

# Health Occupations Credentialing Name ~ Address Change

For individuals holding certification, licensure or registration

**Please complete this form and submit a copy of identification with your current name.**

Approved documentation: Marriage license, divorce decree, social security card or driver's license with your current name

Mail: KDADS HOC  
503 S Kansas Ave  
Topeka KS 66603

FAX: 785.296.3075

Email: [shannon.roberts@ks.gov](mailto:shannon.roberts@ks.gov)

Social Security #: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Name: \_\_\_\_\_  
Last First Middle

Previous Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
City/State Zip

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Credential Number: _____	Administrator
_____ SLP	_____ Audiologist
_____ Dietitian	_____ Operator

I hereby attest the information provided on this form and attachments are accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Certification holders:** A printable verification of your certification to verify your new name can be obtained at [www.ksnurseaidregistry.org](http://www.ksnurseaidregistry.org)

**\*\*Licensure/Registration holders:** A printable verification of your credential to verify your new name can be obtained at [www.kdadslicenseverification.org](http://www.kdadslicenseverification.org)