

## 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:	AMANDA RODO	<u>GER</u>	License #: ;	<u>7438</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 L	ICENSE NUMBEF	R: <u>7438</u>	DATE ISSUED:	11/03/2020	
qualifications for license in year of sue:		<u>GRADUATE</u>	GRADUATE - TN 2015, the STATE EXAM		
Current License Status:		<u>SUSPENDEI</u>	SUSPENDED STATUS EXPIRATION DATE. 12/31/2023		
Disciplinary Act	ion?	☑ NO	☐ YE	S	
Current Disciplinary Action?		☑ NO	☐ YE	S	
Pending Disciplinary Action?		☑ NO	☐ YE	S	
•	· · · · · · · · · · · · · · · · · · ·		l a certified copy of t es of a pending case.	he Finding of Fact,	
Board Signatur	Tamn	y S. Cargile tive Director	Date: <u>05/30/2</u>	<u>025</u>	