Dear Continuing Education Provider

Attached below is your Continuing Education Provider 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 continuing education provider license shall be conspicuously posted in your place of business.

CHANGE OF NAME AND/OR ADDRESS:
State law requires that the continuing education provider 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.

Nhacep (10-08)

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Tear Here

State of California Department of Public Health

CONTINUING EDUCATION PROVIDER

str004 str005 str003 str006

THE ABOVE NAME IS AN APPROVED CONTINUING EDUCATION PROVIDER

Provider No.: str001str002

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

Issue Date: dte013
Expiration Date: dte014

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

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