

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 \_\_\_\_\_

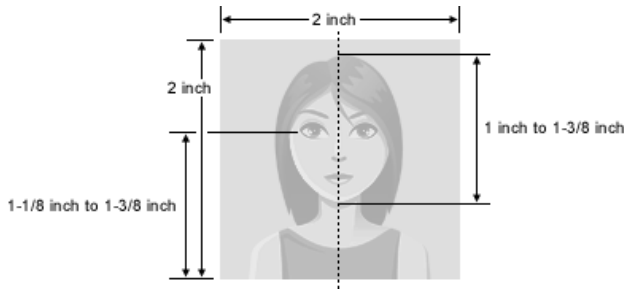
Current Mailing Address if different from above or a PO Box: \_\_\_\_\_

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 \$40.00 each and are sent under separate cover in 4-6 weeks.

ID Cards are \$40.00 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