

**NEVADA STATE BOARD OF EXAMINERS
FOR
LONG TERM CARE ADMINISTRATORS**

3157 N. Rainbow Boulevard #313
Las Vegas, Nevada 89108
Phone: (702) 485-5445
Fax: (702) 486-5439
<https://beltca.nv.gov>

PERSONAL INFORMATION UPDATE

Name: _____ License No.: _____

This is to advise the Board that effective _____ my personal information will be changed as follows:

Old Information:

Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *Zip Code*

Phone: _____ Cell Phone: _____

Email: _____

New Information:

Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *Zip Code*

Phone: _____ Cell Phone: _____

Email: _____

Signature: _____ **Date:** _____

For name changes please attach legal document ie marriage license or divorce decree indicating the name change.