Name Change And/Or Replacement Form

THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

Current Last Name | First **(Legal name)** | Middle

Other Names You Have Used (e.g., maiden name, etc. Please include copy of legal documentation to change name on file.)

Mailing Address (include apartment # if applicable) | City | State | Zip Code

Home Phone Number | Work Phone Number | Cell Number

Social Security Number | Certification Number

Primary Email

REQUEST FOR NAME CHANGE ONLY:

I am requesting my name to be changed:

From | To

Enclosed is a copy of **one** of the following documents listed below to verify my name change:

❑ Marriage Certificate
❑ Divorce Decree
❑ Current Driver's License
❑ Passport
❑ Naturalization Paperwork
❑ Social Security Card
❑ Court Order

TAPE COLOR PHOTO HERE

2x2 color passport photo only.

❑ *I am enclosing payment of* ***$50.00*** *for a replacement card and certificate.*
❑ *I am enclosing payment of* ***$40.00*** *for a replacement card only.*
❑ *I am enclosing payment of* ***$40.00*** *for a replacement certificate only.*
❑ *I am enclosing* ***$0.00.*** *I do not wish for a replacement card and/or certificate at this time.*

Forms of Payment:

❑ Money Order ❑ Personal Check ❑ Institutional Check ❑ Visa ❑ MasterCard ❑ Discover
*Please make checks payable to "NBSTSA".

Billing Address (only if different from applicant info) | City | State | Zip Code

Card Number | Security Code | Expiration Date | $ Amount Charged

Signature (authorizes payment) | Name (as it appears on card)

IMPORTANT: All applicants must sign the following statement: I understand this only changes the name on my NBSTSA records, and does not automatically issue me a new certificate or card. I understand that falsified information on this application is grounds for denial or revocation, and may bar me from future certification.

Printed Name | Signature of Applicant | Date

RETURN THIS FORM, ALL NECESSARY DOCUMENTATION AND ENTIRE FEE TO:
The National Board of Surgical Technology and Surgical Assisting, PO Box 176269, Denver, CO 80217
Certified mail and packages should be sent to:
The National Board of Surgical Technology and Surgical Assisting, 3 West Dry Creek Circle, Littleton, CO 80120