Virginia Department of Health Professions
Board of Social Work

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

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Phone: (804) 367-4441 **E-Fax:** (804) 977-9915
Website: www.dhp.virginia.gov/Boards/SocialWork/

REQUEST FOR NAME/ADDRESS CHANGE

Email this form and applicable proof to notify the Board of a change to your name or address. Licensees wishing to make an immediate change to their address of record only (no name change) can do so by using the Department of Health Professions Online Licensing System.

Please allow approximately 5-7 business days for processing. You will receive written notification through the mail when the name/address change is completed.

If you wish to receive a license with this change, you can purchase one online through the Online Licensing System.

CURRENT INFORMATION ON FILE WITH THE BOARD

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Street Address:			
City:	State:	Zip Code: ___ ___ ___ ___ ___	
Date of Birth: (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___	Last 4 digits of Social Security Number: XXX-XX- ___ ___ ___ ___		
Email Address:	License/Registration You Wish to Change (Check all that apply): ☐ Registration of Supervision ☐ LBSW ☐ LMSW ☐ LCSW ☐ Music Therapist		
License or Registration Number: (10-digit number) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___			

TYPE OF CHANGE (CHECK ALL THAT APPLY)

☐ **CHANGE OF NAME**

New Last Name:	First Name:	Middle:
Copy of Proof Document Enclosed: ☐ Marriage Certificate ☐ Court Order ☐ Divorce Decree		

☐ **CHANGE OF PUBLISHED ADDRESS:** This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or practice location if you wish.

New Street Address:		
City:	State:	Zip Code: ___ ___ ___ ___ ___

☐ **CHANGE OF ADDRESS OF RECORD:** The address information you provide below is your Address of Record with the Board. Please be advised that all notices from the Board, to include licenses and other legal documents, will be sent to the Address of Record provided. If you provided a different Published Address above, the Address of Record is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

New Street Address:		
City:	State:	Zip Code: ___ ___ ___ ___ ___

☐ **CHANGE OF EMAIL ADDRESS**

New Email Address:

_____ Signature of Licensee

_____ Date