

Executive Director

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

(334) 395-5117(fax)

www.asbvme.alabama.gov



LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>T</u>	RACY L GAMBLI	<u>N</u>	License #: ,	<u>302</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>302</u>	DATE ISSUED:	<u>07/20/1995</u>
Qualifications for license in year of issue:		GRADUATE - SSCC 1995, 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 discipl Conclusions of Law			* •	he Finding of Fact,
Board Signature:	·	S. Cargile e Director	Date: <u>05/30/2</u>	<u>025</u>