

Executive Director

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

(334) 395-5117(fax)





LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>LES</u>	LEY BECK		License #:	<u>1003</u>
I authorize the Alabama State Board of Veterinary Medical Examiners to release information in regards to the status and standing of my license to practice veterinary medicine and/or surgery in the State of Alabama				
ALABAMA BOARD VERIFICATION:				
APPLICANT LICEN	SE NUMBER:	<u>1003</u>	DATE ISSUED:	07/14/2022
ualifications for license in year of sue:		GRADUATE - MSU 2018, the STATE EXAM		
Current License Status:		SUSPENDED STATUS EXPIRATION DATE. 12/31/2023		
Disciplinary Action?		☑ NO	□ YE	S
Current Disciplinary A	Action?	☑ NO	☐ YE	S
Pending Disciplinary	Action?	☑ NO	☐ YE	S
If yes to any disciplina Conclusions of Law, a	•			
—— Board Signature:	(amm)	S. Carrile	Date: <u>05/30/2</u>	<u>025</u>

Executive Director