



STATE OF CALIFORNIA  
DEPARTMENT OF  
**Consumer Affairs**

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)	NAME (First)	NAME (Initial)	Soc. Sec. #	License #
Holmquist	DORIS	H	338-26-6230	9 216629
ADDRESS (Number and street)		(City)	(State)	(Zip Code)
8270 DENVER ST		Ventura	Cal.	93003
COURSE NAME:	BENIA #:	Examination:	Dates Taken:	
Team approach to PLMANG	73260-287	(X) Yes ( ) No	Sep 7-73 - 10/2/73	
Hours Attended:		Pass:	Location:	
60 hours		(X) Yes ( ) No	S.B. CA	

Student's Signature: Doris Holmquist, RN  
Date Signed: 10/15/73  
Form 73M-9 (3/73)

Signature of Teacher: \_\_\_\_\_  
(sign at last class)  
Date Signed: \_\_\_\_\_