

25 2000 K4
OCT 25 2000

District of Columbia — Department of Health HEALTH OCCUPATION LICENSE RENEWAL FORM

GENERAL INSTRUCTIONS: The information printed in Section 1 of this form shows the current information on record for your license. Complete all sections of this form, where applicable, including the fee calculation. If more space is needed to fully answer questions, attach additional sheets. False or misleading statements will be cause for disciplinary action and may be cause for criminal prosecution. Mail the form, the required fee, and all supporting documents to: **ASI/DC DOH-MD, Metro-Plex II, Suite 400, 8201 Corporate Drive, Landover, MD 20785. This form is due back to ASI by December 31, 2000. Forms postmarked after the 31st of December must contain an additional penalty fee of \$25.00.** If you have any questions call ASI at 888-204-6193.

1. DEMOGRAPHIC INFORMATION

Please make name and address changes on the reverse side of this form.

License Number: MD00000007218
Social Security #:
Date of Birth:
Other Address:

HAROLD D JOHNSON

2. ADDITIONAL INFORMATION

You must complete the enclosed Clean Hands form before your renewal license application will be processed. Please complete the Clean Hands form and mail it with your completed renewal application form and fee.

YES NO ASI ONLY

3. FEE CALCULATION

Please check the appropriate boxes to indicate other requests you would like to be processed with your license renewal and then total the fee column. This form will be returned unprocessed if the fee is not included or if the fee is less than required. Make check or money order payable to "Assessment Systems, Inc." CASH PAYMENTS WILL NOT BE ACCEPTED.

A. <input type="checkbox"/> Renewal OR <input type="checkbox"/> Paid Inactive Status Request	\$120 = \$	<u>120</u>	
B. <input type="checkbox"/> Cancel License (No fee)			
C. <input type="checkbox"/> Chiropractic Ancillary Procedures	\$90 = \$		
D. <input type="checkbox"/> Late Fee (if postmarked after December 31, 2000)	\$25 = \$		
E. <input type="checkbox"/> Name and/or Address Changed (see reverse side)	\$20 = \$		
F. <input type="checkbox"/> Duplicate License Request	NUMBER OF LICENSES <input type="checkbox"/> x \$20 = \$		
TOTAL FEE DUE = \$		<u>120</u>	ASI ONLY <input type="checkbox"/> <u>120</u>

Make fee payable to: Assessment Systems, Inc. A charge of \$50.00 will be imposed for dishonored checks (Public Law 89-208).

4. QUESTIONS ABOUT YOUR PRACTICE

If you have an "MD" or "DO" license prefix, please complete A-D. If you are a chiropractor ("CH" license prefix), complete A, B and E. Otherwise, complete A and B only.

A. Are you in active practice now?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SPECIALTIES AD Administrative Medicine OR Orthopaedic Surgery AL Allergy & Immunology OT Otolaryngology AN Anesthesiology PA Pathology CO Colon & Rectal Surgery PE Pediatrics DE Dermatology PH Physical Medicine & Rehabilitation EM Emergency Medicine PL Plastic Surgery FA Family Practice PR Preventive Medicine/ IN Internal Medicine Public Health MG Medical Genetics PS Psychiatry & Neurology NE Neurological Surgery RA Radiology NU Nuclear Medicine SU Surgery OB Obstetrics & Gynecology TH Thoracic Surgery OP Ophthalmology UR Urology
B. If so, do you practice in the District of Columbia at all?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
C. MD's and DO's Only — If your practice is limited to a specialty, please indicate the code from the specialty list at the right.	CODE <u>02</u>	
D. MD's and DO's Only — If you are certified by the American Board of any specialty, please indicate the code from the specialty list at the right.	CODE <u>018</u>	
E. Chiropractors Only — Are you authorized to perform non-invasive ancillary procedures? (Requires additional fee of \$90)	YES <input type="checkbox"/> NO <input type="checkbox"/>	

5. SCREENING QUESTIONS

ALL questions must be completed by all licensees. If you answer "Yes" to any of the questions below, please provide a complete explanation on a separate sheet of paper.

A. Have you withdrawn an application (in DC or any other state/jurisdiction) to practice medicine, or has any authority taken adverse action against your license or privileges, or informed you of any pending charges not previously reported to this Board?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ASI ONLY <input type="checkbox"/>
B. Have you been convicted of a crime (other than minor traffic violation) not previously reported to the Board?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ASI ONLY <input type="checkbox"/>
C. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ASI ONLY <input type="checkbox"/>
D. Since the last renewal, have you been diagnosed or treated for substance abuse?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ASI ONLY <input type="checkbox"/>
E. Have you been involved in a malpractice suit since your last renewal? If yes, provide date of incident, allegation and disposition of case.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ASI ONLY <input type="checkbox"/>

6. SIGNATURE

All licensees are required to sign and date this form on the lines provided below. This form will be returned unprocessed if the form is not signed by the licensee. Make a photocopy of this form for your records.

Harold D Johnson 23 Oct 00 ASI ONLY

LICENSEE'S SIGNATURE DATE

ALL RENEWING LICENSEES — Please complete sections 8 and/or 9 on the back of this form to update your home or business address, preferred mailing address, SSN/Birthdate, or to report a name change. Use your license prefix and number when calling for assistance at the number listed in General Instructions or when writing to ASI or the Board.

Mail renewal form and fee to:
ASI/DC DOH-MD • Metro-Plex II, Suite 400, 8201 Corporate Drive • Landover, MD 20785



HAROLD D. JOHNSON

DISTRICT OF COLUMBIA - DEPARTMENT OF HEALTH
HEALTH OCCUPATION LICENSE RENEWAL FORM

Information printed Section 1 of this form shows the current information on record for your license. Complete all sections of this form.
If more space is needed to fully answer questions, attach additional sheets. False or misleading statements will be cause for
disciplinary prosecution. Mail the form, the required fee, and all supporting documents to: Department of Health, Health Professional
Board, 825 North Capitol Street, NE, Suite 2224, Washington, D.C. 20002. This form is due back to HPLA by December 31, 2004.
This form must contain an additional late fee of \$65.00. If you have any questions, call HPLA Customer Service at 1-888-204-6193.

1. INFORMATION

Information on the reverse side of this form.

License Number
*Social Security
Birth Date
Internet Pin:

Other Address



B-11
#687
#312

OCT 22 2004

*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (Health Occupations Revisions Act), applicants are required to provide a Social Security Number
(SSN) on applications for a professional license. Please provide your Social Security Number in Section 5 of this form. If a Social Security Number is not available, a
sworn affidavit stating that you do not have a Social Security Number must be submitted on a separate notarized letter.

2. SPECIAL INSTRUCTIONS

- Your license expires December 31, 2004.
Renewal applications submitted after December 31, 2004 will be required to pay a \$65.00 late fee.
If you are unable to renew your license by December 31, 2004 or within the 60-day late renewal period, you will then be required to apply for reinstatement of
your license.
In addition, you must submit your pictures no later than the 60-day late renewal period. Failure to do so will result in your license lapsing and you will have to
apply for reinstatement of your license. You may not practice your profession in the District of Columbia until you reinstate your license.
You may reinstate your license in the District within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must
apply as a new applicant. You will receive a new license number upon approval.

IMPORTANT NOTICE: In compliance with 17 DCMR 4001.1(c), please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on
a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies.
In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full
name and either your license number or Social Security Number. Please send the photos along with your Renewal Application form. Photos will be placed
on the pocket license. You will also need to submit one (1) clear photocopy of a government issued photo ID, such as your valid driver's license, as
proof of identity. Your application is not complete and your license will not be renewed until your photos are received.

INTERNET INSTRUCTIONS: This is a reminder that if you decide to register online, remember to register at: http://www.dchealth.dc.gov. You must use
the PIN that has been assigned to you.

If you renew online, you are still required to mail in two (2) 2x2 photographs as stated above. Your license will not be renewed until your photos are
received.

Your PIN is: M16718

Be sure to keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify your professional board of any address change
within 30 days of the change. You may read address changes to the address in the GENERAL INSTRUCTIONS above. This will help ensure that you receive your next renewal notice
in a timely manner.

3. LICENSE RENEWAL AND FEES - Select the type of action you wish to take for your license.

Please check the appropriate boxes to indicate other requests you would like to be processed with your license renewal and then total the fee column. This form will be
returned unprocessed if the fee is not included or if the fee is less than required. Make your check or money order payable to "Promissor." CASH PAYMENTS WILL
NOT BE ACCEPTED.

- A. Renewal OR Paid Inactive Status Request
B. Cancel License (No Fee)
C. Late Fee (if postmarked after December 31, 2004)
D. Name and/or Address Changed
E. Duplicate License Request

Make check or money order payable to Promissor.
Mail to:
Department of Health
Health Professional Licensing Administration
Board of Medicine - Renewals
825 North Capitol Street, NE
Suite 2224
Washington, D.C. 20002

A Charge of \$65.00 will be imposed for dishonored checks
(Public Law 89-208)

4. QUESTION ABOUT YOUR PRACTICE

If you have an "MD" or "DO" license prefix, please complete A-D. If you are a chiropractor ("CH" license prefix), complete A, B and E.
Otherwise, complete A and B only.

Table with 3 columns: Question (A-E), Yes/No, and Specialties list (AD Administrative Medicine, AL Allergy & Immunology, etc.)

5. CONTINUING EDUCATION

Check the box below if you have completed the required credit hours to renew your license. These courses must have been completed between 1/1/03 and 12/31/04.

Include the copies of certificates of completion with this application.

Physician Assistants ONLY
I have completed the 40 hours of Category I and 60 hours of
Category II continuing education required to renew my license.
SEE # 5 FOR REQUIREMENT DETAILS

Chiropractors ONLY
I have completed the 24 hours of continuing
education required to renew my license.
SEE # 5 FOR REQUIREMENT DETAILS

Official Only
Grid for tracking completion

RECEIVED
LICENSING REGULATION
ADMINISTRATION

2004 OCT 22 P 12: 51

HEALTH PROFESSIONAL LICENSING ADMINISTRATION
RECEIPT FORM
★ ★ ★

Government of the District of Columbia
Department of Health
Health Professional Licensing Administration
925 North Capitol Street, NE, Suite 2224
Washington, D.C. 20002

Date 10/27/04

RECEIVED FROM: Dr. Harold D. Johnson License# MD7218

DOLLARS

FOR:	BOARD:	MO#	Amount#
Check or Money Order (ONLY)	<u>MD</u>		
Clean Hands Form			
Copies of Legal Name change Documents			
Social Security Number		<u>6817</u>	<u>\$312</u>
Notarized Application for Registration			
Two 2"x2" Photos			
Copy of current License			
FINES			
PAID IN FULL			BAL DUE \$

RCD BY: Juliana Clark


DL
 Class Drivers
 L.C. #: J-525-298-149-263
 HAROLD DOUGLAS JOHNSON
 #10811
 BIRTH DATE: 04-03-2008
 SEX: M HT: 5-09 WT: 190
 ROSTER #: Type: R
 Name: Date:

MD 7218



GOVERNMENT OF THE DISTRICT OF COLUMBIA
 DEPARTMENT OF HEALTH
 825 NORTH CAPITOL STREET, N.E.
 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, HAROLD D. JOHNSON, applying for a MD
 (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.

Harold D. Johnson
 Signature and Title/Responsible Officer

23 Oct 96
 Date

 Social Security #

 Business/Home Address

 Phone Number

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

Enforcement Log

Harold Johnson, MD - Renewal application - malpractice suit. Date 10/8/2002 - Closed; no violations. Asked WEM for clarification as to what disposition he wants 1/5/03. Gave to WEM 12/19/02. Sent to VB 11/13/02 - Date 10/29/2003

Harold Johnson - NBPD malp report - Date 4/27/2005 - BOMclosed 4/25/07. Tabled pending related invest 3/28/07. Invest reprt dated 12/11/06 for BOM revw a/o 2/26/07. BOM rqstd invest 11/30/05. NPDB report for BOM review a/o 11/28/05. Ltr of 6/6/05 recvd 6/9/05. Rqstd licensee's comments 6/6/05. NPDB Malp repo - Date 4/25/2007

Harold Johnson, MD - Disc. in MD. - Date 5/14/2001 - Close; no action. - Date 26/2001

Person | **Facility**

First Name: Last Name: Profession:

License Number: SSN: License Type:

Address Line1: Address Line2: Address Line3:

City: State: Zip Code:

Phone Number: License Status:

Clear

Search Results Page 1 of 1

Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License Status
JOHNSON, HAROLD D.							
CONTROLLED SUBSTANCE	3794 Martin Luther King Jr. Avenue, SE Washington DC 20032	Practitioner - Physician	CS8802968		11/23/1999	12/31/2016	
MEDICINE AND SURGERY	3794 Martin Luther King Jr. Ave SE Washington DC 20032		MD7218	Alert	08/06/1974	12/31/2018	A

Current Hold/Alert Exists

All Licenses held by - JOHNSON, HAROLD D.

License Type	Address	Sub Type	License Number	Hold/Alert	Status
MEDICINE AND SURGERY	3794 Martin Luther King Jr. Ave SE Washington DC		MD7218	Alert	Active

<u>CONTROLLED SUBSTANCE</u>	20032 3794 Martin Luther King Jr. Avenue, SE Washington DC 20032	Practitioner - Physician	CS8802968		Expired

[Archive](#) | [Reapply](#) | [Complaints](#)

Person

First Name: HAROLD
 Middle Name: D.
 Last Name: JOHNSON
 Suffix:
 Date of Birth:
 Place Of Birth:
 Gender: M
 SSN:
 Address Line 1:
 Address Line 2:
 Address Line 3:
 Address Line 4:
 Date Deceased:
 Registration Code: 65266197

License

License Number: MD7218
 License Type: MEDICINE AND SURGERY
 Renewal Id:
 Profession: MEDICINE
 Sub Type:
 Date This Status: 01/01/2003
 Status: Active
 Effective Date: 01/01/2017
 Reason Changed:
 Expiration Date: 12/31/2018
 Issue Date: 08/06/1974
 from Country:
 State/Prov: NA
 Application Recd Date:
 Obtained By: National Examination (English)
 Reinstatement App Recd Date:
 Date Last Renewal: 12/08/2016
 Disciplinary Limit Flag: N
 Last Reprint Date: 11/13/2014

Facility

Full Name: HAROLD D. JOHNSON
 PersonId: 98575
 Owner/Manager:
 Address Line1:
 Address Line2:
 Address Line3:
 Address Line4:

Practice Information Details

In Active
 Practice Now?: Yes
 Practice In DC: Yes
 Active Practice
 in DC: Hours
 per week?:

Alias

Last Name	Date Changed	Alias Type Label
JOHNSON		Merged
JOHNSON		Merged
JOHNSON		Merged

Employers for License

No Data

License Bond

No Data

Specialties

Authority Code Label	Is Primary	Issue Date	Expiration Date
Obstetrics & Gynecology - Board Cert			

Employment

No Data

Education

School Name	School Type	Date Graduated	Degree Certificate
No Data			

CE Credits By Cycle

Current cycle	0.00	Not checked
Last cycle	0.00	Not checked
Other old cycles	0.00	Not checked

Requirements

Name	Status	Date
No Data		

Prerequisites

Name	License Type	License Number	Status
No Data			

Schedules

No Data

Inspection

No Data

CBC Override

[Details](#)

Date to Override:	Comments:
No Data	

Exam

Exam Date	Exam State	Exam Type Label	Exam Score
No Data			

Initial/Renewal Question Answers

Group Name	Group Response
No Data	

Person Photo ID



Criminal Background Check			
FBI Result	FBI Result Date	State Result	State Result Date
Positive	10/12/2012	Negative	10/18/2012

Person Or Facility Document			
Date Uploaded	Description	Category	Amendments
01/30/2015		Person	N

License



Profession : MEDICINE

License Type : MEDICINE AND SURGERY

License Number : MD7218

Status : Active

from Country :

State/Prov : NA

Obtained By : National Examination (English)

Issue Date : 08/06/1974

Sub Type :

Date Last Renewal : 12/08/2016

Disciplinary Limit Flag : N

Expiration Date : 12/31/2018

License Additional Add/Edit



Lic Deg Suffix

Last CE Audit Date

Doing Business As

Loa Expire Date mm/dd/yyyy

Old License Number

Loa Issue Date mm/dd/yyyy

Returned Material

Board Approve Date mm/dd/yyyy

Material Returned Date mm/dd/yyyy

Transfer Code

Board Id

Do CE Audit?N

Select Email Other Use License Address For Mailing

Email Merge Address

License Address Fields



Zipcode*	<input type="text" value="20032-"/>	
City*	<input type="text" value="Washington"/>	<input type="text" value="Washington"/>
County	<input type="text" value="District of Columbia"/>	<input type="text" value="District of Columbia"/>
Unlisted	<input type="checkbox"/>	
Address Line1	<input type="text" value="3794 Martin Luth King Jr. Ave SE"/>	Map It
Address Line2	<input type="text" value="Ste. 100"/>	Address Line3 <input type="text"/>
Email	<input type="text"/>	Phone <input type="text" value="(202) 563-131"/>
Phone Unlisted	<input type="checkbox"/>	Fax <input type="text"/>
Cell Phone	<input type="text"/>	State* <input type="text" value="DC"/>
Country*	<input type="text" value="United States"/>	

[Copy Person Address Fields](#)

Summary				
Name	Address	License Type	License Number	License Status
HAROLD D. JOHNSON	3794 Martin Luthe King Jr. Ave SE Ste. 100 Washington DC 20032	MEDICINE AND SURGERY	MD7218	Active

License Summary							
Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD7218	Active		NA	National Examination (English)	08/06/1974

Remarks List		
Date Last updated	Remarks	Updated By
01/11/2013 11:59:00 AM	1/11/13 - Renewal - Dr. Johnson's CBC was positive for an incident in 1976. FBI report listed no disposition. BK reviewed explanation of incident. Hold lifted. License renewed...DS Feb 18, 1997 1997 RENEWAL BTRS Record 42845-2: Inserted Flag DCPRACTICE. Added Authority OBA. Changed Home Phone. Changed Business Address. Changed Preferred Mailing Address Flag. Renewed License, Batched MDLICPRT. Oct 20, 1998 1999 RENEWAL BTRS Record 121111-21: Renewed License, Batched MDLICPRT. Nov 18, 2000 RENEWAL BTRS Record 252466-14: Renewed Authority OBA.. License Renewed , Batched MDLICPRT. Jul 31, 2001 CONFIRMATION confirmed as active per acd call...fam. Oct 15, 2002 RENEWAL BTRS Record 379945-15: Renewed Authority OBA.. License Renewed , Batched MDLICPRT.	

Edit Remark
<div style="border: 1px solid black; padding: 5px;"> <p>1/11/13 - Renewal - Dr. Johnson's CBC was positive for an incident in 1976. FBI report listed no c</p> <p>Feb 18, 1997 1997 RENEWAL BTRS Record 42845-2: Inserted Flag DCPRACTICE. Added A</p> </div>
<div style="text-align: right;"> <input type="button" value="Save"/> <input type="button" value="Clear"/> </div>

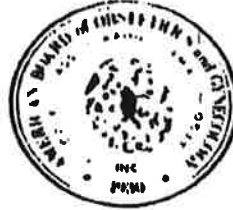
Last Name: Johnson
First Name: Harold Douglas
Birth Date: 1946

CERTIFICATION(S) -
Certification: Obstetrics & Gynecology
Certification Date: 1984
Currently Certified: Y
Certifying Board: Obstetrics & Gynecology

EDUCATION-
School: Howard U
Degree: MD

ADDRESS (Mail, Primary)
Address Line 2:
City:
County:
State:
Zip:
Country:

ROBERT G. QANI, M.D., Dallas, TX
CHARLES B. HAMMOND, M.D., Durham, NC
JAMES M. INGRAM, M.D., Tampa, FL
LEO D. LAGASSE, M.D., Los Angeles, CA
DANIEL R. MISHEL, JR., M.D., Los Angeles, CA
GLORIA E. SARTO, M.D., Milwaukee, WI
RUTH W. SCHWARTZ, M.D., Rochester, NY
WILLIAM N. SPELLACY, M.D., Chicago, IL
LUTHER M. TALBERT, M.D., Chapel Hill, NC



JOHN J. DUNN, M.D., President
ROSE M. PITKIN, M.D., Vice President
EDWARD J. CHODURA, M.D., Director of Examinations
JOHN H. ISAACS, M.D., Treasurer
TERUO HAYASHI, M.D., Chairman of the Board

THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.

4507 University Way N.E., Suite 204, Seattle, WA 98105

December 11, 1984

JAMES A. MERRILL, M.D.
Executive Director

TO: Dr. Harold Douglas Johnson

FROM: James A. Merrill, M.D., Executive Director
American Board of Obstetrics and Gynecology, Inc.

Congratulations. In recognition of your fulfillment of all requirements, you are now a certified Diplomate of The American Board of Obstetrics and Gynecology, Inc. On the enclosed card, please TYPE your name as you wish it to appear on your Diploma and the address to which your Diploma should be mailed. The completed card should be returned to the above address by DECEMBER 31st.

The names of Diplomates certified in December, 1984 will be published officially in early issues of THE AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY and OBSTETRICS AND GYNECOLOGY. A list of newly certified Diplomates is also forwarded to the Bibliographic services of the AMA, the American Board of Medical Specialties, and to the publishers of the DIRECTORY OF MEDICAL SPECIALISTS.

Your name will be included in all four listings, PROVIDED you indicated (on the form you signed before taking the oral examination) permission for the Board to include your name in the lists to be published.

PLEASE KEEP THE BOARD OFFICE INFORMED OF A CHANGE IN YOUR ADDRESS. We are hoping that you will maintain an active interest in the specialty and that you will continue to improve the care of Obstetrics and Gynecology patients.

JAM:js

Enclosure

HAROLD D. JOHNSON, M.D., F.A.C.O.G.

**Suite 100
3794 Martin Luther King Jr., Avenue, S.E.
Washington, D.C. 20032
(202) 563-1300**

CURRICULUM VITAE

HAROLD D. JOHNSON, M.D., F.A.C.O.G., graduated from Howard University College of Liberal Arts with a B.S. degree in 1968. From September 1968 through May 1969, he attended its Graduate School in Endocrinology. Dr. Johnson entered Howard University College of Medicine in September 1969, from which he received his medical degree in May 1973. He completed a rotating internship at Howard University Hospital in June 1974, during which time he successfully passed the National Board of Medicine Exam.

From July 1974 until his honorable discharge in June 1977, Dr. Johnson served as a Medical Officer and Flight Surgeon with the United States Air Force. In 1974, Dr. Johnson was stationed at Nakorn Phnom Phnom, Thailand; in 1975, he completed training in the United States Air Force School of Aerospace Medicine in San Antonio, Texas. Following that training, Dr. Johnson served in the Flight Surgeon's Office at Andrews Air Force Base, Maryland, until his discharge. In July 1977, Dr. Johnson returned to Howard University Hospital as a member of its post-graduate residency training program in obstetrics and gynecology. Dr. Johnson successfully completed his residency training at Howard University Hospital, and its affiliated hospitals, in July 1981. On December 7, 1984, Dr. Johnson successfully passed the oral and written examination by the American Board of Obstetrics and Gynecology, and became board-certified in obstetrics and gynecology.

In ^{9/}1981, Dr. Johnson established a private practice in obstetrics and gynecology; he has maintained that practice continually since its establishment. In 1982 and 1983, Dr. Johnson served as a physician for the Hadley Memorial Hospital outpatient clinic. Between 1982 and 1987, he also served as a supervising physician for Planned Parenthood of D.C.

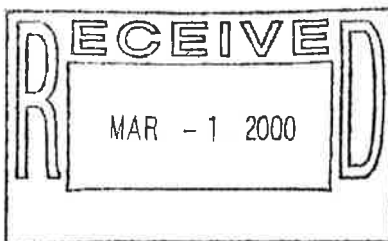
Dr. Johnson has clinical privileges at the Columbia Hospital for Women Medical Center, the Washington Hospital Center, and Howard University Hospital. He is an active member of the National Medical Association. Dr. Johnson resides in [redacted] with his wife and young daughter.

*Staff Physician Dept of OB/Gyn DCBH
March 98 thru Oct 99*

Harold D. Johnson

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Mailing Address:

HAROLD DOUGLAS JOHNSON MD

Primary Office Address:

LANDOVER WOMENS HEALTH SVC
6513 ANNAPOLIS RD
HYATTSVILLE MD 20784

Birthdate:

Phone: UNKNOWN

Birthplace:

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Self Designated Practice Specialties (SDPS):

Primary Specialty: OBSTETRICS AND GYNECOLOGY

Secondary Specialty: GENERAL PRACTICE

AMA membership: NON-MEMBER

_____ **Following Data Provided by the Primary Sources** _____

Medical School:

HOWARD UNIV COLL OF MED, WASHINGTON DC 20059 (VERIFIED)

Year of Graduation: 1973 (VERIFIED)

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

Institution: HOWARD UNIV HOSP

Specialty: FLEXIBLE OR TRANSITIONAL YEAR

State: DISTRICT OF COLUMBIA

06/1973 - 06/1974

(VERIFIED)

Institution: HOWARD UNIV HOSP

Specialty: OBSTETRICS AND GYNECOLOGY

State: DISTRICT OF COLUMBIA

07/1977 - 06/1979

(VERIFIED)

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

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

Institution: HOWARD UNIV HOSP
Specialty : OBSTETRICS AND GYNECOLOGY

State: DISTRICT OF COLUMBIA
07/1979 - 06/1981
(VERIFIED)

Note: Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program directors. If additional information is required, please contact the program director(s).

National Board of Medical Examiners (NBME) Certification Year: MD: 1974

License(s): State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
VIRGINIA	MD	05/21/1981	04/30/2000	ACTIVE	UNLIMITED	04/30/1999
DISTRICT OF COLUMBIA	MD	08/06/1974	12/31/2000	ACTIVE	UNLIMITED	10/01/1999
MARYLAND	MD	06/20/1974	09/30/2000	ACTIVE	UNLIMITED	09/09/1999

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 Certification:

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:

AS OF 01/05/2000, FEDERAL DEA REGISTRATION IS VALID. EXPIRATION DATE IS 12/31/2000.

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.

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

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: 01/01/1984 **Expiration:** NONE REPORTED TO DATE **Last Reported:** 06/30/1999 INITIAL

Note: For certification 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 ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

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

The content of the Physician Profile is intended as an instrument to assist with credentialing. Appropriate use of the 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, residency training and board certification.

If you note any discrepancies, please mark them on a copy of the profile and fax to (312) 464-5827 or return to:

American Medical Association
Department of Data Services
515 N. State Street
Chicago, IL 60610



National Medical Association

1012 Tenth Street, Northwest
Washington, D.C. 20001-4492
(202) 347-1895 FAX (202) 842-3293

CME CERTIFICATE OF ATTENDANCE
1998 Convention and Scientific Assembly
Ernest N. Morial Convention Center
New Orleans, Louisiana
August 1-6, 1998

Harold Douglas Johnson, M.D.

CONTINUING EDUCATION CREDIT: The National Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Forty-five hours of credit in Category 1 are awarded for this activity towards the Physician's Achievement Award of the National Medical Association and the Physician's Recognition Award of the American Medical Association.

The American Academy of Dermatology certifies that this educational activity has been recognized for 14 hours of AAD Category 1 credit and may be used toward the American Academy of Dermatology's Continuing Medical Education Award.


This program has been reviewed and is acceptable for 42.25 prescribed hours by the American Academy of Family Physicians.

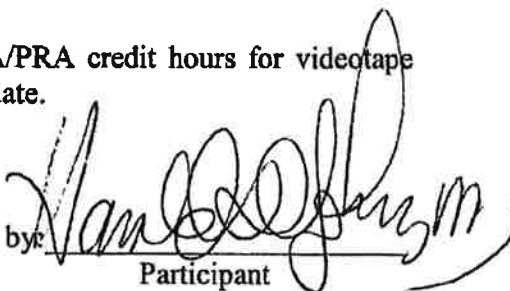
The American College of Obstetricians and Gynecologists has assigned 25 cognate hours (Formal Learning) to this program.

The American College of Radiology designates this educational activity for a maximum of 29 hours in Category 1 credit towards the AMA's Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity. Five hours of certified Mammography are included.

Two hours of "Risk Management" have been provided.

Participants may report 10 Category 2 NMA/PAA and AMA/PRA credit hours for videotape viewing of conference lectures after the end of the conference date.


William E. Matory, M.D.
Director of Continuing Medical Education

Attested to by: 
Participant



Thomas
Jefferson
University

Jefferson
Medical
College

Office of Continuing Medical Education 1020 Locust Street
Suite M32
Philadelphia, PA 19107-6799
215-955-6992
Fax: 215-923-3212

Harold D. Johnson MD

Practical Pain Medicine 1999

Practical Pain Medicine 1999

04/30/1999 - 05/02/1999

CME Certificate

Jefferson Medical College designates this educational activity for a maximum of 11.00 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Dr. Johnson claimed 11.0 hours of credit for this activity.

Jefferson Medical College of Thomas Jefferson University, as a member of the Consortium for Academic Continuing Medical Education, is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

CENTER FOR CONTINUING PROFESSIONAL EDUCATION

Continuing Medical Education Certificate

Harold D. Johnson, M.D.

has attended the Continuing Medical Education Activity

Gynecologic Endocrinology and Infertility

December 10, 11 & 12, 1999

The Crowne Plaza Manhattan
New York City

The Center for Continuing Professional Education is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Center for Continuing Professional Education designates this continuing medical education activity for a maximum of 16 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours that he/she actually spent in the educational activity. This course has also been approved for 17 Cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.

Apr 98

Cornell University Medical College

is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

CORNELL UNIVERSITY MEDICAL COLLEGE
certifies that

Harold Johnson, MD

has participated in the educational activity entitled:

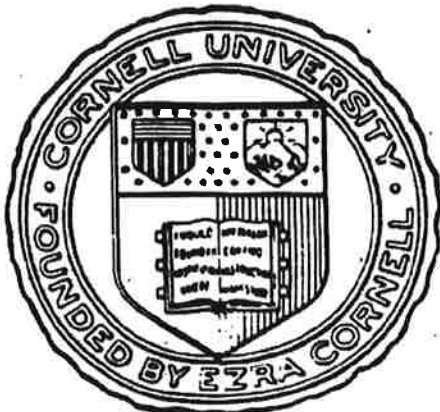
THE PREVENTION OF PREMATUREITY AND NEONATAL MORTALITY


at
Cornell University Medical College
New York City

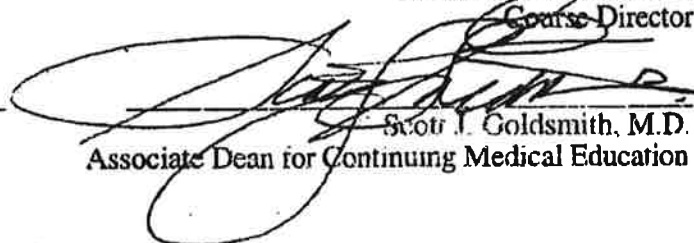
on
April 29 - May 2, 1998

and is awarded a maximum of 12 hours of Category 1 credit toward the AMA Physician's Recognition Award.

(Each physician should claim only those hours of credit that he/she actually spent in the educational activity.)




Frank Chervenak, M.D.
Course Director


Scott J. Goldsmith, M.D.
Associate Dean for Continuing Medical Education

National Medical Association

CME CERTIFICATE OF ATTENDANCE

1998 Convention and Scientific Assembly
Ernest N. Morial Convention Center
New Orleans, Louisiana
August 1-6, 1998

CONTINUING EDUCATION CREDIT: The National Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Forty-five hours of credit in Category 1 are awarded for this activity towards the Physician's Achievement Award of the National Medical Association and the Physician's Recognition Award of the American Medical Association.

The American Academy of Dermatology certifies that this educational activity has been recognized for 14 hours of AAD Category 1 credit and may be used toward the American Academy of Dermatology's Continuing Medical Education Award.

This program has been reviewed and is acceptable for 42.25 prescribed hours by the American Academy of Family Physicians.

The American College of Obstetricians and Gynecologists has assigned 25 cognate hours (Formal Learning) to this program.

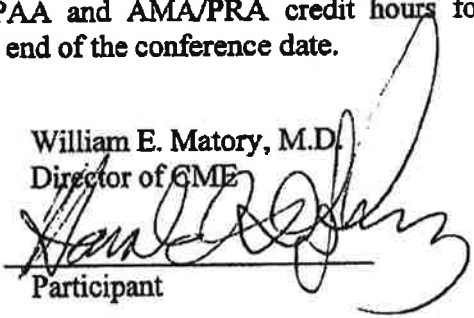
The American College of Radiology recognizes that the National Medical Association, as an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME), has sponsored and conducted a review of the content of this program, and at their request, the American College of Radiology cosponsors this program through the Committee on Accreditation for Continuing medical Education. National Medical Association awards 29 hours Category 1 credits. Five hours of certified mammography are included.

Two hours of "Risk Management" have been provided.

Participants may report 10 Category 2 NMA/PAA and AMA/PRA credit hours for videotape viewing of conference lectures after the end of the conference date.

William E. Matory, M.D.
Director of CME

Attested to by:


Participant

Certificate requires validation by signature of the participant



Washington
Hospital Center

April 10, 2000

RECEIVED
APR 17 2000
MEDICAL STAFF OFFICE

110 Irving Street, NW
Washington, DC 20010-2975
www.whcenter.org

To Whom it May Concern:

The Office of Medical Affairs at the Washington Hospital Center (WHC) has received your request for verification of privileges for **Harold D Johnson, MD**. Due to the increasing number of inquiries regarding members of the Medical and Dental staff, the following information is provided as verification:

Department: OBSTETRICS & GYNECOLOGY

Specialty: Not Applicable

Initial Date of Appointment: 12/25/1981

Termination Date:

Current Status: Courtesy

Appointment : 05/07/1998 to 05/07/2000

During the tenure of Dr. Johnson, no adverse information has been received. No limitations, restrictions, or revocations have been placed on his privileges. **Harold D Johnson, MD** has met all requirements to maintain Medical Staff membership during his/her period of appointment.

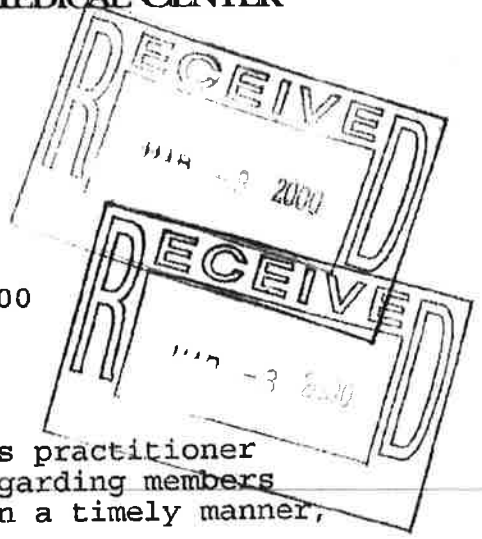
Sincerely,

Arlene Coleman, RN

Arlene Coleman, RN
Coordinator, Quality Resources
Department

COLUMBIA HOSPITAL FOR WOMEN  MEDICAL CENTER

February 28, 2000



To Whom It May Concern:

Thank you for your recent inquiry regarding this practitioner listed below. Due to the volume of inquires regarding members of the Medical Staff, and in order to respond in a timely manner, we offer the following verification:

NAME: Harold D. Johnson, MD

DEPT: OB/GYN

SPECIALTY: OBSTETRICS AND GYNECOLOGY

STAFF STATUS: Courtesy

APPOINTMENT DATE: 06/22/1988

Furthermore, there is nothing of an adverse or derogatory nature in this practitioner's credentials file. Please do not hesitate to call me if you require additional information. I can be reached at (202) 293-5239.

Sincerely,

A handwritten signature in cursive script that reads 'Pepper Richardson'.

Pepper Richardson
Administrative Assistant

cc: credentials file

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Address:

HAROLD DOUGLAS JOHNSON MD

Phone:

Birthdate:

Birthplace:

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Self Designated Practice Specialties (SDPS):

Primary: OBSTETRICS AND GYNECOLOGY

Secondary: GENERAL PRACTICE

AMA membership: NOT A MEMBER

Following Data Provided by the Primary Sources

Medical School:

HOWARD UNIV COLL OF MED, WASHINGTON DC 20059 (VERIFIED)

Year of Graduation: 1973 (VERIFIED)

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

Institution: HOWARD UNIV HOSP State: WASHINGTON D.C.

Specialty: OBSTETRICS AND GYNECOLOGY 07/1979 -06/1981
(VERIFIED)

Institution: HOWARD UNIV HOSP State: WASHINGTON D.C.

Specialty: OBSTETRICS AND GYNECOLOGY 07/1977 -06/1979
(VERIFIED)

Institution: HOWARD UNIV HOSP State: WASHINGTON D.C.

Specialty: FLEXIBLE OR TRANSITIONAL YEAR 06/1973 -06/1974
(VERIFIED)

Note: Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program directors. If additional information is required, please contact the program director(s).

National Board of Medical Examiners (NBME) Certification Year: MD: 1974

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

License(s) : State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
VIRGINIA	MD	05/21/1981	04/30/1998	ACTIVE	UNLIMITED	09/15/1997
MARYLAND	MD	06/20/1974	09/30/1998	ACTIVE	UNLIMITED	01/29/1998
WASHINGTON DC	MD	01/01/1974	12/31/1998	ACTIVE	UNLIMITED	01/31/1998

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. A blank expiration date indicates that the data is not provided to AMA by the licensing board. Please contact the appropriate licensing board directly for this information.

ECFMG Certification:

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:

AS OF 10/11/97 FEDERAL DEA REGISTRATION IS VALID.

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.

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:

Primary Board: AM BRD OF OBSTETRICS AND GYNECOLOGY

Effective: 01/1984 Expires: INITIAL CERTIFICATION

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective: Expires:

Note: For certification 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 HCFA.

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data 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 ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

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

The content of the Physician Profile is intended as an instrument to assist with credentialing. Appropriate use of the 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, residency training and board certification.


If you note any discrepancies, please mark them on a copy of the profile and return to: American Medical Association Department of Data Services, 515 N. State Street, Chicago, IL 60610.

★★★ GOVERNMENT
OF THE
DISTRICT OF COLUMBIA


DEPARTMENT OF HEALTH
HEALTH CARE LICENSING & CUSTOMER SERVICE DIVISION
BOARD OF MEDICINE
certifies that
HAROLD D. JOHNSON

has met all requirements prescribed by law and regulations and is hereby licensed in:
Medicine and Surgery
License Number: MD7218

ISSUE DATE: 01/01/2001 **EXPIRATION DATE: 12/31/2002**



Director, Department of Health



Acting Chairperson

[Handwritten scribbles and lines]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AJ7007188	12-31-2003	\$210.00
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2, 2N, 3, 3N, 4, 5	PRACTITIONER	11-28-2000
JOHNSON, HAROLD DOUGLAS MD		20001

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

RECEIVED

DEC 11 2000

ME

ENTERED
12-11-00

ENTERED
12-11-00

RECEIVED

DEC 11 2000

MEDICAL STAFF OFFICE

★★ ★ GOVERNMENT OF THE DISTRICT OF COLUMBIA
 DEPARTMENT OF HEALTH
 ENVIRONMENTAL HEALTH ADMINISTRATION
 BUREAU OF FOOD, DRUG AND RADIATION PROTECTION
 51 N STREET, NE, ROOM 6025
 WASHINGTON, DC 20002

CERTIFICATE OF LICENSURE OR REGISTRATION
 REGISTRANT

HAROLD D JOHNSON MD
 3794 MLK JR AVE SE #100
 WASHINGTON, DC 20032
 CERTIFICATE NUMBER
 CE2802968

BUSINESS ACTIVITY
 PRACTITIONER - PHYSICIAN
 SCHEDULES
 II, II N, III, III N, IV, V

ISSUE DATE
 11/30/2000
 EXPIRATION DATE
 11/30/2001

This certificate applies only to the registrant listed herein and is not transferable on change of ownership, control, location or business activity.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

DEA REGISTRATION
NUMBER

THIS REGISTRATION
EXPIRES

FEE
PAID

AJ700718d

12-31-2000

\$210.00

SCHEDULES

BUSINESS ACTIVITY

DATE ISSUED

2, 2N, 3, 3N, 4, 5 PRACTITIONER

11-21-1997

JOHNSON, HAROLD DOUGLAS MD

Form DEA-223 (10/96)

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.



DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF FOOD, DRUG AND RADIATION PROTECTION
825 NORTH CAPITOL STREET, NE, ROOM 5125
WASHINGTON, DC 20002

**CERTIFICATE
OF
LICENSURE OR REGISTRATION**

REGISTRANT

HAROLD D. JOHNSON MD
3794 N.E. DR. AVE #100
WASHINGTON DC
20032

CERTIFICATE NUMBER

050802966

BUSINESS ACTIVITY

ACTITIONER-PHYSICIAN

SCHEDULES

II, III, IV, V

ISSUE DATE

11/30/1999

EXPIRATION DATE

11/30/2000

This certificate applies only to the registrant listed herein and is not transferable on change of ownership, control, location or business activity.

D. C. Ken

Cardiopulmonary
Resuscitation and
Emergency
Cardiac Care
Provider

HAROLD JOHNSON



has successfully completed the national cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association for

BLS for Healthcare Providers

MAY 1998

Issue Date

MAY 2000

Recommended Renewal Date

★★★ GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF MEDICINE
certifies that

HAROLD D. JOHNSON

has met all requirements prescribed by law and regulations and is hereby licensed in:

Medicine and Surgery

License Number: MD000007218

ISSUE DATE: 04/01/1997

EXPIRATION DATE: 12/31/1998

Samuel Cross
Director, Department of
Consumer and Regulatory Affairs

Thomas J. Kadavick, Jr.
Chairman

*Nov 7, 1997
This is by
Mr. Williams of
Board of Medicine
Carroll*

Nov. 30, 1997
Verified by Mr. Dick
E. J. De F. O. F.
C. J. H.

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

The Controlled Substances Act of 1970 reads in part as follows:
Sec. 304. (a) A registration pursuant to section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Attorney General upon a finding that the registrant, notified any application filed pursuant to or required by the title or title III, has:
(2) has been convicted of a felony under the title or title III or any other law of the United States or of any State, relating to any substance defined in this title as a controlled substance; or
(3) has had the State license or registration suspended, revoked, or denied by competent State authority, and is no longer authorized by State law to engage in the manufacture, distribution, or dispensing of controlled substances.

FD-302 (Rev. 11-29-82)

DEA REGISTRATION NUMBER: **AJ7007188** THIS REGISTRATION EXPIRES: **12-31-97** FEE PAID: **\$210.00**

SCHEDULES: **2, 2N, 3, 3N, 4, 5** BUSINESS ACTIVITY: **FRAC TITIONER** DATE ISSUED: **12-01-94**

JOHNSON, HAROLD DOUGLAS MD
43 W W ST N.W
WASHINGTON, DC
20001

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

FAX 12:04

☆☆☆ GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

SPRA-27 (11/84)
(Rev. 5/85)

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
SERVICE FACILITY REGULATION ADMINISTRATION
PHARMACEUTICAL AND MEDICAL DEVICES CONTROL DIVISION
P.O. BOX 37200
WASHINGTON, D.C. 20013-7200

**CERTIFICATE
OF
LICENSURE OR REGISTRATION
REGISTRANT**

HAROLD D. JOHNSON MD
3794 M L KING DR AV, SE 100
WASHINGTON, DC 20002

CERTIFICATE NUMBER
CS-88-02968

BUSINESS ACTIVITY
Practitioner - Physician

SCHEDULES
II IIN IIL TIIN IV V

ISSUE DATE
11/30/1997
EXPIRATION DATE
11/30/1998

REPRINT

This certificate applies only to the registrant listed herein and is not transferable on change of ownership, control, location or business activity.

Nov. 30, 1997
Verified by
Yvonne Blesove
DC DC Narcotic
Division
Cobb

★★★ GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
OFFICE OF PROFESSIONAL LICENSING

certifies that

HAROLD D. JOHNSON

has met all requirements prescribed by law and regulations and is hereby licensed in:

Medicine and Surgery MD7218

ISSUE DATE: 01/01/1999

EXPIRATION DATE: 12/31/2000

Marlene N. Kelly, MD
Director, Department of Health

Robert J. Fromm, Jr., D.D.
Chairman

RECEIVED

JUL 19 2000

MEDICAL STAFF OFFICE



JOHNSON, HAROLD

has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Healthcare Provider Program.

Issue Date Recommended Renewal

MAY 25, 2000 MAY 2002

Name of AHA Region: MARYLAND/DC Region

Name of CTC: D.C. GENERAL HOSPITAL

Name of Training Site: 202 675-5691/2

Instructor's Name: *Bonnie O'Leary*

Instructor's ID No:

Holder's

Signature: _____

© 1997, American Heart Association

