

OFFICIAL NBCOT, INC. NAME CHANGE FORM

To process a name change request, ALL information below is required.

The National Board for Certification of Orthopaedic Technologists, Inc. requires legal documentation (e.g., marriage certificate, divorce decree or court order) to change certification records. Please MAIL an original certified copy of documents with this form to the address below. NO COPIES WILL BE RETURNED

Today's Date: _____

Name on original Certification record:

First _____ Middle _____ Last _____ Date of Birth: _____

OTC® # _____ - _____
shown on current certificate or ID Card

OT-SC™ # _____ - _____
shown on current certificate or ID Card

Name Changed to: First _____ Middle _____ Last _____

Legal Effective date of name change: _____

Reason for name change: Marriage Divorce Court Order
(See documentation required above)

Current Physical Home Address (PO Boxes not Accepted)

City _____ State _____ Zip _____

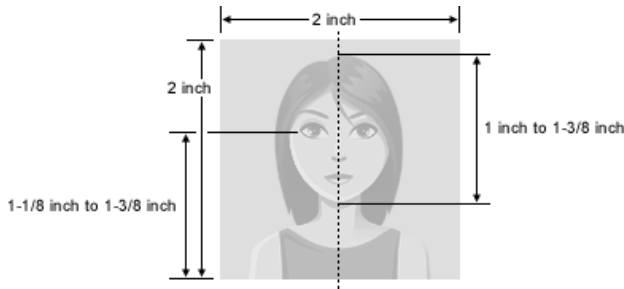
Current Mailing Address if different from above or a PO Box: _____

City _____ State _____ Zip _____

Current Email Address: _____ @ _____

Current Home Telephone: _____ Current Work Telephone: _____

IF YOU WANT A NEW DOCUMENTATION, PLEASE COMPLETE THE FOLLOWING



** (2 professionally taken COLOR Passport Photos are required to be mailed with this form) DO NOT STAPLE

New Certification Photo ID cards are \$50.00 each and are sent under separate cover in 4-6 weeks.

ID Cards are \$50.00 each. You will only be issued an ID card for the certification you hold. (Example: if you hold the OTC® and OT-SC™ certification you will be required to send payment of \$80.00 to cover both ID cards)

Method of Payment US Bank Issued Check US Money Order
NO PERSONAL CHECKS

Mail to: NBCOT Name Change
PO Box 349
Crompond, NY 10517-0349