

MAILING ADDRESS: PO BOX 2649 Harrisburg, PA 17105-2649	STATE BOARD OF OSTEOPATHIC MEDICINE Email: st-osteopathic@pa.gov Phone: (717) 783-4858 Fax: (717) 787-7769 Website: www.dos.pa.gov/ost	COURIER ADDRESS: 2601 North Third Street Harrisburg, PA 17110
REQUEST FOR CHANGE OF NAME, ADDRESS, AND/OR EMAIL		
<ul style="list-style-type: none"> • FEE: To obtain a duplicate license reflecting the change of name and/or address, you must return this application and a \$5 fee (check or money order payable to the "Commonwealth of Pennsylvania.") • Without the \$5 fee, the change will be processed but no duplicate will be issued. • A processing fee of \$20 will be charged for any check/money order returned unpaid by your bank regardless of the reason for non-payment. 		

LICENSEE INFORMATION

PLEASE PRINT OR TYPE

LICENSEE'S NAME:	Last	First	Middle
LICENSE #:		TELEPHONE NUMBER:	DATE OF BIRTH:
SSN:		EMAIL ADDRESS:	

☐ **CHANGE OF NAME**

You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also provide the new name. The following are acceptable name change verification documents:

- (1) Marriage certificate;
- (2) Divorce decree which indicates the retaking of your maiden name;
- (3) Other "legal" document indicating the retaking of a maiden name;
- (4) For a "legal" name change, a copy of the court document must be provided

NEW NAME:	Last	First	Middle
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☐ **CHANGE OF ADDRESS**

OLD ADDRESS:			
	City	State	Zip Code
NEW ADDRESS:			
	City	State	Zip Code

☐ **CHANGE OF EMAIL**

OLD EMAIL ADDRESS:	
NEW EMAIL ADDRESS:	