

Tammy S Cargile Executive Director

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:					
Name: <u>AM</u>	e: <u>AMY FRANZ</u>		License #: <u>791</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>791</u>	DATE ISSUI	ED: <u>12/18/</u>	<u>′2017</u>
Qualifications for license in year of issue:		GRADUATE -	PENN FOSTI	<u> 2017, the </u>	e STATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		YES	
Current Disciplinary Action?		☑ NO		YES	
Pending Disciplinary Action?		☑ NO		YES	
If yes to any discipling Conclusions of Law, — Board Signature:	and /or Final Ord	er, or the charges Legisle S. Cargile	of a pending c		ing of Fact,
	Executiv	e Director			