

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:

Vame: <u>AMANDA WOLFF</u>		<u>JOKI</u>	License #: <u>7587</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:		<u>7587</u>	DATE IS	SUED:	03/28/2022
Qualifications for license in year of issue:		GRADUATE -	<u>LSU 2018,</u>	the STA	ATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		☐ YES	S
Current Disciplinary Action?		☑ NO		☐ YES	S
Pending Disciplinary Action?		☑ NO		☐ YES	S
If yes to any discipli Conclusions of Law	•				ne Finding of Fact,
Board Signature: Tammy S. Cargile Executive Director					