

Executive Director

## VETERNARY MEDICAL EXAMINERS 8100 SEATON PLACE--SUITE A MONTGOMERY AL 36116 (334) 395-5112 (334) 395-5117(fax)

www.asbvme.alabama.gov

ALABAMA STATE BOARD OF



## LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>SAMANTHA ALST</u>		<u>'ON</u> License #: <u>6335</u>			<u> </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>6335</u>	DATE IS	SSUED:	04/29/2011
Qualifications for license in year of issue:		GRADUATE - LSU 2011, the STATE EXAM			
Current License Status:		ACTIVE STATUS 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 discipl Conclusions of Law	•				he Finding of Fact,
Board Signature:	•	S. Cargile Se Director	Date:	05/30/20	<u>025</u>