

Tammy S Cargile Executive Director

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>GENNER J ALVAR</u>		ADO-SOTO	License #: <u>8143</u>		<u>8143</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>8143</u>	DATE ISSUED: <u>05/27/2025</u>		
Qualifications for license in year of issue:		GRADUATE -	<u>VERITAS</u>	5 2017, th	e STATE EXAM
Current License Status:		FACULTY STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		☐ YES	S
Current Disciplinary Action?		☑ NO	☐ YES		S
Pending Disciplinary Action?		☑ NO	☐ YES		S
If yes to any discipling Conclusions of Law				1 -	he Finding of Fact,
Board Signature:	•	S. Cargile	Date:	05/30/20	<u>925</u>