

# California Department of Public Health



Notice of Certification  
Void if Defaced or Altered



CORA I SALMONSEN

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

Certificate No.  
01188954

Effective Date  
03/19/21

Expiration Date  
02/16/24

Signature

A handwritten signature in black ink, appearing to read 'Cora I. Salmonsen', written over a horizontal line.



Please send notification of any change of address within 60 days of moving to the:

**California Department of Public Health  
Aide and Technician Certification Section (ATCS)  
PO Box 997416 MS 3301  
Sacramento, CA 95899-7416  
or via fax at (916) 552-8785**

The Padlock icon on the face of this card shows the card has security features. Always verify current certificate status by using the online verification at [www.cdph.ca.gov](http://www.cdph.ca.gov) or call the Registry at (916) 327-2445.