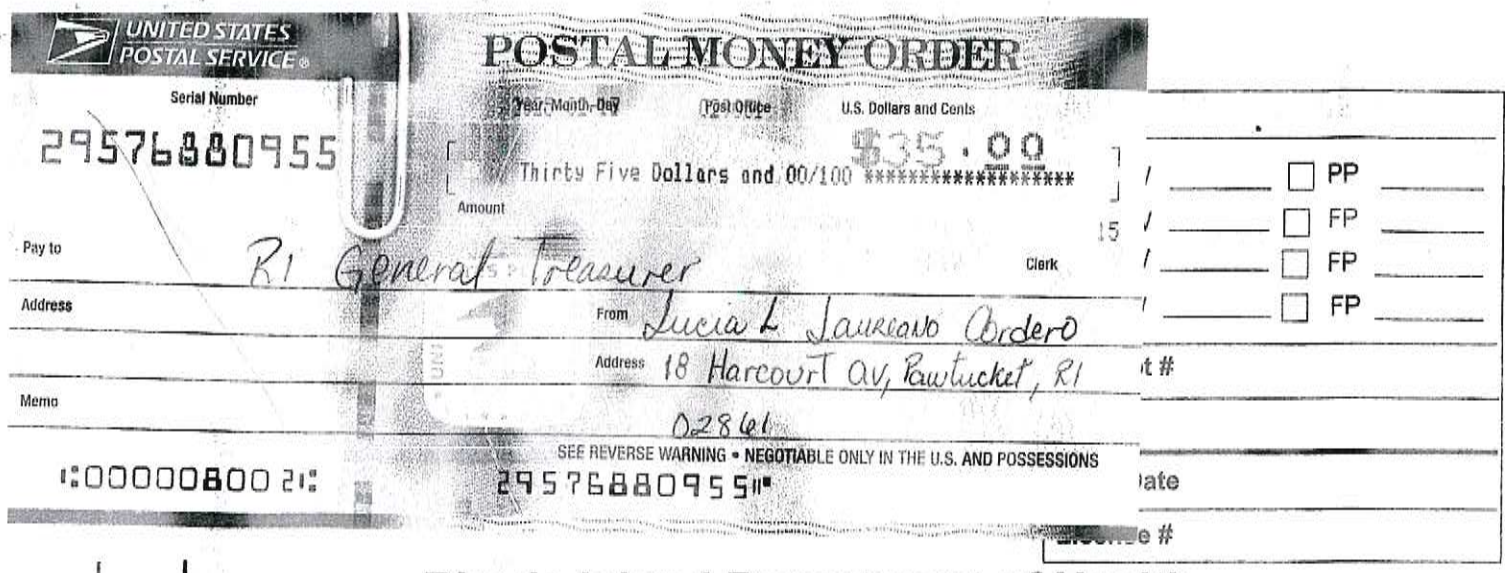
UNITED STATES POSTAL SERVICE

Serial Number 29576880955

POSTAL MONEY ORDER

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

Thirty Five Dollars and 00/100 ********** $35.00

Amount

Pay to RI General Treasurer

Clerk

Address

From Lucia L Laureano Cordero

Address 18 Harcourt av, Pawtucket, RI 02861

Memo

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

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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

LAUREANO CORDERO	LUCIA	L
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.)

LUCIA

First Name

LIZELOTE

Middle Name

LAUREANO CORDERO

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

598-54-4452

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

09/29/1993

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.)

18 HARCOURT AV

Second Line Address (Number and Street)

PAWTUCKET — City

RI — State

02861 — Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

(401) 661-6202

Home Phone

Home Fax

LIZELOTECORDERO@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

To whom may it concern:

My name is Lucia Lizette Lafeuro. I would like to provide an explanation on my criminal record.

I recognize That I made a very poor decision That day. It was a family matter and I Take full responsibility for my actions. I used This as a wake-up Call To get my life on Track In many ways. I know That what I did was wrong. It was a result of poor decision making on my part and It hurt a lot of people. I've learned a great lesson and wont repeat Those past mistakes.

I would like To assure you Tha I am no longer The same person. I have worked hard on moving forward To earn my Career as a CNA.

I am excited about The future as NA I am confident in my skills and ability To succeed in The healthcare I am looking foward To getting back To work full Time so I can further demonstrate The changes In my life and be a responsible member of society. my goal is To further my education In order for me To get a degree in nursing, work as a registered nurse, and have the opportunity To Provide The best possible health Care To Those That are in need. Thank you for taking my application into consideration. I am happy To Provide whatever additional information you may seek.

Sincerely,

Name Sign,

DATE: 2-10-2025