

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:	SAMUEL C CARTN	<u>VER</u>	License #:	<u>3433</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 I	LICENSE NUMBER:	<u>3433</u>	DATE ISSUED:	06/07/1983
Qualifications fissue:	for license in year of	GRADUATE -	<u>AU 1983, the STA</u>	TE EXAM
Current License Status:		RESCINDED STATUS EXPIRATION DATE. 12/31/2024		
Disciplinary Ac	etion?	☑ 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 Signatu	Tammy	S. Cargile ve Director	Date: <u>05/30/2</u>	<u>025</u>