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.**

**The completed form along with copy of identification can be submitted by:**

Email: [KDADS.CERTIFICATION@ks.gov](mailto:KDADS.CERTIFICATION@ks.gov) OR Fax: 785-296-3075

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/)