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24 Whipple ave, North Providence, RI 02911

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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)

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

PLUVIOSE YONAIKY

LAST NAME FIRST NAME MI

DO NOT REMOVE THIS PAGE FROM APPLICATION

DO NOT FOLD OR DESTROY - APPLICATION MUST BE MAILED



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.) YONAIRY First Name Middle Name PLUVIOSE 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	873-34-4663 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 Division of Taxation to verify that no taxes are owed to the State."	
3. Gender	Female	Please select from the dropdown.	
4. Date of Birth	02/06/2005 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.) 24 WHIPPLE AVE Second Line Address (Number and Street) NORTH PROVIDENCE City Country, if NOT U.S. (617) 238-8409 Home Phone YONAIRY098@GMAIL.COM Email Address RI 02911 State Zip Code Postal Code, if NOT U.S. Home Fax		
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 Country, if NOT U.S. Business Phone Extension Business Fax State Zip Code Postal Code, if NOT U.S.		