

Professional License Verification:



Florida Professional License - CERTIFIED NURSING ASSISTANT

**License Holder Information**

Name: MR ROVER ORANGE  
SSN: xxx-xx-1234  
Address: 123 SOME STREET  
City: SOMERWHERE  
Zip: 12345 - 1234

Company Name:  
Phone: 1234567890

State: FL  
County: POLK

**License Detail**

License Number: 1234-56789  
License State: Florida  
License Type: CERTIFIED NURSING ASSISTANT  
Profession / Board: HEALTH  
License Obtained By:

Issue Date: 20041015  
Expiration Date: 50010101  
Last Renewal Date:  
Status: IN THE REGISTRY ACTIVE