

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:

| fame: <u>KRISTI J DAVIDSO</u> | | <u>DN</u> License #: <u>286</u> | | | <u>286</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>286</u> | DATE ISSUED: <u>07/06/1994</u> | | |
| qualifications for license in year of sue: | | GRADUATE - SSCC 1994, the STATE EXAM | | | |
| Current License Status: | | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 | | | |
| Disciplinary Action? | | ☑ NO | | ☐ YES | S |
| Current Disciplinary Action? | | ☑ NO | ☐ YES | | S |
| 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: Tammy S. Cargile Executive Director | | | | | |