



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:

- |   |   |
|---|---|
| <input type="checkbox"/> Marriage Certificate     | <input type="checkbox"/> Naturalization Paperwork |
| <input type="checkbox"/> Divorce Decree           | <input type="checkbox"/> Social Security Card     |
| <input type="checkbox"/> Current Driver's License | <input type="checkbox"/> Court Order              |
| <input type="checkbox"/> Passport                 |   |

There is no fee for a name change.

**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