

Application Complete: Yes ___ No

Fee Rec'd w/App: \$300 ___ \$75

Transcript (N/A if foreign educated)

Degree Earned (MD/DO): TX Tech

Date Conferred: 6/30/87

Foreign Med School Verification

Degree Earned (MD/MBBS/MBChB/etc):

Date Conferred: _____

Authorized Signature: _____

Examination

Name: FLEX

ECFMG Certification

Alt. Names _____

Valid Indefinitely ___ Yes ___ No

Authorized Verifying Individual at ECFMG? ___

PGT (U.S. vs. Non-U.S. educated):

1 yr ___ 2 yrs

ALL (if probation/remediation) PROV.

Certifications (only if disc. action):

MD DO FL MD TX WV

FSMB clear? OK

NPDB clear? +

CBC clear? OK

NDEN (if applicable) clear? OK

Competency: PGT active practice

DEA status: PROV.

Proof of Age document(s): OK

Proof of Lawful presence document(s): OK

SAFE response (if applicable)—admitted to: OK

RECEIVED

SEP 07 2021

#34180 12-8-2021
 License to Practice Medicine
 Medicine and Surgery
 Osteopathic Medicine and Surgery

2/2021

Application

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE FEES:

A. Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. Check only ONE waiver:

Young Worker: I am under 26 years old.

Low-income Individual:

I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR

My household adjusted gross income is below 130% of the federal income poverty guideline.

Military Family: I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:

Review the following chart to determine the fee required based on the month and year in which your license will be issued:

Medicine and Surgery/ Osteopathic Medicine and Surgery:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	\$300	\$300	\$300	\$75	\$75	\$75	\$75	\$75	\$300	\$300	\$300	\$300
Odd Numbered Year	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300

Medicine and Surgery, Osteopathic Medicine and Surgery licenses expire 10/01 of even-numbered years

EFFECTIVE JANUARY 1, 2020 ADDITIONAL FEES FOR APPLICANTS FOR THE INITIAL ISSUANCE AS A PHYSICIAN OR AN OSTEOPATHIC PHYSICIAN UNDER THE MEDICINE AND SURGERY PRACTICE ACT SHALL PAY A PATIENT SAFETY FEE OF FIFTY DOLLARS (\$50.00). PLEASE ADD THE \$50.00 FEE TO THE AMOUNT LISTED IN THE CHART ABOVE.

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

SECTION A: INFORMATION

1 You must print your **Legal Name** below

First:	Middle:	Last Name:
Dallas	Wayne	Johnson

List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate

N/A

2 Address:

Street/PO/Route:	3002 Iron Stone Court	
City:	State or Country:	Zip:
San Antonio	Texas	78230

3 Social Security Number (SSN):

[REDACTED]

4 If you are not a U.S. Citizen, list your A# or I-94#:

Alien Registration Number ("A#"):	N/A
I-94 #	N/A

Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

5	Date of Birth (Month/Day/Year): <u>07/30/1946</u>	Place of Birth (City/State or COUNTRY): <u>Shreveport Louisiana</u>
6	Phone #: (optional)* <u>210 906-3114</u>	Additional Phone #: (optional)*
E-Mail Address: <u>dallasj72@yahoo.com</u>		
* phone number and e-mail is optional, but providing this information will speed up communication with you		
7	Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain: <input type="text"/>	
8	<input type="checkbox"/> Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.	

SECTION B – EXAMINATION

I have requested that an official copy of my score reports for any and all of the national examinations that I have taken (check ALL that apply) be sent to your office:

Application by Examination:

USMLE NBME FLEX NBOME LMCC
 Combination of USMLE/FLEX Combination of USMLE/NBME

Application Based on License in Another State or Territory of the United States:

State Exam (list state) I have requested a copy of my state examination from that Board

Foreign medical graduates must indicate their ECFMG number:

SECTION C – EDUCATION: List in chronological order, beginning with high school and ending with medical school, the name and location of all institutions attended. List the diplomas or certificates earned and dates received for all preliminary (high school), pre-medical education and medical education. (Attach additional pages if necessary).

PRELIMINARY AND PRE-MEDICAL EDUCATION

NAME OF HIGH SCHOOL	<u>Little Cypress High School</u>		
City/State/Country	<u>Orange, Texas, USA</u>		
Diploma/Certificate	<u>Diploma</u>		
Date: (MO/YR)	<u>May 1964 (05/64)</u>		
NAME OF PRE-MEDICAL COLLEGE	<u>United States Naval Academy</u>		
City/State/Country	<u>Annapolis, Maryland, USA</u>		
Diploma/Certificate	<u>Diploma (BS)</u>		
Date: (MO/YR)	<u>June 1972 (06/72)</u>		
NAME OF PRE-MEDICAL COLLEGE			
City/State/Country			
Diploma/Certificate			
Date: (MO/YR)			

MEDICAL EDUCATION

NAME OF MEDICAL SCHOOL	<u>Texas Tech University School of Medicine</u>		
City/State/Country	<u>Lubbock, Texas, USA</u>		
Attended	From (M/D/Y): <u>08/15/1983</u>	To (M/D/Y): <u>05/20/1987</u>	
Degree Conferred	<u>Medical Doctor (MD)</u>	Date Conferred (M/D/Y): <u>05/30/87</u>	
NAME OF MEDICAL SCHOOL			
City/State/Country			
Attended	From (M/D/Y): <input type="text"/>	To (M/D/Y): <input type="text"/>	
Degree Conferred	<input type="text"/>	Date Conferred (M/D/Y): <input type="text"/>	

SECTION D- POST-GRADUATE MEDICAL EDUCATION: Indicate whether service was Internship, Residency or Fellowship.

Name of Institution	University of Arizona School of Medicine		
Name of Specialty	Obstetrics and Gynecology	<input checked="" type="checkbox"/> Internship	<input type="checkbox"/> Residency <input type="checkbox"/> Fellowship
City/State/Country	Tucson, Arizona, USA		
Attended From:	(M/D/Y)	07/01/1987	
Attended To:	(M/D/Y)	06/30/1988	
Name of Institution	Texas Tech University Health Science Center		
Name of Specialty	Obstetrics and Gynecology	<input type="checkbox"/> Internship	<input checked="" type="checkbox"/> Residency <input type="checkbox"/> Fellowship
City/State/Country	El Paso, Texas, USA		
Attended From:	(M/D/Y)	07/01/1988	
Attended To:	(M/D/Y)	06/30/1991	
Name of Institution	Baylor College of Medicine		
Name of Specialty	Female Pelvic Med & Reconstructive Surg	<input type="checkbox"/> Internship	<input type="checkbox"/> Residency <input checked="" type="checkbox"/> Fellowship
City/State/Country	Houston, Texas, USA		
Attended From:	(M/D/Y)	07/01/2000	
Attended To:	(M/D/Y)	06/30/2003	
Name of Institution			
Name of Specialty		<input type="checkbox"/> Internship	<input type="checkbox"/> Residency <input type="checkbox"/> Fellowship
City/State/Country			
Attended From:	(M/D/Y)		
Attended To:	(M/D/Y)		

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

SECTION E – COMPETENCY: Indicate that, within the three years immediately preceding the application for licensure, you have met **ONE** of the following:

<input checked="" type="checkbox"/>	I have been in the active practice of the profession of medicine and surgery in some other state, a territory, the District of Columbia, or Canada for a period of one year.
<input type="checkbox"/>	I have had at least one year of approved graduate medical education.
<input type="checkbox"/>	I have completed continuing medical education. <u>Submit proof of attendance at continuing education, as well as information about the content for Board approval.</u> *See below*
<input type="checkbox"/>	I have completed a refresher course in medicine and surgery. <u>Submit proof of attendance at a refresher course, as well as information about the content for Board approval.</u> *See below*
<input type="checkbox"/>	I have completed a special purposes examination. <u>Have your score sent directly to this office for Board approval.</u> *See below*

*Neb. Rev. Stat. 38-2026(4) states that an applicant for a license in medicine and surgery must present proof satisfactory to the Department that he or she, within the three years immediately preceding the application for licensure, (a) has been in the active practice of the profession of medicine and surgery in some other state, a territory, the District of Columbia, or Canada for a period of one year, (b) has had at least one year of graduate medical education, (c) has completed continuing education in medicine and surgery approved by the board, (d) has completed a refresher course in medicine and surgery approved by the board, or (e) has completed the special purposes examination approved by the board.

Be advised that the Board of Medicine and Surgery does not routinely accept continuing education or the special purposes examination alone as acceptable to meet the experience requirement in the absence of recent practice or other evidence of continued competency.

Neb. Rev. Stat. 38-2026.01 gives the Department, with the recommendation of the Board, authority to issue a reentry license to a physician who has not actively practiced medicine for the two-year period immediately preceding the filing of an application for a license or who has not otherwise maintained continued competency during such period as determined by the Board.

Following is the website to the Statutes Relating to Medicine and Surgery where you can read the complete language regarding the reentry license. <https://dhs.ne.gov/publichealth/Documents/Medicine%20and%20Surgery.pdf> The Board of Medicine and Surgery will review applications for a license, either initial application or reinstatement of license, which do not clearly meet the requirements for experience (continued competency) as outlined in the statutes listed above. The Board will make a recommendation to the Department to either issue the license, deny the application or offer a reentry license to the applicant. (This assumes there are no matters whereby discipline would be appropriate.) **Please be aware, that if a reentry license is decided upon by the Board and Department, the process would be that the application be denied if the applicant does not accept the reentry license.**

SECTION F - PROFESSIONAL ACTIVITIES: List in chronological order all of your medical activities for the last ten years, or since graduation from medical college if less than ten years ago to present. Also list all periods of non-professional activity or employment for periods of non-medical activity of more than three months. Please account for all time and explain all gaps of more than three months. (Attach additional pages if necessary). This information must be completed below. **Do not attach CV or other work history forms. Do not put work/employment – be specific.**

From: Month/Year	10/2000	To: Month/Year	05/2021
Name of Facility	Planned Parenthood Gulf Coast		
City/State/Country	Houston, Texas, USA		
Professional Activity	Staff physician gynecologist		
From: Month/Year	10/2019	To: Month/Year	07/2021
Name of Facility	Women's Health Center of West Virginia		
City/State/Country	Charleston, West Virginia, USA		
Professional Activity	Staff physician gynecologist		
From: Month/Year	06/2018	To: Month/Year	09/2019
Name of Facility	Pelvic Medicine Institute		
City/State/Country	San Antonio, Texas, USA		
Professional Activity	Attending physician gynecologist		
From: Month/Year	05/2016	To: Month/Year	05/2018
Name of Facility	Brookside Women's Medical Center		
City/State/Country	Austin, Texas, USA		
Professional Activity	Staff physician gynecologist		
From: Month/Year	09/2014	To: Month/Year	04/2016
Name of Facility	Planned Parenthood South Texas		
City/State/Country	San Antonio, Texas, USA		
Professional Activity	Medical Director gynecologist		

SECTION G – CONTROLLED SUBSTANCES REGISTRATION: (Check one that applies)

1	<input checked="" type="checkbox"/>	I have enclosed a photocopy of my current Federal Controlled Substances Registration.
		Federal Controlled Substances Registration #: XXXXXXXXXX Expiration Date: 12/31/2023
2	<input type="checkbox"/>	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.
3	<input type="checkbox"/>	I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in Nebraska. I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time, I am to supply a photocopy of the registration to the State of Nebraska.



1:5 JOHNSON, DALLAS W (MD)
 3002 IRON STONE CT
 214/656 SAN ANTONIO, TX 78230-2621



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2023	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	11-01-2020
JOHNSON, DALLAS W (MD) 4600 GULF FWY STE 300 HOUSTON, TX 77023-3533		

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

Sections 304 and 1008 (21 USC 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.

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

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 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2023	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	11-01-2020

JOHNSON, DALLAS W (MD)
 4600 GULF FWY STE 300
 HOUSTON, TX 77023-3533

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SECTION H: CONVICTION AND LICENSURE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. All 'yes' responses **MUST** be explained in detail. Additional documentation may be requested by the Board/Department after submission of initial information.

CONVICTION INFORMATION: You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred).

1	Have you EVER been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Name of Conviction	Date of Action	Name of Court Taking Action

The following provides **SOME** examples of convictions; this is **NOT** a complete list

- | | |
|--|---|
| <ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check |
|--|---|

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held in a state **other** than Nebraska.

1	Do you hold or have you held a license in any other state(s)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, what state(s)?		What type of license?	
		Texas		Physician MD	
		Arkansas		Physician MD	
		West Virginia		Physician MD	
	If YES , has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Type of Action	Date of Action	Name of State Taking Action	

SECTION H CONTINUED: CONVICTION AND LICENSURE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. All 'yes' responses **MUST** be explained in detail. Additional documentation may be requested by the Board/Department after submission of initial information.

SECTION I

1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
3	Have you ever been requested to appear before any licensing agency?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

SECTION II

1	Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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SECTION III

1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever voluntarily resigned or suspended your hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

SECTION IV

1	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
2	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
3	Have you ever surrendered your state or federal controlled substances registration?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
4	Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

SECTION V

1	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2	Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

SECTION III, Question 1

While I was a Chief Resident in my Obstetrics and Gynecology Residency Program, following a newborn demise from Group B Streptococcus sepsis, I was placed on 30 days probation. There were no changes or alterations to my medical duties and the probation automatically ended after 30 days. No counseling, remediation, warning, suspension, or disciplinary action took place. I was never specifically informed why I was placed on probation, but I suspect it was done to show the department had taken note of the newborn demise if the event resulted in future legal action. No legal action resulted from the event.

Section III, Question 2

Suspension of Hospital Privileges of Dallas Johnson, MD

My clinical privileges were suspended at Baylor Medical Center, Grapevine (BMCG) in Grapevine, Texas in May 1996. This action was the result of a disgruntled competitor's decision to submit false official reports about my medical practice. At my request and in accordance with the hospital bylaws, the matter was taken before a formal hearing where, after more than twenty witnesses testified over three days, the hearing officer (a practicing obstetrician/gynecologist from another Baylor Hospital System institution selected by BMCG) found no basis for the actions suspending my clinical privileges and directed my reinstatement. For reasons the hospital never disclosed, BMCG refused to follow the findings of the hearing officer and terminated my privileges. My recourse, after the hospital illegally suspended and terminated my privileges and filed false and defamatory reports to the Texas State Board of Medical Examiners and to the National Practitioner Data Bank (NPDB), was to file a lawsuit against the hospital and several named individuals for defamation and denial of my due process rights. I also appeared, at my request, at a hearing before the Grievance Committee of the Texas Medical Association. BMCG was also represented and presented evidence at that hearing and the Committee found the hospital had violated its own bylaws and denied me due process of law. The Texas Medical Association was prepared to submit a friend of the court opinion supporting my position had the matter gone to trial. I also appeared before the Texas State Board of Medical Examiners (TMB) where I was found not to have violated any portion of the Medical Practice Act of Texas. My lawsuit against BMCG was settled before trial at the request of BMCG and the other defendants for a substantial but non-disclosable amount of cash and correction of the previously submitted NPDB and TMB false reports. I was exonerated by a peer-review hearing officer, by the Texas Medical Association, and by the Texas State Board of Medical Examiners. Subsequent to settlement of my lawsuit BMCG invited me to rejoin the BMCG medical staff but, because of the malicious, non-collegial and unfriendly atmosphere at BMCG, I elected not to rejoin the BMCG hospital staff.

Dallas W. Johnson, MD, FACOG

Section V, Question 1.

GYN Case at GWU Involving Dallas W. Johnson, MD

While serving as an Assistant Professor faculty member in the Department of OB/Gyn at George Washington University Hospital (GWUH) in Washington, DC, on 11/2/2004, a gynecologic surgery team that included a senior Obstetrics and Gynecology (OBG) resident physician, a second year OBG resident, and a first year OBG resident, and I treated a 40yo multiparous women with a history of multiple Cesarean sections (5). She presented through the Emergency Department (ED) with severe pelvic and lower abdominal pain. I was consulted and, following admission, she underwent laparoscopic lysis of extensive pelvic and abdominal adhesions and a left salpingo-oophorectomy without complications.

At the time of surgery and before leaving the operating room (OR), I ran the patients small and large intestines to thoroughly inspect the patient's bowel for any signs of injury and I found none. I performed the surgery using the harmonic scalpel and cold scissors to reduce/eliminate the likelihood of thermal injury to her bowel. After obtaining the patient's medical records several weeks after her hospital discharge, I learned that during the night following her surgery and prior to discharge, without my knowledge, blood cultures had been obtained from the patient secondary to febrile morbidity. I was not consulted, and antibiotics were not started

The first-year resident physician discharged this patient to home the day after surgery. This patient was discharged to home without my knowledge, without consulting me, before I had examined the patient, and without informing me of the patient's hospital course between the time she left the OR and the time she was discharged to home. No one from GWUH notified me the patient was being discharged prior to her discharge. The decision to discharge the patient and her discharge occurred between 8 am and 4 pm on a day when I was in my clinic at the George Washington University Medical Center, which is less than one block from the GWUH, and completely available and accessible. Upon my return at about 4 pm to the hospital to examine the patient to assess her post-operative condition the day after surgery, I discovered she had already been discharged and her inpatient chart had been disassembled and sent to the Medical Records Department. No explanation as to why the patient had been discharged without informing me or the condition of the patient at the time of her discharge from GWUH was provided.

Two days after her discharge and the day before this patient was taken to another hospital ED in extremis, the results of her cultures were known to the GWUH laboratory to be *Staphylococcus aureus*. This information was never communicated to me. I learned this information when I reviewed the patient's medical records weeks after her demise.

Three days after I operated on this patient her daughter called to inform me her mother was unable to urinate. I instructed the daughter to immediately bring her mother to the GWUH ED where I would be waiting. Instead, the patient was taken emergently to another hospital closer to her home. I was never informed by the patient's family, the treating hospital, or the treating surgeon that the patient was being treated at a different hospital (Howard University Hospital). At that hospital, surgery was performed, and the surgeon's operative report recorded finding abscesses in the abdominal cavity. The report specifically stated no fecal material was found in the

abdominal/pelvic cavity. Cultures of the abdominal cavity abscesses revealed only the presence of *Staphylococcus aureus* bacteria. *Staph aureus* is a common skin organism rather than a bowel organism indicating the infection that caused this unfortunate woman's demise likely came from her skin and not from her intestine as a result of a bowel injury. In spite of an allegation of an unrecognized bowel injury, there was no credible evidence such an injury occurred to this patient. The pathologist's post-mortem examination report noted the only abnormality of the patient's bowel was the site of the resection and reanastomosis performed by the surgeon at the second hospital. The pathology report concerning the portion of bowel removed at that surgery showed the bowel to be intact and without any evidence of perforation. The only reasonable conclusion would be that this patient did not have a bowel perforation and died as a result of overwhelming *S. aureus* sepsis, the source of which was the patient's skin or some area other than her bowel, areas over which I had no control.

I was prevented from treating the patient for her infection by the failure of the GWUH laboratory to notify me of the existence of the infection. I was also prevented from treating this woman's life-threatening infection by the failure of the resident physicians to inform me of the patient's febrile morbidity during the night following her surgery, that blood cultures had been drawn, and that antibiotic therapy had not been started. Timely antibiotic therapy would have very likely resulted in this lady's survival. Prior to settling this case by GWUH I was never consulted regarding settlement. I was informed it had been settled for the plaintiff in August 2008. I only learned that monies had been paid to the plaintiff when I performed a self-query of the National Practitioner Data Bank (NPDB) in January 2009.

Dallas W. Johnson, MD, FACOG

Section V, Question 1

Obstetrical Case Involving Dallas W. Johnson, MD

The case that began in 2/95 and went to trial was Donna Corbelli et al v Baylor Medical Center, Grapevine and Dallas W. Johnson, M.D. This case was the result of a catastrophic uterine rupture in a patient with a previous Cesarean section (C/S) undergoing a trial of labor after Cesarean (TOLAC). The plaintiff alleged I was negligent in allowing the patient to labor because of her previous C/S and the hospital was negligent in monitoring her in labor and failing to properly notify me when the fetus was in jeopardy. According to the operative report from her first C/S I reviewed prior to considering a TOLAC, that surgeon performed a vertical incision in the lower non-contractile portion of the uterus.

Early in the antepartum care for this patient's second pregnancy, the American College of Obstetricians and Gynecologists (ACOG) published guidelines for physicians caring for women with a prior C/S. Those guidelines stated it was safe to labor a woman with one previous C/S who had received a low transverse or a low vertical uterine incision. I based my decision to agree with this patient's request for TOLAC on my medical judgement and the ACOG guidelines. However, at the emergency C/S I performed on this patient, it was obvious the previous surgeon had extended his incision well into the contractile upper portion of the uterus and he failed to properly report that fact in his operative report. Had he done so I would have advised the patient against TOLAC as this was the site of her ultimate uterine rupture.

Additionally, the nurse monitoring this patient during labor confirmed she had not been trained to recognize non-reassuring fetal monitoring signs and as a result delayed notifying me of a developing problem until it was too late for me to act quickly enough to save the infant in spite of the fact that I never left the hospital during her labor. The mother suffered a catastrophic uterine rupture, in spite of our best efforts and the infant was stillborn. I was able to repair the damage to the uterus and the mother went on to have a subsequent successful pregnancy and delivered by repeat C/S.

The case was tried in the 67th District Court of Tarrant County, Texas as case #067- 160514-95 in January 1998. It was tried before a jury and resulted in a judgment against both defendants for \$1,000,000. Unknown to the jury, the defendant hospital had settled with the plaintiff before trial in what is known as a "high-low settlement agreement." During the trial the hospital attempted to place all the responsibility for the unfortunate outcome on me. Following the trial, because I had not entered into any settlement with the plaintiff and because I believed I had provided appropriate and high-quality medical care, I appealed the judgment. The appellate court agreed with me, reversed the findings with regard only to me, set aside the judgment and sent the matter back for retrial. The patient agreed to settle for \$200,000 rather than retry the case. The insurance carrier was Texas Medical Liability Trust and my attorney at trial was James Stouffer. My appellate attorney was David Townend.

SECTION I: PRACTICE PRIOR TO LICENSE

If you practice prior to being issued a Nebraska license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, and you may be subject to other disciplinary action as provided in the statutes and regulations.

1 Have you practiced Medicine and Surgery in Nebraska without a Nebraska license?

Yes No

If yes, what are the actual number of days you practiced in Nebraska without a Nebraska license and what is the business name, location and telephone number of the practice:

Number of days:

Name of Business:

City:

Telephone #:

SECTION J: ATTESTATION

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

I attest that:

I am a citizen of the United States.

I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.

I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

I further attest that:

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name:

Dallas Wayne Johnson

Signature:

Dallas Wayne Johnson

Date:

04 Sep 2021

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

State of Nebraska, Department of Health and Human Services
Division of Public Health, Licensure Unit
301 Centennial Mall South
PO Box 94986, Lincoln NE 68509-4986

CERTIFICATE OF POST-GRADUATE MEDICAL EDUCATION

Applicants must have the current Program Director of the Institution where they completed their post-graduate medical education complete the following form and affix the Official School Seal. An original signature from the Program Director is required. Forms need to be sent to the Licensure Unit directly from the program. Do not submit with your application. These forms cannot be completed, mailed or signed in advance of your completion of one/two years of post-graduate medical education.

Print Name Dallas Wayne Johnson, M.D. SS# [REDACTED]

NOTE: The information below must be completed ONLY by an official of the program/facility and not the applicant.

It is hereby certified that: Dallas Wayne Johnson
(Name of Applicant)
Has successfully completed OB/GYN Residency
(Name of Residency/Internship/Fellowship)

located at : TTUHSC-El Paso in El Paso, TX USA
(Name of Hospital/Teaching Institution) (City, State, Country)

From 07/01/1988 to 06/30/1991
(Month/Day/Year) (Month/Day/Year)

At the time this applicant was enrolled in this Program, this Program was:

- ACGME* or AOA* accredited *ACGME - Accreditation Council for Graduate Medical Education
*AOA - American Osteopathic Association
- RCPSC* or CFPC* accredited *RCPSC - Royal College of Physicians and Surgeons of Canada
*CFPC - College of Family Physicians of Canada
- was not accredited by any of the above listed entities

Any Disciplinary Action? Yes No If yes, provide details of the disciplinary action.

Any Probation/Remediation Action? Yes No If yes, provide details of the probationary information.

[Signature]
Signature of CURRENT PROGRAM DIRECTOR
(Signature stamp NOT acceptable)

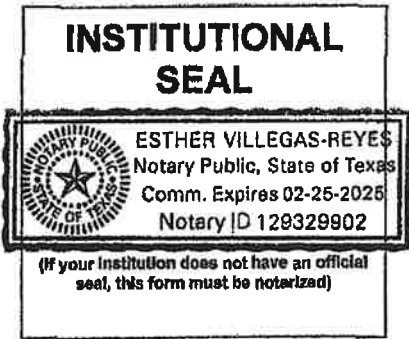
Print Name T. Ignacio Montoya, M.D.

Title Residency Program Director

Date (month/day/year) 09/28/2021

Phone # 915-215-5056

E-mail teodoro.montoya@ttuhsc.edu





TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
EL PASO

Paul L. Foster School of Medicine

Obstetrics and Gynecology

September 28, 2021

Dr. Dallas Johnson was placed on a one month probation as a senior resident due to difficulties with patient management. He subsequently improved remarkably in interpersonal relationships with both residents and patients. Completed all requirements and graduated on 06/30/1991.

T. Ignacio Montoya, M.D.
Residency Program Director
Obstetrics & Gynecology

PRACTITIONER PROFILE

Prepared for: Nebraska Board of Medicine & Surgery As of Date:9/24/2021

PRACTITIONER INFORMATION

Name: Johnson, Dallas Wayne
 DOB: 7/30/1946
 Medical School: Texas Tech University Health Sciences Center School of Medicine
 Lubbock, Texas, UNITED STATES
 Year of Grad: 1987
 Degree Type: MD
 NPI: 1942390430

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1942390430	Individual			03/28/2019

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ARKANSAS	E-4925	08/04/2006	07/31/2022	09/22/2021
DC	MD034531	09/26/2003	12/31/2006	09/22/2021
FLORIDA	ME146071	06/18/2020	01/31/2022	09/14/2021
MARYLAND	D61788	05/25/2004	09/30/2018	09/24/2021
TEXAS	14199	07/01/1988	07/01/1989	09/01/2021
TEXAS	H4441	12/06/1988	05/31/2023	09/01/2021
WEST VIRGINIA	29313	09/09/2019	06/30/2022	08/31/2021

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

PRACTITIONER PROFILE

Prepared for: Nebraska Board of Medicine & Surgery As of Date:9/24/2021
 Practitioner Name: Johnson, Dallas Wayne

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
 Certificate: Obstetrics and Gynecology
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2020	12/31/2021		Recertification	08/26/2021
Expired	Time Limited	12/31/2019	12/31/2020		Recertification	08/26/2021
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	08/26/2021
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	08/26/2021
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	08/26/2021
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	08/26/2021
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	08/26/2021
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	08/26/2021
Expired	Time Limited	12/16/2012	12/31/2013		Recertification	08/26/2021
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	08/26/2021
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	08/26/2021
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	08/26/2021
Expired	Time Limited	12/31/2008	12/31/2009		Recertification	08/26/2021
Expired	Time Limited	12/31/2007	12/31/2008		Recertification	08/26/2021
Expired	Time Limited	12/31/2006	12/31/2007		Recertification	08/26/2021
Expired	Time Limited	12/31/2005	12/31/2006		Recertification	08/26/2021
Expired	Time Limited	12/31/2004	04/30/2006		Recertification	08/26/2021
Expired	Time Limited	12/31/2003	04/30/2005		Recertification	08/26/2021
Expired	Time Limited	11/13/1993	12/31/2003		Initial	08/26/2021

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NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

September 27, 2021

Dallas Wayne Johnson, MD
3002 Iron Stone Court
San Antonio TX 78230

Dear Dr. Johnson:

Our office is in receipt of your application for a Physician license. A review of your file indicates the following is needed to complete your application:

- **Certification of Post-Graduate Medical Education form completed by the program director after completion of 1 year of the program.**
- **Official documentation of your Federation Licensing Examination (FLEX) scores sent directly to the Department from the Federation of State Medical Boards (Phone #817-868-4041).**
- **A certified final transcript from the medical school, showing the degree you received and the date it was conferred, sent directly to the Department from the institution.**

A final review of your application for licensure eligibility will not occur until the above referenced materials are received. All supporting documentation required to complete your application must be submitted within 90 days of the date of this letter.

Sincerely,

Heather Ord | *Health Licensing Specialist*
PUBLIC HEALTH

Nebraska Department of Health and Human Services

OFFICE: 402-471-2118 | FAX: 402-742-8355

DHHS.ne.gov | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

Heather.ord@nebraska.gov

Helping People Live Better Lives

STATE OF LOUISIANA
CERTIFICATION OF VITAL RECORD

CERTIFICATION OF BIRTH

4937581

BIRTH NO: 119-1946-022-00899

CHILD'S NAME (LAST, FIRST, SECOND)

JOHNSON, DALLAS WAYNE

BIRTH DATE

July 30, 1946

TIME OF BIRTH

09:00 AM

SEX

M

NUMBER BORN

1

BIRTH ORDER

1

PLACE OF BIRTH (CITY, TOWN, OR LOCATION)

SHREVEPORT

NAME OF HOSPITAL OR INSTITUTION

HIGHLAND SANITARIUM

RESIDENCE OF MOTHER/PARENT (CITY, TOWN, OR LOCATION)

MANY

PARISH

SABINE

STATE

LA

ZIP Code

00000

STREET ADDRESS OF RESIDENCE

FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)

JOHNSON, WAYNE JACK

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)

OAKDALE, TENNESSEE

AGE AT THIS BIRTH

37

MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)

HARRIS, LURLINE

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)

ESTO, LOUISIANA

AGE AT THIS BIRTH

27

FILE DATE

September 16, 1946

DATE ISSUED

May 25, 2016 9:02:19 AM

A REPRODUCTION OF THIS DOCUMENT IS
VOID AND INVALID. DO NOT ACCEPT

ISSUED BY: Constant, Matthew



004937581

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE
OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF
THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

Devin George
DEVIN GEORGE
STATE REGISTRAR



FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Johnson, Dallas Wayne**

Social Security Number: [REDACTED]

Date of Birth: **July 30, 1946**

FID#: **205658024**

Recipient: **NE - Nebraska Board of
Medicine and Surgery**

Delivery Date: **10/04/2021**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



FEDERATION OF
STATE MEDICAL BOARDS

Biographic Information

Medical professional Name(s): **Johnson, Dallas Wayne**

Date of Birth: July 30, 1946

Place of Birth: Shreveport, Louisiana, UNITED STATES

Contact Information

Home Address: 3002 Iron Stone Court
San Antonio, TX 782302621
UNITED STATES

Business Phone: (210) 265-1578

Mobile Phone: (210) 906-3114

Email: dallasj72@yahoo.com

Email: djusna72@gmail.com

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

STATE OF LOUISIANA
CERTIFICATION OF VITAL RECORD

CERTIFICATION OF BIRTH

37581

BIRTH NO: 119-1946-022-00899

CHILD'S NAME (LAST, FIRST, SECOND)

JOHNSON, DALLAS WAYNE

BIRTH DATE

July 30, 1946

TIME OF BIRTH

09:00 AM

SEX

M

NUMBER BORN

1

BIRTH ORDER

1

PLACE OF BIRTH (CITY, TOWN, OR LOCATION)

SHREVEPORT

NAME OF HOSPITAL OR INSTITUTION

HIGHLAND SANITARIUM

RESIDENCE OF MOTHER/PARENT (CITY, TOWN, OR LOCATION)

MANY

PARISH

SABINE

STATE

LA

ZIP Code

00000

STREET ADDRESS OF RESIDENCE

FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)

JOHNSON, WAYNE JACK

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)

OAKDALE, TENNESSEE

AGE AT THE BIRTH

37

MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)

HARRIS, LURLINE

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)

ESTO, LOUISIANA

AGE AT THE BIRTH

27

FILE DATE

September 16, 1946

DATE ISSUED

May 25, 2016 9:02:19 AM

A REPRODUCTION OF THIS DOCUMENT IS
VOID AND INVALID. DO NOT ACCEPT

MAILED BY: *Cristina Mathew*



004937581

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE
OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF
THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

D. J. ...
DEVY BEONDE





06/01/2014	10/01/2014	Work	Whole Woman's Health 8401 N. I-35, Ste 1A Austin, Texas UNITED STATES
11/01/2014	05/01/2017	Work	Planned Parenthood of South Texas 2140 Babcock Road San Antonio, Texas UNITED STATES
06/01/2017	05/15/2018	Work	Brookside Women's Medical Center 1902 South IH 35 Austin, Texas UNITED STATES
06/01/2018	05/12/2021	Work	Planned Parenthood Gulf Coast 4600 Gulf Freeway Houston, Texas UNITED STATES
10/30/2019	07/31/2021	Work	Women's Health Center of West Virginia 510 West Washington Street Charleston, West Virginia UNITED STATES
06/10/2021		Work	Little Rock Family Planning Services 4 Office Park Drive Little Rock, Arkansas UNITED STATES

End of Chronology of Activities report for: Johnson, Dallas Wayne

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

**Federation Credentials
Verification Service**
400 Fuller Wisser Road
Suite 300
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: Texas Tech University Health Sciences Center School of Medicine

Address Line 1: 3601 4th Street Room MS8310

Address Line 2:

City: Lubbock

State/Province: TX

Zip Code (Postal Code): 79430

Country: US

If name of institution was different when this individual attended, please note this name below:

N/A

Premedical Education:

Years of education required for admission to your medical school: 3

Credential/degree presented by the applicant for admission to your medical school: Bachelors degree

Enrollment and Participation: Our records indicate that Johnson, Dallas Wayne

(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 4 years of medical education on the following dates:

From: 08/10/1983 **To:** 05/30/1987
Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine

on 05/30/1987
Month Day Year

Was NOT awarded a degree because: (please explain - additional page if necessary)

<p>Attestation</p> <p>Affix Institutional Seal Here</p> <hr/> <p>If no seal is available, this form must be notarized.</p>	<p>Watermark For FCVS internal use only.</p> <p>ELECTRONIC SEAL VERIFIED</p>	<p>Name: Jennifer Acevedo</p> <p>Signature: <i>Jennifer Acevedo</i></p> <p>Title: Analyst II</p> <p>Date of Signature: 04/03/2019 Phone: (806) 743-2300</p> <p>Fax: (806) 743-3027 Email: registrar@ttuhsc.edu</p>
---	---	---

205658024

1528

205658024



November 7, 2017

Federation Credentials Verification Services
400 Fuller Wiser Road, Suite 300
Euless TX 76039

To whom this may concern:

Due to the nature of our office and those with the required/shared responsibility for completing verifications:

Name Jennifer Acevedo
Title Section Coordinator
Phone and Fax 806-743-2300/806-743-3027
Email registrar@ttuhsc.edu

Name D'Ann Holubec
Title Assistant Registrar
Phone and Fax 806-743-2300/806-743-3027
Email registrar@ttuhsc.edu

Name Tamara Krauser
Title Registrar
Phone and Fax 806-743-2300/806-743-3027
Email registrar@ttuhsc.edu

Name Dr. Michelle Tarbox
Title Assistant Dean, Student Affairs
Phone and Fax 806-743-3005/806-743-4165
Email Michelle.Tarbox@ttuhsc.edu

are responsible for completion and certification of all medical education verification documents within the online MedEd Connect System (EC). These are the designated individual(s) available in the Office of the Registrar and the Office of Student Affairs.

Tamara Krauser

Registrar
November 7, 2017



Texas Tech University Health Sciences Center

SCHOOL OF MEDICINE / Office of Admissions and Student Affairs
3601 4th Street / Lubbock, Texas 79430
Admissions (806) 743-2297 / Student Affairs (806) 743-3005

□

□

Dear □:

This is the Dean's letter for Dallas Wayne Johnson who is applying to your residency program. It is a pleasure to take this opportunity to review Dallas' transcript and background for you.

Dallas completed his undergraduate work at the United States Naval Academy with a B.S. Degree in OPS Analysis in 1972. Following a required tour of duty in the Navy, Dallas attended Loyola University School of Law earning a J.D. Degree in 1978. As an undergraduate, Dallas was a consistent member of the Superintendents and Dean's Lists and he graduated "with merit." In Law School, Dallas was elected to Phi Kappa Phi and Alpha Epsilon Delta Honor fraternities. Following graduation, Dallas was selected for foreign exchange duty. He has been a criminal and civil trial attorney and was a United State Marine Corps Officer for nine years. Dallas is also an experienced aviator with military and civil experience.

With this diverse background, Dallas was accepted in August, 1983 to the Texas Tech University Health Sciences Center School of Medicine. The first two years of the curriculum consist of those sciences basic to the study of Medicine. Dallas maintained stable academic achievement in his first two years and ranked in the upper half of his class of 103 students.

The third year consists of three month clerkships in Medicine and Surgery and two month clerkships in Psychiatry, Obstetrics/Gynecology, and Pediatrics. The senior year requires a one month Family Practice clerkship, a one month Family Practice preceptorship, and five months of elective educational experiences. Students are evaluated by means of their ward work, clinical presentations, and examination scores. Dallas has continued his stable level of academic performance during his clerkship rotations.

Dallas Wayne Johnson
Page 3

Pregnancies." A second paper is in progress entitled, "Prevention of Respiratory Distress Syndrome in Infants of Diabetic Mothers." Dallas has maintained memberships in the Texas Medical Association, the American Medical Student Association, the State Bar of California and the U.S. Army Reserve. In conjunction with the latter activity, Dallas was recommended to the MOD-V Selection Board and himself volunteered for six weeks in the Department of Orthopaedic Surgery at B. Hays Army Hospital, Monterey, California, following his sophomore year. In addition to the above activities, he has attempted to raise a 9-year old daughter. Dallas demonstrates a quietly effective approach to patients, peers, faculty and his own learning. He has those traits of caring and compassion which should make him an effective and a competent physician. I recommend Dallas without qualification for postgraduate training.

Sincerely,

James A. Chappell, M.D.
Associate Dean for
Student Affairs

205 658 024

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Office of the Registrar - 3601 4th Street - Lubbock, TX 79430 - Telephone (806) 743-2300 - Fax (806) 743-3027

Official Transcripts: The officially sealed and signed transcript is printed on secured paper and does not require a raised seal. Transcripts issued directly to students are stamped "Issued to Student"

Confidentiality of Records: This transcript must not be released to a third party without the written authorization of the student (in accordance with the Family Educational Rights and Privacy Act of 1974 Federal Law 93-380)

Accreditation: The Texas Tech University Health Sciences Center is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award Bachelor's, Master's, and Doctor's Degrees. Individual school programs are accredited by appropriate professional organizations. Information about accreditation is listed in each school's catalog

Course Numbers: TTUHSC utilizes a 4-digit course numbering system. The first digit indicates the general level of the course. The second digit specifies the number of semester credit hours (a 0 indicates variable credit); for all schools but the School of Medicine

Grade Point Average (GPA): Grade point average is computed by multiplying the credit hours for each course attempted by the grade points earned in the particular course and then dividing the total number of grade points by the total number of credit hours attempted, excluding those hours for which non-computed grades are recorded (see grade point tables). Abbreviations: AHRS=Attempted Hours, EHRS=Earned Hours, QHRS=Quality Hours (included in GPA), QPTS=Quality Points (included in GPA)

Concurrent Enrollment: Concurrent enrollment means that students may be enrolled in coursework at Texas Tech University Health Sciences Center and Texas Tech University during any one semester

Grading Symbols Used in Common by All Schools

Symbols	Description
++	Denotes the inclusion of initial academic statistics
-	Course not applicable to current program

Grades	Description	Grade Points Per Semester Hour
I	Incomplete	N/A*
W	Withdrawal	N/A*
WF	Withdraw Failing	0.00
NC	No Credit	0.00
CR	Credit	N/A*
DG	Dropped (drop limit)	N/A*
DW	Dropped (no drop limit)	N/A*
DX	Dropped (limit w/except)	N/A*
PR	In Progress	N/A*
X	Grade Not Submitted	N/A*
NR	Grade Not Recorded	N/A*

*Not included in the calculation of grade point average

School of Health Professions (Formerly School of Allied Health Sciences)

Grading & Grade Point System

Grades	Description	Grade Points Per Semester Hour
A	Excellent	4.0
B	Good	3.0
C	Average	2.0
D	Poor	1.0
F	Fail	0.0
P	Pass	N/A*

*Not included in the calculation of grade point average

School of Nursing

Grading & Grade Point System

Grades	Description	Grade Points Per Semester Hour
A	Excellent	4.0
B	Good	3.0
C	Average	2.0
D	Poor	1.0
F	Fail	0.0
P	Pass	N/A*
RP	Repeat	N/A**

*Not included in the calculation of grade point average

**Not used after August 2009 or included in the calculation of grade point average

School of Medicine

Academic Calendar: The School of Medicine maintains a classical four-year curriculum, with each year ranging in length from 32 to 47 weeks. The first two years are devoted principally to the basic sciences while the last two years offer intense clinical experiences and direct patient care.

Credit Units: The unit of measure for the valuation of courses is the medical credit unit which should not be confused with traditional credit hours. One unit is approximately 100 contact hours.

Grading & Grade Point System

Grades	Description
90-100	Excellent
80-89	Good
70-79	Satisfactory
0-69	Unsatisfactory
F/FA	Fail
H	Honors
HQ	Honors
HP	High Pass
LP	Low Pass
MA	Marginal
P	Pass
PA	Pass
S	Satisfactory
U	Unsatisfactory

School of Pharmacy

Grading & Grade Point System

Grades	Description
90-100	Excellent
80-89	Good
70-79	Satisfactory
0-69	Unsatisfactory
F	Fail
P	Pass
RP	Repeat**

**Not used after August 2009 or included in the calculation of grade point average

Graduate School of Biomedical Sciences

Grading & Grade Point System

Grades	Description	Grade Points Per Semester Hour
A	Excellent	4.0
B	Good	3.0
C	Average	2.0
D	Poor	1.0
F	Fail	N/A
P	Pass	N/A*

*Not included in the calculation of grade point average

TO TEST FOR AUTHENTICITY: Translucent globe icons *MUST* be visible from both sides when held toward a light source. The face of this transcript is printed on gray SCRIP-SAFE® paper with the name of the institution appearing in white type over the face of the entire document.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER • TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER • TEXAS TECH

ADDITIONAL TESTS: The institutional name and the word VOID appear on alternate rows as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain brown. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have any questions about this document, please contact our office at (806) 743-2300. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

Postgraduate Training

Accreditation ID: 2200321025
Institution: University of Arizona College of Medicine-Tucson Program
Location: Tucson, AZ
UNITED STATES

Accreditation ID: 2204811315
Institution: Texas Tech University HSC El Paso Program
Location: El Paso, TX
UNITED STATES

Accreditation ID: None
Institution: Baylor College Of medicine Dept of OBG
Location: Houston, TX
UNITED STATES

Credentials Analysis Information for Postgraduate Training

Program Code: 2204811315

Issue:
FCVS has identified a Post Graduate Training Discrepancy at Texas Tech University HSC El Paso Program, Department of Obstetrics & Gynecology.

Unusual Circumstances

Solution:
FCVS does not follow up with the Medical Professional or Institution with inconsistent information on Unusual Circumstance questions.

Issue:
The Verification of Post Graduate Training Form from Baylor College Of Medicine Dept of OBG dated 07/01/2000 to 06/30/2003 reported in the Chronology of Activities is not included in the Profile.

Solution:
FCVS does not obtain verification of non-accredited training programs.



Graduate Medical Education

Medical Professional Name: Johnson, Dallas Wayne

Accreditation ID: 2200321025

Institution: University of Arizona College of Medicine-Tucson
Program

Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 7/1/1987 - 6/30/1988 Internship

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

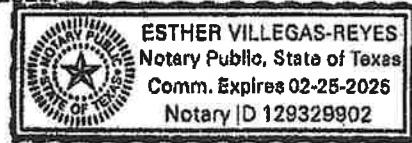
End of Applicant Reported Unusual Circumstances report for: Johnson, Dallas Wayne

State of Texas

County of El Paso

Before me, Esther Villegas, on this day appeared T. Ignacio Montoya, M.D., to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 30th day of September 2021.



A handwritten signature in black ink, appearing to be "Esther Villegas-Reyes", written over a horizontal line.

Notary Public's Signature
My Commission Expires:
February 25, 2025



FEDERATION LICENSING EXAMINATION (FLEX) Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Recipient:

Federation Credentials Verification Service

ATTN: FCVS

FCVSID:

530340

Examinee:

Johnson, Dallas Wayne

USMLE ID:

21670732

DOB:

07/30/1946

Alt Name(s):

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

Date of Certification: 10/1/2021

Date of Exam State Exam Taken For

6/16/1987 TEXAS

Comp 1

Comp 2

78

78

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

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

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



FEDERATION LICENSING EXAMINATION (FLEX) Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

EXAMINEE: Johnson, Dallas Wayne

FLEX HISTORY AND INTERPRETATION OF RESULTS

The Federation Licensing Examination (FLEX) began in 1968 as a three day examination designed to provide medical licensing authorities with a high-quality, objective and standardized examination for assessing physician preparedness prior to obtaining an unrestricted license to practice medicine. The FLEX reported aggregate scores in three areas: basic science, clinical science, and clinical competence. These areas were weighted in the following manner: basic science (x1), clinical science (x2) and clinical competency (x3). The Federation calculated a FLEX weighted average for each administration of the examination by totaling these three areas and dividing by six (6). A FLEX weighted average was only produced when examinees completed all three days of testing during a given administration. The Federation provided a recommended minimum passing score of 75 for the FLEX weighted average.

In 1985 as part of the ongoing efforts to enhance and improve examinations for physician license, the FLEX was updated which resulted in a change to the examination structure and how scores were reported. Beginning in 1985, the FLEX consisted of two complementary component examinations, each 1.5 days in length. Component 1 measured aspects of knowledge and understanding of basic and clinical science principles and mechanisms underlying disease and modes of therapy. Component 2 measured additional knowledge and cognitive abilities required of a physician assuming independent responsibility for the general delivery of patient care. The Federation provided a recommended minimum passing score of 75 for both Component 1 and 2. Passage of the FLEX required passing both Component 1 and 2.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the FLEX transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:10/1/2021

Practitioner Name: Johnson, Dallas Wayne

DEA Number	Schedule	Address	Expiration Date	Last Reported
FJ0254691	22N 33N 4 5	LITTLE ROCK,AR 72211	12/31/2023	09/07/2021
FJ5023231	22N 33N 4 5	HOUSTON,TX 77023	12/31/2023	09/07/2021

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 10/1/2021
Practitioner Name: Johnson, Dallas Wayne

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

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The following "cover sheet" is only offered to facilitate Board member review of the attached documents regarding an application. It contains brief notes of some issues identified by staff from the application. The document does not necessarily contain a thorough or complete review or summary of applicant issues and should not be relied on as the source of information for dates, time, events, or other matters.

Applicant's Name: **Dallas Wayne Johnson, MD - Initial**

Subject for review: **1) Denial of Privileges 2) Liability Claims**

Application Complete: **YES**

Recommend Approval When Complete: Yes No

I wish to discuss these areas of concern:

Recommend a Pre-Licensure Investigation Yes No

Other:

BOM 12-3-21 - OK'd
Dpt - 12-8-21 OK'd