

**NBCOT NAME CHANGE FORM**

**Mail to: NBCOT Inc., 4736 Onondaga Blvd., #166, Syracuse, NY 13219**

The National Board for Certification of Orthopaedic Technologists, Inc. requires Legal Documentation (e.g., marriage certificate, divorce decree or court order) on file to change Certification records. Please MAIL an original Certified copy or Notarized photocopy of your Legal Documentation (i.e. copy the document, with your signature notarized on the back) to the address above. You will receive confirmation of your record change by mail within 3 weeks to your home address.

Name currently on my original Certification record:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

OTC® # shown on current Certificate \_\_\_\_\_ OT-SC™ # shown on current Certificate \_\_\_\_\_

Name changed to:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Effective date of Name change: \_\_\_\_\_

Reason for Name change: Marriage Divorce Court Order  
(Circle One) (See documentation required above)

Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Physical Home Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

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

Current Mailing Address if different from above: (PO Box) \_\_\_\_\_

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

Current Home Telephone: \_\_\_\_\_ Current Work Telephone: \_\_\_\_\_

*I would like to have a new certificate and ID card sent to me with the change above. Place order with my request above. I understand that I am required to return all Certificate(s) and Wallet Cards that bear my old name with this form. Please call the NBCOT Office if you do not have your original Certificate(s) and Card. One new Certificate and ID card packet cost is \$15.00 including postage. Items are sent under separate cover within 4-6 weeks of your authorized order below, not with your confirmation of change letter.*

Amount to be charged to the card below or enclosed with this form: **\$15.00**

PRINT NAME: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card holder's Phone Number: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Method of Payment: M/C Visa Cashier Check Money Order

Print Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 Digit CID # (Found on back of card) : \_\_\_\_\_

Billing Address associated with Card above: \_\_\_\_\_  
(where bill is received)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_