

Executive Director

Board Signature:

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>MARY ELIZABETH</u>	I GASPAR	License #:	<u>670</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>670</u>	DATE ISSUED:	10/29/2014
Qualifications for license in year of issue:	GRADUATE -	CARRINGTON 19	997, the STATE EXAM
Current License Status:	ACTIVE STAT	<u>TUS EXPIRATION</u>	DATE. 12/31/2025
Disciplinary Action?	☑ NO	☐ YES	S
Current Disciplinary Action?	☑ NO	☐ YES	S
Pending Disciplinary Action?	☑ NO	☐ YE	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.			
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Tammy S. Cargile **Executive Director** Date: <u>05/30/2025</u>