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515 Elmwood Ave Providence RI 02907

American Red Cross

CERTIFIED NURSING ASSISTANT

FIRTS NAME: AMISI **LAST NAME:** MKANGYA **DOB:** 01/01/1964

ADDRESS: 30 HAWORD AVE. CRANSTON RI **PHONE NUMBER:** 4013909125 **EMAIL:** AMISIMKANGYA1@GMAIL.COM

RACE: BLACK OR AFRICAN AMERICAN

GENDER: MALE

EMERGENCY CONTACT: 911

TRANSFER: **SESSION #:** P9 **LICENSE:**

CLASS START: 07/14/2025

PHOTO RELEASE:

STATE OR SELF: SELF

CASE WORKER NAME: **CASE WORKER PHONE:**

CASE WORKER EMAIL:

DOCUMENT

ID ✓

SSC ✓

BCI ✓

COVID CARD ✓

UNIFORM

SHIRT: M

PANTS: M

SHORT/TALL: STANDARD

Date	Comments
	TRANSFERRED BECAUSE HE MUST CONTROL THE LANGUAGE

COMPLETE PROGRAM: **YES** **NO**