

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:	STEPHANIE L VAU	UGHT KITCHEN	<u>/S</u> Lic	ense #: <u>4</u>	<u>1911</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 1	LICENSE NUMBER:	<u>4911</u>	DATE IS	SSUED:	06/08/1999
Qualifications for license in year of issue:		GRADUATE - AU 1999, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Ac	etion?	☑ NO		☐ YES	S
Current Discipl	inary Action?	☑ NO		☐ YES	S
Pending Discip	linary Action?	☑ NO		☐ YES	5
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 Signatu	re: lamme x	S. Caril	Date:	05/30/20	<u>925</u>

Tammy S. Cargile **Executive Director**