



PUBLIC VERIFICATION / PHYSICIAN PROFILE

INSTITUTIONAL PERMIT

NAME: RONALD ALEXANDER YUNIS MD

DATE: 10/13/2019

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1967
Permit Number: 26318
Permit Type: INSTITUTIONAL PERMIT
Permit Status: TERMINATED
Permit Status Date: 2/21/2007
Begin Date: 07/01/1994
Expiration Date: 09/01/1996
End Date: 7/1/1997
Terminated Date:

Mailing Address
800 PALISADE AVENUE
#22B
FORT LEE , NJ 07024

Board Action (includes all actions regardless of license/permit type)
NONE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: MALE

Current Primary Practice Address:
NOT GIVEN

Education

Graduation Year: 1993
Medical School: MOUNT SINAI SCH OF MED, CITY UNIV OF NEW YORK, NEW YORK
Program Type: RESIDENT
Training Institution: TEXAS TECH UNIV HSC (LUBBOCK)

Program Specialty: OBSTETRICS AND GYNECOLOGY

Summary of all License/Permit Types

Issue Date:	Type:
07/01/1994	INSTITUTIONAL PERMIT
11/16/1996	LICENSED PHYSICIAN
08/23/1996	PHYSICIAN TEMPORARY LICENSE

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