

Name Change Request Form

- Complete all sections of this form by printing or typing.
- License documentation must reflect your legal name. If your name on this form differs from the legal documents, the Board will return your request for clarification.
- Include a copy of the legal document that changed the name (e.g. marriage certificate, divorce decree or court order)
- Mail or email documents to the Board office
- Ensure your mailing address is correct through “account login” located on the webpage.
- Documents will be mailed to the address on file.
- Allow ten (10) to fifteen (15) business days for processing

Legal Name (last, first, middle):	Previous Name (last, first, middle):
Minnesota OT or OTA License Number:	Date of Birth:
Email:	Phone Number:

If you would like replacement license document(s), indicate the item(s) below. Make checks payable to the Minnesota Board of Occupational Therapy Practice and mail all items to the Board office. A fee is *only required* if requesting replacement license document(s).

Item:	Cost/Each	Total
License Card	\$30.00 (fee change effective 7/1/19)	
Wall Certificate	\$30.00 (fee change effective 7/1/19)	
Sum		

Name (print) Signature Date

Check #		Amount:		Deposit #	
---------	--	---------	--	-----------	--

For Board Use Only