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| Print Nurse's Name:  |              | <u>—</u>         |                             |                  |
|--|--------------|------------------|-----------------------------|------------------|
| Please check mark the box below center, email to the board: lpn.l Drive, Suite 100, Charleston, W'the board. | ooard@wv.gov | or fax to the be | oard 304-558-4367, or       | mail to: 101 Dee |
| I worked between Date as a LPN in the State of We  | •            |                  | nse Expired &<br>e license. | Today's          |
| <u>I did not work</u> be as a LPN in the State of West Vir   |              |                  | icense Expired &<br>nse.    | Today's Date     |
| Nurse's Signature  | Prin         | t Name           | License #                   | Date             |
| Very truly yours,  |              |                  |                             |                  |
| I.M SHALL  |              |                  |                             |                  |

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