

## 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](mailto:nar@health.ok.gov)

Fax: (405) 900-7572

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

**\*\*Changes cannot be completed over the phone\*\***