



Iowa Department of Public Health Regulatory Programs

Application for Name Change

Instructions: Complete, sign, and return this form to the Regulatory Program Help Desk.

EMAIL: adpereg@idph.iowa.gov

FAX: 515-281-4529

Section I – Applicant Information

Previous Name: _____
Last First Middle

Current Street Address: _____

City: _____ State: _____ Zip Code: _____ License #: _____

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Section II – Identity Verification

Date of Birth: ____/____/____
Month Day Year

Last 4 Digits of SSN: XXX - XX - ____ - ____

New Name: _____
Last First Middle

Section III – Licensee Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my identity in this request for a name change in my licensure record.

Signature

Date