

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>ASHLEY N NEWEI</u>		<u>L</u> License #: <u>984</u>			<u>984</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>984</u>	DATE ISSU	JED:	01/31/2022
Qualifications for license in year of issue:		GRADUATE - JSCC 2021, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		YES	<b>.</b>
Current Disciplinary Action?		☑ NO		YES	<b>;</b>
Pending Disciplinary Action?		☑ NO		YES	}
If yes to any discipl Conclusions of Law	•			•	ne Finding of Fact,
Board Signature:	•	S. Cargile e Director	Date: <u>05</u>	5/30/20	<u>925</u>