

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>CPT SHANNA</u>	NESBY-O'DELL	License #:	<u>4156</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 NUMB	BER: <u>4156</u>	DATE ISSUED:	<u>01/14/1991</u>	
Qualifications for license in year issue:	of <i>GRADUATE</i> -	TU 1984, the STA	TE EXAM	
Current License Status:	ACTIVE STA	ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?	☑ 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 Date: 05/30/2025				

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