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ALABAMA STATE BOARD OF VETERNARY MEDICAL EXAMINERS



Executive Director www.asbvme.alabama.gov

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: S	STACY L McCUTC	<u>HEON</u>	License #:	<u>195</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>195</u>	DATE ISSUED:	06/07/1988
Qualifications for license in year of issue:		GRADUATE - SSJC 1988, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Actio	n?	☑ 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:		S. Carrile	Date: <u>05/30/2</u>	<u>025</u>

Executive Director