Department of State Bureau of Professional and Occupational Affairs STATE BOARD OF CHIROPRACTIC

Mailing Address P O Box 2649 Harrisburg, PA 17105-2649 Courier Mail 2601 North 3rd Street Harrisburg, PA 17110

Telephone: 717-783-7155 Fax: 717-787-7769 E-mail: st-chiropractic@pa.gov Website: www.dos.state.pa.us/chiro

REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

Complete the following information and check the appropriate block below:

Curre	ent Informatio	n																
Last Name:																		
												Mid	dle l	nitial	: [
License Number: Social Security Number:											D.O	.B.						
			:															
	Change of I	Name	!															
	You must submit a copy of a legal document verifying your new name. The following are acceptable name change verification documents:															ne		
	 (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:							_	
	Change of A	Addre	ess															
	Old Address Street Address																_	
	City:							S	ate: _		Zip Code:							
	New Address Street Address																_	
	City:								S	ate: _		Zip Code:						
	Telephone:								Em	ail:								

FEE: To obtain a duplicate license reflecting the change of name and/or address, you must submit a \$5.00 fee, check or money order, payable to "Commonwealth of PA". Without the \$5.00 fee, the change(s) will be made but no duplicate will be issued. **DUPLICATES CAN ONLY BE ISSUED FOR CURRENT, ACTIVE LICENSES.**

PLEASE NOTE: The Certification to Use Adjunctive Procedures is available only as a Wall Certificate and a duplicate Wall Certificate is \$10.00. You may also request a duplicate Chiropractic Wall Certificate for \$10.00.

A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.