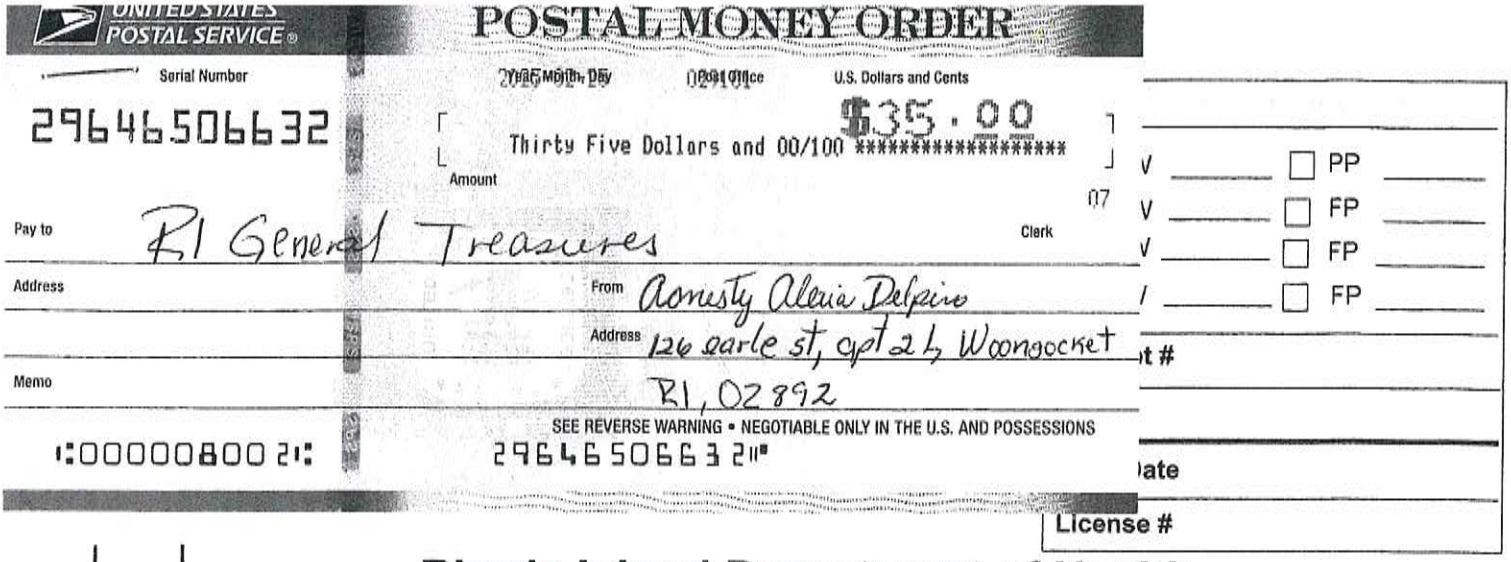

UNITED STATES POSTAL SERVICE

POSTAL MONEY ORDER

Serial Number 29646506632

Year Month Day 2024 02 29

Post Office 02891

U.S. Dollars and Cents $35.00

Amount Thirty Five Dollars and 00/100 **********

Pay to RI General Treasurer

Address

Memo

From Aonesty Alexia Delpino

Address 126 earle st, apt 2 L, Woonsocket RI, 02892

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

:000008002 21: 29646506632 21"

Clerk

V ☐ PP

V ☐ FP

V ☐ FP

/ ☐ FP

t #

ate

License #

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

DELPINO	AONESTY	A
LAST NAME	*FIRST NAME*	*MI*

Phone: (401) 222-5888 **TTY/TDD: (800) 745-5555**

Revised 10/24/2024 jcp

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.)

AONESTY

First Name

ALEXIA

Middle Name

DELPINO

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

035-70-1620

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

12/02/2002

Month Day Year

5. Home Address

It is your responsibility to notify RIDOH of all address changes within ten (10) days.

APT 2L

1st Line Address (Apartment/Suite/Room Number, etc.)

126 EARLE ST

Second Line Address (Number and Street)

WOONSOCKET

City

RI

State

02892

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

(401) 648-9586

Home Phone

Home Fax

AONESTYDELPINO2@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 Anthony Delpino. I would like to provide an explanation on my criminal record.

During this time of my first offense things got heated due to drinking. me and my partner at the time began exchanging words. As things got intense I have ptsd prior from A previos relationship that I had to defend myself in this matter which was A domestic dispute few years prior that I wasn't the cause of but the victim.
I've learned a valuable lesson. I'm in school to become an NA which im excited about.
My goal is to be a better person for myself others and my daughter. Thank you for taking my application serious I'm also Happy to provide what ever information is needed in the near future.

Sincerely,

Name Sign, [signature]

DATE: 01/27/25