

## 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:	SARAH NICOLE	<u>MILLER</u>	License #: ½	<u>7958</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	LICENSE NUMBER:	<u>7958</u>	DATE ISSUED:	05/24/2024
Qualifications for license in year of ssue:		GRADUATE - WI 2013, the STATE EXAM		
Current License Status:		RESCINDED STATUS EXPIRATION DATE. 12/31/2024		
Disciplinary Ac	tion?	☑ 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: Tammy S. Cargile Executive Director				