MAILING ADDRESS:

PO BOX 2649 Harrisburg, PA 17105-2649

Last

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

st-socialwork@pa.gov (717) 783-1389 (717) 787-7769 (fax) www.dos.state.pa.us/social

COURIER ADDRESS:

2601 North Third Street Harrisburg, PA 17110

Middle

REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

- 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

First

LICENSEE'S NAME:								
LICENSE #:		_		TELEPHONE NUMBER:			DATE OF BIRTH:	
SOCIAL SECURITY #:				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 Initial
□ CHANGE OF ADDRESS								
OLD ADDRESS:								
-	City					State		Zip Code
NEW						·		
ADDRESS:								
	Dity			State	State		Zip Code	
□ CHANGE OF EMAIL								
OLD EMAIL ADDRESS:								
NEW EMAIL ADDRESS:								