



**Office of Nurse Registration and Nursing Education
Nursing Profile Change Form**

Please complete Section A of this form. Then, complete section B, C, and/or D if it applies to you.

Date submitted:

Section A: Current Licensee Information

Current name on license:

Date of birth:

Social Security Number:

Rhode Island license number:

Phone:

Email:

Section B: Update name on license

If you are requesting a name change on your license, you must provide a copy of legal documentation of your name change (i.e., marriage certificate or divorce decree).

New name on license:

Section C: Update address information

You must provide proof of residency (i.e., valid driver's license, voter registration card showing your home address, federal income tax return stating your state of residence, or a military form 2058).

New address:

City:

State:

ZIP:

Section D: Update employer information

Employer:

Work address:

City:

State:

ZIP:

Work phone:

Work email:

**Return this completed form with any supporting documentation to
RIDOH.licensing@health.ri.gov (On subject, enter *Nursing Profile Change Form.*)**

**RIDOH Office of Nurse Registration and Nursing Education
3 Capitol Hill, room 103, Providence, RI 02908**