



STATE OF FLORIDA

AGENCY FOR HEALTH CARE ADMINISTRATION

Lawton Chiles, Governor

Doug Cook, Director

Candidate Name Rennail, Liane Ada

Summary Document for

ELIGIBILITY VERIFICATION FOR INITIAL LICENSE

ELIGIBILITY REQUIREMENTS TO BE VERIFIED

Check off when Reviewed
and Verified or Indicate
Not Applicable (NA)

Application and Fee.....	<u>LT</u>
Good Mental and Physical Health.....	<u>LT</u> 6/24/96
High School Diploma or Equivalent.....	<u>LT</u>
Graduate of an Approved Program or Completed Courses Which are Equivalent for LPN.....	<u>LT</u> 6/26/96
VNE Approved.....	<u>na</u>
Ability to Communicate in English.....	<u>LT</u> 6/24/96
Action Taken on Arrest/Conviction.....	<u>na</u>
FDLE and HRS Abuse Registry Checks.....	<u>NO</u> 6-24-96
HIV/AIDS and Domestic Violence Affidavit.....	<u>LT</u> 6-26-96
Signature of Employee Who Verified Data.....	<u>Linda Jones</u>
Date of Verification.....	<u>6/26/96</u>
Successfully Completed Licensing Examination.....	<u>NO</u> 5-8-96
Appropriate Supervisor Approval.....	<u>NO</u> 5-8-96
Subsequent Board Action-Eligibility Certification.....	