

PERMANENT RECORD
 OF
 LICENSURE AND CONTINUING EDUCATION

Name Juanita M. Hickey
 Permanent Address Van Buren, Ark.
 Exam Administered _____ Score _____ Date _____
 Reciprocity Licensure _____ State _____ Date _____
 Date Original Licensure Granted _____ 361 License Number
 Conditions of Licensure _____
 Comments _____

Name of Course	Date of Course	Hours Granted	Location of Course	Name and Location of Sponsoring Agency	Remarks
Laber Relations	4-25-78	7	L. R.	Am College of N.H. Adm.	
Mgmt Seminar	7- 6 ⁷ -78	7	Eureka sps	Ark NH Assn	
Time Mgmt & Planning	7- 27 ²⁸ -78	10	Fairfield Bay	Ark NH Assn	
LSC Regulations	10-12-78	2	Charleston	Ark NH Assn	
Infection Seminar	2-20-79	3	Clarksville	State Health Dept	
Wound Heals Conm	3 ²¹ / ₂₂ 79	2	Kansas City	Mid-West Health Congress	
" " "	" " "	3	" "	" " "	"
" " "	" " "	3.5	" "	" " "	"
3 day Seminar on	6-5-79	8.5	Little Rock	Ark. N.H. Assn.	
Effective Supervision Communication	7- 26 ²⁷ -79	10	Fairfield Bay	ARK NH ASSOC. OLTC	
		26.5			