



BOARD OF EXAMINERS  
OF NURSING HOME ADMINISTRATORS  
1020 N STREET, SACRAMENTO, CALIFORNIA 95814  
TELEPHONE (916) 445-8435



(Please type or print clearly)

COURSE CARD

RETURN ORIGINAL CARD - NO PHOTOCOPIES

NAME: (Last)	(First)	(Initial)	Soc. Sec. #:	License #:
LaImqui's	Doris	H	338-26-6230	
ADDRESS: (Number and street)		(City)	(State)	(Zip Code)
8270 Denver St		Ventura	Cal.	93003
COURSE NAME:	BENHA #:	Examination:	Dates Taken:	
Pharmacy & Drugs	741003-046	( ) Yes (X) No	4/17/74	
Hours Attended:	for ADMINISTRATOR.	Pass:	Location:	
3		( ) Yes ( ) No	Vista Del Monte	

Student's Signature: Doris LaImqui's

Date Signed: 4/17/74

Form 73M-9 (3/73)

Signature of Teacher: Luella Brown

Date Signed: 4/17/74

St. Barbara