

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>SARAH WILSON</u> | | License #: <u>8033</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>8033</u> | DATE IS | SUED: | 10/30/2024 |
| Qualifications for license in year of issue: | | GRADUATE - KS 2020, the STATE EXAM | | | |
| Current License Status: | | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 | | | |
| Disciplinary Action? | | ☑ NO | | ☐ YES | S |
| Current Disciplinary Action? | | ☑ NO | ☐ YES | | S |
| Pending Disciplinary Action? | | ☑ NO | | ☐ YES | |
| If yes to any disciplication Conclusions of Lav | | | | 1 . | ne Finding of Fact, |
| Board Signature: Tammy S. Cargile Executive Director | | | | | |