



Department of Health and Human Services
Division of Public Health, Licensure Unit
Nurse Aide Registry, Medication Aide Registry, Paid Dining Assistant Registry
PO Box 94986
Lincoln, NE 68509-4986
PH: 402-471-0537
FAX: 402-471-1066

Nurse Aide
Medication Aide
Paid Dining Assistant
Address Change Form

Name (please print): _____

Social Security Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone (including area code): _____

E-mail Address: _____

Signature: _____

Please return the completed form to the address above.