

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>EMMA K</u> | GRIFFIN | | Licens | se #: <u>81</u> | <u> </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>8135</u> | DATE ISSU | JED: <u>(</u> | <u>05/20/2025</u> |
| | | | | | |
| Qualifications for license in year of issue: | | <u>GRADUATE - M</u> EXAM | <u>ISSISSIPP</u> | <u> PI STAT</u> | TE 2025, the STATE |
| Current License Status: | | ACTIVE STATUS EXPIRATION DATE. 12/31/2001 | | | |
| Disciplinary Action? | | ☑ NO | | YES | |
| Current Disciplinary Action | n? | ☑ NO | | YES | |
| Pending Disciplinary Actio | n? | ☑ NO | | YES | |
| 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: Tammy S. Cargile Date: 05/30/2025 | | | | | |

Executive Director