

## 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: GE	EORGIA	<u>WOLFE</u>		Lie	cense #: <u>7</u>	<u>7547</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:		MBER:	<u>7547</u>	DATE ISSUED: <u>08/12/2021</u>		
Qualifications for license in year of issue:		ear of	GRADUATE - WI 2017, the STATE EXAM			
Current License Status:			ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?			☑ NO		☐ YES	S
Current Disciplinary Action?			☑ NO	☐ YE		S
Pending Disciplinary Action?			☑ NO		☐ YES	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: Tammy S. Cargile Executive Director						