

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 & 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, Wyngate 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

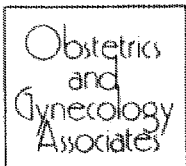
3) _____

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 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) _____ WORK IN SAME HOSPITAL

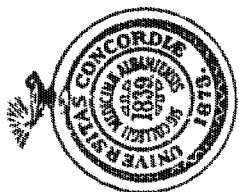
5. Additional Comments THIS APPLICANT IS HIGHLY QUALIFIED,
AND WILL BE AN ASSET AS A MEMBER OF THE
DC MEDICAL COMMUNITY

Aran W. Winkel MD
Signature of Evaluator

ARAN W WINKEL 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 _____ Naturalized _____
 Matriculation Date 9/3/74 Class of 1978 Marital Status Single Changed to _____ Date _____

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

OFFICIAL TRANSCRIPT

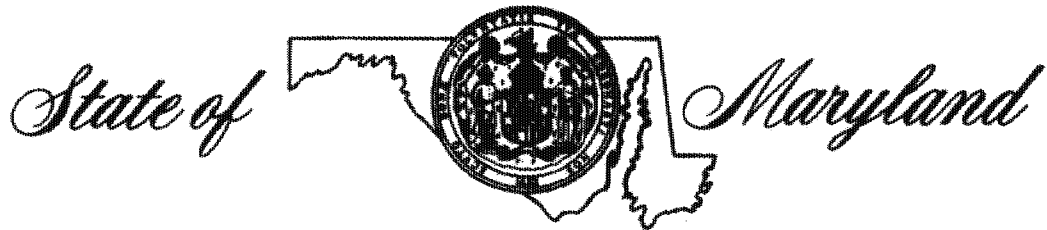
AMC Year I	9/5/74-6/27/75	AMC Year II	9/3/75-5/28/76	AMC Year III	9/7/76-6/19/77	AMC Year IV	7/11/77-5/19/78
Course	Hours	Grade	Course	Hours	Grade	Course	Elective
Anatomy, Gross	150		Pathology	126		Medicine	Pathology
Anatomy, Histo.	78		Microbiology	84		Surgery	*Surgery
Anatomy, Neuro.	75		Clin. Path.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

National Board Examination - Part I National Board Examination - Part II Date of Graduation 5/25/78 Degree MD
 Date 6/76 Total Score _____ Date 4/78 Total Score _____ 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.

Official Signature Susan M. Student
 Date MAY 16 1978 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. PARRIS, 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

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June 2, 1989

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

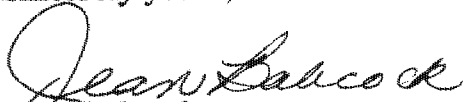
RE: Iris Elizabeth Dominy, M. D.

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.

