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29646506654					

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

Name:

License Number:

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

POCON MARROQUIN

MARIA

DR

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.) MARIA First Name DEL ROSARIO Middle Name POCON MARROQUIN 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	881-99-5448 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 Division of Taxation to verify that no taxes are owed to the State."
3. Gender	Female	Please select from the dropdown.
4. Date of Birth	07/23/1986 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.) 87 BABCORCK ST Second Line Address (Number and Street) PROVIDENCE City Country, if NOT U.S. (401) 445-9320 Home Phone MARYPOCON60@GMAIL.COM Email Address RI 02905 State Zip Code Postal Code, if NOT U.S. Home Fax	
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 Country, if NOT U.S. Business Phone Extension Business Fax State Zip Code Postal Code, if NOT U.S.	