

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: KRISTI	IN CROCKEI	<u>R</u>	Licen	se #: <u>7</u>	<u>452</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:	<b>7452</b>	DATE ISSU	JED:	02/03/2021
Qualifications for license in year of ssue:		GRADUATE - MS 2011, 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.					
Board Signature:	Tammy S	Layile	Date: <u>05</u>	5/30/20	<u>25</u>

**Executive Director**