

Tammy S Cargile Executive Director

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

| Name: <u>St</u> | UMMER LEEANN | DAVIDSON | License #: | <u>894</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>894</u> | DATE ISSUED: | 01/13/2020 |
| Qualifications for license in year of issue: | | GRADUATE - J | SCC 2017, the S | TATE EXAM |
| Current License Status: | | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 | | |
| Disciplinary Action? | | ☑ NO | ☐ YE | ES |
| Current Disciplinary Action? | | ☑ NO | ☐ YE | ES |
| Pending Disciplinary Action? | | ☑ NO | ☐ YE | SS |
| 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 | Date: <u>05/30/2</u> | <u> 2025</u> |