

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 and license card 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
	(circle one)				
FULL NAME (as it <u>currently</u> appears on your license card and 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 card and 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 card and 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 card and 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 card and 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: