



NORTH CAROLINA MEDICAL BOARD NAME CHANGE FORM

You may **email, mail or fax** this form to the North Carolina Medical Board. Please attach one copy of the legal documentation (marriage certificate, divorce paper decree, etc.).

Complete and mail or fax this form to the Board's office.

EMAIL, MAIL OR FAX THIS FORM TO:

Email:

registration@ncmedboard.org

Fax: (919) 326.1130

Mail: North Medical Board

1203 FrontCarolina Street

Raleigh, NC 27609-7546

Please provide the information below:

1. Previous name:

2. New name

(First)

(Middle)

(Last)

3. License number:

4. Current email address:

(Note: Your new certificate will be emailed to you)

This form must be signed by the practitioner in order to be processed.

(Signature)

(Date)