



LICENSE PROFILE CHANGE

PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED

Date Submitted: [redacted] - [redacted] - [redacted]

RI Department of Health License Number: [redacted]

Current Name on Health License: [redacted]

Changing Name on Health License To: [redacted]

(If changing your name you must provide legal proof of the name change, ie. marriage license, divorce decree, etc...)

Date of Birth: [redacted] - [redacted] - [redacted] Place of Birth: [redacted]

Social Security Number: [redacted]

Home Address [redacted]

City: [redacted] State: [redacted] ZipCode [redacted]

Home Telephone Number: [redacted] Home Fax Number [redacted]

Home Email Address [redacted]

NOTE TO APPLICANTS - The below work address will appear on the Department of Health website

Work Address: [redacted]

City: [redacted] State [redacted] ZipCode: [redacted]

Work Telephone Number: [redacted] Work Fax Number [redacted]

Work Email Address [redacted]

Indicate the Reason that You are Submitting this Form

Name Address Change: Lost License: Wall Certificate:

If you have changed your name and wish to have a new license printed, you must submit proof of name change, your old license card, and a money order in the amount of \$40.00, made payable to the "Rhode Island General Treasurer".

Changes of address can be faxed to the Rhode Island Department of Health at (401) 222-6683.

If you have lost your license, you must submit a money order in the amount of \$40.00, made payable to the "Rhode Island General Treasurer".

If you are submitting this form with a fee for a new license card, please mail them to: Rhode Island Department of Health, Data Entry Unit, Room 103, 3 Capitol Hill, Providence, RI 02908

Please allow 3-4 weeks for receipt of the new license card.