

Health Related Boards Name and Address Change Request

You are required to notify the board within thirty (30) days of changing your name and/or address. If you are changing your name, you must submit a copy of the legal document that changes your name (i.e. marriage certificate, divorce decree or court order). Licensee's mailing and practice addresses are available to the public. There are several ways to change your name and/or address:

1. Print, complete, and mail the form to: Board of (specify the name of your board)
227 French Landing, Suite 300
Heritage Place Metro Center
Nashville, TN 37243
2. Using the form as your guide, e-mail the information to us at tn.health@state.tn.us
3. You can change your address online at <https://www.tennesseeanytime.org/hlrs/begin.jsp>. You cannot change your name online.
4. Print, complete, and fax the form to the fax number that applies to your profession:

615-741-7899 or 615-770-7441 for: Registered Nurse
Advanced Practice Nurse Licensed Practical Nurse

615-253-4484 or 615-770-7445 for: Medical Doctor Osteopathic X-Ray Operator
Acupuncture Medical X-Ray Operator Physician Assistant
ADS Midwifery Polysomnography
Clinical Perfusionist Orthopedic Physicians Assistant Radiology Assistant
Genetic Counselor Osteopathic Physician

615-532-5369 or 615-770-7437 for: Chiropractic X-Ray Technologist Pedorthist
Advanced Practice Social Worker Clinical Pastoral Therapist Podiatrist
Alcohol and Drug Abuse Counselor Dispensing Optician Podiatric X-Ray Operator
Audiologist Dispensing Optician Apprentice Prosthetist
Baccalaureate Social Worker Hearing Instrument Specialists Psychologist
Certified Marital and Family Therapist Hearing Instrument - Apprentice Psychological Examiner
Certified Master Social Worker Licensed Marital and Family Therapists Psychological Assistant
Certified Professional Counselor Licensed Professional Counselors Speech Language Pathologist
Chiropractic Physician Optometrist Speech Pathologist Assistant
Chiropractic Therapy Assistant Orthotist

615-253-8724 or 615-770-7440 for: Electrology School Occupational Therapy Assistant
Athletic Trainer Licensed Certified Respiratory Therapist Physical Therapist
Certified Respiratory Care Assistant Licensed Registered Respiratory Therapist Physical Therapy Assistant
Dietitians and Nutritionist Nursing Home Administrator Reflexologist
Electrologist Occupational Therapist

615-532-5164 or 615-770-7444 Dental Hygienist
Dental Assistant Dentist

615-532-5164 or 615-770-7446 Veterinarian
Certified Animal Euthanasia Technician Veterinary Medical Technician
Massage Therapist

615-741-2718 or 615-770-7443 Medical Service Representative
Pharmacist Researcher
Pharmacy Technician Dog Handler

615-248-3601 for: Certified Nurse Aide

615-741-7698 or 615-770-7442 for: Medical Laboratory Personnel



**TENNESSEE DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
NAME & ADDRESS CHANGE REQUEST**

227 French Landing, Suite 300
Heritage Place Metro Center
Nashville, TN 37243
615-532-3202 (Local) 1-800-778-4123 (Toll Free)
<http://tennessee.gov/health>

Select the profession/occupation for which you hold a license, certificate, or registration. **NOTE: Submit a separate form for each license, certificate or registration that you hold.**

- | | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Dispensing Optician-Apprentice | <input type="checkbox"/> Orthotist |
| <input type="checkbox"/> ADS | <input type="checkbox"/> Dog Handler | <input type="checkbox"/> Osteopathic Physician |
| <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> Electrologist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Advanced Practice Social Worker | <input type="checkbox"/> Electrology School | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Alcohol & Drug Abuse Counselor | <input type="checkbox"/> Genetic Counselors | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Hearing Aid Specialist-Apprentice | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Baccalaureate Social Worker | <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Certified Animal Euthanasia Technician | <input type="checkbox"/> Licensed Marital & Family Therapist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Certified Martial & Family Therapist | <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Podiatric X-Ray Operator |
| <input type="checkbox"/> Certified Master Social Worker | <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Polysomnography |
| <input type="checkbox"/> Certified Nurse Aide | <input type="checkbox"/> Licensed Certified Respiratory Therapist | <input type="checkbox"/> Prosthetist |
| <input type="checkbox"/> Certified Professional Counselor | <input type="checkbox"/> Licensed Registered Respiratory Therapist | <input type="checkbox"/> Psychological Assistant |
| <input type="checkbox"/> Certified Respiratory Care Assistant | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Psychological Examiners |
| <input type="checkbox"/> Chiropractic Physician | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Chiropractic Therapy Assistant | <input type="checkbox"/> Medical X-Ray Operator | <input type="checkbox"/> Radiology Assistants |
| <input type="checkbox"/> Chiropractic X-Ray Technologist | <input type="checkbox"/> Medical Laboratory Personnel | <input type="checkbox"/> Reflexologist |
| <input type="checkbox"/> Clinical Perfusionist | <input type="checkbox"/> Medical Service Representative | <input type="checkbox"/> Researcher (pharmacy) |
| <input type="checkbox"/> Clinical Pastoral Therapist | <input type="checkbox"/> Midwifery | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Pathologist Assistant |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Dietitian/Nutritionists | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Veterinary Medical Technician |
| <input type="checkbox"/> Dispensing Optician | <input type="checkbox"/> Orthopedic Physicians Assistant | <input type="checkbox"/> Other (specify) _____ |

SSN: _____ License, Certificate or Registration Number: _____

[PRINT OR TYPE ALL INFORMATION]

NAME CHANGE - T.C.A. § 63-1-106 - Personal name change requests must be accompanied by a copy of the legal document which verifies the name change (marriage license, divorce decree, court order).

New Name: [First] _____ [Middle] _____ [Last] _____

Former Name: [First] _____ [Middle] _____ [Last] _____

MAILING ADDRESS CHANGE - T.C.A. § 63-1-108(c) – THIS WILL BE USED AS YOUR MAILING ADDRESS FOR THE PURPOSE OF BOARD MAILINGS. OUR RECORDS ARE PUBLIC RECORD PURSUANT TO T.C.A. § 10-7-503.

Old Street Address: _____ City, State, Zip Code: _____

New Street Address: _____ City, State, Zip Code: _____

PRACTICE ADDRESS CHANGE – This will be also be used for the purpose of your practitioner profile if you are required to provide a profile.

Old Street Address: _____ City, State, Zip Code: _____

New Street Address: _____ City, State, Zip Code: _____

TELEPHONE NUMBER CHANGES: Home (_____) _____ Work (_____) _____

Signature _____

Date _____

Print Name: _____