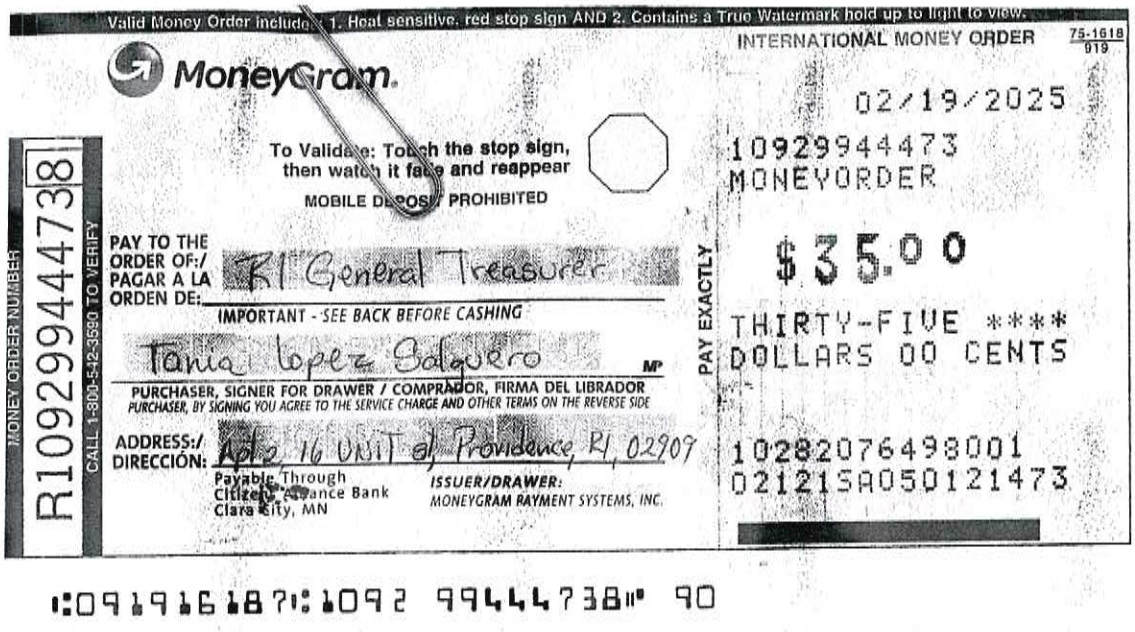
Valid Money Order include: 1. Heat sensitive, red stop sign AND 2. Contains a True Watermark hold up to light to view.

MoneyGram.

INTERNATIONAL MONEY ORDER 75-1618/919

02/19/2025

10929944473
MONEYORDER

$35.00

THIRTY-FIVE **** DOLLARS 00 CENTS

10282076498001
02121SA050121473

MONEY ORDER NUMBER R109299444738

CALL 1-800-542-3690 TO VERIFY

To Validate: Touch the stop sign, then watch it fade and reappear

MOBILE DEPOSIT PROHIBITED

PAY TO THE ORDER OF:/ PAGAR A LA ORDEN DE: RI General Treasurer

IMPORTANT - SEE BACK BEFORE CASHING

Tania Lopez Salguero

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/ DIRECCIÓN: Apt 2 16 Unit st Providence, RI, 02907

Payable Through Citizens Alliance Bank Clara City, MN

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

PAY EXACTLY

PP
FP
FP
FP

:091916187: 1092 99444738" 90

h

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*

| LOPEZ SALGUERO | TANIA | |
|---|---|---|
| *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.)

TANIA

First Name

Middle Name

LOPEZ SALGUERO

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**

723-64-4361

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**

12/26/2001

Month Day Year

**5. Home Address**

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

APT 2

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

16 UNIT ST

Second Line Address (Number and Street)

PROVIDENCE

City

RI

State

02909

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

(401) 663-2971

Home Phone

Home Fax

TANIALOPEZSALGUERO123@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