

## 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>Mo</u>	ORGAN M MCM	<u>ULLEN</u>	License #:	<u>8121</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>8121</u>	DATE ISSUED:	05/09/2025
Qualifications for license in year of issue:		GRADUATE -	AUBURN UNIVE	RSITY 2024, the STATE
		EXAM		,
Current License Status:		FACULTY STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action	?	☑ NO	☐ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	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: Date: 05/30/2025 Tammy S. Cargile Executive Director				