



## Candidate Change Request Form

This form is used to update exam and Prometric registry files for name and address changes. You may also request a duplicate certificate in states that Prometric manages the registry. Please fill out this form completely and mail completed form to the address below. Be sure to include any documentation of changes required. Please print or type clearly, illegible forms will not be processed. **Mail to:** Prometric, ATTN: Nurse Aide Program, 7941 Corporate Drive, Nottingham, MD 21236.

Name as it appears on certificate/how applied with Prometric:	
Certificate Number:	
Prometric ID #:	Date of Birth:
State in which you are applying or are certified:	

☐ Check box if requesting a name change/correction

To change your name this form must be accompanied by legal documentation. Acceptable forms of documentation include a copy of marriage certificate, divorce decree, legal name change document, copy of SSN card or driver's license.

Please print below how your name should appear in our files:

☐ Check box if requesting an address change

Old Street Address:
Old City/State/Zip Code:
New Street Address:
New City/State/Zip Code

☐ Check box if you are requesting a duplicate certificate

Please see restrictions/requirements for your state below. If your state is not listed, Prometric does not provide registry services and cannot supply a duplicate certificate. There is a fee to receive a duplicate certificate. The fee may be paid by certified check, money order or in some states, American Express, MasterCard and Visa. **Please complete payment information on the last page.**

State(s)	Fee	Payable by
AR, CT, HI, MI, ID and NM	\$15	Certified check, Money Order or Credit Card
NY	\$15	Only Certified Check or Money Order made payable to: NY Commissioner of Health

By signing and submitting this form I certify that all information is true

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Candidate Signature

Date:



Candidate Name: \_\_\_\_\_

## Application Payment

Credit Card Type (Check One)

☐ MasterCard    ☐ Visa    ☐ American Express

Card Number	Expiration Date <div><input type="text"/><input type="text"/> / <input type="text"/><input type="text"/></div>
Name of Cardholder (Print)	
Signature of Cardholder	

## Certified Check or Money Order Payments

☐ Certified Check                      ☐ 3<sup>rd</sup> Party/Facility Check                      ☐ Money Order

Certified Check/Money Order/3 <sup>rd</sup> Party/Facility Check Number (one number or letter in each box):
<div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>