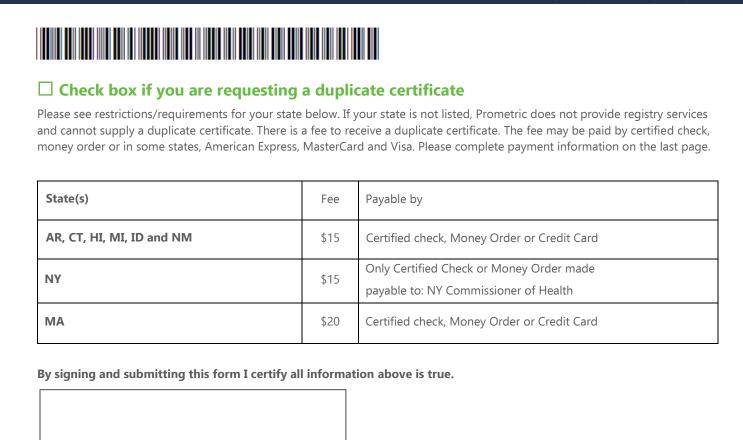
Candidate Change Request Form



This form is used to update exam and Prometric registry files for name and address changes. You may also request a duplicate certificate in states that Prometric manages the registry. Please fill out this form completely and mail completed form to the address below. Be sure to include any documentation of changes required. Please print or type clearly, illegible forms will not be processed. **Mail to:** Prometric, ATTN: Nurse Aide Program, 7941 Corporate Drive, Nottingham, MD 21236.

Name as it appears on certificate/how applied with Prometric:		
Certificate Number:		
Prometric ID #	Date of Birth:	
State in which you are applying or are certified:		
☐ Check box if requesting a name change/co	orrection	
To change your name this form must be accompanied by legal documentation. Acceptable forms of documentation include a copy of marriage certificate, divorce decree, legal name change document, copy of SSN card or driver's license.		
Please print below how your name should appear in our files:		
☐ Check box if requesting an address change	e	
To change your name this form must be accompanied by legal documentation. Acceptable forms of documentation include a copy of marriage certificate, divorce decree, legal name change document, copy of SSN card or driver's license.		
Old Street Address:		
Old City/State/Zip Code:		
New Street Address:		
New City/State/Zip Code:		



Candidature Signature

Application Payment



Candidate Name:	
Credit Card Type (Check One)	
☐ MasterCard ☐ Visa ☐ American Express	
Card Number	Expiration Date
Name of Cardholder (Print)	
Signature of Cardholder	
Certified Check or Money Order Payments	
☐ Certified Check ☐ 3rd Party/Facility Check ☐ Money Order	
Certified Check/Money Order/3rd Party/Facility Check Number (one number or letter in	n each box):