

FOR OFFICE USE ONLY

Nursing Assistant Checklist

- Application
- Application Fee
- Valid ID
- BCI
- Passed Exams



FOR OFFICE USE ONLY

<input type="checkbox"/> PW _____	<input type="checkbox"/> PP _____
<input type="checkbox"/> FW _____	<input type="checkbox"/> FP _____
<input type="checkbox"/> FW _____	<input type="checkbox"/> FP _____
<input type="checkbox"/> FW _____	<input type="checkbox"/> FP _____

Receipt # _____

ID # _____

Issue Date _____

License # _____

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

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LAST NAME

FIRST NAME

MI

DO NOT REMOVE THIS PAGE FROM APPLICATION

DO NOT HAND DELIVER - APPLICATION MUST BE MAILED

Phone: (401) 222-5888

TTY/TDD: (800) 745-5555

LICENSURE REQUIREMENTS

Please review the following checklists CAREFULLY. Listed are all of the documents and fee that you will need for the application. All items must be submitted before an application is complete. Applications are valid for a 1 year period. **You are responsible for notifying RIDOH, in writing, within ten (10) days, if your home address changes.**

All Applicants - Must Provide the following

- Completed Application with Cover Page; and
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$35.00** and attached to the upper left-hand corner of the first (Top) page of the application. **THIS APPLICATION FEE IS NONREFUNDABLE;** and
- Copy of Driver's License or State Issued ID
- Original** BCI (Background Check) with stamp and seal from the RI Attorney General's Office **only**. For information on this process please visit their website at: <http://www.riag.ri.gov/BCI>. If positive BCI, a detailed explanation is required for each incident. BCI must be dated within 4 months of the date of this application.
- If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

AND: Choose ONE below on how you are applying for a license. Include all of the required information to complete your Nursing Assistant application.

If you are in a licensed Rhode Island Nursing Assistant Training Program - By Examination

- Completion of a Rhode Island Nursing Assistant Training Program licensed by this Department. Effective 01/01/2019 training hours must contain 80 classroom hours and 40 clinical hours for a total of a 120 hour program.
- Proof of passing written and practical Nursing Assistant examinations, within one (1) year from the date you began the training program

NOTE: ONLY Nursing Assistants applying by Examination through a Nursing Assistant Training Program will be issued a 120 day temporary permit.

If you are a current nursing student in a nursing program and completed 2 clinical nursing program courses one of which must be the Fundamentals of Nursing By Examination- Nursing Students

Signature of Dean of the School of Nursing; and

Proof of passing written Nursing Assistant examinations (given 3 opportunities to complete);

Applying to sit for the Examination

You must complete a separate online application to sit for the examinations. Testing information and application can be found at <https://credentia.com/test-takers/ri>

Candidates will be assigned to a Regional Testing location in Rhode Island, based on availability.

7. Preferred Mailing Address

Please check ONE

Please use my **Home Address** as my preferred mailing address.

Please use my **Business Address** as my preferred mailing address.

8A. Rhode Island Nursing Assistant Training Program Information



Please list the name and information about the training that you participated in that qualifies you for this license.

Name of School/Training Program

Address (Number and Street)

City

State Zip Code

License Number of School/Training Program:

Date Class Began: Month Day Year

Date Graduated: Month Day Year

Effective 01/01/2019 RI Training Programs must provide 80 classroom and 40 Clinical hours. (120 total)

8B. Nursing Student Information



Please list the name and information about the training that you participated in that qualifies you for this license.

Type of School (University, College, Trade/Technical School etc.)

Name of School/Training Program

Date of Completion of Qualifying Clinical Training: Month Day Year

NURSING STUDENT APPLICANTS - Provide Signature (and Title) of School of Nursing Dean (or Designee).

*My signature below indicates and attests to the fact that the Nursing Student who has made this application to the Nursing Assistant Advisory Board has **completed a minimum of two (2) clinical courses including a Fundamentals of Nursing course, and is actively enrolled in a Nursing Program.** PLEASE SIGN IN BLUE INK*

Signature Title Date

Print or Type Name Phone

You are required to successfully complete a written examination to become licensed as a Nursing Assistant. Please review the Rhode Island Nursing Assistant Candidate Handbook.

Rhode Island Nursing Assistant Testing Information

- 1. Submit this application with required documents to RIDOH
- 2. Please visit <https://credentia.com/test-takers/ri> to create a login and schedule both your written and skills examinations.

The written portion of the examination will be taken online. During the scheduling process with Credenita you will choose the testing location for the skills portion.

Your training program will be required to verify successful completion of your training program and at that point you will be approved to test.

12. Affidavit of Applicant

Complete this section and sign.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Nursing Assistant in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform HEALTH of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

Important Licensure Information

Allow a minimum of 8 weeks for the entire licensure process to be completed. Once complete you will be contacted in writing and you may NOT practice as a Nursing Assistant in Rhode Island until you have received your license.

If you are applying by Examination and are currently in a Nursing Assistant Training Program you will be given a 120 day temporary permit. No extensions will be granted.

Notify RIDOH within 10 Days of a change of address.

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. RIDOH will not, for any reason, accelerate the processing of one applicant at the expense of others.



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.