North Carolina Department of Health and Human Services

Division of Health Service Regulation

Health Care Personnel Education and Credentialing Section

Phone: 919-855-3969

**NAME & ADDRESS CHANGE REPORTING FORM**

Nurse Aide I / Medication Aide / Geriatric Aide / Home Care Aide

**CONTENTS**

[INSTRUCTIONS: 2](#_Toc125906307)

[REGISTRIES: 2](#_Toc125906308)

[CURRENT REGISTRY INFORMATION: 2](#_Toc125906309)

[NEW NAME IN REGISTRY: 3](#_Toc125906310)

[NEW MAILING ADDRESS IN REGISTRY: 3](#_Toc125906311)

[NEW TELEPHONE & EMAIL ADDRESS IN REGISTRY: 3](#_Toc125906312)

[AIDE ATTESTATION: 3](#_Toc125906313)

# INSTRUCTIONS:

* Complete and submit both pages of this form.
* Indicate which registry the name and address change should be updated.
* Sign and date the document. An electronic signature will not be accepted.
* If reporting a name change, please provide copies (not originals) of the following documentation:
  + Signed social security card with the new name.
  + The legal document (such as a birth certificate, a court-issued marriage certificate, divorce decree, or legal resumption of prior name document) that clearly demonstrates the name change. A driver’s license is NOT acceptable.
* Mail or fax completed documents to the Division of Health Service Regulation. Incomplete forms will not be processed.
  + Mailing Address: 2709 Mail Service Center, Raleigh, NC 27699-2709
  + Fax Number: 919-733-9764

# REGISTRIES:

* Identify which registries the name and address need to be updated. Place and X beside the correct response. Select all that apply.

1. Nurse Aide I Registry:
2. Medication Aide Registry for Nursing Homes:
3. Medication Aide Registry for Adult Care Homes:
4. Geriatric Registry:
5. Home Care Aide Specialty Training Registry:

# CURRENT REGISTRY INFORMATION:

* Type the information in the spaces provided.

1. Name as It Currently Appears in the Registries:

First Name:

Middle Name:

Last Name:

1. Last 4 Digits of Your Social Security Number:
2. Date of Birth (mm/dd/yyyy):
3. Nurse Aide Registry Listing Number:
4. Medication Aide Registry for Nursing Homes Listing Number:

Click [here](https://ncnar.ncdhhs.gov/verify_listings1.jsp) to find your registry listing number.

# NEW NAME IN REGISTRY:

* Type information in the spaces provided. Documentation of proof of name change is required.

1. Provide the Name as it Should Appear on the Registries.

First Name:

Middle Name:

Last Name:

# NEW MAILING ADDRESS IN REGISTRY:

* Type information in the spaces provided.

1. Provide the Mailing Address as it Should Appear on the Registries.

P.O. Box/Street/Apartment Number:

City:

State:

Zip Code:

# NEW TELEPHONE & EMAIL ADDRESS IN REGISTRY:

* Type information in the spaces provided.

1. Home Telephone Number (include area code):
2. Work Telephone Number (include area code):
3. Email Address:

# AIDE ATTESTATION:

**I certify that the information in this document is correct and accurate.**

First Name:

Middle Name:

Last Name:

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**You must sign and date the document. An electronic signature will not be accepted.**