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\$ 35.00

PAY EXACTLY THIRTY-FIVE DOLLARS AND NO CENTS
PAY TO THE ORDER OF **RI General Treasurer**

44 Wales St, Cranston, RI 02920

Marianita O Cordoza Gamez
PURCHASER'S SIGNATURE
MOBILE DEPOSIT PROHIBITED

☐ PP
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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)

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

CARDOZA GAMEZ MARIANITA O
LAST NAME FIRST NAME MI



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.) MARIANITA First Name ODYLI Middle Name CARDOZA GAMEZ 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	787-81-1547 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	03/18/2000 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.) 44 WALES ST Second Line Address (Number and Street) CRANSTON City Country, if NOT U.S. (401) 632-2056 Home Phone MARIANITACARDOZA00@GMAIL.COM Email Address RI 02920 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. <u>This address will appear on the Health website.</u>	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.		