



Minnesota Board of Behavioral Health and Therapy

LPC & LPCC Change of Name and Address Form

All licensees are required to notify the Minnesota Board of Behavioral Health and Therapy within 30 days of any name and address changes. All changes must be made in writing. If you have a name change, you will need to include proof of the name change with this form. Acceptable documentation is a copy of a marriage certificate or a court order. Important: Please use the back of this form to indicate the old information pertaining to your license. Please type or print the following NEW information:

<input type="checkbox"/> MN LPC or LPCC Licensee, lic no.: _____ <input type="checkbox"/> Applicant		DATE THAT CHANGE IS EFFECTIVE:	
1. Last Name (legal)	2. First Name (legal)	3. Middle Name (legal)	4. Suffix (e.g., JR, SR, etc.)
5. Home Address (street address, city, state, zip code and country)			6. County (Home):
7. Primary work location. Name & Address (street address, city, state, zip code and country)			8. County (Business):
9. Contact Information: Telephone Numbers Business: Home: Cell:		10. Contact Information: Optional Personal E-mail: Work E-mail: Fax Number:	
11. Pursuant to Minn. Stat. 13.41, subd. 2(b), a person who is subject to a health-related licensing board must designate to the board a residence or business address and telephone number at which the licensee can be contacted in connection with the license. This data is to be maintained in the board's records as public data. Therefore, the address and telephone number which you designate as public is the address and telephone number the board will release in response to public inquiries (including requests for mailing lists). <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Designated address the Board should use for release to the public (check <u>one</u>): Designated phone number the Board should use for release to the public (check <u>one</u>): Designated address for official Board mailings (check <u>one</u>): </div> <div style="width: 35%;"> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Business </div> </div>			
12. Licensee / Applicant Signature:			13. Today's Date:

14. Former name (if applicable):
