

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: DIANE FEBLE	<u>ES</u>	License #: <u>2</u>	<u>7566</u>
I authorize the Alabama State Boaregards to the status and standing the State of Alabama	•		
ALABAMA BOARD VERIFIC	ATION:		
APPLICANT LICENSE NUMBI	ER: <u>7566</u>	DATE ISSUED:	11/02/2021
Qualifications for license in year o	of <i>GRADUATE</i>	E - GA 1988, the STA	TE EXAM
Current License Status:	ACTIVE ST	ATUS EXPIRATION	DATE. 12/31/2025
Disciplinary Action?	☑ NO	☐ YES	S
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,
Board Signature:	D. Cay:	Date: <u>05/30/20</u>	<u>925</u>

Executive Director