

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:

Name: <u>SUSAN L WELLS</u>		License #: <u>3856</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>3856</u>	DATE ISS	UED:	06/03/1986
Qualifications for license in year of issue:		GRADUATE - AU 1986, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO	[□YES	\$
Current Disciplinary Action?		☑ NO		□ YES	\$
Pending Disciplinary Action?		☑ NO		□ yes	\$
If yes to any disciplic	•				ne Finding of Fact,
Board Signature: Tammy S. Cargile Executive Director					