

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>GINGER N BAILEY</u>		<u>Y</u>	License #: <u>6398</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 LICEN	NSE NUMBER:	<u>6398</u>	DATE ISSUE	ED: <u>04/13/2012</u>
Qualifications for license in year of issue:		GRADUATE - AU 2012, 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 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 Signature: Tammy S. Cargile Executive Director				