

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>BEKKA BUCK</u> | | License #: _ | <u>1126</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>1126</u> | DATE ISSUED: | 10/04/2024 |
| Qualifications for license in year of issue: | GRADUATE - | • CACC 2024, the S | TATE EXAM |
| Current License Status: | ACTIVE STA | TUS EXPIRATION | DATE. 12/31/2025 |
| Disciplinary Action? | ☑ NO | ☐ YE | S |
| Current Disciplinary Action? | ☑ NO | ☐ YE | S |
| Pending Disciplinary Action? | ☑ NO | ☐ YE | 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: Cayale Date: 05/30/2025 Tammy S. Cargile Executive Director | | | |