

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>NICOLE CHRI</u>	STINE BAILEY	License #: 2	<u>7467</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 NUMBE	ER: <u>7467</u>	DATE ISSUED:	05/03/2021
Qualifications for license in year o	of <i>GRADUATE</i>	E - AU 2021, the STA	TE EXAM
Current License Status:	<u>SUSPENDE</u>	D STATUS EXPIRA	TION DATE. 12/31/2023
Disciplinary Action?	☑ NO	☐ YES	3
Current Disciplinary Action?	☑ NO	☐ YES	S
Pending Disciplinary Action?	☑ NO	☐ YES	3
If yes to any disciplinary action, y Conclusions of Law, and /or Final		_ ·	ne Finding of Fact,
	amy S. Cargile	Date: <u>05/30/20</u>	<u>925</u>