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Dear:

You indicated on your application for Please check the box below that app any questions, please feel free to give	lies to your sit	uation a	and return in t	•	
I <u>worked</u> between Jul without a valid active license.	y 1, 2023 & _		as an	LPN in the Stat	te of West Virginia
<u>I did not work</u> betwee Virginia without a valid active license	-	23 & _		_ as an LPN in	n the State of West
Signature	Print Name	and	License #		Date

Very truly yours,

Lisa M. Shiltz BSN, RN

Associate Executive Director

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