

## 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>MA</u>	RTA PAWLUK		License #: ;	<u>7967</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	NSE NUMBER:	<u>7967</u>	DATE ISSUED:	05/31/2024
Qualifications for license in year of ssue:		GRADUATE -	ST GEORGE 2012	2, the STATE EXAM
Current License Status:		SUSPENDED STATUS EXPIRATION DATE. 12/31/2024		
Disciplinary Action?		☑ NO	☐ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	S
If yes to any disciplir Conclusions of Law,	•			he Finding of Fact,
— Board Signature:	•	S. Cargile ve Director	Date: <u>05/30/2</u>	<u>025</u>