



Katie Hobbs,
Governor

Arizona State Board of Podiatry Examiners

“Protecting the Public’s Health”

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NAME CHANGE REQUEST

The Arizona State Board of Podiatry Examiners (“Board”) may recognize a name change by a licensee if the new name is legally acquired and is not changed for fraudulent purposes and/or is not misleading to the public. The name change request must be accompanied by the required documentation (see supporting documentation below).

I, _____, request that my podiatry license number _____ be reissued as indicated below. After I receive my new license, I understand that I am required to return any Arizona podiatry license, in my possession, that shows any name other than the new name indicated below.

Name Change Information:

Current/Former Name: _____
Last Name First Name MI

New Name: _____
Last Name First Name MI

Supporting Documentation:

You must enclose a photocopy of a legal document verifying the name change (e.g. marriage certificate, divorce decree, etc...)

Personal Attestation:

I declare under penalty of perjury, under the laws of the State of Arizona, that the information given above is true and correct and that I am the person who was issued the original Arizona podiatry license by the Arizona State Board of Podiatry Examiners. I further certify that the name change is not and has not been changed for fraudulent purposes.

Signature: _____ Date: _____