



**COMMONWEALTH OF VIRGINIA  
Board of Medicine**

9960 Mayland Drive, Suite 300 (804) 367-4600 (Tel)  
Henrico, Virginia 23233 (804) 527-4426 (Fax)  
[www.dhp.virginia.gov/medicine](http://www.dhp.virginia.gov/medicine) [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)



**NAME/ADDRESS CHANGE FORM**

All name/address changes are completed in the order received. Please allow approximately 7-10 business days for processing.  
The address/name change may be faxed, emailed or mailed to the board office.

**CURRENT INFORMATION ON LICENSE OR REGISTRATION:**

Last Name	First Name	M.I.	Maiden or Other
License or Registration Number		Last four digits of your Social Security Number XXX-XX-	

**CHANGE OF NAME**

**\*\*You must submit a copy of a legal document verifying your new name. The following are acceptable name change verification documents:**

- (1) Marriage certificate;
- (2) Divorce decree which indicates the retaking of your maiden name;
- (3) Other legal document indicating the retaking of your maiden name;
- (4) Copy of court documents

**NEW NAME:**

Last	First	Middle Initial
------	-------	----------------

**CHANGE OF ADDRESS**

**OLD ADDRESS:**

Street Address		
City	State	Zip

**NEW ADDRESS:**

Street Address		
City	State	Zip

**Should this new address be used as both your public and private address?**

YES     NO

**If not, please provide a public address to add to our records. \*If no public address is provided, your private address becomes public.**

Street Address: \_\_\_\_\_  
Apt./Suite # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

**THE FOLLOWING FEES DO NOT APPLY TO: REGISTERED SURGICAL TECHNOLOGISTS OR SURGICAL ASSISTANTS**

- Attached is my check/money order for \$5.00 payable to the "Treasurer of Virginia" for a copy of my updated license.
- Attached is my check/money order for \$15.00 payable to the "Treasurer of Virginia" for a replacement wall certificate.

Current e-mail address: \_\_\_\_\_

SIGNATURE OF LICENSEE \_\_\_\_\_ DATE \_\_\_\_\_