

8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112 (334) 395-5117(fax) Tammy S Cargile Executive Director



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ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS**

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>NELSON</u>	N DIAZ		Lie	cense #: <u>2</u>	<u>7907</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>7907</u>	DATE IS	SSUED:	03/26/2024
ualifications for license in year of sue:		GRADUATE - TU 1990, the STATE EXAM			
urrent 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
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:	•	S. Cargile e Director	Date:	05/30/20	<u>025</u>