



## New Mexico Certified Nurse Aide Name or Address Change Form

This form is used to update exam and registry files for name or address changes.

**Mail Completed Form to:** Prometric, ATTN: NM NA Program, 1260 Energy Lane, St. Paul, MN 55108

**Please Print or Type Clearly**

|                                 |
|---------------------------------|
| Name (as it appears on license) |
| Certificate Number              |
| Social Security Number          |

**Address Change/Correction**

**New Residence Address**

|   |       |          |
|---|-------|----------|
| Residence Address (include Appt. Number/Suite/Floor, if applicable) |       |          |
| City  | State | ZIP Code |
| Phone Number (including area code)<br>(      )                      |       |          |

**Former Residence Address**

|   |       |          |
|---|-------|----------|
| Residence Address (include Appt. Number/Suite/Floor, if applicable) |       |          |
| City  | State | ZIP Code |
| Daytime Phone Number (including area code)<br>(      )              |       |          |

**Name Change/Correction**

|                |
|----------------|
| New Name       |
| Former Name    |
| Corrected Name |

To change your name, this form must be accompanied by legal documentation. Acceptable forms of documentation include a copy of your marriage certificate, divorce decree or legal name change decree.

By signing and submitting this form, I certify that all information is true.

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