

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>ALYSSA FLORES</u>	<u>S</u>	License #: <u>2</u>	<u>7728</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:	7728	DATE ISSUED:	02/03/2023
Qualifications for license in year of issue:	<u>GRADUATE</u> -	- WESTERN 2020, 1	the STATE EXAM
Current License Status:	SUSPENDED STATUS EXPIRATION DATE. 12/31/2023		
Disciplinary Action?	☑ NO	☐ YES	5
Current Disciplinary Action?	☑ NO	☐ YES	S
Pending Disciplinary Action?	☑ NO	☐ YES	5
If yes to any disciplinary action, you Conclusions of Law, and /or Final Or		* ·	ne Finding of Fact,
•	y S. Cargile ive Director	Date: <u>05/30/20</u>	<u>925</u>