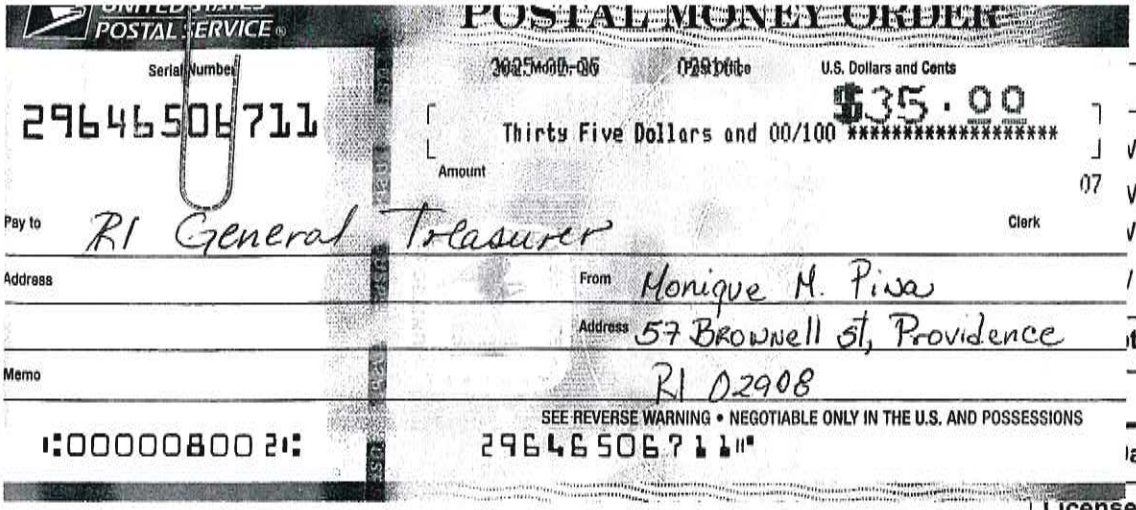
POSTAL MONEY ORDER

Serial Number 29646506711

U.S. Dollars and Cents $35.00

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

Pay to RI General Treasurer

From Monique M. Pina

Address 57 Brownell St, Providence RI 02908

Memo

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

:00000800 2:

29646506711

PP FP FP FP

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)

Name: _____ *License Number:* _____

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

PINA	MONIQUE	M
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.)

MONIQUE

First Name

MARIE

Middle Name

PINA

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

039-62-2588

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

03/03/1989

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.)

57 BROWNELL STREET

Second Line Address (Number and Street)

PROVIDENCE — City

RI — State

02908 — Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

(401) 390-4740

Home Phone

Home Fax

PINAMONIQUE347@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 Monique Pina. I would like to provide an explanation on my criminal record.

Today on January 27, 2025, I am explaing the reasoning For my BCI. I had a warrent for a ticket that I didn't pay I didn't show up for court, So because of that they issued a warrent. However, I did end up Paying the Fine For my driving ticket.

Sincerely,

Name Sign, Monique Pina

DATE: January 27, 2025