

CALIFORNIA

Licensed Vocational Nurse

VN 123456

INTRAVENOUS THERAPY & BLOOD WITHDRAWAL CERTIFICATION

Status: ACTIVE

Expires:
9/30/2024

Your name here
123 Any St.
Any City, CA 12345



Your signature here...

SIGNATURE OF LICENSEE

State Law requires that you notify the Board in writing, by mail or fax, of any name or address change within 30 days. Name & address changes cannot be accepted via e-mail. Please indicate your license number on any correspondence with the Board.



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