

Executive Director

VETERNARY MEDICAL EXAMINERS 8100 SEATON PLACE--SUITE A MONTGOMERY AL 36116 (334) 395-5112 (334) 395-5117(fax)



www.asbvme.alabama.gov

ALABAMA STATE BOARD OF

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>E1</u>	LIZABETH A MII	LIS	Lic	cense #: <u>2</u>	7 <u>09</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>709</u>	DATE IS	SSUED:	<u>12/01/2015</u>
Qualifications for license in year of ssue:		<u>GRADUATE -</u>	PARKLA!	ND 1997,	the STATE EXAM
urrent License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action	?	☑ NO		☐ YES	S
Current Disciplinary	Action?	☑ NO		☐ YES	\mathbf{S}
Pending Disciplinar	y 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: Tammy S. Cargile Date: 05/30/2025					

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