

ISSUING AGENT

CVS/pharmacy **MoneyGram**

78012691922

CALL 1-800-542-3590 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

Patric Mathurin

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

129 Samuel av Pawtucket RI, 02860

MONEY ORDER ADDRESS / GIFT CERTIFICATE RECIPIENT

Payable Through **Wells Fargo Bank, N.A.** **ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.**

Faribault, MN

INTERNATIONAL MONEY ORDER

02/16/2023

78-63 910

01269192

MONEY ORDER

PAY EXACTLY

\$ 35.00

THIRTY-FIVE DOLLARS 00 CENTS

2249067040670

317/305047167192

PP

FP

FP

FP

0091900533:780 12691922 90

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

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

MATHURIN

PATRIC

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.) PATRIC First Name Middle Name MATHURIN 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	043-45-4253 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	Male	Please select from the dropdown.
4. Date of Birth	02/23/1979 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.) 129 SAMUEL AV Second Line Address (Number and Street) PAWTUCKET City RI 02860 State Zip Code Country, If NOT U.S. (561) 528-2554 Home Phone MATHURINPATRIC4@GMAIL.COM Email Address 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. <i>This address will appear on the Health website.</i>	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	