

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: <i>MICHELE 1</i>	L ASHMAN-BODIN	License #: 4	1206
ivanie: <u>MICHELE I</u>	LASHWAN-BUDIN	License #: 4	<u> 4390</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 NUM	MBER: <u>4396</u>	DATE ISSUED:	10/03/1994
Qualifications for license in ye issue:	ar of <u>GRADUATE</u>	- MS 1994, the STA	TE EXAM
Current License Status:	ACTIVE STA	ATUS EXPIRATION	DATE. 12/31/2025
Disciplinary Action?	☑ 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:	J. Cayo	Date: <u>05/30/2</u>	<u>025</u>

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