

## *Name Change Form*

### ***How do I change my name with the Board?***

You must submit a certified record of a name change (i.e. marriage certificate/abstract, divorce decree/dissolution, court record indicating the name change) within thirty days of the change. Certified court documents can be obtained from the court where the original record was filed. Photocopies or notarized copies are not acceptable for a name change. Submit your certified document with a “Name/Address Change Form” (attached) or with a brief letter which includes your Ohio license/certificate number, your previous name, your new name as you want it to appear on Board records, and your current address.

### ***Will the certified document of my name change be returned?***

Yes. The Board will return your certified document within 10 business days.

### ***Will I receive a license with my new name on it?***

No. The Board no longer issues wallet cards. However, once your name has been updated, it can be verified on the Board’s website. Click on the verification link located on the menu of the Board’s home page.

### ***How do I change my address with the Board?***

Address changes must be submitted in writing within thirty days of the change. To submit address changes by mail, fax or e-mail, you must include your name, license/certificate number, address including county, and telephone number. Please submit as follows:

**Mail:** Ohio Board of Nursing  
17 South High Street, Suite 400  
Columbus, Ohio 43215-7410

**Fax:** (614) 466-0388

RN or LPN – Attention: Renewal Unit  
Dialysis Technician – Attention: DT  
Community Health Worker – Attention: CHW  
Medication Aide – Attention: MA-C

**E-Mail:** RN or LPN: [renewal@nursing.ohio.gov](mailto:renewal@nursing.ohio.gov)  
Dialysis Technician: [dialysis@nursing.ohio.gov](mailto:dialysis@nursing.ohio.gov)  
Community Health Worker: [chw@nursing.ohio.gov](mailto:chw@nursing.ohio.gov)  
Medication Aide: [medicationaides@nursing.ohio.gov](mailto:medicationaides@nursing.ohio.gov)

You may also use the attached “Name/Address Change Form”

### ***Will I receive confirmation that my address has been changed?***

No. The Board receives numerous requests for address changes on a daily basis and cannot respond to each one. If you wish to verify that your address has been changed, allow 7-10 business days for processing, then check online, or call the Board at (614) 466-3947 for verbal verification.



## NAME CHANGE FORM

### **NAME CHANGE INSTRUCTIONS (Mail ONLY-DO NOT fax or email documents)**

A change of name request must be accompanied by one of the **certified records** listed below:

- Marriage certificate/abstract
- Divorce decree
- Court record indicting change of name
- Documentation from another state/country consistent with the laws of that jurisdiction

Mail **BOTH** this form and a certified record of the name change to the Board at the above address. Send to the attention of the appropriate department (See “*Departmental Contact Information*” below).

### **ADDRESS CHANGE INSTRUCTIONS**

You may mail this form to the Board at the above address, fax this form, or email your address change information as follows:

**Mail:** attention to the appropriate department listed below.

**Fax:** to (614) 466-0388 attention to the appropriate department listed below.

#### *Departmental Contact Information:*

- ❖ RN or LPN-Attention: Renewal Unit
- ❖ Dialysis Technician-Attention: DT
- ❖ Community Health Worker-Attention: CHW
- ❖ Medication Aide-Attention: MA-C

**Email:** Include the information requested below in your email, and send to the appropriate department as follows:

#### *Departmental Email Addresses:*

- ❖ RN or LPN: [renewal@nursing.ohio.gov](mailto:renewal@nursing.ohio.gov)
- ❖ Dialysis Technician: [dialysis@nursing.ohio.gov](mailto:dialysis@nursing.ohio.gov)
- ❖ Community Health Worker: [chw@nursing.ohio.gov](mailto:chw@nursing.ohio.gov)
- ❖ Medication Aide: [medicationaides@nursing.ohio.gov](mailto:medicationaides@nursing.ohio.gov)

### **NEW INFORMATION:**

You **must** provide an Ohio license/certificate number. If the information requested is incomplete, this form may be returned to you. Your record will be updated exactly as you provide it. Your request will not be processed until all information is complete.

### **Please print-must be legible**

Ohio License/Certificate Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please allow 7 - 10 business days for a name or address change to be updated**