#### NOTIFICATION OF NAME CHANGE

The California Department of Consumer Affairs may recognize a name change by an applicant or licensee if that name is now his or her legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public.

**Important Submission Information:** Submission of this form will serve as a notification of name change to all California Boards and Bureaus operating on the BreEZe system. For a complete listing of which licensing Boards and Bureaus this name change will affect, please see the back of this form. <u>Incomplete packets will not be accepted or returned</u>.

If you need a wall certificate printed with your new name, you must submit the Request for Duplicate License Form and appropriate fees. The form is available on the Board's Web site at www.rn.ca.gov. Click on the Forms tab.

SECTION A: NAME CHANGE INFORMATION						
Former First Name	Former Middle Name	Former Last Name				
New First Name	New Middle Name	New Last Name				
Last Four of SSN	RN License or Entity #	Date of Birth (MM/DD/YYYY)				

# **SECTION B: DOCUMENTATION REQUIREMENTS AND OPTIONS**

You must submit photocopies or electronic copies of the following two required documents. Check the boxes of the documents you are providing and attach copies.

A current government-issued photographic identification

(e.g., driver license, alien registration, passport, etc.)

AND

One of the following legal documents as proof of name change.

Certified Court Order

Marriage Certificate

Dissolution of Marriage (Divorce)

## SECTION C: PERSONAL ATTESTATION

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Department of Consumer Affairs or submitted an application.

Ι	hereb	y certify	y that the	name change	is not	: made 1	for frau	ıdulen	t pur	poses.
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X				
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#### Mail to:

#### **NOTIFICATION OF NAME CHANGE**

### Boards and Bureaus this Name Change will affect:

Submission of this form will serve as a notification of name change to all California Boards and Bureaus operating on the BreEZe system. Below is a list of the licensing Boards and Bureaus currently on the BreEZe system. If you hold a license with a Board or Bureau which is <u>not</u> currently on the BreEZe system, you must submit a separate name change form directly to that program.

- California Board of Barbering and Cosmetology
- California Board of Behavioral Sciences
- Dental Board of California
- Dental Hygiene Committee of California
- Medical Board of California
- California Bureau of Naturopathic Medicine
- Board of Occupational Therapy
- California Board of Optometry
- Osteopathic Medical Board of California
- Physical Therapy Board
- Physician Assistant Board
- Board of Podiatric Medicine
- California Board of Psychology
- Board of Registered Nursing
- Respiratory Care Board
- Bureau of Security and Investigative Services
- Veterinary Medical Board
- Board of Vocational Nursing and Psychiatric Technicians

	Check this box if you hold a license with two or more of these programs

#### Mail to:

Board of Registered Nursing 1747 N. Market Blvd., Suite 150 Sacramento, CA 95834