



NORTH CAROLINA MEDICAL BOARD NAME CHANGE FORM

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

The documentation that you submit does not need to be certified.

EMAIL, MAIL OR FAX THIS FORM TO:

Email: *namechange@ncmedboard.org*

Fax: (919) 326.1131

Mail: North Carolina Medical Board
1203 Front 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)