

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:	JENNIFER CAMP	BELL JONES	License #:	416
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>416</u>	DATE ISSUED	: <u>12/13/2001</u>
Qualifications fo issue:	r license in year of	GRADUATE - S	SSCC 2001, the S	STATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Act	ion?	☑ NO	☐ YI	ES
Current Disciplin	nary Action?	☑ NO	☐ YI	ES
Pending Disciplinary Action?		☑ NO	☐ YI	ES
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	e: Tammy	S. Cayile	Date: <u>05/30/</u>	<u> 2025</u>

Executive Director