

# Mississippi Nurse Aide Program

## CHANGE OR CORRECTION FORM

FILL FORM ONLINE, OR PLEASE PRINT LEGIBLY — USE INK ONLY

**DIRECTIONS:** Use this form to inform the Registry of your change of address or name. You may also use the form to correct your Social Security number listed on the Registry. Please print or type all information on the below form. Be sure to provide all information, or your request cannot be completed.

For name changes, please provide proof of your name change (see the note on the form below).

Address       Name Change       Social Security number correction

**SEND TO:** Mississippi Nurse Aide Registry  
Pearson VUE  
PO Box 13785  
Philadelphia, PA 19101-3785

Please print your **NEW** name and address:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Please print your **OLD** name and address:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Please print your correct Social Security number and registration number:

Social Security Number: \_\_\_\_\_ Nurse Aide Registration Number: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NAME CHANGE:** To change or correct your name, attach a copy of a document that proves the correct information (for example, driver's license, Social Security card, etc.).

**SOCIAL SECURITY NUMBER CORRECTION:** To change or correct Social Security number, attach a copy of your Social Security card.