

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



www.asbvme.alabama.gov Executive Director

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	CALLISTA MICHE	LLE SINOPOLI	License #: ¿	<u>8002</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>8002</u>	DATE ISSUED:	08/07/2024
Qualifications issue:	for license in year of	GRADUATE - A	<u> Z 2024, the STA</u>	TE EXAM
Current Licens	e Status:	ACTIVE STATE	US EXPIRATION	DATE. 12/31/2025
Disciplinary A	ction?	☑ NO	☐ YE	S
Current Discipl	linary Action?	☑ NO	☐ YE	S
Pending Discip	linary 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 Signatu	ire: lamme x	S. Cayolo	Date: <u>05/30/2</u>	<u>025</u>

Tammy S. Cargile **Executive Director**

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS**