

Name/Address Change Reporting Form

Nurse Aide I / Medication Aide / Geriatric Aide

To report your address or name change to the N.C. Nurse Aide I Registry, the N.C. Medication Aide Registry, or the N.C. Geriatric Aide Registry, please complete all fields below. Sign in the space provided and fax or mail the form with copies of legal documents, if required, to the fax number or address below.

- Fax: (919) 733-9764
- U.S. Mail: Center for Aide Regulation and Education
2709 Mail Service Center
Raleigh, NC 27699-2709

Type or Print Clearly

Aide Name as it Appears on Registry _____

Last 4 Digits of Your Social Security Number _____

Your Nurse Aide I Listing Number (if applicable) _____

Date of Birth (Month/Day/Year) _____

New Address

Street or PO Box _____

City _____ State _____ Zip _____

Home Telephone Number with Area Code _____

Work Telephone Number with Area Code _____

Email Address _____

New Full Name (Proof Required*) _____

Aide Signature _____

*Required Proof of Name Change

If reporting a name change, please provide copies only - not originals - of 1) your new, signed social security card with the new name on it and 2) the legal document (such as the court-issued marriage certificate, divorce decree, or legal resumption of prior name document) that clearly demonstrates the name change. A driver's license copy is NOT acceptable.