

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:	KRISTEN MICHEL	LE WHITSON	Lie	cense #: <u>/</u>	<u>7906</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>7906</u>	DATE ISSUED: <u>03/21/2024</u>		03/21/2024
Qualifications for license in year of issue:		GRADUATE - LSU 2020, 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		☐ YES	S
•	sciplinary action, you w Law, and /or Final Ord				he Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025					

Executive Director