



# Texas Medical Board

Texas Physician Assistant Board  
Healthcare Provider Verification / Profile

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## Physician License

**NAME:** CARLEYNNA MARIAH NUNES, MD

**LICENSE:** S2438

**INFORMATION CURRENT AS OF:** 8/10/2022

**CURRENT STATUS:** ACTIVE

[Click here for a detailed information on what each section below contains.](#)

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

### Verified Information

**Year of Birth:** 1985

**License Number:** S2438 Physician License

**Issuance Date:** 06/14/2019

**Expiration Date:** 08/31/2024

**Current Status:** ACTIVE as of 06/17/2019

**Disciplinary Restrictions:** NONE

**Non-Disciplinary Restrictions:** NONE

**Specialties:**

**School of Graduation:**

BROWN UNIVERSITY PROGRAM IN MEDICINE, PROVIDENCE 2011

**Electronic RX Waiver Expiration Date:** 01/06/2023

### — Current Board Action

NONE

### + Medical Malpractice Investigations

**THE INFORMATION IN THESE SECTIONS WAS REPORTED BY THE LICENSEE AND MAY HAVE NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

### **Self Reported Information**

**Gender:** FEMALE

**Race:** WHITE - of Hispanic origin

**Current Primary Practice Address:**

17200 SAINT LUKES WAY  
THE WOODLANDS, TX 77384

**Years of Active Practice in the U.S. or Canada:**

11 year(s)

**Years of Active Practice in Texas:**

3 year(s)

### **Specialty Board Certification**

Specialty certifications issued by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

**Specialty Certification:** AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

**Date:** 2019

### **Specialties**

**Primary Specialty:** OBSTETRICS AND GYNECOLOGY

**Secondary Specialty:** NONE

### **Education**

**Name, Location and Graduation Date of All Medical Schools Attended**

**Name:** BROWN UNIVERSITY PROGRAM IN MEDICINE, PROVIDENCE

**Location:**

**Graduation Date:** 05/2011

## Graduate Medical Education In The United States Or Canada

**Program Name:** University of Arizona

**Location:** Tucson, AZ

**Begin Date:** 07/2011

**End Date:** 06/2015

**Type:** RESIDENCY

**Specialty:** Obstetrics and Gynecology

### + Hospital Privileges

### + Utilization Review

### + Patient Services

### + Awards, Honors, Publications

### - Malpractice Information

The physician has the following reportable claims.  
NONE

### - Criminal History

Self-Reported Criminal Offenses:  
NONE

### - Non-TMB Disciplinary Actions

The physician reported the following:  
NONE

### - Physician Assistant Supervision

To obtain physician assistant (PA) information, click name

NONE

### - Advanced Practice Nurse Delegation

To obtain advanced practice registered nurse (APRN) information, click name

NONE

### - Summary of all Licenses

**Issue Date:** 06/14/2019

**Type:** [S2438 Physician License](#)

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