

## LEGAL/PROFESSIONAL NAME CHANGE REQUEST FORM

### INFORMATION & INSTRUCTIONS

- **NAME CHANGE REQUIRED:** Minnesota Statutes, Chapter 148E.090, subdivision 1, requires a licensee to use legal name or a professional name in representations to the public. You must notify the Board of changes to your legal or professional name within 30 days of the change.
- **PROFESSIONAL NAME:** If designating a professional name, your professional name will be used in all Board records. Designating a professional name does not change the classification of your legal name as public data, available to any person upon request.
- **COMPLETE FORM:** Complete page one. Then complete **ONE** of the options on page two and provide a **signature and date** at the bottom of page two. Incomplete forms or forms not accompanied by the correct fee will be returned and will result in delayed processing.
  - Option 1: Legal name change**
  - Option 2: Legal and professional name change**
  - Option 3: Professional name change**
- **FEES:** Submit a check or money order, made payable to the Minnesota Board of Social work, with this form. **All fees submitted to the Board are nonrefundable.**
- **LICENSE CERTIFICATE:** If applicable, a wall certificate will be mailed to your mailing address within three to four weeks of receiving your name change request and applicable fees.

### LICENSEE DATA

LICENSE NUMBER:	CURRENT LICENSE: (circle one)	<input type="checkbox"/> LSW	<input type="checkbox"/> LGSW	<input type="checkbox"/> LISW	<input type="checkbox"/> LICSW
FULL NAME (as it <u>currently</u> appears on your license certificate)					
LAST NAME:	FIRST NAME:	MIDDLE NAME:			

### CONTACT INFORMATION

You **MUST** provide a **PUBLIC** address and a **MAILING** address, and a **PUBLIC** phone number and a **PRIMARY** phone number, which can be the same or different.

- **PUBLIC** address and **PUBLIC** phone: Classified as public data and available to any person upon request. If this information is not provided, your application is void and will be returned to you.
- **MAILING** address: Used to send all Board correspondence. If a mailing address different than the public address is not designated, all correspondence will be sent to the public address.
- **PRIMARY** phone: If not specified, the public phone will be designated as the primary phone.

PUBLIC ADDRESS: (required)				TYPE (check one):	
CITY:	COUNTY:	STATE:	ZIP CODE:	<input type="checkbox"/> Home	<input type="checkbox"/> Business
				<input type="checkbox"/> Other	
MAILING ADDRESS: (optional, provide if DIFFERENT than public address)				TYPE (check one):	
CITY:	COUNTY:	STATE:	ZIP CODE:	<input type="checkbox"/> Home	<input type="checkbox"/> Business
				<input type="checkbox"/> Other	
PUBLIC PHONE: (required):			TYPE (check one): <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other		
PRIMARY PHONE: (optional) (provide if DIFFERENT than public phone)			TYPE (check one): <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other		
EMAIL ADDRESS: (optional, classified as public data)					

**OPTION 1: LEGAL NAME CHANGE ONLY**

- Complete this section if your legal name has changed, and do not wish to practice using a professional name that is *different* than your legal name.
- Provide your full legal name; no abbreviations.

**LEGAL NAME** (as it will appear on your new license certificate)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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Please include the following items when submitting this form to the Board office via mail:

- A copy of the legal document verifying your legal name change (e.g., marriage certificate or divorce decree)
- \$30 fee for revised license certificate

**OPTION 2: LEGAL AND PROFESSIONAL NAME CHANGE – KEEP FORMER NAME AS PROFESSIONAL NAME**

- Complete this section if you need to report a legal name change to the Board, and wish to continue practicing using the name that *currently* appears on your license certificate as your professional name. No fee is required.

**LEGAL NAME**

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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**PROFESSIONAL NAME** (must match exactly the name that currently appears on your license certificate)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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Please include the following items when submitting this form to the Board office via mail, fax, or email:

- A copy of the legal document verifying your legal name change (e.g., marriage certificate or divorce decree)
- A notarized statement attesting to your professional name (attach a separate sheet or have a notary public affix their seal in the space below)

Subscribed to and sworn before this \_\_\_\_\_ day of \_\_\_\_\_

**NOTARY SIGNATURE:** \_\_\_\_\_

**NOTARY SEAL**

**OPTION 3: PROFESSIONAL NAME CHANGE ONLY**

- Complete this section if you wish to practice using a professional name which is *different* than your legal name, and have not had any changes to your legal name.

**PROFESSIONAL NAME** (as it will appear on your new license certificate)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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Please include the following items when submitting this form to the Board office via mail in addition to having a notary public complete the section below:

- \$30 fee for revised license certificate
- A notarized statement attesting to your professional name (attach a separate sheet or have a notary public affix their seal in the space below)

Subscribed to and sworn before this \_\_\_\_\_ day of \_\_\_\_\_

**NOTARY SIGNATURE:** \_\_\_\_\_

**NOTARY SEAL**

**ACKNOWLEDGMENT**

By signing and dating below, I certify that all information provided on this form 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:** \_\_\_\_\_

**DATE:** \_\_\_\_\_