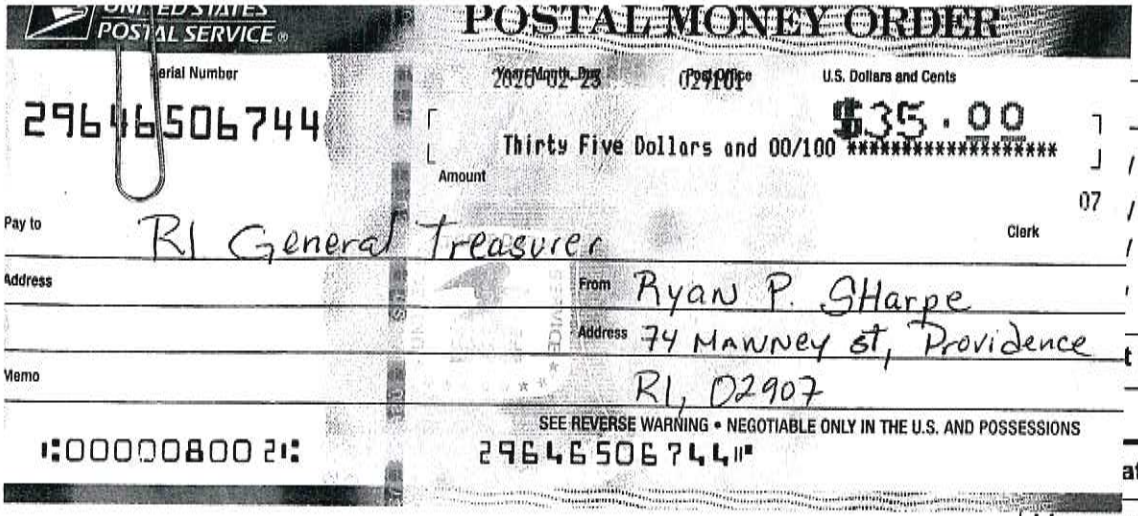

POSTAL MONEY ORDER

Serial Number 29646506744

Year Month Day 2025 02 23 Post Office 02908 U.S. Dollars and Cents $35.00

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

Pay to RI General Treasurer

Address

From Ryan P. SHarpe

Address 74 Mawney st, Providence RI, 02907

Memo

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

:00000800 2: 29646506744

Clerk 07

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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 NA25877

Applicant - Print LEGAL Name - NAME MUST MATCH STATE ID

SHARPE	RYAN	P
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.)

RYAN

First Name

Middle Name

SHARPE

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

039-48-3018

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

Male

Please select from the dropdown.

4. Date of Birth

06/25/1977

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.)

74 MAWNEY STREET

Second Line Address (Number and Street)

PROVIDENCE

City

RI

State

02907

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

(401) 204-9609

Home Phone

Home Fax

RY.SHARPE1718@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 [signature]. I would like to provide an explanation on my criminal record.

I am 47 years of age my criminal record is [illegible] years old [illegible] [illegible] [illegible] [illegible] [illegible] I am today. I have held different career jobs including security officer for state of Rhode Island working with children for over two years. I also was a CNA with this same [illegible]. I [illegible]. Since my mother [illegible] had [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] in [illegible] 22 years. I [illegible] children [illegible] [illegible] [illegible] my family. I [illegible] [illegible] [illegible] in [illegible] [illegible] [illegible]. I [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] security officer CNA working with children. My record has never been an issue for me.

Sincerely,

Name Sign, [signature]

DATE: [illegible]-27-2025