

California Department of Public Health



Notice of Certification
Void if Defaced or Altered



APRIL A SCHUR

You have successfully satisfied the requirements for
Nurse Assistant Certification. Keep this for your
personal records.

Certificate No.	Effective Date	Expiration Date
00813367	07/27/11	05/18/18

Signature:

A handwritten signature in black ink, appearing to read "April A. Schur", written over a horizontal line.

