



NEVADA STATE BOARD OF MEDICAL EXAMINERS

Licensee Details

Person Information

Name: **Eleanor Powell
STANLEY**

Address: 872 E Sahara

Las Vegas NV 89104

Phone: 7027337889

License Information

License Type: Medical Doctor

License Number: 10429 Status: Active

Issue Date: 3/8/2003 Expiration Date: 6/30/2011

Scope of Practice

Scope of Practice: Gynecology

Education & Training

School: George Washington University, Washington, DC

Medical

Degree\Certificate: Doctor

Degree

Date Enrolled:

Date Graduated: 5/31/1991

Scope of Practice:

School: University Hospital / Albuquerque, NM

Degree\Certificate: Internship

Date Enrolled: 6/1/1991

Date Graduated: 6/30/1992

Scope of Practice: Obstetrics/Gynecology

School: University Hospital / Albuquerque, NM

Degree\Certificate: Residency

Date Enrolled: 7/1/1992

Date Graduated: 6/30/1995

Scope of Practice: Obstetrics/Gynecology

CURRENT CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION PROFESSIONAL LIABILITY CLAIM, SETTLEMENT, OR JUDGMENT OF \$5,000 OR MORE:

1) Date reported to the board: 1-31-2003

Reported by: Physician on application for licensure

Date of act/omission: 5-1-1998

Incident occurred in the state of:

Details: None reported

Settlement amount: \$825,000

Disciplinary Actions: NONE

