

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>ELIZABET</u>	H GIBBINS WHITE	License #: ;	<u>5468</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 NUN	MBER: <u>5468</u>	DATE ISSUED:	08/17/2004	
Qualifications for license in years	ear of <u>GRADUATE</u>	GRADUATE - AU 1996, the STATE EXAM		
Current License Status:	ACTIVE STA	ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?	☑ NO	☐ YES	S	
Current Disciplinary Action?	☑ NO	☐ YE	S	
Pending Disciplinary Action?	☑ NO	☐ YE	S	
If yes to any disciplinary actio Conclusions of Law, and /or F			he Finding of Fact,	
Board Signature:	Fammy S. Cargile	Date: <u>05/30/2</u>	<u>025</u>	

Executive Director