

Christopher Romano DeNAPOLES

License Number: 21245
License Type: Medical Doctor
License Status: Active
Initial License Date: Jul-09-2021
Expiration Date: Jun-30-2023
Public Address: 750 Morphy Ave
Public City: Fairhope
Public State: AL
Public ZIP Code: 36532
Public Country: United States
Public Phone Number: 251-928-2375

Specialties

Specialty
Family Medicine

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
Trinity School of Medicine	Medical Doctor Degree	N/A	Apr-30-2013

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Stamford Hospital/Columbia University	Residency	Family Medicine	Jul-01-2014	Jun-30-2017

Board Actions

Summary	Attachments
None.	

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None.	