

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:	me: <u>ANN ERIKA LIND</u>		<u>HOLM</u> Lice		eense #: <u>5798</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>5798</u>	DATE IS	SSUED:	05/16/2007	
Qualifications for license in year of ssue:		GRADUATE - FL 2006, the STATE EXAM				
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025				
Disciplinary Action?		☑ NO		☐ YES	S	
Current Disciplinary Action?		☑ NO		☐ YES	S	
Pending Disciplinary Action?		☑ NO	☐ YES		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						