

**North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
Registry Change Request Form**

INSTRUCTIONS:

- Complete and submit all pages of the form.
- Submit the completed form by mail or email to the Division of Health Service Regulation (DHSR).
 - Mailing Address: 2709 Mail Service Center, Raleigh, NC 27699-2709
 - Email: dhsr.nurseaide@dhhs.nc.gov
- For questions, call the Registry Office at 919-855-3969.

CHANGE REQUEST:

Identify the items to be modified in the registries. Place an X beside the correct response.

- Social Security Number _____
- Legal Name: _____
- Date of Birth: _____
- Address: _____
- Telephone Number: _____
- Email: _____

REGISTRIES:

Identify the registries that should be updated. Place an X beside the correct response.

- Nurse Aide I Registry: _____
- Medication Aide Registry – Nursing Home: _____
- Medication Aide Registry – Adult Care Home: _____

CURRENT REGISTRY INFORMATION:

Provide your information as it currently appears in the registry records.

1. Social Security Number (All 9 Numbers): _____
2. First Name: _____
3. Middle Name: _____
4. Last Name: _____
5. Date of Birth (mm/dd/yyyy): _____

REVISED REGISTRY INFORMATION:

Provide your information as it should appear in the registry records.

6. Social Security Number (All 9 Numbers): _____
7. First Name: _____
8. Middle Name: _____
9. Last Name: _____
10. Date of Birth (mm/dd/yyyy): _____
11. Current Address (Street, City, State, Zip Code): _____
12. Telephone Number (Including Area Code): _____
13. Email: _____

Important Notices:

- To update your Social Security number, submit the following documentation:
 - A signed copy of your Social Security card
 - A copy of a legal document confirming the name listed on the Social Security card, such as a birth certificate, marriage license, or divorce decree. A driver's license will not be accepted.
- To update your legal name, submit the following documentation:
 - A signed copy of your Social Security card
 - A copy of a legal document granting your name change, such as a birth certificate, marriage license, or divorce decree. A driver's license will not be accepted.
- To update your date of birth, submit the following documentation:
 - A signed copy of your Social Security card
 - A copy of your birth certificate

ELECTRONIC SIGNATURE AGREEMENT:

You acknowledge and agree to the following statements:

- I certify that I have reviewed the entire document before signing.
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- No certification authority or other third-party verification is necessary to validate your electronic signature and the lack of such certification or third-party verification will not in any way effect the enforceability of your electronic signature.

ATTESTATION:

- I certify that I am the individual listed in the registry and authorize the North Carolina Division of Health Service Regulation to modify the registries with the information provided in this document and in the documentation required with the submission of this form.
- I certify the information in this document and in the documentation required with the submission of this form, is truthful, accurate, and complete.

First Name:

Middle Name:

Last Name:

Signature:

Today's Date (mm/dd/yyyy):
