

BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS  
LICENSING DETAILS FOR: 685332

**NAME:** Your Name HERE

**LICENSE TYPE:** VOCATIONAL NURSE

**PRIMARY STATUS:** CURRENT

**QUALIFICATION:** INTRAVENOUS THERAPY AND BLOOD WITHDRAWAL CERTIFIED

**ADDRESS NOT DISCLOSED**

**ISSUANCE DATE**

SEPTEMBER 2, 2016

**EXPIRATION DATE**

JUNE 30, 2024

**CURRENT DATE / TIME**

JULY 21, 2022  
8:8:35 AM