courses. A revision the curriculum implemented in Academic Year 1969-70 permits all midshipmen to complete a major within the required program.

Since the mission of the Naval Academy has always been to produce career officers for the naval service, the first major of all midshipmen is, in a sense, naval science. All graduates must complete a substantial number of required courses in that field, regardless of their other individually chosen academic majors.

9. Minor. The Classes of 1968, 1969, and 1970 were required to take six elective courses in a field of special study designated as a "minor."

10. Physical Education. No semester hour values (beginning 1965-66) or quality points are assigned to physical education, but physical training classes and required participation in sports represents a substantial physical education program.

11. Trident Scholar Program. A limited number of exceptionally capable midshipmen are selected to carry out independent research and study during their senior year. Each scholar has a reduced formal course load, since the research and thesis constitute the main part of the academic program for the year. Scholars are assisted in their projects by one or more faculty advisers who are well acquainted with the field of study.

Source: Registrar, September 1991

JUL 2 1 2003

TEXAS A&M UNIVERSITY
COLLEGE STATION, TEXAS

JOHNSON, DALLAS WAYNE 662249

DATE AND PLACE OF BIRTH

DESCRIPTIVE TITLE	COURSE NUMBER	HOURS TH-PR	Grade	CR HRS	GR PTS
MARINE TRANSPORTATION					
TRANS., UNIVERSITY OF TEXAS					
	CHEM 101			4	
	E G 105-106			4	
	ENGL 103-104-203-301			12	
	GEOG 201			3	
	GOVT 206			3	
	HIST 106-105			6	
	MATH 102-103-104			9	
	M L 105			4	
	P E 101-102-201			CR	
	SPCH 403			3	
	MATH OF MODERN BUS			3	
662249		TOTAL		51	
SUMMER SESSION 1966 (JUNE 6-AUGUST 26)					
MAR. E. ORIENTATION	MARE 102	0 3		1	
BASIC OPERATIONS	MARE 200	6 0		4	
ENGINEERING LAB.	MARE 203	2 5		2	
MARITIME ORIENTATION	MART 101	0 3		1	
MACH. PROD. TECH	M E 309	0 5		1	
662249		9		9	
FALL SEMESTER 1966					
MAR. ENG. MECHANICS	MARE 201	3 0		3	
AN. GEOM. & CALC	MATH 121	4 0		4	
SEA POWER	N S 208	3 0		3	
NAVAL OPERATIONS	N S 310	3 0		3	
MECHANICS & HEAT	PHYS 218	3 3		4	
662249		17		17	

DESCRIPTIVE TITLE	COURSE NUMBER	HOURS TH-PR	Grade	CR HRS	GR PTS
SPRING SEMESTER 1967					
ENGINEERING LAB.	MARE 204	1 3		2	
STRENGTH OF MATERLS	MARE 305	3 0		3	
CALCULUS	MATH 122	4 0		4	
SEA POWER	N S 209	3 0		3	
SOUND, LIGHT + ELEC	PHYS 219	3 3		4	
662249		16		16	
SUM SESSION 1967 (JUNE 14-AUGUST 25)					
INT. OPERATIONS	MARE 300	6 0		4	
662249		4		4	
FALL SEMESTER 1967					
MARINE THERMO.	MARE 303	3 0		3	
ELECTRICAL CIRCUITS	MARE 307	3 2		4	1
NUCL. PROPULSION II	MARE 408	2 2		3	
DIFF. EQUATIONS	MATH 308	3 0		3	
NAVAL WEAPONS	N S 210	3 0		3	
NAVAL ARCH. I	NAUT 201	3 0		3	
662249		19		19	5
MARINE ENGINEERING 2-5-68					
SPRING SEMESTER 1968					
MARINE THERMO.	MARE 304	3 0		3	
ELECTRICAL MACH.	MARE 308	3 2		4	
NUCLEAR PROPULSION I	MARE 401	3 0		3	
NUCLEAR PROPL. III	MARE 415	3 0		3	
CALCULUS	MATH 307	3 0		3	
NAVIGATION	N S 311	2 2		3	
NAVAL ARCH. II	NAUT 202	2 0		2	
662249		21		21	

ADMISSION — DATE OF ENTRANCE 6-6-66

TRANSFER, UNIVERSITY OF TEXAS
GRADUATE, LITTLE CYPRESS H.S., ORANGE, TEXAS 1964

Entitled to honorable dismissal unless otherwise stated.
Not an official transcript without impress seal of university.

Grading System: A (92-100), B (84-91), C (76-83), D (70-75), F (0-69), WP withdrew passing, WF withdrew failing. Semester is 18 weeks. Summer term is 6 weeks. Credit Hour: 1 hour of recitation or 2 to 4 hours of practice a week for one semester.

Date — Director of Admissions and Registrar

BAYLOR
COLLEGE OF
MEDICINE
One Baylor Plaza
Houston, Texas 77030-3498

Department of Obstetrics
and Gynecology

Bonnie Lugo
Academic Operations

Tel: (713) 798-5192
Fax: (713) 798-8431

Address correspondence to:
6550 Fannin, Suite 819
Houston, Texas 77030

JUL 1 8 2003

July 16, 2003

Government of the District of Columbia
Department of Health/DC Board of Medicine
64 New York Avenue, NE, 1st Floor
Washington, DC 20002

To Whom It May Concern:

This is to verify that Dallas Wayne Johnson, M.D., was a fellow in Female Pelvic Medicine and Reconstructive Surgery fellowship at Baylor College of Medicine, Department of Ob/Gyn. Inclusive dates for this fellowship were **July 1, 2000 – June 30, 2003.** Dr. Johnson successfully completed his fellowship.

Should you have any question, please contact me.

Sincerely,

Bonnie Lugo
Academic Operations

BL/ms
c: file

Social Security # 450-74-0415

J & C Nationwide
1150 Hammond Drive, Ste. A1200
Atlanta, GA 30328

Name of Applicant: Dallas Wayne Johnson, M.D.

The D.C. Board of Medicine, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's employment, training, affiliations, and staff privileges. Please complete this form and return it to the board, so the information you provide can be given consideration in the processing of this candidate's application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (pat and present), and governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the D. C. Board of Medicine any information, files or records requested by the board in connection with the processing of my application.

Signature of Applicant Dallas W. Johnson, MD

Date and type of service: This individual served with us as Locum Tenens

From 12/1999 (Month/Year) to 6/2000 (Month/Year).

Date: 8/11/03

Signed by: Lisa U Montgomery

Print or type name: Lisa U Montgomery

Title: Provider Reimb. Manager

(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)

AUG 1 9 2003

BAYLOR
COLLEGE OF
MEDICINE

Department of
Obstetrics & Gynecology

Dallas W. Johnson, M.D.

Smith Tower
6550 Fannin, Ste. 801A
Houston, Texas 77030
Office: (713) 798-1513
FAX: (713) 798-5000

1 August 2003

D.C. Board of Medicine
64 New York Avenue, NE
1st Floor
Washington, D.C. 20002
ATTN: Jim Granger

Dear Sir:

As part of the application for a physician and surgeons license in the District of Columbia, this letter is to confirm/verify my status as an OB/GYN physician in solo private practice between October 1992 and November 1999. I had several office locations during this period of time including 1600 Hospital Parkway, Bedford, Texas; 1650 College Street, Grapevine, Texas; and 350 Westpark Way, Euless, Texas. I closed my practice in November 1999 to begin locum tenens work in contemplation of beginning my postdoctoral clinical fellowship in July 2000. I hope this is satisfactory.

Sincerely,

Dallas W. Johnson, MD, FACOG
Assistant Professor

CIGNA HealthCare
Ana L. Berg
Team Lead, CIGNA HealthCare

CIGNA HealthCare

AUG 04 2003

6600 E. Campus Circle Dr.
Suite 400
Irving, TX 75063
Telephone 972.582.7641
Facsimile 972.582.7201
ana.berg@cigna.com

August 1, 2003

Mr. Jim Granger
DC Board of Medicine
64 New York Avenue, NE
Washington, DC. 20002

Dear Mr. Granger,

This is to verify dates of employment for Dr. Dallas W. Johnson. Mr. Johnson was employed with CIGNA HealthCare from June 30, 1991 through December 31, 1992.

Please feel free to contact me at the number above with any questions.

Sincerely,

Ana L. Berg

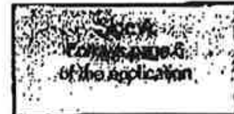
Ana L. Berg
Team Lead, CIGNA HealthCare

Proud National Sponsor of the March of Dimes® WalkAmerica . . . the Walk that Saves Babies

"CIGNA HealthCare" or "CIGNA" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

Initial Medical Licensure Supplemental Form
MBP IML3
07/2003

MARYLAND BOARD OF PHYSICIANS
P.O.Box 2571
Baltimore, Maryland 21215-0095



VERIFICATION OF POSTGRADUATE MEDICAL EDUCATION

Part 1 **APPLICANT:** Complete Part 1 and sign where indicated in the Part 2 instructions. Print your name on top of the reverse page, and send a form to the director of each postgraduate training program you attended. Be sure to copy both sides.

a. Applicant's Name: JOHNSON (Last name and generational indicator (Jr., Sr., II, III, etc.)) Dallas (First name) Wayne (Middle name)

Address:

City: State:

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

b. Name of Institution: Texas Tech University RAHC

Department and area of training: OB/GYN Residency Training

Complete Address: 4800 Alberta

City: El Paso State: Texas

FROM: Month: 07 Year: 88 TO Month: 06 Year: 91 Applicant's Signature: Dallas W. Johnson, MD

Part 2 **POSTGRADUATE TRAINING PROGRAM DIRECTOR:** Please complete Part 2 according to the records available and send it directly to the Maryland Board of Physicians at the above address. Please do not send original or copies to me.

1. Did the applicant participate in postgraduate training in your department during the period listed above?*

[X] YES [ ] NO If "No," please enter exact dates: ______ to ______

Program Specialty: OBSTETRICS AND Gynecology

*If training was part-time, please explain the training schedule after item 5 of this form.

2. During the time of the applicant's participation, was the postgraduate training program accredited? [X] YES [ ] NO

Accredited by: [ ] ACGME: Program #: 2204811315 [ ] AOA: ID #: ______ [ ] RCPSC

3. Did the applicant participate in all of the components of the training as required by the accrediting body?

[X] YES [ ] NO Comments (attach signed and dated additions as needed):

4. Did the applicant successfully complete all requirements of each year of training?

[X] YES [ ] NO Comments (attach signed and dated additions as needed):

5. During the applicant's year(s) of training, did the applicant have any break in training?

[X] NO [ ] YES Comments (attach signed and dated additions as needed):

(Continued on reverse side)

Initial Medical Licensure Supplemental Form
MBP IML3
07/2003

MARYLAND BOARD OF PHYSICIANS
VERIFICATION OF POSTGRADUATE MEDICAL EDUCATION

Side B

Applicant's Name (print): DALLAS WAYNE JOHNSON, M.D.

6. Did the applicant have any physical or mental problem that affected the applicant's ability to practice medicine during the period of training?

[X] NO [ ] YES If "Yes," please give a detailed explanation* ______

7. Was any action taken against the applicant by any training program, hospital, medical board, licensing authority, or court ? (Such actions include, but are not limited to investigations, limitations of privileges or special conditions, requirements imposed for academic incompetence, disciplinary actions, probationary actions, etc.)

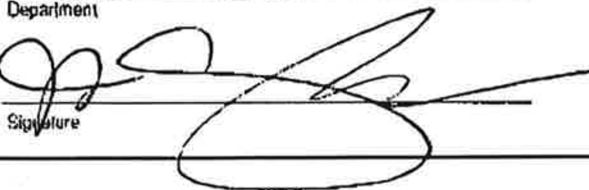
[ ] NO [X] YES, If "Yes," please give a detailed explanation* [illegible]

8. [illegible] year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?

[X] YES [ ] NO Comments:*

* If space is not sufficient, please attach a signed and dated detailed explanation.

Attestation: I attest that the information I have provided regarding the applicant is true, accurate, and complete according to all available records.

Jose Luis Gonzalez, M.D.	Program Director
Printed Name of Program Director or Authorized Official	Title
	4800 Alberta Ave, El Paso Tx 79905
Hospital	Address
OB/GYN	(915) 545-6714
Department	Telephone Number
	
Signature	Date

College of Medicine
Obstetrics & Gynecology
www.obgyn.arizona.edu

P.O. Box 245078
Tucson, AZ 85724-5078
FAX: (520) 626-2514

August 19, 2003

AUG 2 2 2003

RE: Dallas W. Johnson, M.D., FACOG

To Whom It May Concern:

This letter is to certify that Dallas W. Johnson, M.D., FACOG completed his internship from July 1, 1987 to June 30, 1988 in the Department of Obstetrics and Gynecology, University of Arizona Health Sciences Center, Tucson, Arizona.

Sincerely,

James Maciulla, M.D.
Residency Program Director

JM/sg

Social Security # 450-74-0415

J & C Nationwide
1150 Hammond Drive, Ste. A1200
Atlanta, GA 30328

AUG 22 2003

Name of Applicant: Dallas Wayne Johnson, M.D.

The D.C. Board of Medicine, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's employment, training, affiliations, and staff privileges. Please complete this form and return it to the board, so the information you provide can be given consideration in the processing of this candidate's application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (pat and present), and governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the D. C. Board of Medicine any information, files or records requested by the board in connection with the processing of my application.

Signature of Applicant Dallas W. Johnson, MD

Date and type of service: This individual served with us as Locum Tenens

From 12/1999 (Month/Year) to 6/2000 (Month/Year).

Date: 8/11/03

Signed by: Lisa U Montgomery

Print or type name: Lisa U Montgomery

Title: Provider. Reimb. Manager

(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)

Texas State Board of Medical Examiners
State Board of Physician Assistant Examiners
State Board of Acupuncture Examiners

VERIFICATION REPORT

PHYSICIAN INFORMATION

Name: DALLAS WAYNE JOHNSON MD
Ethnicity: WHITE
Date of Birth:
Gender: MALE

LICENSE/PERMIT INFORMATION

License Number: H4441
Issuance Date: 12/06/1988
Expiration Date: 05/31/2004

STATUS

Registration Status: ACTIVE
Disciplinary Status: NONE
Licensure Status: NONE

Registration Date: 03/08/1989
Disciplinary Date: NONE
Licensure Date: NONE

MAILING INFORMATION

Mailing Address
P O BOX 66360
HOUSTON, TX 77266-6360

PRACTICE INFORMATION

Primary Practice Site
6550 FANNIN
STE 801
HOUSTON, TX 77030

EDUCATION

Graduation Year: 1987
Medical School: TEXAS TECH UNIV HLTH SCI CTR, LUBBOCK

SPECIALTIES

Primary Specialty: OBSTETRICS AND GYNECOLOGY
Secondary Specialty: NONE

BOARD ACTION

NONE

STATUS HISTORY

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verifcic@tsbme.state.tx.us

Status Code: AC
Description: ACTIVE
Effective Date: 03/08/1989

Status Code: LI
Description: LICENSE ISSUED
Effective Date: 12/06/1988

Problems: contact our Webmaster
URL:www.tsbme.state.tx.us

FEDERATION LICENSING EXAMINATION (FLEX)

Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

JUL 31 2003

District of Columbia Board of Medicine
ATTN: James Granger, Jr., Executive Director
1st Floor
64 New York Ave NE
Washington, DC 20002

EXAMINEE: Johnson, Dallas Wayne
USMLE ID#:
DOB:
ALTERNATE NAME(S):

It is certified that the above named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following scores:

FIN: 460730008 **Date of Certification: 07/23/2003**

Date of Exam	State Exam Taken For	State ID	Comp 1	Comp 2
6 , 1987	TEXAS	60534		

COMPONENT 1 of FLEX is designed to evaluate measurable aspects of the knowledge and understanding of basic and clinical sciences, with specific emphasis on principles and mechanisms underlying disease and modes of therapy.

COMPONENT 2 of FLEX is designed to assess the additional cognitive abilities required of physicians who will ultimately assume independent responsibilities for the general health care of patients.

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

Patent 5636874

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
64 NEW YORK AVENUE N.E., 1ST FLOOR
WASHINGTON, DC 20002

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form

Please read this form carefully and completely before signing. Any false information provided requires that the Department of Health proceed immediately to revoke the license or permit for which you are now applying, and fine you one thousand dollars ($1,000.00). This *Certification Form* is required to be completed and submitted with any application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

I, Dallas W. Johnson, MD, applying for a medical and surgical,
(name) *(type of health license)*

certify that, as of this date, do not owe more than one hundred dollars ($100.00) to the District of Columbia government as a result of

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Act of 1995, effective March 25, 1986 (D.C. Law 6-100; D.C. Code §6-2901 et seq.);

2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code §6-2911 et seq.);

3. Fines, penalties or interest assessed pursuant to the Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code §6-2701 et seq.); or

4. Past due taxes.

I understand that if I knowingly provide false information on this *Certification Form*, the Department of Health will move to revoke the license or permit for which I am applying and fine me one thousand dollars ($1,000.00). I further understand that the Department of Health and the Office of Tax and Revenue may conduct an investigation to ascertain the veracity of the information contained in this *Certification Form*.

I understand that this *Certification Form* is now required as part of my application for a license or permit, and that by completing it, I am not guaranteed that my license or permit will be approved.

Dallas W. Johnson MD
Signature and Title/Responsible Officer

7-20-03
Date

Social Security #

Business/Home Address

Phone Number

White copy – Department of Health
Yellow copy - Tax and Revenue, Collections Division
Pink copy – applicant
Stock# 6009-03 2/02

For Tax Assistance call:
(202) 442 – 4TAX
(4829)

BAYLOR COLLEGE OF MEDICINE

Department of Obstetrics & Gynecology

Dallas W. Johnson, M.D.

Smith Tower
6550 Fannin, Ste. 801A
Houston, Texas 77030
Office: (713) 798-1513
FAX: (713) 798-5000

AUG 2 2 2003

1 August 2003

D.C. Board of Medicine
64 New York Avenue, NE
1st Floor
Washington, D.C. 20002
ATTN: Jim Granger

Dear Sir:

As part of the application for a physician and surgeons license in the District of Columbia, this letter is to confirm/verify my status as an OB/GYN physician in solo private practice between October 1992 and November 1999. I had several office locations during this period of time including 1600 Hospital Parkway, Bedford, Texas; 1650 College Street, Grapevine, Texas; and 350 Westpark Way, Euless, Texas. I closed my practice in November 1999 to begin locum tenens work in contemplation of beginning my postdoctoral clinical fellowship in July 2000. I hope this is satisfactory.

Sincerely,

Dallas W. Johnson, MD, FACOG
Assistant Professor

College of Medicine
Obstetrics & Gynecology
www.obgyn.arizona.edu

P.O. Box 245078
Tucson, AZ 85724-5078
FAX: (520) 626-2514

Prominsor
AUG 2 2 2003

August 19, 2003

RE: Dallas W. Johnson, M.D., FACOG

To Whom It May Concern:

This letter is to certify that Dallas W. Johnson, M.D., FACOG completed his internship from July 1, 1987 to June 30, 1988 in the Department of Obstetrics and Gynecology, University of Arizona Health Sciences Center, Tucson, Arizona.

Sincerely,

James Maciulla, M.D.
Residency Program Director

JM/sg

Promissor

Social Security # 450-74-0415

J & C Nationwide
1150 Hammond Drive, Ste. A1200
Atlanta, GA 30328

AUG 2 2 2003

Name of Applicant: Dallas Wayne Johnson, M.D.

The D.C. Board of Medicine, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's employment, training, affiliations, and staff privileges. Please complete this form and return it to the board, so the information you provide can be given consideration in the processing of this candidate's application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (pat and present), and governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the D. C. Board of Medicine any information, files or records requested by the board in connection with the processing of my application.

Signature of Applicant Dallas W. Johnson, MD

Date and type of service: This individual served with us as Locum Tenens

From 12/1999 to 6/2000
(Month/Year) (Month/Year)

Date: 8/11/03

Signed by: Lisa U Montgomery

Print or type name: Lisa U Montgomery

Title: Provider Reimb. Manager

(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)

1

AUG 1 9 2003

FAX

Date: 1 August 2003

To: D.C. Board of Medicine

Attn: Jim Granger

Fax Number: (202) 442-9431
Voice: (202) 442-4777

From: Dallas W. Johnson, MD

Voice Number: [illegible]

Msg: See attached verification of private practice. Total of 2 pages sent.

BAYLOR COLLEGE OF MEDICINE

Department of Obstetrics & Gynecology

Dallas W. Johnson, M.D.

Smith Tower
6550 Fannin, Ste. 801A
Houston, Texas 77030
Office: (713) 798-1513
FAX: (713) 798-5000

AUG 05 2003

1 August 2003

D.C. Board of Medicine
64 New York Avenue, NE
1st Floor
Washington, D.C. 20002
ATTN: Jim Granger

Dear Sir:

As part of the application for a physician and surgeons license in the District of Columbia, this letter is to confirm/verify my status as an OB/GYN physician in solo private practice between October 1992 and November 1999. I had several office locations during this period of time including 1600 Hospital Parkway, Bedford, Texas; 1650 College Street, Grapevine, Texas; and 350 Westpark Way, Euless, Texas. I closed my practice in November 1999 to begin locum tenens work in contemplation of beginning my postdoctoral clinical fellowship in July 2000. I hope this is satisfactory.

Sincerely,

Dallas W. Johnson, MD, FACOG
Assistant Professor

Facsimile Transmission Cover Sheet

AUG 05 2003

Transmit to FAX number	Date	Time	Total number of pages (including this sheet)
202.442.9431	August 1, 2003	11:03 AM	2

To	From
Name Mr. Jim Granger	Name CIGNA HealthCare
Company DC Board of Medicine	Department
Phone	Phone 972.582.7641
Address	Address 6600 E. Campus Circle Dr. Suite 400 Irving, TX 75063

Comments

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

[ ] Acknowledgment Requested

To Fax a reply, dial : 972.582.7201

CIGNA HealthCare
Ana L. Berg
Team Lead, CIGNA HealthCare

AUG 05 2003

CIGNA HealthCare

6600 E. Campus Circle Dr.
Suite 400
Irving, TX 75063
Telephone 972.582.7641
Facsimile 972.582.7201
ana.berg@cigna.com

August 1, 2003

Mr. Jim Granger
DC Board of Medicine
64 New York Avenue, NE
Washington, DC. 20002

Dear Mr. Granger,

This is to verify dates of employment for Dr. Dallas W. Johnson. Mr. Johnson was employed with CIGNA HealthCare from June 30, 1991 through December 31, 1992.

Please feel free to contact me at the number above with any questions.

Sincerely,

Ana L. Berg

Ana L. Berg
Team Lead, CIGNA HealthCare

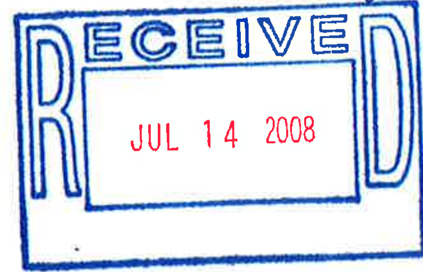
Proud National Sponsor of the March of Dimes® WalkAmerica . . . the Walk that Saves Babies

"CIGNA HealthCare" or "CIGNA" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

DALLAS JOHNSON

WESTERN LITIGATION, INC.

Expertise. Commitment. Results.



STATE MEDICAL BOARD

Re: **National Practitioner Data Bank Report**

To Whom It May Concern:

Attached is a copy of the National Practitioner Data Bank report which we have submitted on behalf of a medical professional. This is being provided for your information only, per the suggestion of the NPDB, and is strictly confidential. Therefore, we ask that you do not disseminate this to any outside parties. This file may not be closed at this time, due to pending final invoices and expenses. Therefore, a closing report will be submitted to the appropriate agency upon file closure.

If you have any questions regarding the attached, please contact the undersigned at (713) 935-8868.

Sincerely,

NANCY THOMAS

9821 Katy Freeway, Suite 600 Houston, TX 77024 800.588.0619 713.468.0200 F 713.461.8130
www.westernlitigation.com

DC

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000051917889
Process Date: 07/07/2008
Page: 1 of 1
For authorized use by:
MEDICAL FACULTY ASSOCIATES, INC.

SENSITIVE INFORMATION ENCLOSED

To: COMPLIANCE COORDINATOR
WESTERN LITIGATION SPECIALISTS,
9821 KATY FREEWAY
SUITE 600
HOUSTON, TX 77024

From: **The National Practitioner Data Bank**

Re: **Report Verification**

GROUP	M.F.A.
CARRIER	M.F.A
CLAIMANT	**EULA COTTON**
FILE NO.	MFA-04-37013
SECTION	Compliance

Enclosed is a copy of a report that you recently submitted to the National Practitioner Data Bank (NPDB). Based on the information in your submission, this report will be maintained under the provisions of Title IV of Public Law 99-660, as amended.

Thank you for filing this report within the timeframe required by Federal Law as implemented by 45 CFR Part 60 and 45 CFR Part 61.

Entities and individuals who submit information to the NPDB are legally responsible for the accuracy of such information. To ensure that the information you submitted is accurate and complete, you should review the content of the enclosed report. Submit any corrections to the NPDB and, if required, to the appropriate State licensing board as quickly as possible to preclude the possible legal consequences resulting from the disclosure of inaccurate information. If, on review of the enclosed report, you conclude that the report was submitted erroneously (e.g., identifies the wrong subject, reported an incident which is not reportable to the NPDB), you must "VOID" the report immediately.

If the information contained in the enclosed report is accurate and complete to the best of your knowledge, no further action is necessary. You may either destroy the attached report or file it in a secure place as a record of your submission. You are responsible for maintaining the confidentiality of information from the NPDB, which may only be used for the purposes for which it was disclosed.

To submit a correction to this report, or to void this report (i.e., purge it in its entirety from the Data Bank(s) listed above), you must:

(1) Log onto the NPDB-HIPDB web site (address provided above).
(2) Select the Report option, and select "Correction" or "Void" for the type of report.
(3) Provide the Report Number that appears in the upper center of the report.
(4) Enter the corrected report information, if applicable.
(5) Submit the report electronically.

If you require additional assistance, visit the NPDB-HIPDB web site (http://www.npdb-hipdb.hrsa.gov) or contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number 5500000051917889

This report is maintained in:
[X] **The National Practitioner Data Bank**
[ ] **The Healthcare Integrity and Protection Data Bank**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: MEDICAL FACULTY ASSOCIATES, INC.
Address: 2150 PENNSYLVANIA AVE NW
SUITE 10-412
City, State, ZIP: WASHINGTON, DC 20037
Entity Internal Report Reference (e.g., claim number): MFA-04-37013
Name or Office: MARTIN ANDERSON
Title or Department: CREDENTIALS MANAGER
Telephone: (202) 741-3398
Type of Report: MMPR Initial Report

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: JOHNSON, DALLAS
Other Name(s) Used:
Gender: MALE
Organization Name:
Work Address:
City, State, ZIP:
Country:
Home Address: 2150 PENNSYLVANIA AVENUE N.W.
City, State, ZIP: WASHINGTON, DC 20037
Country:
Social Security Numbers (SSN):
Date of Birth:
Deceased: NO
Date of Death:
Professional School(s) & Year(s) of Graduation: TEXAS TECH UNIV SCHOOL OF MED 1987
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: MD034531, DC
Other, as Specified:

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): GEORGE WASHINGTON UNIVERSITY HOSPITAL
WASHINGTON, DC

C. INFORMATION REPORTED

Date of Report: 07/07/2008

Relationship of Entity to This Practitioner: SELF-INSURED ORGANIZATION

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner:

Date of This Payment: 07/02/2008

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by This Payer for This Practitioner:

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 01/17/2008

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: SETTLED BY PARTIES. LUMP SUM PAYMENT.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case:

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONERS

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?:

Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 40 YEAR(S)
Patient's Gender: FEMALE
Patient Type: INPATIENT

Description of the Medical Condition With Which the Patient Presented for Treatment: PATIENT UNDERWENT SURGERY FOR LYSIS OF ADHESIONS AND LEFT SALPINGO-OOPHORECTOMY.

Description of the Procedure Performed: SUBJECT OF THIS REPORT ASSESSED THE PATIENT PRIOR TO SURGERY AND NOTED 3 C-SECTIONS. DUE TO THE POTENTIAL FOR ADHESIONS, HE INSERTED A TROCAR INTO THE UPPER LEFT QUADRANT AS THE LEAST LIKELY AREA TO HAVE ANY ADHESIONS AND THE SMALL BOWEL DOES NOT ADHERE TO UPPER LEFT QUADRANT. THE PATIENT TOLERATED THE PROCEDURE WELL AND WAS TAKEN TO RECOVERY. SHE CONTINUED TO COMPLAIN OF PAIN AND MEDICATED FOR SAME. PATIENT WAS EVENTUALLY DISCHARGED BY OTHER TREATING PHYSICIAN.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: FAILURE TO RECOGNIZE A COMPLICATION (112)
Other Specific Allegation:
Date of Event Associated With Allegation or Incident: 11/02/2004

Specific Allegation:
Other Specific Allegation:
Date of Event Associated With Allegation or Incident:

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGED FAILURE TO RECOGNIZE A COMPLICATION POST-SURGERY RESULTING IN EVENTUAL DEATH DUE TO SMALL BOWEL PERFORATION.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

For authorized use by:
MEDICAL FACULTY ASSOCIATES, INC.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Initial Report: 07/07/2008

Date of Most Recent Change: 07/07/2008

END OF REPORT

Initial Medical Licensure Supplemental Form
MBP IML3
07/2003

MARYLAND BOARD OF PHYSICIANS
P.O.Box 2571
Baltimore, Maryland 21215-0095 JUL 25 2003

Side A
Follows page 6 of the application

VERIFICATION OF POSTGRADUATE MEDICAL EDUCATION

Part 1 **APPLICANT:** Complete Part 1 and sign where indicated in the Part 2 instructions. Print your name on top of the reverse page, and send a form to the director of each postgraduate training program you attended. Be sure to copy both sides.

a. **Applicant's Name:** JOHNSON (Last name and generational indicator (Jr., Sr., II, III, etc.)) Dallas (First name) Wayne (Middle name)

Address:

City: **State:**

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

b. **Name of Institution:** Baylor College of Medicine

Department and area of training: OB/GYN, Division of Female Pelvic Medicine and Reconstructive Surgery

Complete Address: 6550 Fannin St, Ste 900

City: Houston **State:** Texas

FROM: Month: 07 Year: 00 **TO** Month: 06 Year: 03 Applicant's Signature: Dallas W. Johnson MD

Part 2 **POSTGRADUATE TRAINING PROGRAM DIRECTOR:** Please complete Part 2 according to the records available and send it directly to the Maryland Board of Physicians at the above address. Please do not send original or copies to me.

1. Did the applicant participate in postgraduate training in your department during the period listed above?*
[X] **YES** [ ] **NO** If "No," please enter exact dates: ______ to ______

Program Specialty: ______

***If training was part-time, please explain the training schedule after item 8 of this form.**

2. During the time of the applicant's participation, was the postgraduate training program accredited? [ ] **YES** [X] **NO**

Accredited by: [ ] **ACGME: Program #**______ [ ] **AOA: ID #:**______ [ ] **RCPSC**

3. Did the applicant participate in all of the components of the training as required by the accrediting body?
[X] **YES** [ ] **NO** Comments (attach signed and dated additions as needed): ______

4. Did the applicant successfully complete all requirements of each year of training?
[X] **YES** [ ] **NO** Comments (attach signed and dated additions as needed): ______

5. During the applicant's year(s) of training, did the applicant have any break in training?
[X] **NO** [ ] **YES** Comments (attach signed and dated additions as needed): ______

(Continued on reverse side)

Initial Medical Licensure Supplemental Form
MBP IML3
07/2003

MARYLAND BOARD OF PHYSICIANS
VERIFICATION OF POSTGRADUATE MEDICAL EDUCATION

Side B

Applicant's Name (print): JOHNSON, DALLAS WAYNE

6. Did the applicant have any physical or mental problem that affected the applicant's ability to practice medicine during the period of training?

[X] **NO** [ ] **YES** If "Yes," please give a detailed explanation* ______

7. Was any action taken against the applicant by any training program, hospital, medical board, licensing authority, or court ? (Such actions include, but are not limited to investigations, limitations of privileges or special conditions, requirements imposed for academic incompetence, disciplinary actions, probationary actions, etc.)

[X] **NO** [ ] **YES** If "Yes," please give a detailed explanation* ______

8. In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?

[X] **YES** [ ] **NO** Comments:*

*** If space is not sufficient, please attach a signed and dated detailed explanation.**

Attestation: I attest that the information I have provided regarding the applicant is true, accurate, and complete according to all available records.

PAUL M FINE, MD
Printed Name of Program Director or Authorized Official

ASSOCIATE PROFESSOR AND FELLOWSHIP DIRECTOR FEMALE PELVIC MEDICINE
Title

BAYLOR COLLEGE OF MEDICINE
Hospital

6550 FANNIN, STE 801 HOUSTON, TX 77030
Address

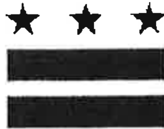
OB/GYN
Department

713 798 8768
Telephone Number

Signature

7/18/03
Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION



JUL 2 5 2003

BOARD OF MEDICINE

CHARACTER REFERENCE FORM

Re: Dallas W. Johnson, MD

Dear Madam/Sir:

The applicant whose name appears above has applied for a license to practice medicine/ osteopathy in the District of Columbia. In order to assist the Board in evaluating this applicant, we would appreciate you providing the following information. Any additional remarks may be added on the back of this form or if needed, on a separate sheet of paper. After completing this form to the best of your ability. Please return the form to the Department of Health, Health Professional Licensing Administration, DC Board of Medicine, 64 New York Avenue N.E., 1st Floor, Washington, DC 20002, or give it to the applicant in a sealed envelope preprinted with your return address or the address of your organization. Your prompt reply will enable the Board to consider this individual's application in a timely manner.

1. Please evaluate Applicant's performance (Please indicate with check):

	N/A*	POOR	FAIR	GOOD	SUPERIOR
Professional knowledge	☐	☐	☐	☑	☐
Clinical judgement	☐	☐	☐	☑	☐
Relationship with patients	☐	☐	☐	☑	☐
Ethical/professional conduct	☐	☐	☐	☐	☑
Interest in work	☐	☐	☐	☐	☑
Ability to communicate	☐	☐	☐	☑	☐

*Unable to evaluate

2. Recommendation (Please indicate with check):

1. Recommend highly without reservation ☐
2. Recommend as qualified and competent ☑
3. Recommend with some reservation (explain) ☐
4. Do not recommend (explain) ☐

3. This evaluation is based on (Please indicate with check):

1. Close personal observation ☑
2. General impression ☐
3. A composite of evaluations ☐
4. Other (Please specify) ☐

(over)

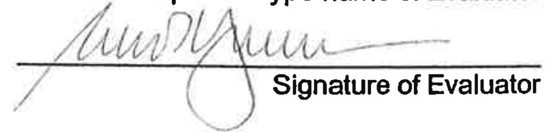
4. Relationship to applicant (Please indicate with check):

1. Program Director ☐
2. Immediate Supervisor ☑
3. Other (Please specify) ☐

5. Additional Comments:

ROBERT K. ZURAWIN, MD

Please print or type name of Evaluator



Signature of Evaluator

Title of Evaluator

7/15/03

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION

BOARD OF MEDICINE

CHARACTER REFERENCE FORM

Re: Dallas W. Johnson, MD

Dear Madam/Sir:

The applicant whose name appears above has applied for a license to practice medicine/ osteopathy in the District of Columbia. In order to assist the Board in evaluating this applicant, we would appreciate you providing the following information. Any additional remarks may be added on the back of this form or if needed, on a separate sheet of paper. After completing this form to the best of your ability. Please return the form to the Department of Health, Health Professional Licensing Administration, DC Board of Medicine, 64 New York Avenue N.E., 1st Floor, Washington, DC 20002, or give it to the applicant in a sealed envelope preprinted with your return address or the address of your organization. Your prompt reply will enable the Board to consider this individual's application in a timely manner.

1. Please evaluate Applicant's performance (Please indicate with check):

	N/A*	POOR	FAIR	GOOD	SUPERIOR
Professional knowledge	☐	☐	☐	☐	☑
Clinical judgement	☐	☐	☐	☐	☑
Relationship with patients	☐	☐	☐	☐	☑
Ethical/professional conduct	☐	☐	☐	☐	☑
Interest in work	☐	☐	☐	☐	☑
Ability to communicate	☐	☐	☐	☐	☑

*Unable to evaluate

2. Recommendation (Please indicate with check):

1. Recommend highly without reservation ☑
2. Recommend as qualified and competent ☐
3. Recommend with some reservation (explain) ☐
4. Do not recommend (explain) ☐

JUL 2 5 2003

3. This evaluation is based on (Please indicate with check):

1. Close personal observation ☑
2. General impression ☐
3. A composite of evaluations ☐
4. Other (Please specify) ☐

(over)

4. Relationship to applicant (Please indicate with check):

1. Program Director ☐
2. Immediate Supervisor ☐
3. Other (Please specify) Division Director ☒

5. Additional Comments:

Dr Johnson is a fine physician with a genuine interest in education

RONALD L. YOUNG MD
Please print or type name of Evaluator

[signature]
Signature of Evaluator

Director Division of Gynecology
Title of Evaluator

17 July 03
Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION

JUN 2 5 2003

BOARD OF MEDICINE

CHARACTER REFERENCE FORM

Re: Dallas W. Johnson, MD

Dear Madam/Sir:

The applicant whose name appears above has applied for a license to practice medicine/ osteopathy in the District of Columbia. In order to assist the Board in evaluating this applicant, we would appreciate you providing the following information. Any additional remarks may be added on the back of this form or if needed, on a separate sheet of paper. After completing this form to the best of your ability. Please return the form to the Department of Health, Health Professional Licensing Administration, DC Board of Medicine, 64 New York Avenue N.E., 1st Floor, Washington, DC 20002, or give it to the applicant in a sealed envelope preprinted with your return address or the address of your organization. Your prompt reply will enable the Board to consider this individual's application in a timely manner.

1. Please evaluate Applicant's performance (Please indicate with check):

	N/A*	POOR	FAIR	GOOD	SUPERIOR
Professional knowledge	☐	☐	☐	☑	☐
Clinical judgement	☐	☐	☐	☑	☐
Relationship with patients	☐	☐	☐	☐	☑
Ethical/professional conduct	☐	☐	☐	☑	☐
Interest in work	☐	☐	☐	☑	☐
Ability to communicate	☐	☐	☐	☑	☐

*Unable to evaluate

2. Recommendation (Please indicate with check):

1. Recommend highly without reservation ☑
2. Recommend as qualified and competent ☐
3. Recommend with some reservation (explain) ☐
4. Do not recommend (explain) ☐

3. This evaluation is based on (Please indicate with check):

1. Close personal observation ☑
2. General impression ☐
3. A composite of evaluations ☐
4. Other (Please specify) ☐

(over)

4. Relationship to applicant (Please indicate with check):

1. Program Director ☑
2. Immediate Supervisor ☐
3. Other (Please specify) ☐

5. Additional Comments:

PAUL M. FINE, MD

Please print or type name of Evaluator

[signature] MD

Signature of Evaluator

ASSOC. PROF + FELLOWSHIP DIRECTOR FEMALE PELVIC MEDICINE; RECONSTRUCTIVE SURGERY

Title of Evaluator

7/18/03

Date

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
http://www.ama-assn.org/amaprofiles

AMA Physician Profile

Name and Mailing Address:

DALLAS W JOHNSON MD

Primary Office Address:

PROFESSIONAL BLDG
1600 W COLLEGE ST
GRAPEVINE TX 76051-3580

Phone: 1-713-798-7500

JUL 31 2003

Birthdate:
Birthplace:

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician:

Primary Specialty: OBSTETRIC & GYNECOLOGY
Secondary Specialty: UNSPECIFIED

AMA membership: NON MEMBER

Following Data Provided by the Primary Sources

Medical School History:

TX TECH UNIV HLTH SCI CTR SCH OF MED, LUBBOCK TX 79430
Reported Year of Graduation: 1987
Degree Awarded: Yes

Current and/or Prior Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Institution: UNIVERSITY MED CTR — **State:** ARIZONA
Specialty : OBSTETRIC & GYNECOLOGY — 07/1987 - 06/1988 (VERIFIED)

©2003 by the American Medical Association

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; *provided however,* that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
http://www.ama-assn.org/amaprofiles

AMA Physician Profile

JUL 31 2003

Current and/or Prior Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Institution: TX TECH U HLTH SCI CTR — **State:** TEXAS

Specialty : OBSTETRIC & GYNECOLOGY — 07/1988 - 06/1991 (VERIFIED)

Note: If the AMA receives notification from a program that an individual's post graduate medical training in a particular specialty is 'Incomplete,' this information will be highlighted on the Profile with an asterisk and comment under the appropriate training segment.

If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

License: State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
TEXAS	MD	12/06/1988	05/31/2004	ACTIVE	UNLIMITED	06/20/2003

Note: **When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.**

ECFMG Certfication:

Applicant Number:

Note: **The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.**

Federal Drug Enforcement Administration:

FEDERAL DEA REGISTRATION INFORMATION WAS LAST REPORTED TO THE AMA ON 06/03/2003.
DEA REGISTRATION IS VALID THROUGH 12/31/2005.

Note: **Many states require their own controlled substances registration/license.**
Please check with your state licensing authority as the AMA does not maintain this information.

©2003 by the American Medical Association

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; *provided however,* that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
http://www.ama-assn.org/amaprofiles

AMA Physician Profile

JUL 31 2003

Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
Certificate: OBSTETRICS AND GYNECOLOGY
Certificate Type: GENERAL
Effective: 01/01/1993 **Expiration:** 12/01/2003 **Last Reported:** 04/16/2003 INITIAL

Note: **For certfication dates, a default value of "01" appears in the month field if data was not provided to AMA. Please contact the appropriate specialty board directly for this information.**

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINSTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please mark them on a copy of the profile and mail or fax to:

Division of Survey and Data Resources
Attn: Physician Profile Unit
515 N. State Street
Chicago, IL 60610
312 464-5199
312 464-5900 (fax)

©2003 by the American Medical Association

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; *provided however,* that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.