

Executive Director

## 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>H</u>	ANNAH (	<u>COPLEY</u>	License #: g	<u> 542</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 LICI	ENSE NUMI	BER: <u>642</u>	DATE ISSUED:	03/29/2013
Qualifications for li issue:	cense in year	r of <u>GRADUA</u>	TE - JSCC 2012, the ST	TATE EXAM
Current License Status:		ACTIVE .	ACTIVE STATUS EXPIRATION DATE. 12/31/2024	
Disciplinary Action?		☑ NO	☐ YES	S
Current Disciplinary Action?		☑ NO	☐ YES	S
Pending Disciplinary Action?		☑ NO	☐ YES	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 Signature:		ammy S. Cargile recutive Director	Date: <u>05/30/2</u>	<u>025</u>