

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>MORGAN CHAFF</u>		<u>IN</u> License #: <u>1080</u>		
	is and standing of m	•		to release information in nedicine and/or surgery in
ALABAMA BOA	RD VERIFICATION	ON:		
APPLICANT LIC	ENSE NUMBER:	<u>1080</u>	DATE ISSUE	ED: <u>01/29/2024</u>
Qualifications for license in year of issue:		GRADUATE - JSCC 2023, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2024		
Disciplinary Action?		☑ NO		YES
Current Disciplinary Action?		☑ NO		YES
Pending Disciplinary Action?		☑ NO		YES
• • •	olinary action, you w w, and /or Final Ord		1.0	of the Finding of Fact, ase.
Board Signature:	•	S. Cargile to Director	Date: <u>05/3</u>	<u>30/2025</u>