

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>KELLY CLE</u>	<u>MENTS</u>	License #: 2	<u>7424</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 VERIFI	CATION:		
APPLICANT LICENSE NUM	BER: <u>7424</u>	DATE ISSUED:	08/26/2020
Qualifications for license in yea issue:	r of <u>GRADUATE</u>	- CO 1995, the STA	TE EXAM
Current License Status:	<u>SUSPENDEI</u>	O STATUS EXPIRA	TION DATE. 12/31/2024
Disciplinary Action?	☑ NO	☐ YES	S
Current Disciplinary Action?	☑ NO	☐ YES	S
Pending Disciplinary Action?	☑ NO	☐ YE	S
If yes to any disciplinary action Conclusions of Law, and /or Fir	=		he Finding of Fact,
	ammy S. Cargile xecutive Director	Date: <u>05/30/2</u>	<u>025</u>