Dear Nursing Home Administrator

Attached below is your Nursing Home Administrator license.
Your license is void after the expiration date below.

Expiration Date: dte014

str004 str005 str003 str006
str007
str008
str009 str010 str012
str011

DISPLAY:
State law requires that the nursing home license shall be conspicuously posted in the Nursing Home.

CHANGE OF NAME AND/OR ADDRESS:
State law requires that the nursing home administrator notify this office within 30 days of any change in name and/or address. Name and/or address changes should be made by a letter mailed to the address below.

State of California - Department of Public Health
Nursing Home Administrator Program - NHAP
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416

Thank you for your cooperation.

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State of California Department of Public Health

NURSING HOME ADMINISTRATOR PROGRAM

THIS IS TO CERTIFY THAT PURSUANT TO THE PROVISIONS OF
CHAPTER 2.35, ARTICLE 2 OF THE HEALTH AND SAFETY CODE

str004 str005 str003 str006

IS DULY LICENSED AS A
NURSING HOME ADMINISTRATOR
In the State of California and is entitled to all
the rights and privileges conferred in said code

License Number: str001str002
Expiration Date: dte014

DEPARTMENT OF PUBLIC HEALTH
NURSING HOME ADMINISTRATOR PROGRAM
P.O. BOX 997416, MS 3302
SACRAMENTO, CA 95899-7416
(916) 552-8780

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Nursing Home Administrator Program - NHAP
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416

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