

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
P.O. BOX 37200  
WASHINGTON, D.C. 20013-7200

OPLA-24  
(Rev. 10/85)

APPLICATION FOR D.C. LICENSE

FOR OFFICE USE ONLY

APPLICATION NO. *1111*

AMOUNT OF FEE	DATE PAID	BASIS OF LICENSURE	date	CATEGORY CODE
APPLICATION \$ <i>180</i>	<i>6/6/89</i>	<input type="checkbox"/> EXAMINATION	test score	AUDIT/LICENSE NO.
EXAMINATION \$		<input type="checkbox"/> RECIPROCIITY	state	COMPLAINTS FILED
LICENSE \$		<input type="checkbox"/> ENDORSEMENT	state	<input type="checkbox"/> Yes <input type="checkbox"/> No
BOARD APPROVED		<input type="checkbox"/> OTHER		MIS ONLY
LICENSE PERIOD				STREET CODE
from to				QUADRANT CODE

TO BE COMPLETED BY APPLICANT (PLEASE READ INSTRUCTIONS FIRST) (PRINT IN INK OR TYPE)

1. TYPE OF LICENSE <i>Medicine &amp; Surgery</i>	5. <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	6. BASIS OF APPLICATION <input type="checkbox"/> Examination <input type="checkbox"/> Re-examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> Endorsement <input checked="" type="checkbox"/> Other <i>WAIVER (specify) N/RME</i>	11. DATE OF APPLICATION <i>5/16/89</i>	
2. NAME OF APPLICANT (Last, First, MI) <i>Dominy, Iris E.</i>	7. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	8. <input type="checkbox"/> TRADE NAME OR <i>Richard S. Margolis, M.D. Ronald J. Orleans, M.D.</i> <input type="checkbox"/> EMPLOYER NAME <i>Israel Alter, M.D.</i>	12. SOCIAL SECURITY NUMBER	
3. RESIDENCE ADDRESS (Street, City, State, Zip Code)	9. BUSINESS ADDRESS (Street, City, State, Zip Code) <i>5642 Shields Drive Bethesda, MD. 20817</i>	10. D.C. WARD	13. DATE OF BIRTH	
4. BILLING ADDRESS (Street, City, State, Zip Code)			14. PLACE OF BIRTH	
			15. TELEPHONE NUMBER Residence Business <i>530-2235</i>	
			16. CERTIFICATE OF OCCUPANCY (if applicable) NUMBER	
17. SCHOOL ATTENDED (name, city, state or foreign country)	18. Total No. of Hours	19. Date of Graduation	20. Type of Degree/Certificate	21. Year Degree Received
<i>Huntington High School</i>	<i>4 years</i>	<i>6/70</i>	<i>Diploma</i>	<i>1970</i>
<i>Adelphi University</i>	<i>4 years</i>	<i>5/74</i>	<i>B. A.</i>	<i>1974</i>
<i>Albany Medical College</i>	<i>4 years</i>	<i>May/78</i>	<i>M.D.</i>	<i>1978</i>
22. Have you ever been arrested or convicted of a crime? (omit traffic violations) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attach explanation.		23. Are you currently bonded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give expiration date		
24. Are you now or have you ever been licensed in D.C. or any other jurisdiction? #1 If yes, give the following information on original licensure: License Date <i>8/1/1980</i> License No. <i>54223</i> Issue Basis <i>Waiver</i> #2 Jurisdiction <i>#1 North Carolina #2 Maryland</i>		25. Have you ever surrendered license or has license been denied, revoked or suspended by any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attach explanation.		

26. AFFIDAVIT OF APPLICANT

*Iris E. Dominy, M.D.*

being duly sworn, deposes and says: That the information given in this application, bits attached hereto, is true and complete.

*LANID*

*Iris E. Dominy, MD*  
Signature of Applicant

before me this *16* day of *May*, 19 *89* by the affiant, who personally

Commission Expires *SEPT 1, 1990*

*William H. Eisenberg*  
Notary Public WILLIAM H. EISENBERG  
NOTARY PUBLIC  
MONTGOMERY COUNTY, MARYLAND



applicable portions of supplemental page and submit all supporting documents required.  
All fees are earned when paid and cannot be transferred or refunded.  
TREASURER. A charge of \$15.00 will be imposed for dishonored checks. (Public Law 89-208)  
its will be cause for rejection of application or revocation of license.  
ully answer questions, attach additional page(s).  
aw 93-579, Section 7(b), the Department of Consumer and Regulatory Affairs requests your Social Security Number to  
C. tax laws. Disclosure is not required as a part of the licensing process and will not be made available to the public.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
PO BOX 37200 WASHINGTON DC 20013-7200

BOARD OF MEDICINE

ADDRESS ALL COMMUNICATIONS  
TO THE BOARD



SUPPLEMENTAL INFORMATION FOR  
APPLICATION TO PRACTICE MEDICINE/OSTEOPATHY

Name Iris E. Dominy, M.D.  
Address Wyngate Medical Park,  
5642 Shields Drive  
Bethesda, Maryland 20817

Check one:

Osteopathy & Surgery  
 Medicine & Surgery

1. Have you ever taken an examination in the basic sciences or any examination in the healing art under the authority of the the Board of Medicine?  yes  no  
If yes, please provide date(s) and type of examination \_\_\_\_\_
2. Have you ever been party to a medical malpractice action or had a medical malpractice suit brought against you?  yes  no
3. Have you ever settled a malpractice charge made against you out of court?  
 yes  no
4. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while you were under investigation?  
 yes  no
5. Has your license to practice medicine/osteopathy ever been restricted or censored?  
 yes  no
6. Have you ever surrendered your clinical privileges or have your clinical privileges ever been denied, revoked or suspended at any hospital or health care facility?  
 yes  no
7. Have you ever been terminated from or resigned while on probation, from a clinical training program?  
 yes  no

If the answer to any of the above questions is "yes", please give dates, facts, and a detailed history of each on a separate sheet of paper.

8. Please list below all training and practice since date of medical school graduation to present date. Include periods of unemployment or other employment. Please provide complete addresses including department and/or name of supervisory physician. All employment will be verified by the Board of Medicine administrative staff.

	from month/year	to month/year
1) Resident in Pathology, N. Carolina Memorial Hospital, Chapel Hill, North Carolina	July 1978	June 1979
2) Research Fellow, N. Carolina Memorial Hospital, Dept. of Pathology, Chapel Hill, North Carolina	July 1979	June 1980
3) Resident in Obstetrics and Gynecology, Duke University Medical Center, Durham, North Carolina	July 1980	June 1984
4) Physician, Obstetrics and Gynecology Associates, 2101 Medical Park Drive, Suite 307, Silver Spring, MD 20902	July 1984	April 1989
5) Physician, Obstetrics and Gynecology, Wyncote Medical Park, 5642 Shields Drive, Bethesda, MD 20817	May 1989	Present

6) \_\_\_\_\_

7) \_\_\_\_\_

9. List below all states where you are presently licensed or have ever been licensed to practice medicine/osteopathy. For each state listed, have a letter of good standing sent to the D.C. Board of Medicine, Application Division, P.O. Box 37200, Room 904, Washington, D.C. 20013-7200.

1) North Carolina \_\_\_\_\_

2) Maryland \_\_\_\_\_

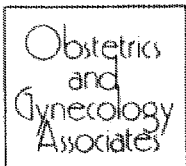
3) \_\_\_\_\_

If additional space is required, please attach information on a separate sheet of paper.

I certify that the information provided on this supplemental information sheet is true. By certifying this information, I will be available to interpret or substantiate the information provided should the Board of Medicine need clarification at a later date.

Dr. E. Somany, MD  
Signature of Applicant

May 16, 1989  
Date



WILLIAM TENENBLATT, M.D., LIAM HAIM, M.D., CHARLES GREENHOUSE, M.D.  
BRADFORD KLEINMAN, M.D., IRIS DOMINY, M.D., RONALD JACOBS, M.D.

June 26, 1989

Iris Dominy, MD

Dear Dr. Dominy,

This letter is to confirm continuous employment by  
Tenenblatt, Haim, Greenhouse & Kleinman, M.D.P.A./  
Obstetrics and Gynecology Associates from July, 1984  
to April 1989.

Sincerely,

Bradford Kleinman, M.D.

Obstetrics and Gynecology Associates

BK/lo

RICHARD S. MARGOLIS, M.D.  
RONALD J. ORLEANS, M.D.  
ISRAEL ALTER, M.D., P.C.

OBSTETRICS AND GYNECOLOGY

WYNGATE MEDICAL PARK  
5642 SHIELDS DRIVE  
BETHESDA, MARYLAND 20817  
TEL. #(301) 530-2235  
ANS. SERVICE # 279-4073


803 RUSSELL AVE. SUITE 2B  
GAITHERSBURG, MARYLAND 20879  
TEL. #(301) 762-4310  
ANS. SERVICE # 279-4073

June 23, 1989

To Whom It May Concern;

This letter is to verify that Iris Dominy, M.D. is currently under our employment. She started her employment here on May 22, 1989. If you need any additional information, please contact the office.

Sincerely,

  
Ronald Orleans, M.D.

RO/ml

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
 OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
 P O BOX 37200 WASHINGTON, DC 20013-7200

BOARD OF MEDICINE

ADDRESS ALL COMMUNICATIONS  
 TO THE BOARD



Re: Iris E. Dominy, M. D.

Dear Sir/Madam:

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 your providing the following information. Any additional remarks may be added on a separate sheet of paper.

Please complete this form to the best of your ability and return it to:

D.C. Board of Medicine  
 Application Division  
 P.O. Box 37200, Room 904  
 Washington, D.C. 20013-7200

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 and without reservation
2. Recommend as qualified and competent
3. Recommend with some reservation (explain)
4. Do no 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)

4. Relationship to Applicant: (please indicate with check)

- 1. Program Director
- 2. Immediate Supervisor
- 3. Other (please specify)

WORK IN SAME HOSPITAL

5. Additional Comments THIS APPLICANT IS HIGHLY QUALIFIED,  
AND WILL BE AN ASSET AS A MEMBER OF THE  
DC MEDICAL COMMUNITY

AZAN W WINSHEL MD  
Signature of Evaluator

AZAN W WINSHEL MD #2035  
please print or type name

PHYSICIAN  
Title of Evaluator

5-23-89  
Date



The Albany Medical College of Union University

ID No. 78030

Albany, New York 12208

Name DOMINY, Iris Elizabeth Sex F Soc. Sec. No. \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ US Citizen Yes Naturalized \_\_\_\_\_ Birthplace \_\_\_\_\_  
 Matriculation Date 9/3/74 Class of 1978 Marital Status Single Changed to \_\_\_\_\_ Date \_\_\_\_\_

College(s) Attended From To Major Field Degree Date Rec'd  
Adelphi University, Garden City, New York 1970 1974 Biology B.A. 5/26/74

**OFFICIAL TRANSCRIPT**

AMC Year I <u>9/5/74-6/27/75</u>			AMC Year II <u>9/3/75-5/28/76</u>			AMC Year III <u>9/7/76-6/19/77</u>			AMC Year IV <u>7/11/77-5/19/78</u>		
Course	Hours	Grade	Course	Hours	Grade	Course	Weeks	Grade	Elective	Weeks	Grade
Anatomy, Gross	150		Pathology	126		Medicine	8		Pathology	4	
Anatomy, Histo.	78		Microbiology	84		Surgery	8		*Surgery	4	
Anatomy, Neuro.	75		Clin. Path.	112		Pediatrics	8		*Ambly/Emrg. Med	4	
Biochemistry	130		Intro.to Clin.Sci.	70		Psychiatry	8		Cardiology	2	
Physiology	115		Infect. Disease	86+		Human Reproduction	4		Autopsy Service	4	
Behavioral Science	56		Human Reprod.	120		Dermatology	2		Neurology	4	
Epid. & Biostat.	30		Gen.Nerv.Sys.	96		Ophthalmology	2		Infect. Diseases	4	
Pharmacology	84		Cardiovas.Sys.	112		Physical Med & Rehab			Ambulatory Medicine	4	
Gen. Pathology	45*		Sci.Bas.Med.	140		(see Medicine)			*Medicine	4	
Intro. Clin. Sci.	46*					Prev & Comm Medicine			Genetics	4	
ELECTIVES						(see Pediatrics)			Neurological Sur.	2	
Anatomy 107	30					Anesthesiology					
Anatomy 108	30					(see Surgery)					
			#Pass/Fail Basis								
*See Year II.			+See Microbiology						*Required course		

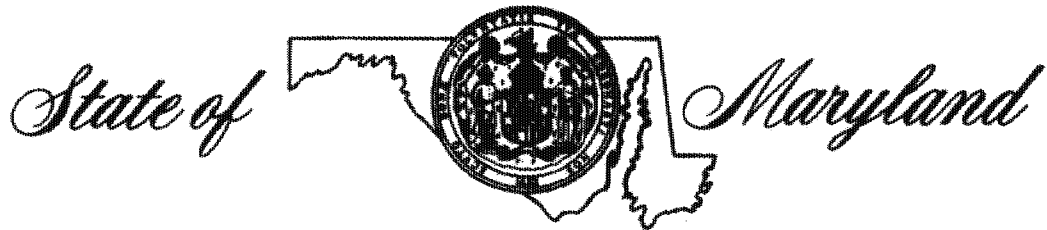
National Board Examination - Part I Date 6/76 Total Score \_\_\_\_\_ National Board Examination - Part II Date 4/78 Total Score \_\_\_\_\_ Date of Graduation 5/25/78 Degree MD  
 Honors: \_\_\_\_\_

Definition of terms: Hours - total number of contact hours, weeks - number of weeks assigned to the rotation  
 Grading System (effective 6/69): E=Excellent, G=Good, P=Pass, U=Unsatisfactory, Pass/Fail.  
 Honors(H) are awarded for superior academic achievement. Approximately 5-10% of a class may gain this distinction in each course. A student is in good standing unless otherwise noted on transcript.

*Susan M. Student*  
 Official Signature  
 Date MAY 16 1989 Susan M. Student  
 Assistant to the Registrar

This transcript is not official unless it bears an official signature and the embossed seal of the Albany Medical College.





DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
BOARD OF PHYSICIAN QUALITY ASSURANCE  
4201 PATTERSON AVE • BALTIMORE, MD 21215-2299

Area Code 301-764-4777  
TTY FOR DEAF: Balto. 383-7555  
D.C. Metro 585-0451

U C BOARD OF MEDICINE  
APPLICATION DIVISION  
P O BOX 37200 ROOM 904  
WASHINGTON DC 20013 72-00

6/5/89

TO WHOM IT MAY CONCERN:

This is to certify that IRIS E DOMINY, M.D.  
was licensed to practice medicine and surgery in the State of  
Maryland on 6/12/84 by NATIONAL BOARDS  
and issued license number 030890

  X   is currently licensed in Maryland

       is not currently licensed in Maryland due to non-payment  
of renewal fees.

There is no record of derogatory information.

Sincerely,

A handwritten signature in cursive script that reads "Geraldine B. Bowman".

Geraldine B. Bowman  
Chief, Credentialing

HAROLD L. GODWIN, M.D., PRESIDENT  
FAYETTEVILLE, N.C.



NICHOLAS E. STRATAS, M.D., SECRETARY  
RALEIGH, N.C.

BRYANT D. PARIS, JR.  
EXECUTIVE SECRETARY

MAILING ADDRESS  
P.O. BOX 28808  
RALEIGH, NORTH CAROLINA 27611-0808

TELEPHONE  
(919) 578-3885

OFFICE  
1313 NAVAHO DRIVE  
RALEIGH, NORTH CAROLINA 27605

BOARD OF MEDICAL EXAMINERS  
OF THE  
STATE OF NORTH CAROLINA

MEMBERS OF THE BOARD  
EBEN ALEXANDER, JR., M.D., WINSTON-SALEM  
JOHN THOMAS DANIEL, JR., M.D., DURHAM  
HAROLD L. GODWIN, M.D., FAYETTEVILLE  
HECTOR HIMEL HENRY, II, M.D., CONCORD  
JOHN WESLEY NANCE, M.D., CLINTON  
F. M. SIMMONS PATTERSON, JR., M.D., PINEHURST  
NICHOLAS E. STRATAS, M.D., RALEIGH  
KATHRYN HOWELL WILLIS, ZIRCONIA

June 2, 1989

John P. Hopkins  
D. C. Board of Medicine  
Application Division  
Post Office Box 37200 - Room 904  
Washington, D. C. 20013-7200

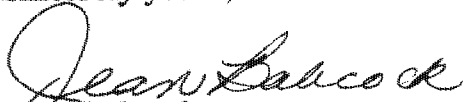
RE: Iris Elizabeth Dominy, M. D.

Dear Mr. Hopkins:

This is to certify that the above physician was issued North Carolina medical license number 24242 on June 10, 1980.

The license is currently registered and has never been revoked, suspended or placed on a probationary status.

Sincerely yours,

  
Jean Babcock  
Unit Clerical Supervisor

SEAL

ADDITION TO APPLICATION  
IRIS E. DOMINY, M.D.

Page# Supplemental Information For Application To Practice Medicine

Item # 2

INSURANCE

Hoffman vs. Townsend, Dominy, and Greenhouse.

This involves an infant delivered in September 1985. The infant is allegedly neurologically unsound. The plaintiff states a cesarean section should have been performed and the defendants disagree. This matter is at the deposition stage, and there may be an arbitration hearing in the fall of 1989.

# The North Carolina Memorial Hospital

The University of North Carolina, Chapel Hill

This is to certify that

Iris E. Domy, M.D.

has successfully served as

Resident in Pathology

July 1, 1978 - June 30, 1979

Resident and Fellow in Pathology

July 1, 1979 - June 30, 1980

This is a true and certified copy  
of an original document

County of Montgomery  
State of Maryland

Subscribed and sworn to before me this

4th day of May, 1980

*William H. Eisenberg*  
William H. Eisenberg  
Notary Public

*Kee W. Graham*  
Kee W. Graham  
Chief of Surgery



*Stuart Roudsant*  
Stuart Roudsant  
Chief of Pathology

*Gene L. Hunter*  
Gene L. Hunter  
Hospital Director

Albany Medical College Transcript

Grading System (effective: 1987-88 academic year)\*

- EH: (Excellent with Honors) Distinguished Achievement
- E: (Excellent) Outstanding Achievement
- G: (Good) Achievement ranging from acceptable to that approaching outstanding
- M: (Marginal) Marginally acceptable performance
- U: (Unsatisfactory) Unsatisfactory Performance
- I: (Incomplete) Interim grade awarded only when course goals have not been achieved based upon an officially excused absence

\*The grading system used prior to the 1986-87 academic year is defined on the transcript. The only difference is in the omission of the "P" grade and the inclusion of the "M" grade.

Grade Distribution (1987-88 Academic Year)\*

<u>First Year Curriculum</u>	<u>EH</u>	<u>E</u>	<u>G</u>	<u>M</u>	<u>U</u>
Histology.....	2	16	102	5	0
Epidemiology & Biostatistics.....	3	7	103	3	5
Physiology.....	10	18	86	9	2
Biochemistry.....	3	13	95	8	4
Neuroscience I.....	2	27	86	7	3
Gross Anatomy.....	2	10	107	5	0
**Focal Problems in Medicine	0	0	0	0	0

<u>Second Year Curriculum</u>	<u>EH</u>	<u>E</u>	<u>G</u>	<u>M</u>	<u>U</u>
Systems Pathology.....	7	15	98	8	1
Microbiology.....	4	7	114	3	1
Pharmacology.....	5	8	101	6	1
Introduction to Medicine.....	6	8	108	6	0
Physical Diagnosis.....	10	22	94	2	0
Cancer Medicine.....	3	9	115	0	0
Human Behavior.....	3	11	107	6	1
Neuroscience II.....	5	23	97	2	0
Human Reproduction.....	2	11	108	7	0
Introduction to Psychiatry.....	2	12	108	4	2

<u>Third Year Curriculum</u>	<u>EH</u>	<u>E</u>	<u>G</u>	<u>M</u>	<u>U</u>
Medicine.....	10	27	87	2	0
Surgery.....	7	44	76	0	0
Pediatrics.....	2	27	96	2	0
Psychiatry.....	9	45	72	1	0
Ob/Gyn.....	3	20	98	5	1
Family Practice.....	5	35	86	0	0
Ophthalmology.....	5	29	92	1	0

\*Prior to the 1986-87 academic year, comparative data indicating the number of students receiving a given grade is not released with or recorded on transcripts.

\*\*Graded on Pass/Fail basis.

**DOMINY, IRIS ELIZABETH**

NAME OF STUDENT

D30337

SS

STUDENT NUMBER

PERMANENT ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

PARENT OR GUARDIAN

Huntington High School

ADMITTED FROM

9/70

BIO

DATE ADMITTED

MAJOR

5/26/74

B.A. - MAGNA CUM LAUDE

DATE GRADUATED

DEGREE RECEIVED

COMMENTS

DEAN'S LIST FALL 1971

DEAN'S LIST SPRING 1972

DEAN'S LIST FALL 1972

DEAN'S LIST SPRING 1973

April 1974 - Delta Tau Alpha

MAY, 1974-DEPARTMENTAL HONORS-BIOLOGY

STUDENT I.D. NO. D30337

FALL 1970

DEPT.	COURSE NO.	COURSE TITLE	GRADE	CREDITS	QUAL PTS.	*
BIO	007	INTRC TO BIO	040	160		
CHE	003	GENERAL CHEMISTRY	040	120		
ANT	011	INTRC CULT ANTHRO	030	090		
SPA	033	ADV CON + COMPOST	030	090		
OT.CR CR AT EARN. Q.P.A.						
SEM	.0	14.0	14.0	46.0		
CUM	.0	14.0	14.0	46.0		

STUDENT I.D. NO. D30337

SPRING 1971

DEPT.	COURSE NO.	COURSE TITLE	GRADE	CREDITS	QUAL PTS.	*
CHE	004	GENERAL CHEMISTRY	040	120		
SPA	034	ADV CONV + COMP	030	090		
BIO	008	INTRO TO BIO	040	160		
SOC	001	INTRO TO SOCIOLOG	030	090		
ENG	028	SHAKESPEARE 2	030	090		
OT.CR CR AT EARN. Q.P.A.						
SEM	.0	17.0	17.0	55.0		
CUM	.0	31.0	31.0	101.0		

STUDENT I.D. NO. D30337

FALL 1971

DEPT.	COURSE NO.	COURSE TITLE	GRADE	CREDITS	QUAL PTS.	*
CHE	131	ORGANIC CHEM LAB	020	080		
MTH	036	MTH BIO MGMT + SS	030	120		
ANT	013	FUNDS OF ARCHEULO	030	120		
CHE	031	ORGANIC CHEMISTRY	030	120		
BIO	021	COMPARTVE ANATOMY	040	160		
OT.CR CR AT EARN. Q.P.A.						
SEM	.0	15.0	15.0	60.0		
CUM	.0	46.0	46.0	161.0		

STUDENT I.D. NO. D30337

SPRING 1972

DEPT.	COURSE NO.	COURSE TITLE	GRADE	CREDITS	QUAL PTS.	*
ENG	009	WRIT SELF EXPLRTN	030	120		
CHE	032	ORGANIC CHEMISTRY	030	120		
PSY	015	CHLD DEVLOMNT	030	090		
CHE	132	ORGANIC CHEM LAB	020	080		
BIO	014	EVOLUTION	030	120		
BIO	042	GENETICS	030	120		
OT.CR CR AT EARN. Q.P.A.						
SEM	.0	17.0	17.0	65.0		
CUM	.0	63.0	63.0	226.0		

STUDENT I.D. NO. D30337

FALL 1972

DEPT.	COURSE NO.	COURSE TITLE	GRADE	CREDITS	QUAL PTS.	*
PHY	001	GEN PHYSICS	040	160		
MTH	037	MTH BIO MGMT+SS 3	030	120		
PSY	016	ADOLESCENT ADJ	030	120		
BIO	033	EMBRYOLOGY	040	160		
SOC	127	SOC PATH+DEV BEHV	030	120		
OT.CR CR AT EARN. Q.P.A.						
SEM	.0	17.0	17.0	68.0		
CUM	.0	80.0	80.0	294.0		

STUDENT I.D. NO. D30337

SPRING 73

DEPT.	COURSE NO.	COURSE TITLE	GRADE	CREDITS	QUAL PTS.	*
BIO	101	PARASITOLOGY	040	120		
PHY	002	GENERAL PHYSICS	040	160		
BIO	050	ANIMAL BEHAVIOR	040	160		
ENG	030	HIST OF THE LANG	030	120		
MUS	007	INSIGHT IN MUSIC	030	120		
OT.CR CR AT EARN. Q.P.A.						
SEM	.0	18.0	18.0	68.0		
CUM	.0	98.0	98.0	362.0		

STUDENT I.D. NO. D30337

FALL 1973

DEPT.	COURSE NO.	COURSE TITLE	GRADE	CREDITS	QUAL PTS.	*
BIO	114	VERTEBRATE BIO	040	160		
ITA	011	BAS ITAL LANG	040	120		
BIO	052	VERTEBRTE PHYSIO	040	160		
ECO	001	NATIONAL ECONOMY	030	120		
OT.CR CR AT EARN. Q.P.A.						
SEM	.0	15.0	15.0	56.0		
CUM	.0	113.0	113.0	418.0		

Original Document Not To Be Released To Third Party per NYU (PL 86-368)

TRANSCRIPT IS OFFICIAL ONLY WHEN SEAL AND SIGNATURE ARE AFFIXED

*[Signature]*

MAY 22 1989

REGISTRAR

DATE

**ADELPHI UNIVERSITY**

GARDEN CITY NEW YORK 11530

DOMINY, IRIS ELIZABETH

I.D. D30337

DOMINY, IRIS ELIZABETH  
NAME OF STUDENT

D30337  
SS  
STUDENT NUMBER

PERMANENT ADDRESS

CITY STATE ZIP

DATE OF BIRTH PARENT OR GUARDIAN

HUNTINGTON HIGH SCHOOL  
ADMITTED FROM

9/70 BIO  
DATE ADMITTED MAJOR

DATE GRADUATED DEGREE RECEIVED

COMMENTS

Empty table for comments with 10 rows.

STUDENT S.S. NO. 128 44 9617 SPRING, 74

DEPT	COURSE NO	COURSE TITLE	GRADE	CREDITS
MUS	026	SYMPHONY		30
PED	923	BEGINNING KARATE		20
BIO	275	HISTORY OF BIOLOGY		30

	OT-CR	CR-AT	EARN	QU-PNT	GPA
SEM ****	2.0	6.0	8.0	24.0	
CUM ****	2.0	119.0	121.0	442.0	

DOMINY, IRIS ELIZABETH D30337

Official Transcript - Not To Be Released  
To Third Party per HEW (PL 93-568 § 2)

TRANSCRIPT IS OFFICIAL ONLY WHEN SEAL AND SIGNATURE ARE AFFIXED.

ADELPHI UNIVERSITY

GARDEN CITY, NEW YORK 11530

*[Signature]*

MAY 22 1989

REGISTRAR

DATE

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
 OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
 P O BOX 37200 WASHINGTON DC 20013-7200

BOARD OF MEDICINE

ADDRESS ALL COMMUNICATIONS  
 TO THE BOARD



Re: Iris E. Dominy, M. D.

Dear Sir/Madam:

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 your providing the following information. Any additional remarks may be added on a separate sheet of paper.

Please complete this form to the best of your ability and return it to:

D.C. Board of Medicine  
 Application Division  
 P.O. Box 37200, Room 904  
 Washington, D.C. 20013-7200

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)

Professional Knowledge  
 Clinical Judgement  
 Relationship with Patients  
 Ethical/Professional Conduct  
 Interest in Work  
 Ability to Communicate  
 \*unable to evaluate

n/a*	poor	fair	good	superior
				✓
				✓
				✓
				✓
				✓

2. Recommendation: (please indicate with check)

1. Recommend highly and 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) \_\_\_\_\_

4. Relationship to Applicant: (please indicate with check)

- 1. Program Director \_\_\_\_\_
- 2. Immediate Supervisor
- 3. Other (please specify) \_\_\_\_\_

5. Additional Comments

*Dr. Domingo receives my highest  
recommendation.*

*W. Allen Addison, M.D.*  
 \_\_\_\_\_  
 Signature of Evaluator

*W. Allen Addison, M.D.*  
 \_\_\_\_\_  
 please print or type name  
*Director, Div. of Pharmacology*  
*Resident coordinator*  
 \_\_\_\_\_  
 Title of Evaluator

*5/22/89*  
 \_\_\_\_\_  
 Date

NATIONAL BOARD OF MEDICAL EXAMINERS® • 3930 CHESTNUT STREET, PHILADELPHIA, PA 19104  
 ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS  
 OF THE  
 UNITED STATES OF AMERICA

**Iris Elizabeth Dominy, M.D.**  
 having satisfied all the requirements and having successfully passed the examinations is hereby  
 declared a Diplomate of the National Board of Medical Examiners.

Attest **WILLIAM B. HOLDEN, M.D.**  
 Chairman of the Board

Philadelphia, Pa.  
**07/02/79**

SEAL      **EDITHE J. LEVIT, M.D.**  
 President of the Board

Certificate # **203317**

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be\* awarded to the physician named above, who graduated from **ALBANY MEDICAL COLLEGE** in **MAY 1978** and whose birth date is \_\_\_\_\_ his physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<b>PART I passed</b> <u>06/76</u>		
Anatomy	6	7
Physiology	7	7
Biochemistry	7	7
Pathology	7	7
Microbiology	7	7
Pharmacology	7	7
Behavioral Sciences	7	7
<b>TOTAL TEST (Minimum Passing Score 380/75)</b>		<b>3</b>
<b>PART II passed</b> <u>04/78</u>		
Internal Medicine	4	7
Surgery	4	7
Obstetrics and Gynecology	4	7
Public Health and Preventive Medicine	4	7
Pediatrics	4	7
Psychiatry	4	7
<b>TOTAL TEST (Minimum Passing Score 290/75)</b>		<b>3</b>
<b>PART III passed</b> <u>03/79</u>		
A General Test of Clinical Competence	3	7
<b>TOTAL TEST (Minimum Passing Score 290/75)</b>		<b>3</b>
<b>GENERAL AVERAGE (Parts, I, II, and III Scale Score)</b>		<b>3</b>

\* For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

*Melanie Valente*

Secretary for Certification

SEAL

05/24/89

Date

# Duke University

## Duke University Medical Center

*this is to certify that*

**Iris Elizabeth Dorniny, M.D.**

*Has Completed Creditably Graduate Training  
in the Duke University Medical Center  
and Affiliated Hospitals*

Department of Obstetrics & Gynecology

Residency 7-1-80 - 6-30-83

Chief Residency 7-1-83 - 6-30-84

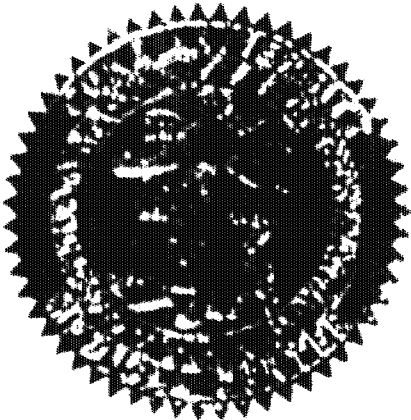
This is a true and certified copy of  
an original document

County of Montgomery

State of Maryland

July 1, 1984

Durham, North Carolina



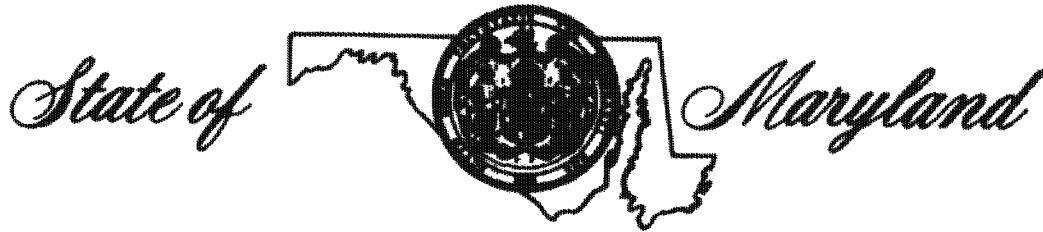
*Andrew S. Wallace, MD.*  
Chief Resident, Obstetrics & Gynecology

*John L. Wemerth, MD.*  
Director, Graduate Medical Education

*Charles B. Hammond, MD.*  
Chairman, Department of Obstetrics & Gynecology

*William D. ...*  
Program Coordinator

*Ray T. Carter, M.D.*  
Harold Carter Professor, Obstetrics & Gynecology



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
BOARD OF PHYSICIAN QUALITY ASSURANCE  
4201 PATTERSON AVE • BALTIMORE, MD 21215-2299

Area Code 301-794-4777  
TTY FOR DEAF: Balto. 383-7556  
D.C. Metro 585-0451

June 23, 1989

TO WHOM IT MAY CONCERN:

This is to certify that Iris Dominy, M.D.  
was licensed to practice medicine and surgery in the State of  
Maryland on June 12, 1984 by National Board  
and issued license number D-30890.

  y   is currently licensed in Maryland

       is not currently licensed in Maryland due to non-payment  
of renewal fees.

There is no record of derogatory information.

Sincerely,

Geraldine B. Bowman  
Chief, Credentialing

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
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1. Please evaluate Applicant's performance: (please indicate with check)

Professional Knowledge  
 Clinical Judgement  
 Relationship with Patients  
 Ethical/Professional Conduct  
 Interest in Work  
 Ability to Communicate  
 \*unable to evaluate

n/a*	poor	fair	good	superior
				✓
			✓	✓
			✓	
			✓	

2. Recommendation: (please indicate with check)

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

  X    
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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) \_\_\_\_\_

4. Relationship to Applicant: (please indicate with check)

- 1. Program Director  CHAIRMAN - H.C. HOSPITAL
- 2. Immediate Supervisor \_\_\_\_\_
- 3. Other (please specify) \_\_\_\_\_

5. Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Peter D. Protos MD*

Signature of Evaluator

PETER D. PROTOS MD

please print or type name

DIRECTOR TRAINING PROGRAM AND  
CHAIRMAN - DEPT OF GEN HOLY CROSS HOSP

Title of Evaluator

5/30/89

Date