

**Commonwealth of Massachusetts**  
**BOARD OF REGISTRATION IN MEDICINE**  
**COMMITTEE ON ACUPUNCTURE**  
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880 – [www.massmedboard.org](http://www.massmedboard.org)

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**NAME CHANGE AND DUPLICATE LICENSE REQUEST**

Please read the following instructions for requesting a name change as a result of marriage or court order. Your request for a name change must be accompanied by a check for \$18.00 and attached to the Notary Public Attestation For Name Change form. A United States notary public is required.

**NAME CHANGE AS A RESULT OF MARRIAGE OR BY A COURT ORDER**

Please submit the following:

- A notarized copy of the marriage certificate from the jurisdiction in the United States in which the licensee was married (if you were married outside of the United States, you must submit your original marriage certificate with a self addressed envelope to be returned to you), or a notarized copy of a court order.
- A current passport-sized color photograph (2 x 2) which has been attested to by a notary public or other official authorized to administer oaths. The attestation must identify the individual represented in the photograph and state that the photograph accurately depicts the individual so identified. Please complete the Notary Public Attestation for Name Change form.
- Your original wall certificate and your wallet sized card (full licensees only).
- A personal check or money order in the amount of \$18.00, made payable to the Commonwealth of Massachusetts.

Print Name: \_\_\_\_\_ MA License #: \_\_\_\_\_

Print new name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For Office use only**

Date Rec: \_\_\_\_/\_\_\_\_/\_\_\_\_  Photograph notarized/dated  Board photograph confirmed

Name changed  Wallet card printed/mailed  Wall Certificate printed/mailed

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Board Staff \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTARY PUBLIC ATTESTATION FOR NAME CHANGE**

**INSTRUCTIONS TO THE APPLICANT:** A current passport-sized color photograph (2 x 2) which has been attested to by a notary public or other official authorized to administer oaths. The attestation must identify the individual represented in the photograph and state that the photograph accurately depicts the individual so identified. A United States Notary Public is required.

**IDENTIFICATION PHOTOGRAPH**

Attach a recent 2 x 2 color photograph on the left side. Black and white photographs will not be accepted. The photograph must be current within the past six months.

***You must sign your name and the date in the presence of a Notary***

**I swear or affirm that the contents of this document are truthful and accurate to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Applicant: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name: \_\_\_\_\_

**NOTARY ATTESTATION**

**I certify that the photograph above is a genuine likeness of the maker of the signature, who personally appeared before me this day. The maker of the signature provided satisfactory evidence of identification, which was \_\_\_\_\_**

**Subscribed and sworn to before me:**

\_\_\_\_\_  
Signature of Notary: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Print name of Notary:

My commission expires: \_\_\_\_\_

*Notary Public Seal or Stamp*

