

Executive Director

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>KA</u>	THRYN J HAMI	<u>LTON</u>	License #:	<u>7721</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 LICEN	NSE NUMBER:	<u>7721</u>	DATE ISSUED:	12/20/2022	
Qualifications for license in year of ssue:		<u>GRADUATE -</u> <u>EXAM</u>	<u>Auburn Universit</u>	y, CVM 1992, the STATE	
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO	☐ YE	S	
Current Disciplinary Action?		☑ NO	☐ YE	☐ YES	
Pending Disciplinary Action?		☑ NO	☐ YE	☐ 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 Executive Director					