



## **PUBLIC VERIFICATION / PHYSICIAN PROFILE**

### **PHYSICIAN IN TRAINING PERMIT**

**NAME:** STEPHANIE GRACE  
MISCHELL MD

**DATE:** 05/04/2022

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

**Date of Birth:** 1990

**Permit Number:** BP20073595

**Permit Type:** PHYSICIAN IN TRAINING PERMIT

**Permit Status:** PERMIT TERMINATED

**Permit Status Date:** 6/30/2021

**Begin Date:** 02/01/2021

**Expiration Date:** 06/30/2021

**End Date:** 06/30/2021

**Terminated Date:** 06/30/2021

**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:**

8616 GREENVILLE AVE

#101

DALLAS , TX 75243

**Education**

**Graduation Year:** 2017

**Medical School:** RUTGERS ROBERT WOOD JOHNSON MED SCH, STATE UNIV OF NEW JERSEY, PISCATAWAY, NJ

**Program Type:** RESIDENT

**Training Institution:** RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL

**Program Specialty:** FAMILY MEDICINE

**Summary of all License/Permit Types**

<b>Issue Date:</b>	<b>Type:</b>
01/13/2020	<a href="#"><u>PHYSICIAN IN TRAINING PERMIT</u></a>
02/01/2021	<a href="#"><u>PHYSICIAN IN TRAINING PERMIT</u></a>
07/23/2021	<a href="#"><u>LICENSED PHYSICIAN</u></a>

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