

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:	ASHLEY A CALVIN	N-LANG	Lic	ense #: 6	492
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>6492</u>	DATE IS	SSUED:	11/30/2012
Qualifications fo	or license in year of	GRADUATE -	TUFTS 20	003, the S	STATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Act	ion?	☑ 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 Date: 05/30/2025					

Executive Director