

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>CYNTHIA J PEARS</u>		<u>SON</u>	V License #: <u>566</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>566</u>	DATE ISSUED:	03/09/2009
Qualifications for license in year of issue:		GRADUATE - J	SCC 2008, the S	TATE EXAM
Current License Status:		ACTIVE STATE	US EXPIRATION	N 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 disciplin Conclusions of Law,	•		- ·	•
— Board Signature:	•	S. Carrile The Director	Date: <u>05/30/2</u>	<u>2025</u>