



State of Vermont
Office of the Secretary of State

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Brian H. Leven, Deputy Secretary

Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402

Nursing [phone] 802-828-2484

Christopher D. Winters, Director

CHANGE OF NAME and/or ADDRESS

Please complete this form and submit to our office (mail, fax or email)

Check one of the following:

I am an Applicant, not yet licensed in Vermont.

I am a licensed Professional in Vermont. License #: _____ - _____

Reason for change (check one):

Name Change

Marriage

(Must have a copy of your Marriage License/Civil Union Certificate)

Divorce

(Must have a copy of Divorce Decree)

Other

(Must have a copy of Social Security Card, Probate Court Order or Government Issued ID)

Address Change

PREVIOUS INFORMATION

VT LICENSE #: (if applicable): _____ - _____ PROFESSION: _____

FIRST NAME: _____ MI: _____ LAST NAME: _____

DATE OF BIRTH: ____/____/____ SSN#: _____-____-_____

NEW INFORMATION

FIRST NAME: _____ MI: _____ LAST NAME: _____

UPDATED MAILING ADDRESS TO:

STREET/P.O. BOX: _____ APT/SUITE #: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY _____

PHONE #: (____) _____ - _____ CELL #: (____) _____ - _____

EMAIL ADDRESS: _____

I understand that it is unprofessional conduct for a licensee to fail to notify the Vermont Secretary of State, Office of Professional Regulation of a change of name or address within thirty (30) days. (3 V.S.A. § 129a(a)(14)).

Sign Date: ____/____/____
MM DD YY

Print Name: _____



