

Notice of Address or Telephone Change

Section 1 – Please indicate what change is needed:

Address Change

Legal Name Change

Phone Number Change

Section 2 - Certified Nurse Aide – Information

____/____/____
Date of Birth

____/____/____
Social Security Number

First

MI

Last

If you have had a **name change, please include a certified copy of the marriage license, divorce decree or other court document which reflects the change of name when you submit this application.**

Section 3 – Address Change

Old Mailing Address

City

State

Zip

New Mailing Address

City

State

Zip

Section 3 – Telephone Number Change/Email Address:

Old Phone Number

New Phone Number

Email Address

Notice of Address/Telephone Change Form can be submitted via:

Email: nar@health.ok.gov

Fax: (405) 900-7572

Mail: PO Box 268816, Oklahoma City, OK 73126-8816

Changes cannot be completed over the phone