

# 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-mail: 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, IV and V. **Name changes** require an original notarized signature in your new name and cannot be accepted prior to your official change of name. Sign the Section IV affidavit and have your signature notarized by a notary public. Currently registered licensed professionals will be sent a new registration certificate.
- **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:

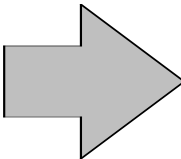
3. Are you reporting an address and/or name change? address change name change both

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

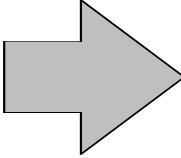
5. Licensure status in New York State:  
 I am an applicant for licensure in New York State for the licensed profession(s) of:  
 I am currently licensed in New York State in the profession(s) of: *(see list of professions on page 2)*  
*(see list of professions on page 2)*

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. Street City State Zip Code Province or Country (if not U.S.)		Apt./Bldg. Street City State Zip Code Province or Country (if not U.S.)

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

Information <u>Currently</u> On Record		New Information
Last Name		Last Name
First Name		First Name
Middle or Initial		Middle or Initial

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.

**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

**Section V: For Name Changes Only: Notary Certification And Identification**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Notary Stamp

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Professional Titles Licensed Under Education Law**

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

Acupuncturist  
Architect  
Athletic Trainer  
Audiologist  
Certified Clinical Laboratory Technician  
Certified Dental Assistant  
Certified Histological Technician  
Certified Public Accountant  
Certified Shorthand Reporter  
Chiropractor  
Clinical Laboratory Technologist  
Creative Arts Therapist  
Cytotechnologist  
Dental Hygienist  
Dentist  
Dietitian/Nutritionist  
Interior Designer

Landscape Architect  
Land Surveyor  
Licensed Clinical Social Worker  
Licensed Master Social Worker  
Licensed Practical Nurse  
Marriage and Family Therapist  
Massage Therapist  
Medical Physicist  
Mental Health Counselor  
Midwife  
Nurse Practitioner  
Occupational Therapist  
Occupational Therapy Assistant  
Ophthalmic Dispenser  
Optometrist  
Pharmacist  
Physical Therapist

Physical Therapist Assistant  
Physician  
Podiatrist  
Professional Engineer  
Psychoanalyst  
Psychologist  
Public Accountant  
Registered Physician Assistant  
Registered Professional Nurse  
Registered Specialist Assistant  
Respiratory Therapist  
Respiratory Therapy Technician  
Speech-Language Pathologist  
Veterinarian  
Veterinary Technician

**New 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.