

# Arkansas Department of Health Social Work Licensing Board

## Address and or Name Change Form

Please note: Name changes must be accompanied by a copy of the official documentation verifying the change. (Marriage license, divorce decree, etc.)

Please Complete the following			
Current (NEW) Name and Address		Former (OLD) Name and Address	
Name (Last, First, Middle)		Name (Last, First, Middle)	
Address		Address	
City, State, Zip		City, State, Zip	
Please update your: Home Phone:		Cell Phone	
Email Address:		County of Residence: (Arkansas only)	
Employer:		Work Email Address:	
Work Address: (FULL)		County of Employment (if in Arkansas)	
This is a change of:	<input type="checkbox"/> Name	<input type="checkbox"/> Address	Work Phone:
<b>For identification provide the following:</b>			
License Number	Date of Birth	Signature (Required) _____ I Date _____	
	Last 4 digits of SS#		

Submit complete form by one of these methods:

By Mail:  
State of Arkansas  
Social Work Licensing Board  
P. O. Box 251965  
Little Rock, AR 72225

By Fax: 501-372-6301

by Email as attachment to:  
swlb@arkansas.gov

**\*\*\*PLEASE NOTE\*\*\***

If your name changes and you wish a new licensure card, there is a \$1.00 fee. You must mail this request along with a money order or check in order to receive a new card.