



# OHIO BOARD OF DIETETICS

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COLUMBUS, OH 43215-6119

Ph: (614) 466-3291  
[www.dietetics.ohio.gov](http://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 e-mail 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 # XXX-XX-\_\_\_\_\_(Last four digits only)

Phone Number: H (\_\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

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 ONLY

Name Change Only     Address Change only     Director's/Program Administrator's Approval

E-License Updated    Signatures: \_\_\_\_\_ / \_\_\_\_\_