

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>A</u>	NNA McHALFFE	Z <u>Y</u>	License :	#: <u>1132</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>1132</u>	DATE ISSUE	D: <u>02/04/2025</u>
Qualifications for license in year of issue:		GRADUATE - JSCC 2024, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?		☑ NO		YES
Current Disciplinary Action?		☑ NO		YES
Pending Disciplinary Action?		☑ NO		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:	·	S. Carcile e Director	Date: <u>05/30</u>	<u>9/2025</u>