

Health Related Boards Name and Address Change Request

You are required to notify the board within thirty (30) days of changing your name and/or address. If you are changing your name, you must submit a copy of the legal document that changes your name (i.e. marriage certificate, divorce decree or court order). Licensee's mailing and practice addresses are available to the public. There are several ways to change your name and/or address:

1. Print, complete, and mail the form to: Board of (specify the name of your board)
665 Mainstream Drive
Nashville, TN 37243
2. Using the form as your guide, e-mail the information to us at tn.health@tn.gov or the below email address for your profession.
3. You can change your address online at <https://apps.tn.gov/hlrs-app/loginProfessional.jsp>. You cannot change your name online.
4. Print, complete, and fax or email the form to the fax number or email that applies to your profession:

615-741-7899 or Nursing.Health@tn.gov for:
Advanced Practice Nurse
Registered Nurse

Registered Nurse First Assistant
Licensed Practical Nurse
Medication Aides

615-253-4484 or Medical.Health@tn.gov for:

Acupuncture	Medical X-Ray Operator	Physician Assistant
ADS	Midwifery	Polysomnography
Clinical Perfusionist	Orthopedic Physicians Assistant	Radiology Assistant
Genetic Counselor	Osteopathic Physician	
Medical Doctor	Osteopathic X-Ray Operator	

615-532-5369 or Unit1HRB.Health@tn.gov for:

Advanced Practice Social Worker	Hearing Instrument - Apprentice	Prosthetist
Alcohol and Drug Abuse Counselor	Licensed Marital and Family Therapists	Psychologist
Audiologist	Licensed Masters Social Worker	Psychological Examiner
Baccalaureate Social Worker	Licensed Professional Counselors	Psychological Assistant
Certified Marital and Family Therapist	Orthotist	Speech Language Pathologist
Certified Professional Counselor	Pedorthist	Speech Pathologist Assistant
Clinical Pastoral Therapist	Podiatrist	
Hearing Instrument Specialists	Podiatric X-Ray Operator	

615-401-7682 or Unit2HRB.Health@tn.gov or Massage.Health@tn.gov for:

Athletic Trainer	Massage Therapist	Physical Therapy Assistant
Chiropractic Physician	Occupational Therapist	Reflexologist
Chiropractic Therapy Assistant	Occupational Therapy Assistant	
Chiropractic X-Ray Technologist	Physical Therapist	

615-770-7444 or dental.health@tn.gov for:
Dental Assistant

Dental Hygienist
Dentist

615-532-5164 or Unit3HRB.Health@tn.gov or Veterinary.Health@tn.gov for:

Certified Animal Chemical Capture Tech	Dispensing Optician Apprentice	Nursing Home Administrator
Certified Animal Euthanasia Technician	Electrologist	Optometrist
Certified Respiratory Care Assistant	Electrology School	Veterinarian
Dietitians and Nutritionist	Licensed Certified Respiratory Therapist	Veterinary Medical Technician
Dispensing Optician	Licensed Registered Respiratory Therapist	

615-741-2722 or Pharmacy.Health@tn.gov for:
Pharmacist

Pharmacy Technician
Medical Service Representative

615-248-3601 or Nurseaid.Health@tn.gov for:
Certified Nurse Aide

615-253-8724 or Medlabs.Health@tn.gov for:
Medical Laboratory Personnel



**TENNESSEE DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
NAME & ADDRESS CHANGE REQUEST**

665 Mainstream Drive
Nashville, TN 37243
615-532-3202 (Local) or 1-800-778-4123 (Toll Free)
<https://www.tn.gov/health/health-program-areas/health-professional-boards.html>

Select the profession/occupation for which you hold a license, certificate, or registration. **NOTE: Submit a separate form for each license, certificate or registration that you hold.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Dispensing Optician | <input type="checkbox"/> Orthopedic Physicians Assistant |
| <input type="checkbox"/> ADS | <input type="checkbox"/> Dispensing Optician-Apprentice | <input type="checkbox"/> Orthotist |
| <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> Electrologist | <input type="checkbox"/> Osteopathic Physician |
| <input type="checkbox"/> Advanced Practice Social Worker | <input type="checkbox"/> Electrology School | <input type="checkbox"/> Pedorthist |
| <input type="checkbox"/> Alcohol & Drug Abuse Counselor | <input type="checkbox"/> Genetic Counselors | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Assistant Behavior Analyst | <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Hearing Aid Specialist-Apprentice | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Baccalaureate Social Worker | <input type="checkbox"/> Licensed Marital & Family Therapist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Behavior Analyst | <input type="checkbox"/> Licensed Masters Social Worker | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Certified Animal Chemical Capture Technician | <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Podiatric X-Ray Operator |
| <input type="checkbox"/> Certified Animal Euthanasia Technician | <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Polysomnography |
| <input type="checkbox"/> Certified Marital & Family Therapist | <input type="checkbox"/> Licensed Certified Respiratory Therapist | <input type="checkbox"/> Prosthetist |
| <input type="checkbox"/> Certified Nurse Aide | <input type="checkbox"/> Licensed Registered Respiratory Therapist | <input type="checkbox"/> Psychological Assistant |
| <input type="checkbox"/> Certified Professional Counselor | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Psychological Examiners |
| <input type="checkbox"/> Certified Respiratory Care Assistant | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Chiropractic Physician | <input type="checkbox"/> Medical X-Ray Operator | <input type="checkbox"/> Radiology Assistants |
| <input type="checkbox"/> Chiropractic Therapy Assistant | <input type="checkbox"/> Medical Laboratory Personnel | <input type="checkbox"/> Reflexologist |
| <input type="checkbox"/> Chiropractic X-Ray Technologist | <input type="checkbox"/> Medical Service Representative | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Clinical Perfusionist | <input type="checkbox"/> Medication Aides | <input type="checkbox"/> Registered Nurse First Assistant |
| <input type="checkbox"/> Clinical Pastoral Therapist | <input type="checkbox"/> Midwifery | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Speech Pathologist Assistant |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Veterinary Medical Technician |
| <input type="checkbox"/> Dietitian/Nutritionists | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Other (specify) _____ |

[PRINT OR TYPE ALL INFORMATION] **SSN:** _____ **License, Certificate or Registration #:** _____

NAME CHANGE - T.C.A. § 63-1-106 - Personal name change requests must be accompanied by a copy of the legal document which verifies the name change (marriage license, divorce decree, court order).

New Name: [First] _____ [Middle] _____ [Last] _____

Former Name: [First] _____ [Middle] _____ [Last] _____

MAILING ADDRESS CHANGE - T.C.A. § 63-1-108(c) – This will be used as your mailing address for the purpose of board mailings. Board records are public record pursuant to T.C.A. § 10-7-503.

Old Street Address: _____ City, State, Zip Code: _____

New Street Address: _____ City, State, Zip Code: _____

PRACTICE ADDRESS CHANGE – This will be also be used for the purpose of your practitioner profile if you are required to provide a profile.

Old Street Address: _____ City, State, Zip Code: _____

New Practice Name: _____

New Street Address: _____ City, State, Zip Code: _____

TELEPHONE NUMBER CHANGES: Home _____ Work _____

EMAIL ADDRESS CHANGE: _____

Signature _____ Date _____

Print Name: _____