

LICENSE PROFILE CHANGE

PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED

Date Submitted: _____

Current Name on Health License: _____

Changing Name on Health License to: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Rhode Island Department of Health License Number: _____

Home Address: _____

City, State, Zip Code _____

Home Telephone Number: _____

Home Fax Number: _____ Home E-mail Address: _____

Work Name: _____

Work Address: _____

City, State, Zip Code _____

Work Telephone Number: _____

Work Fax Number: _____ Work E-mail Address: _____

Indicate the Reason that You are Submitting this Form

Name Change: _____ 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, 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) 222-1751.

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 the:
Rhode Island Department of Health Data Entry Unit, Room 105A, 3 Capitol Hill, Providence, RI 02908-5097

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