
NAME CHANGE REQUEST

Instructions

- Email a copy of the court order that shows your name change (like a marriage certificate or dissolution of marriage) and this completed form to medical.board@state.mn.us. You may send a scanned copy or a picture of your paperwork.
- A name change does not prompt a new license card or wall certificate to be issued. If you wanted a replacement, you must submit a "Request for Replacement" form and fee.

Name Change (complete all lines)

Former First Name _____

Former Middle Name _____ No Middle Name

Former Last Name _____

New First Name _____

New Middle Name _____ No Middle Name

New Last Name _____

License Type

License or Permit Number _____

Acupuncturist

Physician

Athletic Trainer

Physician Assistant

Genetic Counselor

Residency Permit

Traditional Midwife

Respiratory Therapist

Naturopathic Doctor

Telemedicine

Contact Information

Address _____

Phone _____

Email _____

Last 4 digits of SSN _____ Date of Birth _____

Signature

Licensee Signature _____ Date _____