



# Name Change And/Or Replacement Form

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

- 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".

TAPE COLOR PHOTO HERE

2x2 color passport photo only.

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, 3 West Dry Creek Circle, Littleton, CO 80120