

Eleanor Powell STANLEY

License Number: 10429
License Type: Medical Doctor
License Status: Active
Initial License Date: Mar-08-2003
Expiration Date: Jun-30-2023
Public Address: 872 E Sahara
Public City: Las Vegas
Public State: Nevada
Public ZIP Code: 89104
Public Country: United States
Public Phone Number: 7027337889
Credential: M.D.

Specialties

Specialty
Gynecology

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
George Washington University, Washington, DC	Medical Doctor Degree	N/A	May-31-1991

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
University Hospital / Albuquerque, NM	Internship	Obstetrics/Gynecology	Jun-01-1991	Jun-30-1992
University Hospital / Albuquerque, NM	Residency	Obstetrics/Gynecology	Jul-01-1992	Jun-30-1995

Board Actions

Summary	Attachments
None.	

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

Summary	Attachments
None.	

Malpractice Information

Summary	Attachments
None.	