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PAY TO THE ORDER OF RI General Treasurer

Apt 1, 86 Moore St. Central Falls, RI 02863

Diana J Castano Puerta

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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)

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

CASTANO PUERTA	DIANA	J
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.)

DIANA
First Name

JAZMIN
Middle Name

CASTANO PUERTA
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

694-97-0860
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

09/28/1986
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.)

86 MOORE ST.
Second Line Address (Number and Street)

CENTRAL FALLS
City

RI
State

02863
Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

(774) 518-3374
Home Phone

Home Fax

JAZMINCP2019@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