

## 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>M</u>	MARSHA A ZAHU!	<u>MENSKY</u>	Lic	ense #: <u>4</u>	<u> 1000</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>4000</u>	DATE ISSUED: <u>09/21/1988</u>		
Qualifications for l	icense in year of	GRADUATE -	<u>AU 1987, 1</u>	the STAT	<u>TE EXAM</u>
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action	n?	☑ NO		☐ YES	S
Current Disciplinary Action?		☑ NO	☐ YES		S
Pending Disciplinary Action?		☑ NO		☐ YES	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:	(amm f)	S. Carrile	Date:	<u>05/30/20</u>	<u>925</u>

**Executive Director**