

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>ALAN C YOUNKIN</u> | | License #: <u>6716</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 LICE | NSE NUMBER: | <u>6716</u> | DATE ISS | SUED: | 10/01/2014 |
| Qualifications for license in year of ssue: | | GRADUATE - IA 1983, the STATE EXAM | | | |
| Current License Status: | | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 | | | |
| Disciplinary Action? | | ☑ NO | I | □ YES | |
| Current Disciplinary Action? | | ☑ NO | ☐ YE | | |
| Pending Disciplinary Action? | | ☑ NO | □ YI | | |
| 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 | | | | | |