

CK 9642
\$150.-

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2704
Website: www.azmd.gov

RECEIVED
JUL 13 2015
ARIZONA
MEDICAL BOARD

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: Eleanor Powell Stanley, MD

MD LICENSE #: 23047

SPECIALTY: GYNECOLOGY

Renewal Registration (\$150) (Renewal & fee must come together postmarked or faxed by 6/30)

- Confirm ALL locations below where you will be dispensing prescription drugs, devices and controlled substances.
(For each location, place a check mark to verify address and schedule of drugs dispensed from each location are correct)
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.
- Blank form attached to add additional locations

PLEASE NOTE

A separate DEA license must be submitted for **EACH** location where **controlled substances** will be dispensed and must be kept current during the registration period

1331 N 7th St #225
Phoenix, AZ 85006

- Schedule II Drugs
- Schedule III Drugs
- Schedule IV Drugs
- Schedule V Drugs
- Nubain
- Prescription Only Drugs
- Prescription Devices

Dispensing location information correct Copy of DEA attached Remove this location

Physician's Signature:  Date: 5.13.2015

 ENTERED

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	02-29-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	01-08-2013
STANLEY, ELEANOR POWELL MD 1331 N 7TH STREET #225 PHOENIX, AZ 85006		

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

Sections 304 and 1008 (21 U.S.C. 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 IS NOT VALID AFTER THE EXPIRATION DATE.

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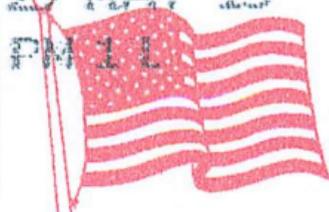
Form DEA-223 (05/04)

PHOENIX

AZ 852

27 MAY '15

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UNITED STATES POSTAGE



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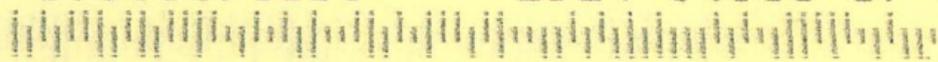
MAILED FROM ZIP CODE 85006



NIXIE 850 SE 1009 0007/06/15

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

EC: 85006275858 *1514-84000-27-35



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Family Planning Associates
 1331 N. 7th Street
 Suite 225
 Phoenix, AZ 85006

AZ 852

11 JUL '15
 PM 5 L



UNITED STATES POSTAGE



PITNEY BOWES

\$000.48⁵

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 MAILED FROM ZIP CODE 85006

Arizona Medical Board
 9545 E Doubletree Ranch Road
 Scottsdale AZ 85258

05258551405



ck 9264

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2704
Website: www.azmd.gov

RECEIVED

JUN 16 2014

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

AZ MEDICAL BOARD

PHYSICIAN NAME: Eleanor Powell Stanley, MD

MD LICENSE #: 23047

SPECIALTY: GYNECOLOGY

Renewal Registration (\$150) (Renewal & fee must come together postmarked or faxed by 6/30)

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1331 N 7th St #225
Phoenix, AZ 85006

- Schedule II Drugs
- Schedule III Drugs
- Schedule IV Drugs
- Schedule V Drugs
- Nubain
- Prescription Only Drugs
- Prescription Devices

Dispensing location information correct Copy of DEA attached Remove this location

Physician's Signature: _____


Stanley

Date: 5.14.2014



ENTERED

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	02-29-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	01-08-2013
STANLEY, ELEANOR POWELL MD 1331 N 7TH STREET #225 PHOENIX, AZ 85006		
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Form DEA-223 (05/04)

CR 8886

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2704
Website: www.azmd.gov

RECEIVED
JUN 03 2013
AZ MEDICAL BOARD

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MD LICENSE #: 23047

SPECIALTY: GYNECOLOGY

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Phoenix, AZ 85006

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Prescription Only Drugs
Prescription Devices

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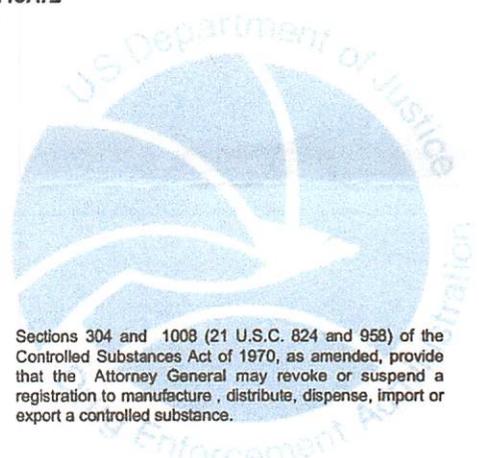
Physician's Signature:  STANLEY Date: 5.30.13

 **ENTERED**

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE		
UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
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Form DEA-223 (05/04)



ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2704
Website: www.azmd.gov

OK 8457
\$150-

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

RECEIVED

MAY 08 2012

PHYSICIAN NAME: Eleanor Powell Stanley, MD

MD LICENSE #: 23047

SPECIALTY: GYNECOLOGY AZ MEDICAL BOARD

Renewal Registration (\$150) (Renewal & fee must come together postmarked or faxed by 6/30)

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Schedule IV Drugs
Schedule V Drugs
Nubain
Prescription Only Drugs
Prescription Devices

Dispensing location information correct Copy of DEA attached Remove this location

Physician's Signature: _____

Date: _____

5/5/2012

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	02-28-2013	Paid
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	01-14-2010
STANLEY, ELEANOR POWELL MD 1331 N 7TH STREET #225 PHOENIX, AZ 85006		

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 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

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 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

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AMB - Physician Renewal - Confirmation (Step 8 of 11)

5/14/2015

Eleanor Powell Stanley

Please review the information below and click at the bottom to accept. If you need to correct the information, click the links below the records.

General Questions

*Note: **In the event the response to any of the questions numbered 1 through 10 is "YES"**, you must file by fax or mail a detailed report concerning the below matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such matters. IN ADDITION, you must submit photocopies of any corresponding documents, such as complaints or board actions.*

1) Since 2009, have you had an application for medical licensure denied or rejected by another state or province licensing board? If so, provide an explanation.

No

2) Since 2009, has any disciplinary or rehabilitative action been taken against you by another licensing board, including other health professions? If so, provide an explanation.

No

3) Since 2009, have any disciplinary actions, restrictions or limitations taken against you while participating in any type of program or by any health care provider? If so, provide an explanation.

No

4) Since 2009, have you had a medical license disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation, during an investigation or entered into a consent agreement or stipulation? If so, provide an explanation.

No

5) Since 2009, have you had hospital privileges revoked, denied, suspended, or restricted? If so, provide an explanation.

No

6) Since 2009, Have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? If so, provide an explanation.

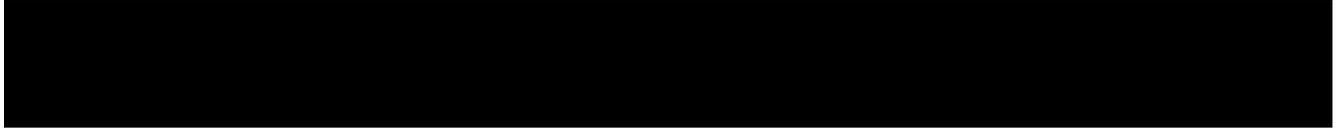
No

7) Since 2009, have you had your authority to prescribe, dispense, or administer medications limited, restricted,

modified, denied, surrendered, or revoked by a federal or state agency? If so, provide an explanation.

No

8) Since 2009, have you engaged or do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? If so, provide an explanation.



9) Since 2009, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? If so, provide an explanation. See list of Moral Turpitude items at .

No

10) Since 2009, have you failed the special purpose licensing examination (SPEX)?

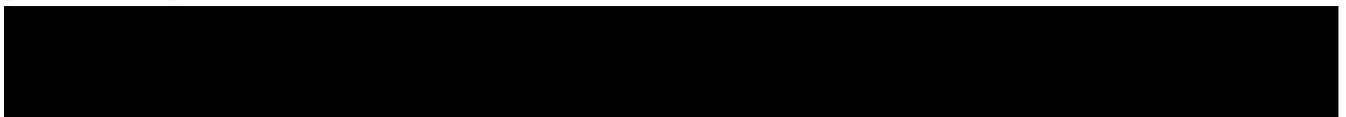
No

Physical/Mental Health and Substance Abuse Questions

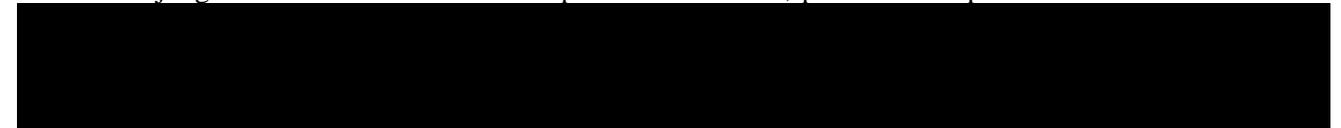
In the event you answer YES to any of the below questions, you must file with the application a detailed written narrative statement concerning the above matter(s), including the name of healthcare providers and treatment centers where you were treated, along with the discharge summary of your treatment and progress. If you are currently participating or have participated in the past 5 years pursuant to a confidential agreement or order in a program for the treatment and rehabilitation of physician assistant[®]s impaired by alcohol, drug abuse or for other issues, please submit a copy of the agreement/order along with a compliance reports from the state monitoring programs

FAILURE TO PROPERLY ANSWER THESE QUESTIONS OR DISCLOSE ALCOHOL, SUBSTANCE ABUSE OR OTHER ISSUES CAN RESULT IN BOARD DISCIPLINARY ACTION.

1) Since 2009, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine including diagnosis or treatment for any psychotic disorder or substance abuse disorder? If so, provide an explanation.



2) Since 2009, have you consumed intoxicating beverages resulting in your ability being impaired or limited to exercise the judgment and skills of a medical professional? If so, provide an explanation



Citizenship Status

I am a U.S. Citizen or U.S. National

Specialties

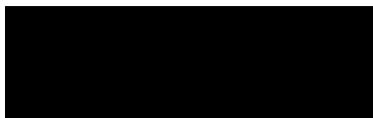
	<u>Specialty</u>	<u>Certified?</u>	<u>Practicing?</u>	<u>Date Certified</u>	<u>Expiration Date</u>
Primary Specialty	Obstetrics & Gynecology	Yes	Yes	11/20/1998	12/31/2011
Specialty 2					
Specialty 3					
Specialty 4					

Practice Address

(Directory Address)
1331 N 7th St Ste 225
Phoenix AZ, 85006-2768
Phone: (602) 553-0440
Fax: (602) 462-5588

You are required to enter a valid address, if you have one.

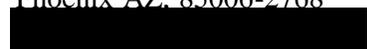
Home Address



You are required to enter a valid address, if you have one.

Mailing Address

1331 N 7th St Ste 225
Phoenix AZ, 85006-2768



You are required to enter a valid address, if you have one.

Please review all information you have provided. Change any information given or click on the I Agree button to verify that all information posted above is correct and to proceed to payment options.

By agreeing with this data, you are signing this registration form and certifying under penalty of perjury that all information on this form is currently accurate and:

- I am a U.S. Citizen or a qualified/registered alien
- I have completed a minimum of 40 credit hours of continuing medical education during the two calendar years preceding renewal year as required by A.R.S. Â§32-1434 and A.A.C. Â§ R4-16-101
- I have a written protocol in place for the secure storage, transfer and access of the medical records of my patients should my practice close as required by A.R.S. Â§32-3211.

I Agree

Yes	No
------------	-----------

***MD Training Unit
Complete***

You may wish to print this Page for your records.

After pressing the **Next** button, please be patient, as it may take a few moments to process your data and send you to the payment page.



Arizona Medical Board

9545 E. Doubletree Ranch Road, Scottsdale AZ 85258 • website: www.azmd.gov
Phone (480) 551-2700 • Toll Free (877) 255-2212 • Fax (480) 551-2707

Governor

Douglas A. Ducey

Members

Richard Perry, M.D.
Chair
Physician Member

James Gillard, M.D.
Vice-Chair
Physician Member

Jodi Bain, Esq.
Secretary
Public Member

Marc Berg, M.D.
Physician Member

Donna Brister
Public Member

R. Screven Farmer, M.D.
Physician Member

Robert E. Fromm, M.D.
Physician Member

Paul S. Gerding, Esq.
Public Member

Edward G. Paul, M.D.
Physician Member

Wanda Salter, R.N.
Public Member/R.N.

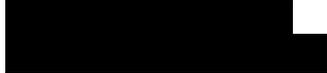
Executive Director

Patricia E. McSorley

June 12, 2015

**** sent via email and US Mail**

Dr. Eleanor Stanley



This will acknowledge receipt of your renewal application for licensure to practice medicine in the State of Arizona. At the time of renewal, all files are reviewed for completeness. If it is determined that anything is missing, it is requested at this time.

To complete the processing of your renewal application, the following documentation is still needed:

1.) Please provide government issued document that contains a photograph.

(ie: passport, driver's license)

****Please do NOT fax photos; they do not come across clear. Scanned copies or pictures of the photo may be emailed or mailed****

PLEASE NOTE: If the above items are not received within 60 days of this notice, your Arizona Medical License will expire on its scheduled expiration DATE. Any items that are received after the 60 day period will not be accepted. If your license expires you may reapply as an initial applicant.

Should you wish to appeal any item in this deficiency letter you must submit your request for a hearing to the Board pursuant to AAC R4-16-206(B)(2) within 30 days from the date of this notice.

A.R.S. § 32-1430:

B. A person renewing an active license to practice medicine in this state shall provide to the board as part of the renewal process a report of disciplinary actions, restrictions or any other action placed on or against that person's license or practice by another state licensing or disciplinary board or an agency of the federal government. This action may include denying a license or failing the special purpose licensing examination. The report shall include the name and address of the sanctioning agency or health care institution, the nature of the action taken and a general statement of the charges leading to the action taken.

C. The licensee shall submit proof with the renewal form of having completed a training unit as prescribed by the board relating to the requirements of this chapter and board rules.

D. A person whose license has expired may reapply for a license to practice medicine as provided in this chapter.

R4-16-207. Time-frames for License Renewal; Expiration

B. For license renewal, the administrative completeness review time-frame described in A.R.S. § 41-1072(1) is 45 days and begins on the date the Board receives the renewal application.

1. If the required application is not administratively complete, the Board shall send a written deficiency notice to the applicant.

a. In a deficiency notice, the Board shall state each deficiency and the information required to complete the application or supporting documentation.

b. Within 60 days after the Board sends a deficiency notice, the applicant shall submit to the Board the requested documentation or information specified in the notice. The time-frame for the Board to finish the administrative completeness review is suspended from the date of the notice until the date the Board receives the requested documentation or information from the applicant.

D. If a person holding an active license does not apply for license renewal according to the biennial renewal requirement or fails to meet time-frame requirements under this Section, the person's license expires according to provisions prescribed under A.R.S § 32-1430(A) unless the person is under investigation according to provisions prescribed under A.R.S. § 32-3202.

Sara Bachmann
Arizona Medical Board
Licensing Assistant
Sara.Bachmann@azmd.gov

Arizona Medical Board: License Renewal Questions

Eleanor Stanley 2013 License # 23047 Professional Conduct

1. Since your last renewal have you had an application for medical licensure denied or rejected by another state or province licensing board?

No

2. Since your last renewal has disciplinary or rehabilitative action been taken against you by another licensing board, including other health professions?

No

3. Since your last renewal have any disciplinary actions, restrictions or limitations taken against you while participating in any type of training program or by any health care provider?

No

4. Since your last renewal have you been found in violation of a statute, rule, or regulation of any domestic or foreign governmental agency?

No

5. Since your last renewal have you been under investigation by any medical board or peer review body?

No

6. Since your last renewal, have you had a medical license disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation during an investigation or entered into a consent agreement or stipulation?

No

7. Since your last renewal, have you had hospital privileges revoked, denied, suspended, or restricted?

No

8. Since your last renewal, have you been named as a defendant in a malpractice matter currently pending or that resulted in a settlement or judgment against you?

No

9. Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government?

No

10. Since your last renewal, have you had your authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency?

No

11. Since your last renewal, have you engaged or do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication?

12. Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state?

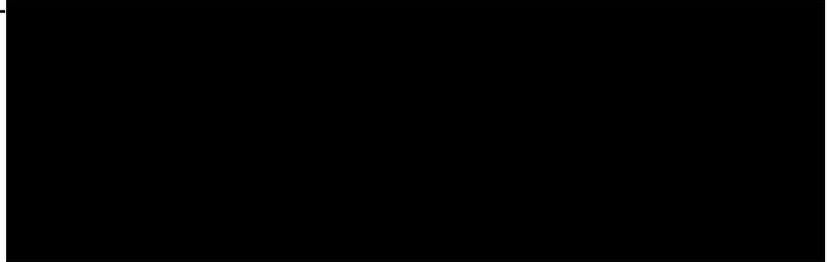
No

Arizona Medical Board: License Renewal Questions

Eleanor Stanley 2013 License # 23047 Mental Health

1. Since your last renewal have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine including a diagnosis or treatment for any psychotic disorder or substance abuse disorder?

2. Since your last renewal, have you consumed intoxicating beverages resulting in your ability being impaired or limited to exercise the judgment and skills of a medical professional?





Kenneth L. Noller, M.D.
Director of Evaluation
American Board of Obstetrics and Gynecology
2815 Vine Street
Dallas, TX 76204
Phone: (214) 871-1819
Fax: (214) 871-1943

May 31, 2013

Eleanor Powell Stanley, M.D.



Dear Doctor:

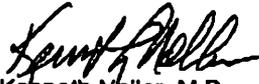
Congratulations! I am pleased to inform you that you have satisfactorily completed the 2012 Maintenance of Certification Part II assignments. You have earned 35 AMA Category 1 CME credits. These will be awarded by the American College of Obstetricians and Gynecologists (ACOG).

Documentation of completion of the MOC process will be furnished to the engraving company.

Your certification status in Obstetrics and Gynecology on May 31, 2013 is "active" through 12/31/2013. The MOC process requires a new application and participation each year.

Please use this letter to provide documentation of your status for your hospitals. Please remember that you must re-apply for MOC each year. The application for the 2013 MOC process will be available through your ABOG Member Login page beginning in November, 2012.

Sincerely yours,


Kenneth Noller, M.D.
Director of Evaluation

KLN

ABOG ID: 950090



Kenneth L. Noller, M.D.
Director of Evaluation
American Board of Obstetrics and Gynecology
2815 Vine Street
Dallas, TX 75204
Phone: (214) 871-1618
Fax: (214) 871-1043

May 31, 2013

Eleanor Powell Stanley, M.D.



Dear Doctor:

Congratulations! I am pleased to inform you that you have satisfactorily completed the 2012 Maintenance of Certification Part II assignments. You have earned 35 AMA Category 1 CME credits. These will be awarded by the American College of Obstetricians and Gynecologists (ACOG).

Documentation of completion of the MOC process will be furnished to the engraving company.

Your certification status in Obstetrics and Gynecology on May 31, 2013 is "active" through 12/31/2013. The MOC process requires a new application and participation each year.

Please use this letter to provide documentation of your status for your hospitals. Please remember that you must re-apply for MOC each year. The application for the 2013 MOC process will be available through your ABOG Member Login page beginning in November, 2012.

Sincerely yours,

Kenneth Noller, M.D.
Director of Evaluation

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