



ADPER & EH Regulatory Programs Name Change Application

This form is for individuals who hold a license(s) with the following ADPER & EH Bureaus:
Emergency & Trauma Services | Environmental Health Services | Radiological Health

Complete, sign, and return this form to:

Iowa Department of Health and Human Services
Bureau of Radiological Health - Regulatory Programs Help
Desk 321 E 12th Street
Des Moines, IA 50319
FAX: 515-281-4529 or Email: matthew.millard@hhs.iowa.gov

Section I - Applicant Information

Previous Name: _____
First Middle Last

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

License/Permit/Certification # : _____ Phone # : _____

Email Address: _____

Section II - Identity Verification

Date of Birth: ____/____/____

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

New Name: _____
First Middle Last

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