

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>C</u>	DEAN JONES		Licens	se #: <u>6</u>	5 <u>081</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>6081</u>	DATE ISSU	JED:	05/20/2009
Qualifications for license in year of issue:		GRADUATE - AU 1995, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		YES	;
Current Disciplinary Action?		☑ NO		YES	;
Pending Disciplinary Action?		☑ NO		YES	}
If yes to any discipl Conclusions of Law	•		-	•	ne Finding of Fact,
Board Signature: Tammy S. Cargile Executive Director					