

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:	MIRAE C WOOD D	ACVS SA	Lic	cense #: <u>2</u>	<u>7328</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>7328</u>	DATE IS	SSUED:	11/05/2019
Qualifications for license in year of issue:		GRADUATE -	<u>MSU 2008</u>	8, the ST	ATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Actio	on?	☑ NO		☐ YES	\mathbf{S}
Current Disciplinary Action?		☑ NO	☐ YES		S
Pending Disciplinary Action?		☑ NO		☐ YES	\mathbf{S}
•	plinary action, you w w, and /or Final Ord				he Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025					

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