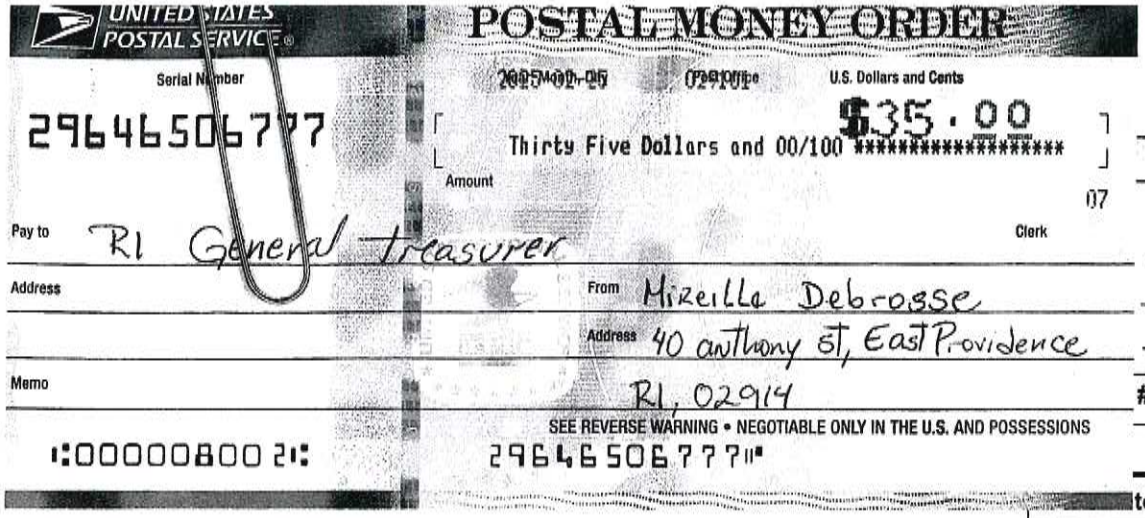

UNITED STATES POSTAL SERVICE

POSTAL MONEY ORDER

Serial Number 29646506777

2025-08-25 027101 Post Office

U.S. Dollars and Cents $35.00

Amount Thirty Five Dollars and 00/100 **********

Pay to RI General treasurer

Clerk 07

Address

From Mireille Debrosse

Address 40 anthony st, East Providence RI, 02914

Memo

SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

:00000800 2:

29646506777"

PP FP FP FP

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License #

Name: _____ License Number: _____

Rhode Island Department of Health

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For
License As A Nursing Assistant

☑ By Examination (RI Nursing Assistant Training Program)

☐ By Examination (Nursing Student)

MILITARY STATUS ELIGIBILITY *(Documentation Required) see next page for instructions*

Please check ONE of the following criteria for expedited application:

☐ I am in active military duty or a reservist
☐ I am a military veteran with honorable discharge
☐ I am the spouse of someone in active military duty or the spouse of a reservist

Have you EVER held a license as a Nursing Assistant in Rhode Island? ☐ Yes ☑ No
If Yes, please provide your RI License Number NA

Applicant - Print LEGAL Name - NAME MUST MATCH STATE ID

DEBROSSE	MIREILLE	
LAST NAME	*FIRST NAME*	*MI*

Phone: (401) 222-5888 **TTY/TDD: (800) 745-5555**

State of Rhode Island

Application for License as a Nursing Assistant

1. Name(s)

This is the name that will appear on the HEALTH website. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

MIREILLE

First Name

Middle Name

DEBROSSE

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in this or another state, if different from above (First, Middle, Last):

2. Social Security Number

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State."

3. Gender

Female

Please select from the dropdown.

4. Date of Birth

09/12/1996

Month Day Year

5. Home Address

It is your responsibility to notify RIDOH of all address changes within ten (10) days.

1st Line Address (Apartment/Suite/Room Number, etc.)

40 ANTHONY ST

Second Line Address (Number and Street)

EAST PROVIDENCE

City

RI

State

02914

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

(401) 398-9511

Home Phone

Home Fax

DEBROSSMIREILLES61@GMAIL.COM

Email Address

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify HEALTH of all address changes.

This address will appear on the Health website.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

Business Phone

Extension

Business Fax