

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:	JAMES F JORDAN	JR	License #: .	<u>3917</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 L	ICENSE NUMBER:	<u>3917</u>	DATE ISSUED:	<u>09/15/1987</u>	
Qualifications fo	ualifications for license in year of sue:		GRADUATE - AU 1987, the STATE EXAM		
urrent License Status:		RESCINDED STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Act	ion?	☑ 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: Tammy S. Cargile Executive Director					