



Rhode Island Department of Health Expedition Form for Licensing of Active Military Personnel, Reservists, and Veterans

In accordance with RIGL 23-91-1 and 23-92-1, the Rhode Island Department of Health will expedite your or your spouse's health professional license application providing the following conditions are met.

I. MILITARY STATUS

Please check ONE of the following criteria for expedition:

- 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

II. PROOF OF MILITARY STATUS

If you are in active military duty or a reservist, please attach a copy of proof of your military status such as one of the following:

- Leave Earning Statement (LES)
- Letter from Command
- Copy of Orders

If you are a military veteran with honorable discharge, please attach a copy of your DD-214 showing "honorable discharge."

III. PROOF OF MILITARY STATUS

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: _____

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