

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>CH</u>	RISTY MYERS	License #: <u>823</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>823</u>	DATE ISSUI	ED: <u>10/02</u>	<u>/2018</u>
Qualifications for license in year of issue:		GRADUATE -	PENN FOSTI	ER 2017, th	e STATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		YES	
Current Disciplinary Action?		☑ NO		YES	
Pending Disciplinary Action?		☑ 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:	•	S. Cargile e Director	Date: <u>05/</u>	<u>30/2025</u>	