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**MONEY ORDER**

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**\$ 35.00**

PAY EXACTLY THIRTY-FIVE DOLLARS AND NO CENTS  
PAY TO THE ORDER OF **RI General Treasurer**

317 Carter ave, Pawtucket, RI 02681

**Keren Salazar**

PURCHASER'S SIGNATURE  
MOBILE DEPOSIT PROHIBITED

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| e # _____  |       |                             |       |

**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

Name: \_\_\_\_\_  
License Number: \_\_\_\_\_

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*

**SALAZAR** **KEVEN**  
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

|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Name(s)</b><br><br>This is the name that will appear on the HEALTH website. Do not use nicknames, etc.                                                                                                                  | <b>Title (i.e., Mr., Mrs., Ms., etc.)</b><br><b>KEVEN</b><br><b>First Name</b><br><br><b>Middle Name</b><br><b>SALAZAR</b><br><b>Surname (Last Name)</b><br><br><b>Suffix (i.e., Jr., Sr., II, III)</b><br><br><b>Maiden, if applicable</b><br><b>Name(s) under which originally licensed in this or another state, if different from above (First, Middle, Last).</b>                         |                                                                                                                                                                                                                                                                                                                                                          |
| <b>2. Social Security Number</b>                                                                                                                                                                                              | <b>035-62-5924</b><br>U.S. Social Security Number                                                                                                                                                                                                                                                                                                                                              | <b>"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 Division of Taxation to verify that no taxes are owed to the State."</b> |
| <b>3. Gender</b>                                                                                                                                                                                                              | <b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                    | <b>Please select from the dropdown.</b>                                                                                                                                                                                                                                                                                                                  |
| <b>4. Date of Birth</b>                                                                                                                                                                                                       | <b>04/01/1992</b><br>Month      Day      Year                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |
| <b>5. Home Address</b><br><br>It is your responsibility to notify RIDOH of all address changes within ten (10) days.                                                                                                          | <b>1st Line Address (Apartment/Suite/Room Number, etc.)</b><br><b>317 CARTER AVE</b><br><b>Second Line Address (Number and Street)</b><br><b>PAWTUCKET</b><br>City<br><b>RI</b> <b>02861</b><br>State      Zip Code<br><br><b>Country, if NOT U.S.</b> <b>Postal Code, if NOT U.S.</b><br><b>(401) 996-1922</b><br>Home Phone      Home Fax<br><b>KEVEN_SALAZAR@YAHOO.COM</b><br>Email Address |                                                                                                                                                                                                                                                                                                                                                          |
| <b>6. Business Address</b><br><b>Address (ONLY if it is RELATED to your license.)</b><br><br>It is your responsibility to notify HEALTH of all address changes.<br><br><b>This address will appear on the Health website.</b> | <b>Name of Business/Work Location</b><br><br><b>1st Line Address (Department/Suite/Room Number, etc.)</b><br><br><b>Second Line Address (Number and Street)</b><br><br>City      State      Zip Code<br><br><b>Country, if NOT U.S.</b> <b>Postal Code, if NOT U.S.</b><br><br>Business Phone      Extension      Business Fax                                                                 |                                                                                                                                                                                                                                                                                                                                                          |

Keven Salazar

BCI explanation

2/5/2025

I recently reached out to my lawyer to not only get a letter of recommendation, but I also spoke to him about 4 cases getting expunged off my record that I recently signed for. Back in 2011 the charge of simple assault or battery was because I got into an altercation with a group of people after a night out and almost seemed like a brawl and cops were involved after the whole situation occurred. The charge I received in 2014 is one of the 4 that are getting expunged, and the motion was just sent in. In 2015 when I got charged with driving after denial was because my license was suspended, and I was caught driving within the term I wasn't suppose too.

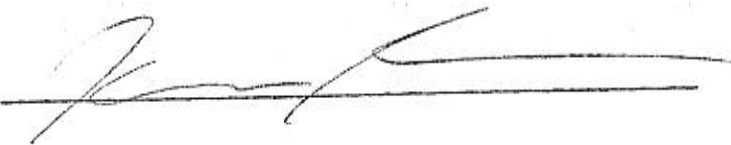
The charge of 12/27/20 I got charged with a DUI with a refusal which became my first offense. In 1/21/24 I had a situation where I got into a car accident due to sliding on black ice early in the morning but happen to have a few drinks from the night before and they charged me with a second offense. Then finally on 10/09/2024 I was driving my girlfriend home that night and violated because my license was suspended so they charged me with 1<sup>st</sup> offense violation on driving with a suspended.

I was brought into this world with two parents however, I grew up in a broken household and was always experiencing trauma and stuff that a little kid shouldn't of. Such as always sleeping over my grandmother's house, not being able to see both my parents etc. My mom eventually moved out of state and my dad got deported. My grandmother stepped up and raised me but eventually ended up passing away after making me the man I am today. I am far from perfect but have taken every situation I have encountered as a learning lesson. I have managed to complete the alcohol abuse program, give back to the community and help those in my family I order to regain focus and continue my school and nursing career

Once my grandmother passed away, I joined a chiropractor office which has allowed me to be a caregiver and a caretaker to others and provide them with medical assistance. I graduated back in 2015 from URI with a degree in business administration in hope to use it, since everything in life is a business. I enrolled again in school at CCRI since I did a little research and found out that if I really wanted to continue and help people as I did with my grandmother; to become a RN I would only need 2 more years of school since I already had done 5. I am currently pursuing that and doing this CNA program to be able to be in the field and know most scope of practices.

I know no one is perfect and we all must be disciplined and hold our selves accountable. I have learned from my mistakes and have taken all the right actions to get back aligned as well as asking those for help to guide me to success. I hope, I can continue this journey to make a difference in this world.

Sincerely:



January 30, 2025

To Whom it may concern:

RE: **KEVEN SALAZAR**

The undersigned personally knows Keven Salazar as a chiropractic technician for one of the busiest chiropractic groups in RI. I was a personal patient of the chiropractic office when I first met Keven approximately two years ago. Keven was very excellent and attentive to my location of pain at the time and was very caring and concerned about doing his best to make me feel more comfortable. After about 5 treatments at the chiropractic office, my shoulder finally started to feel better in large part due to Keven's knowledge of the tens unit and his pinpoint accuracy with applying to diodes. I attribute my full recovery to that chiropractic office and in large part to Keven's area of expertise.

On a personal level, Keven has the right compassion and caring nature to be an outstanding nurse which are essential qualities to be a lifetime caregiver to the people in our society who are most in need.

I would highly recommend Keven Salazar into nursing field and career and hope to meet him again in that capacity when the time presents itself again. Thank you for considering this individual for the very honorable career of nursing. Please feel free to contact me if you should have any further questions.

Regards,



Thomas a. Bucci, Esq.