

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>AB</u>	me: <u>ABBY STRINGER</u>		License #: <u>1066</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 LICE	NSE NUMBER:	<u>1066</u>	DATE ISSUED:	09/08/2023	
Qualifications for license in year of ssue: Current License Status:		GRADUATE - COASTAL COMMUNITY COLLEGE 2023, the STATE EXAM ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO	☐ YE	☐ YES	
Current Disciplinary Action?		☑ NO	☐ YE	☐ YES	
Pending Disciplinary Action?		☑ NO	☐ YE	☐ YES	
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					