

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:	SHARON N GAINE	<u>SS</u>	License #:	<u>7807</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>7807</u>	DATE ISSUED:	06/13/2023
Qualifications fo	r license in year of	GRADUATE -	LSU 2023, the ST	ATE EXAM
Current License Status:		SUSPENDED STATUS EXPIRATION DATE. 12/31/2024		
Disciplinary Act	ion?	☑ NO	□ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	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 re Director	Date: <u>05/30/2</u>	<u>2025</u>