

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>RE</u>	EBECCA NOEL	4	License #:	<u>7536</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 LICE	NSE NUMBER:	<u>7536</u>	DATE ISSUED:	08/27/1986
Qualifications for licissue:	cense in year of	GRADUATE :	- TN 2018, the STA	TE EXAM
Current License Status:		SUSPENDED STATUS EXPIRATION DATE. 12/31/2024		
Disciplinary Action?		☑ NO	☐ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	S
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:	•	S. Cargile ve Director	Date: <u>05/30/2</u>	<u>025</u>