

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: <u>PHI</u>	ILLIP CALLAH	<u>'AN</u>	Lic	cense #: <u>2</u>	<u>7649</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>7649</u>	DATE IS	SSUED:	06/17/2022
Qualifications for license in year of ssue:		GRADUATE - AU 2022, the STATE 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	☐ YI		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:	_	S. Cargile e Director	Date:	05/30/20	<u>025</u>