



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

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

There is no fee for a name change. If you will need a replacement certificate or card, we will send you an email after we have processed the name change, and you will be able to order these for a small fee.

- Please email me information for a replacement certificate/card.

TAPE COLOR PHOTO HERE

2x2 color passport photo only.

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 AND ALL NECESSARY DOCUMENTATION TO:

The National Board of Surgical Technology and Surgical Assisting, 3 West Dry Creek Circle, Littleton, CO 80120