



MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246

Telephone (612) 617-2130 • Fax (612) 617-2166 • www.bmp.state.mn.us

MN Relay Service for Hearing Impaired (800) 627-3529

REQUEST FOR NAME CHANGE

Identification

Last Name _____

First Name _____

Middle Name _____

Street _____

City _____ State _____ Zip Code _____ Country _____

Date of Birth _____ Social Security # _____ Phone Number _____

License Type

____ Acupuncturist - License # _____

____ Athletic Trainer - Registration # _____

____ Naturopathic Doctor - Registration # _____

____ Physician - License # _____

____ Physician Assistant - License # _____

____ Respiratory Therapist - License # _____

____ Traditional Midwife - License # _____

Name Change Documentation

Submit a notarized copy of the marriage certificate, divorce or dissolution of marriage, or other court order. The notarization must be the original notarization. The Board cannot accept copies of a previously notarized document, faxes, or emails. The notary will sign/stamp/seal the photocopy and write a statement that they have viewed the original and this is an exact copy. Some notaries may attach a paper with a similar statement to the copy.

Licensee Signature _____ Date (mm/dd/yyyy) _____

Return the completed form and notarized copy of name change to:

Minnesota Board of Medical Practice
Licensure Unit

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