



# Arizona Board of Osteopathic Examiners In Medicine and Surgery

9535 E. Doubletree Ranch Road, Scottsdale, AZ 85258

Ph : 480-657-7703 | Fx: 480-657-7715 | www.azdo.gov | questions@azdo.gov

## NAME CHANGE REQUEST FORM

To request a name change, send this completed form and documentation by email, fax or mail to the Board of Osteopathic Examiners in Medicine and Surgery using the contact information above.

### 1. Complete the following information:

License Number: \_\_\_\_\_

Previous Full Legal Name: \_\_\_\_\_

Present Full Legal Name: \_\_\_\_\_

Reason for name change: \_\_\_\_\_

### 2. Provide Copy of Name Change Document(s):

Please attach a copy of the legal document(s) verifying change of name. For example, a marriage certificate, page from a divorce decree re-instating legal name, or other legal documents. No change will be made to your profile until the proper documentation has been received.

### 3. Request Wall Certificate (If applicable):

If you wish to receive a new wall certificate, please submit a \$10 fee along with your request. A credit card payment form is available on our website at [www.azdo.gov](http://www.azdo.gov) > For DOs > Other Forms.

### 4. Update Addresses (If applicable): If you have moved, you may update your address(es) below.

<b>Address of Record/Practice Address.</b> This address & phone number is required by ARS § 32-1803(4)(b), and shows on the Board's website. <b>This address will be your mailing address unless you designate otherwise in the residential address box to the right.</b>	<b>Residential Address.</b> <input type="checkbox"/> <b>By checking this box I am requesting the Board use my residential address as my mailing address.</b> If you do not provide a practice address, your home <u>city and state only</u> will show on the Board's website (ARS § 32-1800(2)(b) & ARS § 32-3801).
Name of Practice:	Street Address:
Street Address:	City, State, Zip:
City, State, Zip:	Home Number:
Office Number:	Cell Number:
Fax Number:	Email Address:

### 5. Sign and Date request.

The licensee's signature is required in order to process this request.

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_