Valid Money Order includes: 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

02/14/2025

R1093297779997 MONEY ORDER NUMBER — CALL 1-800-542-3590 TO VERIFY

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

MOBILE DEPOSIT PROHIBITED

10932977799
MONEY ORDER

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

PAY EXACTLY $35.00

IMPORTANT - SEE BACK BEFORE CASHING

THIRTY-FIVE ****
DOLLARS 00 CENTS

Clara Fuentes Cerrillo

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 1, 17 Webb, Pawtucket, RI, 02860

Payable Through Citizens Alliance Bank Clara City, MN

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

98210091849001
47496500045201799

⑆091916187⑆1093 29777997⑈ 90

☐ PP
☐ FP
☐ FP
☐ FP

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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

FUENTES CERRILLO	CLARA	
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.)

CLARA

First Name

Middle Name

FUENTES CERRILLO

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

038-74-0637

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

01/21/1981

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.)

17 WEBB

Second Line Address (Number and Street)

PAWTUCKET

City

RI

State

02860

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

(401) 580-8582

Home Phone

Home Fax

FCLARA080403@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