

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical Officer

## Name Change Form

Per **NRS Chapter 653** and **Adopted Regulation R074-19**, a license holder shall notify the Division (Radiation Control Program) of any change in name, including, without limitation, a change in name that results from marriage, within 10 business days after such a change. <sup>1</sup>

Name (as printed on license):	
Date of Birth (MM/DD/YYYY):	Last Four Digits of SSN or APIN*:
<b>NEW</b> Name:	
<b>OLD</b> Name:	
Signature:	Date (MM/DD/YYYY)

\* Social Security Number or Alternative Personal Identifying Number, per NRS 622.238(3) and 653.550 (1)(a)

<sup>1</sup> Submit copy of marriage license, court decree, or official documentation indicating change in name.

You may submit this notice either in writing, through the website, or via email.

Mail: Radiation Control Program  
Division of Public and Behavioral Health  
675 Fairview Dr. Suite 218  
Carson City, NV 89701

Email: [radiationcontrolprogram@health.nv.gov](mailto:radiationcontrolprogram@health.nv.gov)