

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: | AMANDA B PARKI | <u>ER</u> | Licens | se #: <u>5</u> | <u>766</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>5766</u> | DATE ISSU | JED: | 05/13/2007 |
| | | | | | |
| Qualifications for license in year of assue: | | GRADUATE - AU 2007, the STATE EXAM | | | |
| Current License Status: | | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 | | | |
| Disciplinary Ac | ction? | ☑ NO | |] _{YES} | |
| Current Discipl | inary Action? | ☑ NO | | YES | |
| Pending Discip | linary 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 Date: 05/30/2025 | | | | | |

Executive Director