

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>WENDY L F</u>	<u>BURDICK</u>	License #: ¿	<u>5883</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 NUN	MBER: <u>5883</u>	DATE ISSUED:	05/06/2008	
Qualifications for license in years	ear of <u>GRADUAT</u>	E - AU 2008, the STA	TE EXAM	
Current License Status:	ACTIVE ST	ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?	☑ NO	☐ YES	S	
Current Disciplinary Action?	☑ NO	☐ YES	S	
Pending Disciplinary Action?	☑ NO	☐ YE	S	
If yes to any disciplinary actio Conclusions of Law, and /or F			he Finding of Fact,	
Board Signature: Tammy S. Cargile Date: 05/30/2025				

Executive Director