

Tammy S Cargile Executive Director

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>PI</u>	HILLIP C FALKN	<u>/ER</u>	License #	#: <u>4462</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>4462</u>	DATE ISSUEI	D: <u>09/18/1995</u>
Qualifications for license in year of ssue: Current License Status:		GRADUATE - Auburn University, CVM 1995, the STATE EXAM ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?		☑ NO	□ Y	YES
Current Disciplinary Action?		☑ NO	□ Y	YES
Pending Disciplinary Action?		☑ NO	П	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: Tammy S. Cargile Executive Director				