



NORTH CAROLINA BOARD OF OCCUPATIONAL THERAPY

NAME CHANGE NOTIFICATION FORM

Mailing Address: NCBOT, P.O. Box 2280, Raleigh, NC 27602

An Occupational Therapy Practitioner is required by law to give written notice of name, address or employment change within 10 days of such change. Address, employment and supervision changes may be made by going to your online profile at the information update tab at www.ncbot.org. Name changes must be submitted to the Board office with a photocopy of proof of your name change, i.e.: marriage license, divorce papers, or court documents relating to legal change of birth name. (A copy of your driver license or social security card is not acceptable.)

PERSONAL INFORMATION

NC License #: _____

(Printed) CURRENT LAST NAME First: _____ Middle/Maiden: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Social Security# **XXX-XX-** _____ Email Address: _____

(Printed) PREVIOUS NAME

***PRINT** your new name as you want it to appear on your next renewal card

SIGNATURE

DATE

I have enclosed a check for:

- New 8½" X 11" License Certificate - \$15.00
- New Wallet-sized Renewal Card - \$5.00

You may print out license verification at www.ncbot.org at no charge.