

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>IRA DAN K</u> | <u>UYKENDALL II</u> | License #: 4 | <u>4548</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 | IBER: <u>4548</u> | DATE ISSUED: | 09/28/1996 |
| Qualifications for license in yea | ar of <u>GRADUAT</u> | E - AU 1996, the STA | TE EXAM |
| Current License Status: | ACTIVE ST | ATUS 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. | | | |
| | ammy S. Cargile xecutive Director | Date: <u>05/30/2</u> | <u>025</u> |