

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>CATHERINE E TU</u>	<u>RBERVILLE</u>	License #:	<u>5419</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>5419</u>	DATE ISSUED:	05/11/2004
Qualifications for license in year of issue:	GRADUATE - A	<u>AU 2004, the STA</u>	TE EXAM
Current License Status:	ACTIVE STAT	<u>US EXPIRATION</u>	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.			
· ·	S. Cargile re Director	Date: <u>05/30/2</u>	<u>025</u>