

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:	STACIN L WYATT		License #:	<u>6882</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>6882</u>	DATE ISSUED:	05/13/2016
Qualifications for license in year of issue:		GRADUATE - 1	MO-COLU 2016, i	the STATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?		☑ NO	☐ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	S
• • •	plinary action, you w w, and /or Final Ord		* •	he Finding of Fact,
Board Signature:	Tammy	S. Carrile e Director	Date: <u>05/30/2</u>	<u>025</u>