



**NC STATE BOARD OF EXAMINERS FOR  
NURSING HOME ADMINISTRATORS**  
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**Please mail or scan and email this form to the Board Office for any  
change of home or work address.**

### **CHANGE OF ADDRESS FORM**

**NAME** \_\_\_\_\_

**LICENSE #** \_\_\_\_\_

**STREET OR P.O. BOX** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

#### **BUSINESS ADDRESS**

**BUSINESS NAME** \_\_\_\_\_

**STREET OR P.O. BOX** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EMAIL** \_\_\_\_\_