

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

| Name: <u>AM</u> | ame: <u>AMANDA RODEN</u> | | License #: <u>7118</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>7118</u> | DATE ISSUED: <u>05/08/2018</u> | | | |
| Qualifications for license in year of issue: | | GRADUATE - AU 2018, the STATE EXAM | | | | |
| Current License Status: | | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 | | | | |
| Disciplinary Action? | | ☑ NO | | ☐ YES | 5 | |
| 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: | v | S. Carrile se Director | Date: | <u>05/30/20</u> | <u>925</u> | |