

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:	CLAUDIA S FERRI	<u>ELL</u>	License	#: <u>7644</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 I	LICENSE NUMBER:	<u>7644</u>	DATE ISSUE	D: <u>06/16/2022</u>
Qualifications for issue: Current License	tions for license in year of GRADUATE - UNIVERSIDAD NACIONAL AUTO DE MEXICO 2009, the STATE EXAM icense Status: RESCINDED STATUS EXPIRATION DATE. 12/3		E EXAM	
Disciplinary Ac	tion?	☑ NO		YES
Current Discipli	nary Action?	☑ NO		YES
Pending Discipl	inary Action?	☑ NO		YES
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 Date: 05/30/2025				

Executive Director