Print Form

Nevada State Board of Medical Examiners
P.O. Box 7238, Reno, NV 89510-7238
Physical Address: 1105 Terminal Way, Ste. 301, Reno, NV 89502-2144
Phone: In Reno/Sparks/Carson City: 775-688-2559
(If calling from any other area of Nevada, call the Board's in-state, toll-free number: 888-890-8210)
Fax: 775-688-2321

NOTIFICATION OF NAME CHANGE

Please complete and mail this form to: Nevada State Board of Medical Examiners
P.O. Box 7238, Reno, NV 89510-7238

Nevada License No.: _____

Old Name: _____
(First) (Middle) (Last)

New Name: _____
(First) (Middle) (Last)

You must submit a copy of a photo ID, along with a copy of the legal document pertaining to the name change (marriage certificate, divorce decree, etc.), with your request in order to verify your identity to ensure your information is released only to you.

PLEASE NOTE: If you wish to obtain a duplicate copy of your wall certificate or wallet ID card in your new name, please complete the information above and enclose the proper fee (*no fee for name change only*):

- ☐ Replacement Wall Certificate.....$25.00
- ☐ Replacement Wallet ID Card.....$15.00

If requesting one or both of the above items, please indicate the address to where you would like the requested item(s) mailed:

_____
_____
_____

Payment must be made in advance. You may pay by check, cashier's check or money order, payable to "NEVADA STATE BOARD OF MEDICAL EXAMINERS," or by credit card. If paying by credit card, please complete the Credit Card Authorization Form on the last page of this form. A two percent (2%) service fee will be assessed for payment by credit card.

Signed: _____ Dated: _____

THIS FORM MUST BE SIGNED AND DATED BY THE LICENSEE.

CREDIT CARD AUTHORIZATION FORM

***Please type or print legibly*.**

Method of Payment: MasterCard ____ Visa ____ American Express ____ Discover ____

Name on Credit Card: _____

Credit Card Billing Address:

_____

_____

_____

Credit Card Number: _____

Expiration Date: _____ / _____
(MM) (YY)

I authorize the Nevada State Board of Medical Examiners to charge the above credit card for a one-time payment in the amount of $_____, and an additional 2% service fee.

Printed Name: _____

Signature: _____ Date: _____