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Address: From Chariacna Mejia de de Jesus, 228 Warrington St, Providence, RI 02907

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

2957762292

☐ PP
☐ FP
☐ FP
☐ FP

Date: #
 License #

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

MEJIA DE DE JESUS

CHARIACNA

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.)

CHARIACNA

First Name

Middle Name

MEJIA DE DE JESUS

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

707-28-7947

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

07/12/1996

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.)

228 WARRINGTON ST

Second Line Address (Number and Street)

PROVIDENCE

City

RI

State

02907

Zip Code

Country, if NOT U.S.

(401) 451-5217

Home Phone

Postal Code, if NOT U.S.

Home Fax

CHARIACNA@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