



NORTH CAROLINA BOARD OF OCCUPATIONAL THERAPY
NAME/ADDRESS 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.*

PERSONAL INFORMATION

NC License #: _____

Last Name: _____ First: _____ Middle/Maiden: _____
(Printed)

Address: _____

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

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

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

(Printed) PREVIOUS NAME (if applicable) _____

EMPLOYMENT:

Place of Employment: _____ Phone: (_____) _____

Physical Address in NC: _____

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

DOES THIS REFLECT:

EFFECTIVE DATE

- Name Change?* Yes
- Address Change? Yes
- Employment Change? Yes

If Yes, List Previous Information:

Name: _____

Address: _____

Previous Employment: _____

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

SIGNATURE

DATE

**Please attach 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 driver license or social security card is not acceptable.) There is a \$15 charge for a new 8½" X 11" certificate and a \$5 charge for a new wallet-sized renewal card. You may print out license verification at www.ncbot.org at no charge.*