

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>BROCK R HA</u>	<u>LVERSON</u>	License #:	<u>6136</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 NUME	BER: <u>6136</u>	DATE ISSUED:	04/19/2010
Qualifications for license in year issue:	of <i>GRADUATE</i>	- AU 2008, the STA	TE EXAM
Current License Status:	ACTIVE STA	ATUS EXPIRATION	DATE. 12/31/2025
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.			
	mmy S. Cargile ecutive Director	Date: <u>05/30/2</u>	<u>025</u>