



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
 77 South High Street, 16th floor, Columbus, Ohio 43215-6108
 Phone (614) 466-3774 Fax (614) 995-0816

Name Change Request Form

Instructions:

1. Complete all sections of this form by printing or typing. **Notarize the completed form.**
2. For any change of name, **attach a copy** of the supporting name change documentation (e.g. marriage license, divorce decree, or court order that shows the legal name change).
3. To request a new wall certificate, please complete the *Affidavit of Lost/Replacement Documents*.

Upon receiving your completed name change request form and appropriate documentation, your licensure record will be updated. Please allow approximately 7 business days for processing.

Section A Old Information			
First Name:	Middle Name/Initial:	Last Name:	Maiden Name:
Section B New Information			
First Name	Middle Name/Initial	New Last Name	
Current Mailing Address – Number & Street (No P.O. Boxes Please)			City:
State:	Zip Code:	County:	
Home Telephone:	Alternate Telephone:	Email:	
Section C Additional Information			
Profession and Ohio License Number (<i>ex: OT – 7985</i>):		Effective Date of Name Change	
Social Security Number (<i>Required</i>):		Date of Birth (mm/dd/yyyy)	

Revised Jan 2010

To be completed before a Notary Public:

Signature of Licensee _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary Public

Commission Expires

SEAL OF
NOTARY PUBLIC