



Minnesota Board of Behavioral Health and Therapy

Change of Name and Address Form – LADC Program

All licensees are required to notify the Minnesota Board of Behavioral Health and Therapy within 30 days of any name and address changes. All changes must be made in writing. If you have a name change, you will need to include proof of the name change with this form. Acceptable documentation is a copy of a marriage certificate or a court order. Important: Please use the back of this form to indicate the old information pertaining to your license. Please type or print the following NEW information:

<input type="checkbox"/> MN LADC Licensee, Number: _____ <input type="checkbox"/> Applicant <input type="checkbox"/> Temporary Permit Holder		DATE THAT CHANGE IS EFFECTIVE:	
1. Last Name:	2. First Name:	3. Middle Name:	4. Suffix (Jr, Sr, etc.)
5. Home Address (<u>No P.O. Boxes</u>): Street Address: City, State, Zip:			
6. Work / Business Name & Address (<u>No P.O. Boxes</u>): Business Name: Street Address: City, State, Zip:			
7. Telephone Numbers, including area codes: Work/Business: Home: Cell (optional):		8. Optional Contact Information: E-mail: <input type="checkbox"/> work: <input type="checkbox"/> personal: Fax: <input type="checkbox"/> work: <input type="checkbox"/> personal:	
9. Pursuant to Minnesota Statutes, section 13.41, subd. 2(b), a person who is subject to a health-related licensing board must designate to the board a residence or business address and telephone number at which the licensee can be contacted in connection with the license. This data is to be maintained in the board's records as public data. Therefore, the address and telephone number which you designate below as public will be the address and telephone number the board will release in response to public inquiries. The address that you designate below as mailing is the address the board will use for all contacts with you regarding your license, including renewal information.			
Designated address the Board should use for release to the public (check <u>one</u>):		<input type="checkbox"/> Home	<input type="checkbox"/> Business
Designated phone number the Board should use for release to the public (check <u>one</u>):		<input type="checkbox"/> Home	<input type="checkbox"/> Business
Designated address for official Board mailings (check <u>one</u>):		<input type="checkbox"/> Home	<input type="checkbox"/> Business
11. Licensee / Applicant Signature:		12. Today's Date:	

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612-548-2177 www.bbht.state.mn.us

MN Relay Service for Hearing or Speech Impaired: 1-800-627-3529
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