



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Naturopathic Examiners
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

Name Change & Duplication Request Form

**STATE MAIL IS NOT FORWARDED TO ANY OTHER ADDRESS AND IT IS
RETURNED TO THIS OFFICE.**

Licensees shall maintain their current business and home addresses on file with their governing boards. Any changes in address shall be provided to the office **no later than 30 days** from the date of the change. Licensees shall notify their governing boards if licenses or other proof of licensure are lost or stolen.

General Information: Please print legibly - This section required for all requests

Name: _____ Social Security #: _____

Profession: _____ License #: _____

Home Mailing Address: **(City, State, and Zip Code Required)**

For name change, please include duplication of legal documentation. (Marriage License, Divorce Decree, or other legal papers)

Name Change: (First, Middle, and Last Required)

From: _____

To: _____
(Exact way your name is to appear)

Reason: Correction/Marriage/Divorce/Other: _____

Replacement Wall Certificate

Replacement License Pocket Card

Signature

Date