



# CHANGE OF NAME OR ADDRESS FOR LABORATORY PERSONNEL

NEVADA STATE HEALTH DIVISION  
Bureau of Health Care Quality and Compliance  
727 Fairview Drive, Suite E  
Carson City, Nevada 89701  
Phone: (775) 684-1030 Fax: (775) 684-1075  
[http://www.health.nv.gov/HCQC\\_Medical.htm](http://www.health.nv.gov/HCQC_Medical.htm)

Personnel Certification Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI  
(Must provide supporting documentation, i.e. marriage license, divorce decree, driver license, etc.)

Previous Name: \_\_\_\_\_  
Last First MI

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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## PREVIOUS ADDRESS

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

## NEW ADDRESS

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_