
REQUEST FOR NAME CHANGE

Please note: A name change does not prompt a new license or registration card and certificate to be issued. If you wish to have a replacement, you must submit a Request for Replacement of License Card or Wall Certificate form and fee.

Identification

Former Last Name: _____ New Last Name: _____

Former First Name: _____ New First Name: _____

Former Middle Name: _____ New Middle Name: _____

Street: _____ City: _____

State _____ Zip Code _____ Country _____ Phone #: _____

Date of Birth: _____ (MM / DD / YYYY) Last 4 digit Social Security #: _____

Email: _____

License Type

____ Acupuncturist - License # _____

____ Athletic Trainer – License # _____

____ Naturopathic Doctor - Registration # _____

____ Physician - License # _____

____ Physician Assistant - License # _____

____ Respiratory Therapist - License # _____

____ Traditional Midwife - License # _____

____ Genetic Counselor – License # _____

____ Residency Permit – Permit # _____

Name Change Documentation

Submit a copy of the marriage certificate, divorce or dissolution of marriage, or other court order.

Licensee Signature _____ Date (MM / DD / YYYY) _____

Return the completed form and a copy of name change document to:
335 Randolph Avenue, Suite 140, St. Paul, MN 55102
Or email to: medical.board@state.mn.us