



OHIO BOARD OF DIETETICS

77 SOUTH HIGH STREET, 18TH FLOOR
COLUMBUS, OH 43215-6119

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www.dietetics.ohio.gov

CHANGE OF ADDRESS/NAME FORM

INSTRUCTIONS

Complete this form in printing or type.
Sign and date the form at the bottom.
Mail or fax the completed form to Ohio Board of Dietetics. (See address above)

FOR NAME CHANGES – Include a copy of a marriage license, divorce or dissolution decree, court order of name change, or a copy of driver's license or social security card issued in New Name.

SECTION A

OLD INFO.

ADDRESS/NAME _____
 First Name Middle Name Last/Former Name

 Number and Street

 City State Zip + 4 County

SECTION B

NEW INFO.

ADDRESS/NAME _____
 First Name Middle Name Last/New Name

 Number and Street

 City State Zip + 4 County

 Work Name and Address

 City State Zip + 4 County

SECTION C

License Number _____
Social Security # _____
Phone Number: H (_____) _____ W (_____) _____

SECTION D

_____ I request a duplicate license be issued due to name change**
Cost = \$20.00 Make check payable to:
Treasurer State of Ohio and mail to Board Office.

_____ Do not issue duplicate license.

****Original license documents must be returned to OBD if available prior to issuance of new license documents.**

The information requested on this form is required by Ohio Revised Code Section 4759.06 and Ohio Administrative Code Section 4759-4-01. The information will be placed on a computer system and will be used for the purpose of administering the functions of this office. All information provided, except medical records and social security number, will be a public record. Any applicant who knowingly makes a false statement on this form is guilty of a misdemeanor of the first degree under Section 2921.13 of the Revised Code. I hereby affirm that all the foregoing statements are true in every respect to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE

Name Change Only Address Change only Director's Approval Check # _____ Amt. Pd. _____ Audit # _____ Date new lic. issued _____