VER/SWM

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

July 11, 2001

Steven Dominguez, M.D.
19 Bridington
Laguna Niguel, CA 92677

Dear Doctor Dominguez:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on July 11, 2001.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG: jam
Enclosures

CERTIFIED MAIL RECEIPT NO. 7099 3220 0009 3046 0871
RETURN RECEIPT REQUESTED

Mailed 7-12-01

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry approved by the State Medical Board, meeting in regular session on July 11, 2001, constitutes a true and complete copy of the Findings, Order and Journal Entry in the Matter of Steven Dominguez, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.

Anand G. Garg, M.D.
Secretary

(SEAL)

JULY 11, 2001
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

STEVEN DOMINGUEZ, M.D. *

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated May 9, 2001, notice was given to Steven Dominguez, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the address of record of Dr. Dominguez, that being P. O. Box 66037, West Des Moines, IA 50265. Notice was simultaneously sent via certified mail, return receipt requested, to 13922 Rosewood Drive, Clive, IA 50325.

A signed certified mail receipt was returned to the Medical Board offices, documenting proper service of the notice. However, a timely hearing request was not received from Dr. Dominguez and more than thirty (30) days have now elapsed since the mailing of that notice.

WHEREFORE, for the reasons outlined in the May 9, 2001 letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the license of Steven Dominguez, M.D., to practice medicine and surgery in the State of Ohio be REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 11TH day of JULY 2001, and the original thereof shall be kept with said Journal.

Anand G. Garg, M.D.
Secretary

(SEAL)

JULY 11, 2001
Date

7000 0600 0024 5140 0456

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

CITE JM

Postage	$ 1.81
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Steven Dominguez, M.D.
P.O. Box 66037
West Des Moines, Iowa 50265

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven Dominguez, M.D.
19 Bridington
Laguna Niguel Ca
92677

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery

C. Signature
X Cathy Dominguez — ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

MAY 10 2007

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 5140 0456

CITE JM

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

AFFIDAVIT

I, Debra Jones, being duly cautioned and sworn, do hereby depose and say:

1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")

2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;

3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;

4) That I have this day carefully examined the records of the Board pertaining to Steven Dominguez, M.D.

5) That based on such examination, I have found that on May 9, 2001 the address of record of Steven Dominguez, M.D. to be:

P. O. Box 66037
West Des Moines, Iowa 50265

6) That based on such examination, I have found that on June 27, 2001 the address of record of Steven Dominguez, M.D. was changed to:

19 Bridington
Laguna Niguel, CA 92677

7) Further, Affiant Sayeth Naught.

Debra L. Jones, Chief
Continuing Medical Education,
Records and Renewal

Sworn to and signed before me, Angela D. Fields, Notary Public, this 29th day of June, 2001.

Notary Public

NOTARIAL SEAL STATE OF OHIO

ANGELA D. FIELDS
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 05/11/06

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

May 9, 2001

Steven Dominguez, M.D.
P.O. Box 66037
West Des Moines, Iowa 50265

Dear Doctor Dominguez:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

(1) Your certificate to practice medicine and surgery in Ohio was suspended by operation of law, on or about April 1, 2001, for non-payment of renewal fees, and has not been reinstated.

(2) On or about November 8, 1999, the Board of Medical Examiners of Iowa (hereinafter the "Iowa Board") approved a Settlement Agreement and Final Order which "Cited" you for knowingly making misleading representations in the practice of medicine and "Warned" you that engaging in such conduct in the future may result in further formal disciplinary action. Further, the Iowa Board assessed you a civil penalty in the amount of $2,500.00.

A Copy of the Iowa Board Settlement Agreement and Final Order is attached hereto and incorporated herein.

The Iowa Settlement Agreement and Final Order as alleged in paragraph two (2) above, constitutes "[a]ny of the following actions taken by the state agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatry, or the limited branches of medicine in another state, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, as in effect prior to August 10, 2000.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in

Mailed 5-9-01

writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, effective March 9, 1999, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG/jag
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5140 0456
RETURN RECEIPT REQUESTED

13922 Rosewood Drive
Clive, Iowa 50325

CERTIFIED MAIL # 7000 0600 0024 5140 0449
RETURN RECEIPT REQUESTED

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA

****

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

STEVEN DOMINGUEZ, M.D., RESPONDENT

No. 02-98-248 & 02-98-264

****

SETTLEMENT AGREEMENT AND FINAL ORDER

****

COMES NOW the Iowa Board of Medical Examiners (the Board), and Steven Dominguez, M.D. (Respondent), on November 8, 1999, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4), enter into the following Settlement Agreement and Final Order to resolve the contested case currently on file:

1. Respondent was issued license number 27253 to practice medicine and surgery in Iowa on August 3, 1989.

2. Respondent's Iowa is valid and will next expire on June 1, 2001.

3. The Board has jurisdiction over the parties and subject matter herein.

4. Upon the Board's approval of this Settlement Agreement and Final Order, Respondent shall be assessed a civil penalty in the amount of $2,500. The civil penalty shall be paid within 20 days thereafter by delivery of a check or money order, payable to the Treasurer of Iowa, to the executive director of the Board. The civil penalty shall be deposited into the state general fund.

5. Respondent is hereby **CITED** for knowingly making misleading representations in the practice of medicine. Respondent is hereby **WARNED** that engaging in such conduct in the future may result in further formal disciplinary action against his Iowa medical license.

6. In the event Respondent fails to comply with the terms of this Settlement Agreement and Final Order, the Board may initiate appropriate action to revoke or suspend the Respondent's license or to impose other license discipline as authorized in Iowa Code Sections 148.6 and 272C.3(2)(a).

7. This Settlement Agreement and Final Order constitutes the resolution of a contested case. By entering into this Settlement Agreement and Final Order, Respondent voluntarily waives any rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to the terms of this Settlement Agreement and Final Order.

8. This Settlement Agreement and Final Order is voluntarily submitted by the Respondent to the Board for its consideration.

9. This Settlement Agreement and Final Order is subject to approval of the Board. If the Board fails to approve this Settlement Agreement and Final Order it shall be of no force or effect to either party.

10. The Board's approval of this Settlement Agreement shall constitute a **FINAL ORDER** of the Board.

Steven Dominguez, M.D., Respondent

Subscribed and sworn to before me on October 27, 1999.

Jolene B. McKoon

Notary Public, State of Illinois

"OFFICIAL SEAL"
JOLENE B. McKOON
Notary Public, State of Illinois
My Commission Expires 4-4-2000

This Statement of Charges and Settlement Agreement is approved by the Board on November 8, 1999.

Dale R. Holdiman MD

Dale R. Holdiman, MD, Chairperson
Iowa Board of Medical Examiners
400 SW 8th Street, Suite C
Des Moines, IA 50309-4686
Phone 515-242-6039