



Douglas A. Ducey,
Governor

Arizona State Board of Podiatry Examiners

“Protecting the Public’s Health”

1400 West Washington, Suite 230
Phoenix, Arizona 85007
P: (602)542-8151
F: (602)542-3093
W: www.podiatry.az.gov

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 fee of \$25.00. Payment can only be made by check, cashier’s check or money order made payable to the Arizona State Board of Podiatry Examiners.

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 one of the following documents. Please select which applicable document you are providing as proof of your name change and reason for the reissuance of a new license.

Please select one of the following:

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: _____

<u>For Office Use Only</u>	
Date originally issued: _____	Receipt Date of reissuance: _____
Date signed by Board President and Secretary: _____	
Date picked-up/mailed: _____	
Supporting Document attached: _____	