

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: ☐ LSW ☐ LGSW ☐ LISW ☐ LICSW
☐ Provisional LSW ☐ Provisional LGSW ☐ Provisional LISW ☐ Provisional LICSW
(check one)

LAST NAME: *(as it appears on license)*

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.
- PHONE:** If not specified, the public phone will be designated as the primary phone.

PUBLIC ADDRESS-required:

CITY: COUNTY: STATE: ZIP CODE:

TYPE *(check one)*:

- ☐ Home
☐ Business
☐ Other

MAILING ADDRESS-optional: *(provide if DIFFERENT than public address)*

CITY: COUNTY: STATE: ZIP CODE:

TYPE *(check one)*:

- ☐ Home
☐ Business
☐ Other

PUBLIC PHONE-required:

TYPE: *(check one)*
☐ Business ☐ Home ☐ Mobile ☐ Fax ☐ Other

PRIMARY PHONE-optional: *(provide if DIFFERENT than public phone)*

TYPE: *(check one)*
☐ Business ☐ Home ☐ Mobile ☐ Fax ☐ Other

EMAIL ADDRESS: *(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: |
|------------|-------------|--------------|

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, divorce decree, etc.)
- ☐ \$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: |
|------------|-------------|--------------|

PROFESSIONAL NAME (must match exactly the name that currently appears on your license certificate)

| | | |
|------------|-------------|--------------|
| LAST NAME: | FIRST NAME: | MIDDLE NAME: |
|------------|-------------|--------------|

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, divorce decree, etc.)
- ☐ 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: |
|------------|-------------|--------------|

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 LICENSEE: | DATE: |
|------------------------|-------|