Name Change Request I Wallet Card Order Form

THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

☐ Name Change Request Form ☐ Wallet Card Certification Order

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

Date of Birth 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.

☐ I am requesting the issuance of a wallet card reflecting my name change, for a fee of $25.

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

REQUEST FOR WALLET CARD ONLY:

☐ I am requesting a wallet card be sent to me for $25 fee.

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

Wallet Card Payment Authorization

NBSTSA

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 do hereby authorize the NBSTSA to charge the total amount indicated above to my credit card, I understand that this payment is non-refundable once processed and that my card information will be used solely for this transaction.

Printed Name Signature Date

Refund: Wallet cards are **NON-REFUNDABLE**.

Would you like to receive other communication from the NBSTSA? □ Yes □ No
(i.e. Certification renewal reminders, newsletter, etc.)

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

All NBSTSA forms are available and can be submitted online at www.nbstsa.org.