

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:**

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Name: <u>LIS</u>	SA P HETHCOX		License #:	<u> 265</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:				
ALADAMA BOARD VERIFICATION.				
APPLICANT LICE	NSE NUMBER:	<u>265</u>	DATE ISSUED:	<u>07/16/1993</u>
Qualifications for license in year of issue:		GRADUATE - SSCC 1993, the STATE EXAM		
Current License Status:		ACTIVE STATUS 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: Cay Date: 05/30/2025  Tammy S. Cargile Executive Director				