

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:	LYNDSEY JACKSO	ON ANDERSON	License #:	<u>6313</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>6313</u>	DATE ISSUED:	04/29/2011
Qualifications issue:	for license in year of	<u>GRADUATE -</u>	AU 2011, the STA	TE EXAM
Current Licens	se Status:	ACTIVE STAT	TUS EXPIRATION	DATE. 12/31/2025
Disciplinary A	ction?	☑ NO	☐ YE	S
Current Discip	linary Action?	☑ NO	☐ YE	S
Pending Discip	plinary 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.				
Board Signati	are: (amr f)	S. Cayes	Date: <u>05/30/2</u>	<u>025</u>

Tammy S. Cargile **Executive Director**