

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:	SARAH NOWELL		License #:	<u>7605</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 L	ICENSE NUMBER:	<u>7605</u>	DATE ISSUED:	05/09/2022
Qualifications fo	or license in year of	<u>GRADUATE -</u> <u>EXAM</u>	Auburn University	v, CVM 2022, the STATE
Current License Status:		<u>SUSPENDED</u>	STATUS EXPIRA	TION DATE. 12/31/2001
Disciplinary Act	ion?	☑ NO	☐ YE	S
Current Discipli	nary 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: Tammy S. Cargile Executive Director				