



## LEGAL/PROFESSIONAL NAME CHANGE REQUEST FORM

Pursuant to the Board's Statute, Minnesota Statutes, Chapter 148E.090, subdivision 1, a licensee must use the licensee's legal name or a professional name in representations to the public. If the licensee uses a professional name, the licensee must inform the board in writing of both the licensee's professional name and legal name.

Within 30 days of either a legal or professional name change, a licensee must request a new license certificate and must comply with the following requirements.

**INSTRUCTIONS:**

Complete Section 1 or 2 below and mail completed form, along with applicable documentation and/or fee, to the Board of Social Work office. A new wall certificate and license card will be sent to the mailing address on file with the Board within 3-4 weeks of receiving your name change request.

|                                       |            |             |                       |
|---------------------------------------|------------|-------------|-----------------------|
| LICENSE NUMBER:                       | LAST NAME: | FIRST NAME: | MIDDLE NAME:          |
| MAILING ADDRESS (NEW? circle YES NO): |            |             | DAYTIME PUBLIC PHONE: |
| CITY:                                 | STATE:     | ZIP:        | EMAIL:                |

**SECTION # 1**

**Legal Name Change** (Please submit the items listed below to the Board office)

- A photocopy of the legal document verifying your legal name change (e.g., marriage certificate or divorce decree).
- \$30.00 fee for duplicate license certificate (pursuant to Minnesota Statutes, Sections 148E.180).
- Please Print Legal Name: \_\_\_\_\_  
(as it should appear on your license certificate)

**SECTION #2**

**Professional Name Change** (Please submit the items listed below to the Board office)

- A notarized statement attesting to the name change.
- \$30.00 fee for duplicate license certificate (pursuant to Minnesota Statutes, Sections 148E.180).
- Please Print Professional Name: \_\_\_\_\_  
(as it should appear on your license certificate)

|  |                    |
|--|--------------------|
| Subscribed to and sworn before me this _____ day of _____<br><br>Notary Signature: _____ | <b>Notary Seal</b> |
|--|--------------------|

By signing below, I certify that all information provided on this application is true and correct to the best of my knowledge. I understand that making a false statement or misrepresentation to the Board is grounds for the Board to take disciplinary action.

**Signature of Applicant/Licensee:** \_\_\_\_\_ **Date:** \_\_\_\_\_