



Tammy S Cargile
Executive Director

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
8100 SEATON PLACE--SUITE A
MONTGOMERY AL 36116
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(334) 395-5117(fax)
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **JOEL L CLINE**

License #: **4933**

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: **4933**

DATE ISSUED: **10/19/1999**

Qualifications for license in year of issue: **GRADUATE - GA 1996, the STATE EXAM**

Current License Status: **ACTIVE STATUS EXPIRATION DATE. 12/31/2025**

Disciplinary Action? ☒ NO ☐ YES

Current Disciplinary Action? ☒ NO ☐ YES

Pending Disciplinary Action? ☒ NO ☐ 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

Date: **05/30/2025**