

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: | ANNETTE N SMIT | H ACVIM | License #: | <u>5788</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>5788</u> | DATE ISSUED: | 05/15/2007 |
| Qualifications for license in year of ssue: | | GRADUATE - TX 1994, the STATE EXAM | | |
| Current License Status: | | SUSPENDED STATUS EXPIRATION DATE. 12/31/2024 | | |
| 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 Executive Director | | | | |