

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:	MAUREEN McMICHAEL DVM, MFd,	License #: 7316
	<u>DACVECC</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

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ALABAMA BOARD VERIFICATION:				
APPLICANT LICENSE NUMBER:	<u>7316</u>	DATE ISSUED: <u>10/01/2019</u>		
Qualifications for license in year of issue:	GRADUATE - C	CORNELL 1995, the STATE EXAM		
Current License Status:	ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?	☑ NO	☐ YES		
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.				
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