



New Mexico Certified Nurse Aide Name or Address Change Form

This form is used to update examination 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) ()		

Former Residence Address

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

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: _____