

National Certification Board for Alzheimer Care

Change in Contact Information Form

Name Currently on File _____

*Client ID # (Caregiver) _____

*Client ID # (Educator) _____

*If you do not remember your Client ID, please call us at 877-710-2070 or email us at info@ncbac.net

Please check the items to be updated.

New Name _____

New Address _____
Street Address

City/State/Zip Code

New Address Is Home Work

New Phone Number _____

New Email Address _____

You may send this form

Via email to info@ncbac.net

Via fax to 312-861-1938

Via mail to 500 N. Michigan Avenue, Suite 300
Chicago, IL 60611