

Behavioral Sciences Regulatory Board
700 SW Harrison St. Suite 420
Topeka, KS 66603-3929



Phone: 785-296-3240
Fax: 785-296-3112
www.ksbsrb.ks.gov

David B. Fye, JD, Executive Director

Laura Kelly, Governor

NOTIFICATION OF NAME CHANGE

Please enter required information, sign and date at the bottom of the page.

License Number: _____ - _____

Name Prior to Change: _____
First Middle Last

Mailing Address: _____
Street City State Zip

Telephone Number: _____ - _____ - _____

Email Address: _____

I have assumed the name of : _____
First Middle Last

A new wallet card will be sent via Email

You MUST submit a copy of the Marriage Certificate, Divorce Decree, Court Order, Military ID, Passport, or Driver's License

This notification will not generate a duplicate wall certificate. If you wish to request a new wall certificate, you will need to submit a wall certificate/billfold card replacement form on our website at <https://ksbsrb.ks.gov/forms>. Please DO NOT mail originals of documents as they will not be returned. We will NOT accept Social Security Cards as proof of name change.

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation is true and correct and that I am licensed/registered to practice in the State of Kansas.

Signature: _____ Date: _____

TO SUBMIT :

Mail form to: KSBSRB, 700 SW Harrison St, Suite 420, TOPEKA KS 66603

Fax form to: 785-296-3112 ,or E-mail to: BSRB@ks.gov