

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>ASHLEY</u>	<u>SWAN</u>	License #:	<u>8015</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 N	TUMBER: <u>8015</u>	DATE ISSUED:	09/09/2024	
Qualifications for license ir	n year of <i>GRADU</i>	ATE - MI 2015, the STA	TE EXAM	
Current License Status:	<u>SUSPEN</u>	SUSPENDED STATUS EXPIRATION DATE. 12/31/2024		
Disciplinary Action?	☑ NO	☐ YE	S	
Current Disciplinary Action	n?	☐ YE	S	
Pending Disciplinary Actio	n? ✓ NO	☐ YE	S	
If yes to any disciplinary ac Conclusions of Law, and /c		* *	•	
Board Signature:	Tammy S. Cargile Executive Director	Date: <u>05/30/2</u>	<u>025</u>	