

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>NANCY LECHON</u>	<u>CAMP</u>	License #: <u>633</u>	<u>.</u>
I authorize the Alabama State Board or regards to the status and standing of rethe State of Alabama	-		
ALABAMA BOARD VERIFICAT	ION:		
APPLICANT LICENSE NUMBER:	<u>633</u>	DATE ISSUED: 09	9/12/2012
Qualifications for license in year of issue:	<u>GRADUATE</u> -	JSCC 2012, the STAT	TE EXAM
Current License Status:	ACTIVE STA	TUS EXPIRATION D	ATE. 12/31/2025
Disciplinary Action?	☑ NO	☐ YES	
Current Disciplinary Action?	☑ NO	☐ YES	
Pending Disciplinary Action?	☑ NO	☐ YES	
If yes to any disciplinary action, you conclusions of Law, and /or Final Or		± •	Finding of Fact,
Board Signature: Tammy	S. Carrile	Date: <u>05/30/2025</u>	<u> </u>

Executive Director