Iowa Department of Public Health
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 Public Health
Bureau of Radiological Health - Regulatory Programs Help Desk
321 E 12th Street Des Moines, IA 50319
FAX: 515-281-4529

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