

ADDRESS/NAME CHANGE FORM

INSTRUCTIONS

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

• **For address changes only:** Complete Sections I, II, and IV. *For address changes only*, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by e-mailing oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.

• **For name changes only:** Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation.

Acceptable supporting documentation includes:

A copy of a court order authorizing your name change, marriage certificate, or divorce papers **and** a copy of a photo ID in your new name.

Or

Two (2) of the following:

- A letter from the Social Security Administration indicating both your old and new names.
- Copies of both old and new driver's licenses.
- Copies of both old and new New York State non-driver photo ID cards.
- Copies of both old and new Social Security Cards.
- Copies of both old and new passports.
- Copies of both old and new U.S. Military photo ID cards.

Other forms of identification may be acceptable as supporting documentation. Please contact the Records/Archives Unit by calling 518-474-3817 Ext. 380 or by e-mailing oparchiv@mail.nysed.gov before submitting.

Be sure to sign and date Section IV. Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your **new** name, check the appropriate box in Section III and enclose your **original parchment** (your original parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it).

• **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

**NOTE:** Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

Section I: Your General Information

1. Name (currently on record):

2. Social Security Number:  Birth Date:

Telephone: Home:  Work:

E-mail:  Fax:

3. Are you reporting an address and/or name change?  address change  name change  both

4. Effective date of change:  (Note: Changes cannot be accepted until **after** the effective date.)

5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of:

I am currently licensed in New York State in the profession(s) of:  (see list of professions on page 2)

(see list of professions on page 2)

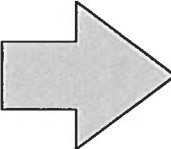
New York State license number:

New York State license number:

New York State license number:

New York State license number:

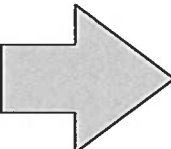
**Section II: Address Change (please print)**

Information <u>C</u> urrently On Record		New Information
Apt./Bldg. <input style="width:90%;" type="text"/>		Apt./Bldg. <input style="width:90%;" type="text"/>
Street <input style="width:90%;" type="text"/>		Street <input style="width:90%;" type="text"/>
City <input style="width:90%;" type="text"/>		City <input style="width:90%;" type="text"/>
State <input style="width:90%;" type="text"/>		State <input style="width:90%;" type="text"/>
Zip Code <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>		Zip Code <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>
Province or Country (if not U.S.) <input style="width:90%;" type="text"/>		Province or Country (if not U.S.) <input style="width:90%;" type="text"/>

Is this new address a business address?  Yes  No

Failure to answer this question will result in your address being deemed a business address and, therefore, public information.

**Section III: Name Change (please print)** If you are reporting a name change, please sign using your **NEW** name in Section IV. If you are currently registered you will receive a new registration certificate.

Information <u>C</u> urrently On Record		New Information
Last Name <input style="width:90%;" type="text"/>		Last Name <input style="width:90%;" type="text"/>
First Name <input style="width:90%;" type="text"/>		First Name <input style="width:90%;" type="text"/>
Middle or Initial <input style="width:90%;" type="text"/>		Middle or Initial <input style="width:90%;" type="text"/>

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original** parchment and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your **original** parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it.

**Section IV: Affidavit**

*I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Professional Titles Licensed Under Education Law**

(See Item #5 on page 1 of the form.)

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Acupuncturist</li> <li>Architect</li> <li>Athletic Trainer</li> <li>Audiologist</li> <li>Certified Clinical Laboratory Technician</li> <li>Certified Behavior Analyst Assistant</li> <li>Certified Dental Assistant</li> <li>Certified Histological Technician</li> <li>Certified Public Accountant</li> <li>Certified Shorthand Reporter</li> <li>Chiropractor</li> <li>Clinical Laboratory Technologist</li> <li>Creative Arts Therapist</li> <li>Cytotechnologist</li> <li>Dental Hygienist</li> <li>Dentist</li> <li>Dietitian/Nutritionist</li> <li>Interior Designer</li> </ul> | <ul style="list-style-type: none"> <li>Landscape Architect</li> <li>Land Surveyor</li> <li>Licensed Clinical Social Worker</li> <li>Licensed Behavior Analyst</li> <li>Licensed Master Social Worker</li> <li>Licensed Practical Nurse</li> <li>Marriage and Family Therapist</li> <li>Massage Therapist</li> <li>Medical Physicist</li> <li>Mental Health Counselor</li> <li>Midwife</li> <li>Nurse Practitioner</li> <li>Occupational Therapist</li> <li>Occupational Therapy Assistant</li> <li>Ophthalmic Dispenser</li> <li>Optometrist</li> <li>Perfusionist</li> <li>Pharmacist</li> </ul> | <ul style="list-style-type: none"> <li>Physical Therapist</li> <li>Physical Therapist Assistant</li> <li>Physician</li> <li>Podiatrist</li> <li>Polysomnographic Technologist</li> <li>Professional Engineer</li> <li>Psychoanalyst</li> <li>Psychologist</li> <li>Public Accountant</li> <li>Registered Physician Assistant</li> <li>Registered Professional Nurse</li> <li>Registered Specialist Assistant</li> <li>Respiratory Therapist</li> <li>Respiratory Therapy Technician</li> <li>Speech-Language Pathologist</li> <li>Veterinarian</li> <li>Veterinary Technician</li> </ul> |
|--|---|--|

**Applicants**  
**mail to**

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,  
 Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**Licensees**  
**mail to**

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,  
 Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.