

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: <u>D</u>	ANIEL A FRESE	<u>PhD</u>	License	#: <u>733</u>	<u>81</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 LIC	ENSE NUMBER:	<u>7331</u>	DATE ISSUE	D: <u>1</u>	<u>2/18/2019</u>
Qualifications for license in year of issue:		GRADUATE -	KSU 2003, the	<u>STAT.</u>	E 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.					
Board Signature: Tammy S. Cargile Executive Director					