

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:	CARL ROMAN AN	<u>'DERSON</u>	License #:	<u>836</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>836</u>	DATE ISSUED:	01/10/2019
Qualifications for license in year of ssue:		GRADUATE - JSCC 2018, the STATE EXAM		
Current License Status:		SUSPENDED STATUS EXPIRATION DATE. 12/31/2023		
Disciplinary A	action?	☑ NO	☐ YE	S
Current Discip	olinary Action?	☑ NO	☐ YE	S
Pending Disci	plinary Action?	☑ NO	☐ YE	S
•	isciplinary action, you w f Law, and /or Final Ord		* *	
Board Signat	ure: (amm)	S. Carrile	Date: <u>05/30/2</u>	<u>025</u>

Executive Director