THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

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PAY TO THE ORDER OF RI General Treasurer

PAYMENT FOR/ACCT. #

Apt, 41 Regent Av, Providence, RI, 02908

Marlenny Lorenzo de Vaniester
PURCHASER'S SIGNATURE
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

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FP
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FP

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

LORENZO DE VANIESTER	MARLENNY	
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.)

First Name: MARLENNY

Middle Name: LORENZO DE VANIESTER

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

734-37-0736
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

03/07/2000
Month Day Year

5. Home Address

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

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

41 REGENT AV
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) 226-8856
Home Phone

Home Fax

ALBANELISLORENZO07@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