



Tammy S Cargile
Executive Director

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: STEPHANIE C POWE License #: 5547

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: 5547 DATE ISSUED: 05/10/2005

Qualifications for license in year of issue: GRADUATE - AU 2005, the STATE EXAM

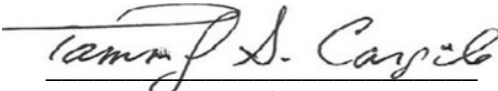
Current License Status: ACTIVE STATUS EXPIRATION DATE. 12/31/2024

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:  Date: 12/02/2023
Tammy S. Cargile
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