

Licensee Information

Daryhl Lindsay Johnson, II - MD

License #: 2011-01375 **License Status:** Active **Public Action:** No
Issue Date: 08/10/2011 **Renewal Date:** 09/14/2026

Active Supervisees

Name	Type	Status	Approved
Baird, Carmen Hobgood	Nurse Practitioner	Active	07/18/2024
Beretsky, Jennifer Siembida	Nurse Practitioner	Active	11/05/2025
Caggiano, Kimberly Hall	Nurse Practitioner	Active	10/23/2013
Cowgill, Corey Daniel	Physician Assistant	Active	11/17/2025
Dorcy, Claire Elizabeth	Physician Assistant	Active	03/02/2026
Dubiel, Alexis Paige	Physician Assistant	Active	09/24/2025
Karpe, Corey Mckenzie	Physician Assistant	Active	12/03/2025
Martzall, Ryan Andrew	Physician Assistant	Active	08/26/2025
Mcmanus, Margaret Leanne	Physician Assistant	Active	11/15/2024
Merinar Cook, Audrey Lynn	Physician Assistant	Active	09/16/2013
Mian, Elisa Renee	Physician Assistant	Active	01/24/2025
Oliver, Jenny Anne	Physician Assistant	Active	08/22/2025
Olson, Mia Kyrene	Physician Assistant	Active	04/22/2026
Park, Alexander Michael	Physician Assistant	Active	04/22/2026

North Carolina Hospital Admitting Privileges

Location

University of North Carolina Hospitals

Out of State Active/Inactive Licenses

State

Texas

Out of Country Active/Inactive Licenses

Country

None Reported

Address

UNC Dept. of Surgery
4008 Burnett Womack
CB 7228
Chapel Hill, NC 27599-7228
[919-966-4389](tel:919-966-4389)
<https://www.med.unc.edu/surgery/trauma/>

Information

Days patients are seen at this practice:

Practice philosophy:

Non-English languages in which office is able to provide clinical services (e.g. Hindi, Spanish):

Non-English languages in which practitioner is able to provide clinical services (e.g. Hindi, Spanish):

Participates in Medicare:

Accepting new Medicare patients:

Participates in Medicaid:

Accepting new Medicaid patients:

Uses electronic medical records:

Medical School

School	Graduation
University of Kansas School of Medicine	2005

Post Graduate Training

"Last Year" does not necessarily mean that the licensee completed his/her training program. (In NC, a physician can be licensed without completing such a program.)

Institution	Specialty	State, Country	Training Program	Last Year
UT Southwestern SOM Dept of Trauma/Critical Care	Other - Surgical Critical Care	TX, US	Fellowship	2011
Univ of Florida COM Jacksonville Dept of Surgery	Other - Surgery	FL, US	Residency	2010
Univ of Florida COM Jacksonville Dept of Surgery	Other - Surgery	FL, US	Internship	2006

Current Board Certification and Year of Certification/Recertification

Physicians should not list non-ABMS or non-AOA specialty boards unless the board meets the criteria set forth in the NC Medical Board's Advertising and Publicity Position Statement.

Primary/Subspecialty	Year
Surgery	2024
Surgical Critical Care	2023

Area of Practice

Area Of Practice	Primary
Abdominal Surgery	
Critical Care Surgery	
General Surgery	Yes
Surgery	
Surgery - Surgical Critical Care	
Surgery (general)	

Surgical Critical Care	
Trauma Surgery	

Current Membership in Medical Professional Organizations

Membership
None Reported

Honors & Awards

Honor/Award	Given By	Date
None Reported		

Public Service

Name of Clinic	Service Description	Date
None Reported		

Current Academic Appointments

Title	Institution	City, State, Country
None Reported		

Publications

Title
None Reported

Section 1: Adverse Actions

North Carolina Medical Board Public Actions

Date	Description	Link
None Reported		

Other Regulatory Board or Agency Public Actions

Date	Name of Board/Agency	Action Taken	Link
None Reported			

Health Care Institution Suspensions and Revocations

Date	Health Care Institution	Action Taken
None Reported		

Section 2: Administrative Actions

Actions listed in this section are considered non-disciplinary by the Board. In situations where administrative actions are taken, the licensee may not have met certain statutory requirements or may have failed to follow correct administrative procedures.

North Carolina Medical Board Reentry Agreement

Date	Description	Link
None Reported		

North Carolina Special Purpose Licensing Agreement

Date	Description	Link
None Reported		

Malpractice Information

Incident Date	Payment Date	Area of Practice	City, State, Country	Response
None Reported				

Misdemeanor/DUI/DWI Conviction Information

Conviction Date	Conviction	Jurisdiction	Sentence
None Reported			

Felony Conviction Information

Conviction Date	Conviction	Jurisdiction	Sentence
None Reported			