



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN IN TRAINING PERMIT

**NAME:** CARMEN LANDAU MD

**DATE:** 05/07/2017

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

**Date of Birth:** 1977

**Permit Number:** BP10038786

**Permit Type:** PHYSICIAN IN TRAINING PERMIT

**Permit Status:** PERMIT TERMINATED

**Permit Status Date:** 8/30/2010

**Begin Date:** 08/03/2010

**Expiration Date:** 08/30/2010

**End Date:** 08/30/2010

**Terminated Date:** 08/30/2010

**Mailing Address**

4456 AVENIDA DEL SOL NE  
ALBUQUERQUE , NM 87110

**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:** FEMALE

**Current Primary Practice Address:**

NOT GIVEN

**Education**

**Graduation Year:** 2007  
**Medical School:** UNASSIGNED  
**Program Type:** RESIDENT  
**Training Institution:** UNIV OF NEW MEXICO  
**Program Specialty:** FAMILY MEDICINE

### Summary of all License/Permit Types

<b>Issue Date:</b>	<b>Type:</b>
08/03/2010	<a href="#">PHYSICIAN IN TRAINING PERMIT</a>

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