

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>ELLEN BE</u> | HREND VMD PhD | License #: | <u>5772</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 NUM | MBER: <u>5772</u> | DATE ISSUED: | 05/15/2007 |
| | | | |
| Qualifications for license in years | ear of <i>GRADUATE</i> | - PA 1988, the STA | TE EXAM |
| Current License Status: | ACTIVE STA | TUS EXPIRATION | 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. | | | |
| Board Signature: Tammy S. Cargile Date: 05/30/2025 | | | |

Executive Director