



**Newfoundland and Labrador Council of Health Professionals**

209 Blackmarsh Road, St. John's, NL A1E 1T1

709-745-7304 or 1-855-863-8616 [contact@nlchp.ca](mailto:contact@nlchp.ca) [www.nlchp.ca](http://www.nlchp.ca)

Fax: 709-745-0877

**Change Request Form**

*(Please print. Completed form to mailed or faxed to NLCHP)*

**Section 1 – Change of Information**

**Name Change**

*Documentation Required: A certified copy of your marriage certificate with your new name **or** a certified copy of your current driver's license with your new name and the address currently on file with the NLCHP. A "certified" copy is a copy that has been signed by a Commissioner of Oaths or a Notary Public verifying the copy is a true likeness to the original.*

Current Name on Record: \_\_\_\_\_  
Last First Initial

New Name on Record: \_\_\_\_\_  
Last First Initial

**Change of Registrant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ NLCHP ID# \_\_\_\_\_

To Change: New Information: Effective Date: \_\_\_\_\_

\_\_\_\_ Address Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_ PC: \_\_\_\_\_

\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_ Phone \_\_\_\_\_  Cellular  Home  Work

\_\_\_\_ Employer Position: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 2 – Change of Registration Status**

Name: \_\_\_\_\_

Last Name/First Name/Initial

Email Address: \_\_\_\_\_ Date of Birth: D/M/Y \_\_\_\_\_

Health Profession: \_\_\_\_\_ NLCHP Registration Number: \_\_\_\_\_

Please check:

Current Registration Category:  General Status  Non-Practicing  \*Inactive  
 General Status (Temporary)  General Status with Restriction

Registration Category Requested:  General Status  Non-Practicing  \*Inactive  
 General Status-Additional Skills  General Status with Restriction

NLCHP would like to determine the reason you are requesting a change in category. Please indicate all that apply:

- On leave from the workplace (i.e. maternity leave, sick leave, leave of absence).
- Working outside jurisdiction.
- No longer working.
- Returning to the workforce.
- Retirement.
- Successful certification exam result. Documents to be forwarded.

If you are requesting to move to inactive status do you anticipate that you will be reactivating your registration at some future date: Yes Anticipated Date:\_\_\_\_\_ No

Please be reminded you are still required to have completed the appropriate continuing education (CE) for this registration year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Inactive means not currently registered with NLCHP but have been registered in the past. Individuals who have been inactive for more than three months must meet initial registration requirements including submitting a current certificate of conduct and vulnerable sector check. A \$60 lapsed membership fee will apply.

Office Use Only:

Reviewed date: D/M/Y\_\_\_\_\_

Documentation: Yes No

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Date