



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 []

Work Address: []

City: [] State [] ZipCode: []

Work Telephone Number: [] Work Fax Number []

Work Email Address []

Indicate the Reason that You are Submitting this Form

Name Change: 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.