

Executive Director

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>CHRISTINE A SI</u> | MMER | License #: g | <u> 6046</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>6046</u> | DATE ISSUED: | 05/05/2009 |
| Qualifications for license in year of issue: | <u>GRADUAT</u> | E - AU 2009, the STA | TE EXAM |
| Current License Status: | ACTIVE S | TATUS 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 Conclusions of Law, and /or Final O | | ¥ • | he Finding of Fact, |
| Board Signature: Tammy S. Cargile Date: 05/30/2025 | | | |

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