



Connecticut Nurse Aide Name/Address Change/ Duplicate Certificate Form

This form is used to update exam and registry files for name, address changes and to request a duplicate certificate. Mail completed forms to: Prometric, Attn: CT NA Program, 1260 Energy Lane, St. Paul, MN 55108.

Please Print or Type Clearly

| |
|---------------------------------|
| Name (as it appears on license) |
| Certificate Number |
| Social Security Number |

Duplicate Certificate

I have included a \$15 money order or certified check made payable to Prometric.

Address Change/Correction

New Residence Address

| | | |
|---|-------|----------|
| Residence Address (include Appt. Number/Suite/Floor, if applicable) | | |
| City | State | ZIP Code |
| Phone Number (including area code) () | | |

Former Residence Address

| | | |
|---|-------|----------|
| Residence Address (include Appt. Number/Suite/Floor, if applicable) | | |
| City | State | ZIP Code |
| Daytime Phone Number (including area code) () | | |

Name Change/Correction

| |
|----------------|
| New Name |
| Former Name |
| Corrected Name |

To change your name, this form must be accompanied by legal documentation. Acceptable forms of documentation include a copy of your marriage certificate, divorce decree or legal name change decree.

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

Signature: _____ Date: _____