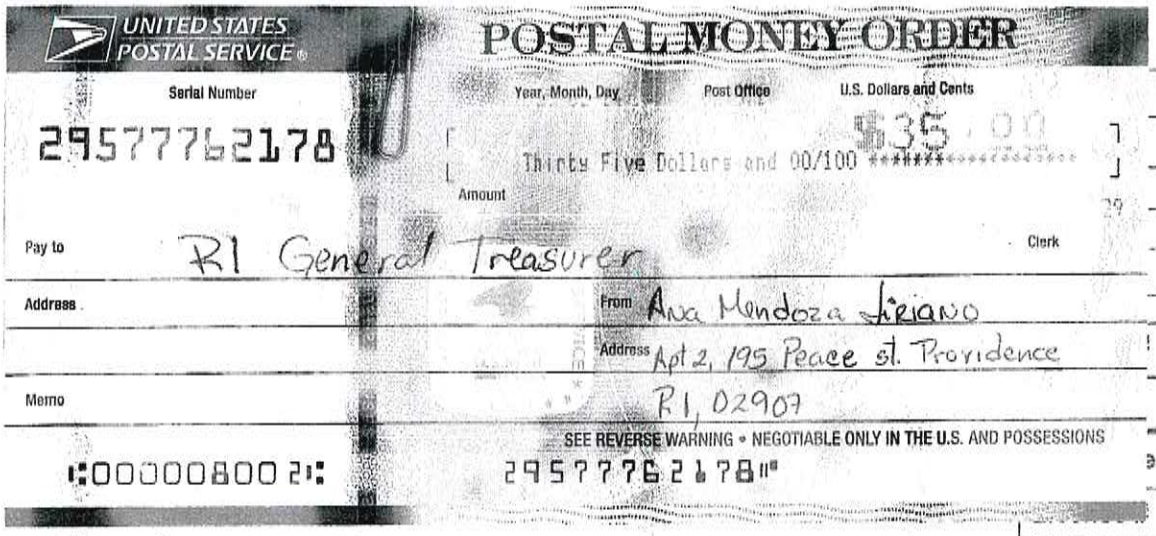

UNITED STATES POSTAL SERVICE

POSTAL MONEY ORDER

Serial Number: 29577762178

Year, Month, Day | Post Office | U.S. Dollars and Cents: $35.00

Amount: Thirty Five Dollars and 00/100

Pay to: RI General Treasurer

Clerk

Address

From: Ana Mendoza Liriano

Address: Apt 2, 195 Peace st. Providence RI, 02907

Memo

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

:00000800 2:

29577762178"

PP FP FP FP

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)

Name: _____ *License Number:* _____

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

MENDOZA LIRIANO	ANA	
LAST NAME	*FIRST NAME*	*MI*

DO NOT SEND CASH

DO NOT HAND DELIVER - APPLICATION MUST BE MAILED

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

Revised 10/24/2024 jcp

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.)

First Name: ANA

Middle Name

Surname, (Last Name): MENDOZA LIRIANO

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

661-45-5492

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

07/26/1974

Month Day Year

5. Home Address

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

APT 2

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

195 PEACE ST.

Second Line Address (Number and Street)

PROVIDENCE — City

RI — State

02907 — Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

(401) 516-7798

Home Phone

Home Fax

ANAMENDOZA19770627@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