## **CALIFORNIA**

Licensed Vocational Nurse **VN** 123456

INTRAVENOUS THERAPY & BLOOD WITHDRAWAL CERTIFICATION

Status: ACTIVE

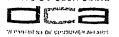
Expires: 9/30/2024

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

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## 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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