



Nursing Facility Administrator Program
Data Change/Duplicate License Request

Form 5522-NFA
 August 2007

I request the Texas Health and Human Services Commission (HHSC) update licensure information for the following reason(s).

Please check the appropriate box.

<input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Employment Change	<input type="checkbox"/> Duplicate License/Renewal Card (include cashier's check or money order for \$25 fee)
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Name Change – Attach a legible photocopy of a picture identification that shows your birth date and the correct spelling of your name. You must also submit a copy of the marriage license, divorce decree or other order detailing a name change.

Name (as currently listed)	Last	First	Middle
Name Change	Last	First	Middle
License Number		Date of Birth (mm/dd/yyyy)	

Duplicate License/Renewal Card Fee – \$25

<input type="checkbox"/> Duplicate License		<input type="checkbox"/> Duplicate Renewal Card	
<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed
New Home Address	(Street, P.O. Box, Rural, etc.)		New Telephone No. ()
	City	State	ZIP Code

Employment Address Change

New Employment Address	Facility Name		
	(Street, P.O. Box, Rural, etc.)		New Telephone No. ()
	City	State	ZIP Code

TO THE STATE OF _____)
 COUNTY OF _____)

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he or she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this _____ day of _____, 20 _____.

 Signature – Notary Public, State of Texas

 Printed Name – Notary Public

 Date Commission Expires

**Place notary seal
 or stamp here.**

Mail this form to:
Nursing Facility Administrator Program
 P.O. Box 149030
 Mail Code E-420
 Austin, Texas 78714-9030
 credential@dads.state.tx.us

With a few exceptions, you have the right to request and be informed about the information that HHSC obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Long Term Care Nursing Facility Administrator Program at 512-438-2015.