Kansas
State Board of Healing Arts

NAME CHANGE NOTIFICATION

All name change requests must be accompanied by a copy of the legal document authorizing or granting the change: marriage certificate, divorce decree, court order, or other legal document. *Please do not mail original documentation as it will not be returned.* We will **NOT** accept Social Security Cards or Driver's Licenses as proof. This request will not be accepted handwritten.

Email completed form to KSBHA_Licensing@ks.gov or mail directly to the Kansas State Board of Healing Arts. *It is highly recommended that you make and keep copies of all items submitted to the Board*. **Please allow at least 14 business days for processing**.

For an updated certificate reflecting name change, complete the Duplicate Certificate Request form.

Former Name: *(prior to change)* _____
First Middle Last

License Number: _____

Preferred Mailing Address: _____
Street

_____
City State Zip

Phone: _____

Email: _____

New Name: _____
First Middle Last

You **must attach a copy** of one of the following or your request will not be processed. Do not send original documents as they will not be returned.

- ☐ Marriage Certificate
- ☐ Divorce Decree
- ☐ Name change approval documents from the court

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation, is true and correct.

_____ _____
Signature Date