

## Tammy S Cargile Executive Director

## ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

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## LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	DEANNE L COCHI	<u>RAN</u>	License #: 2	<u>7651</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>7651</u>	DATE ISSUED:	06/21/2022
Qualifications fo issue: Current License	or license in year of Status:	<u>EXAM</u>	·	t, CVM 2022, the STATE  TION DATE. 12/31/2001
Disciplinary Act	ion?	☑ NO	☐ YES	S
Current Disciplin	nary Action?	☑ NO	☐ YES	S
Pending Discipli	nary Action?	☑ NO	☐ YES	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 Signatur	Tammy	S. Cargile	Date: <u>05/30/2</u>	<u>025</u>