

## 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>AM</u>   | MANDA WALKE  | <u>R</u>                                  | License #: ½         | <u>794</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 LICE  | ENSE NUMBER: | <u>794</u>                                | DATE ISSUED:         | 01/02/2018 |
| Qualifications for license in year of issue:  |              | GRADUATE - J                              | SCC 2017, the ST     | TATE EXAM  |
| Current License Status:   |              | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 |                      |            |
| Disciplinary Action?  |              | ☑ NO                                      | ☐ YE                 | 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:  | v            | S. Cayile<br>S. Cargile<br>e Director     | Date: <u>05/30/2</u> | <u>025</u> |