



LICENSE PROFILE CHANGE

PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED

Date Submitted: [ ] - [ ] - [ ]

RI Department of Health License Number: [ ]

Current Name on Health License: [ ]

Changing Name on Health License To: [ ]

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

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

Social Security Number: [ ]

Home Address [ ]

City: [ ] State: [ ] ZipCode [ ]

Home Telephone Number: [ ] Home Fax Number [ ]

Home Email Address [ ]

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

Work Address: [ ]

City: [ ] State [ ] ZipCode: [ ]

Work Telephone Number: [ ] Work Fax Number [ ]

Work Email Address [ ]

Indicate the Reason that You are Submitting this Form

Name  Address Change:  Lost License:

If you have changed your name and wish to have a new license printed, you must submit proof of name change.

Changes of address can be faxed to the Rhode Island Department of Health at (401) 222-6683 or emailed to doh.license@health.ri.gov

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

Wallet cards are now emailed to licensees. Be sure your email address is current