

8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112 Tammy S Cargile Executive Director

(334) 395-5117(fax)

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS**





LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>A</u>	MELIA BASKIN		Lie	cense #: <u>1</u>	<u>1046</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 LICENSE NUMBER:		<u>1046</u>	DATE IS	SSUED:	03/17/2023
Qualifications for license in year of ssue:		GRADUATE -	<u>CACC 20.</u>	22, the S	TATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		☐ YES	S
Current Disciplinary Action?		☑ NO		☐ YES	S
Pending Disciplinary Action?		☑ NO		☐ YES	S
If yes to any disciplinary action, you will find attached a certified copy of the Finding of Fact, Conclusions of Law, and /or Final Order, or the charges of a pending case.					
Board Signature: Tammy S. Cargile Executive Director					