

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>CH</u>	RISTINA TRAIL	<u>NA GAMS</u>	Licer	nse #: <u>4</u>	114
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>414</u>	DATE ISSUED: <u>08/03/2001</u>		<u>08/03/2001</u>
Qualifications for license in year of issue:		GRADUATE - S	SSCC 2001,	the ST	ATE 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 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:	·	S. Carrile e Director	Date: <u>0</u>	5/30/20	<u> 225</u>