

Serial Number 29646506665
Date 2025 May 25
Office 020107
U.S. Dollars and Cents \$35.00
Amount Thirty Five Dollars and 00/100 *****
07
To RI General Treasurer
From Darlene M. Barnes
Address 91 Peace st. #3, Providence
RI, 02907
SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS
29646506665

OFFICE USE ONLY
☐ PP
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#

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

BARNES DARLENE M
LAST NAME FIRST NAME MI

DO NOT RETURN THIS PAGE FROM AN APPLICATION
DO NOT HAND DELIVER APPLICATION MUST BE MAILED

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.) DARLENE First Name M Middle Name BARNES 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	199-72-2361 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	11/23/1991 Month Day Year	
5. Home Address It is your responsibility to notify RIDOH of all address changes within ten (10) days.	#3 1st Line Address (Apartment/Suite/Room Number, etc.) 91 PEACE ST. Second Line Address (Number and Street) PROVIDENCE City RI State 02907 Zip Code Country, if NOT U.S. (401) 612-2934 Home Phone ENELARD24@GMAIL.COM Email Address 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 State Zip Code Country, if NOT U.S. Postal Code, if NOT U.S. Business Phone Extension Business Fax	