

# State Registered Nurse Aide (SRNA) Name, Email, Address Change Form

Office Use Only

Please type or print using CAPITAL LETTERS and black ink.

## Section 1: Biographical Data (Nurse Aide)

\_\_\_\_\_  
Last Name (print clearly)

\_\_\_\_\_  
First Name (print clearly)

\_\_\_\_\_  
Full Middle Name (print clearly)

\_\_\_\_\_  
Maiden Name (print clearly)

X X X - X X - \_\_\_\_\_

Last 4 Digits of Social Security # (print clearly)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth- MM/DD/YYYY (print clearly)

\_\_\_\_\_  
KY SRNA # (print clearly)

## Section 2: New Name/Address/Email Change (Nurse Aide)

\_\_\_\_\_  
Name (Last, First Middle - print clearly)

\_\_\_\_\_  
Street (print clearly)

\_\_\_\_\_  
City (print clearly)

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code (print clearly)

\_\_\_\_\_  
County of Residence (print clearly)

\_\_\_\_\_  
Country, if not U.S.A. (print clearly)

\_\_\_\_\_  
International Postal Code (print clearly)

\_\_\_\_\_  
Email Address (print clearly)

\_\_\_\_\_  
Home Phone (print clearly)

\_\_\_\_\_  
Daytime Phone (print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed form may be:

Emailed: [kbn.knar@ky.gov](mailto:kbn.knar@ky.gov)

Faxed: 502-429-1247

Mailed: Kentucky Nurse Aide Registry  
312 Whittington Parkway, Suite 300A  
Louisville, KY 40222