

# Name Change And/Or Replacement Form



THE NATIONAL BOARD  
OF SURGICAL TECHNOLOGY  
AND SURGICAL ASSISTING

Name \_\_\_\_\_

Certification Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Request For Name Change Only

I am requesting my name to be changed

from \_\_\_\_\_ to \_\_\_\_\_

I am enclosing the following documentation for proof of name change. (Check one)

- Marriage Certificate
- Divorce Decree
- Naturalization Paperwork

I understand this only changes the name in my records, and does not automatically issue me a certificate or card. I understand that falsified information on this application is grounds for denial or revocation, and may bar me from future certification.

Signature \_\_\_\_\_  
(Required for Processing)

## Request For Name Change Only

- I am enclosing my payment of **\$50.00** for a replacement card and certificate.
- I am enclosing my payment of **\$40.00** for a replacement card only.
- I am enclosing my payment of **\$40.00** for a replacement certificate only.

**NOTE:** ALL certification cards issued require submission of a 2" x 2" color passport quality photograph.

### Payment Method

- Check or Money Order payable to NBSTSA
- Visa/MasterCard # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Required for credit card payment)

**Mail to:** NBSTSA at 6 West Dry Creek Circle, Suite 100, Littleton, CO 80120

