

STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
**NOTIFICATION OF NAME CHANGE**

The California Department of Consumer Affairs may recognize a name change by an applicant or licensee if that name is now his or her legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public.

**Important Submission Information:** Submission of this form will serve as a notification of name change to all California Boards and Bureaus operating on the BreZE system. For a complete listing of which licensing Boards and Bureaus this name change will affect, please see the back of this form. **Incomplete packets will not be accepted or returned.**

If you need a wall certificate printed with your new name, you must submit an [Application for Duplicate Wall Certificate](#) form, available on the Medical Board of California's website at [www.mbc.ca.gov](http://www.mbc.ca.gov).

### SECTION A: NAME CHANGE INFORMATION

|                   |                    |                            |
|-------------------|--------------------|----------------------------|
| Former First Name | Former Middle Name | Former Last Name           |
| New First Name    | New Middle Name    | New Last Name              |
| Last Four of SSN# | License #          | Date of Birth (MM/DD/YYYY) |

### SECTION B: DOCUMENTATION REQUIREMENTS AND OPTIONS

You must submit photocopies or electronic copies of the following **two** required documents:

1. A current government issued photographic identification (e.g., driver license, alien registration, passport, etc.) **AND**
2. One of the following additional legal documents as proof of name change:
  - Certified Court Order
  - Marriage Certificate
  - Dissolution of Marriage (Divorce)

### SECTION C: PERSONAL ATTESTATION

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Department of Consumer Affairs or submitted an application.

I hereby certify that the name change is not made for fraudulent purposes.

X \_\_\_\_\_

**Mail to:**

*Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815*

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**Boards and Bureaus this Name Change will affect:**

Submission of this form will serve as a notification of name change to all California Boards and Bureaus operating on the BreZE system. Below is a list of the licensing Boards and Bureaus currently on the BreZE system. If you hold a license with a Board or Bureau which is not currently on the BreZE system, you must submit a separate name change form directly to that program.

- **California Board of Barbering and Cosmetology**
- **California Board of Behavioral Sciences**
- **Dental Board of California**
- **Dental Hygiene Committee of California**
- **Medical Board of California**
- **California Bureau of Naturopathic Medicine**
- **Board of Occupational Therapy**
- **California Board of Optometry**
- **Osteopathic Medical Board of California**
- **Physical Therapy Board**
- **Physician Assistant Board**
- **Board of Podiatric Medicine**
- **California Board of Psychology**
- **Board of Registered Nursing**
- **Respiratory Care Board**
- **Bureau of Security and Investigative Services**
- **Veterinary Medical Board**
- **Board of Vocational Nursing and Psychiatric Technicians**

**Check this box if you hold a license with two or more of these programs**

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