Change of Name for Applicants/Current Licensees

Name changes require legal documentation showing the name change. To change your name, please submit supporting documents, which must be one of the following (any one of these will be accepted unless the department has a question about the authenticity of the document).

1. A copy of a state issued marriage license that includes the original signature and seal from the Clerk of the Court.
2. A divorce decree restoring your maiden name.
3. A court order showing the name change (adoption, legal name change, federal identity change).
4. A copy of a certificate of naturalization or H1B Employment Visa (note: non-U.S. applicants and/or licensees may not have state issued documents).

*Profession and License Number:	
*Name (as printed on license):	
*Date of Birth (MM/DD/YYYY):	*Last Four Digits of Social Security Number:
***NEW** Name:	
*Signature:	Date (MM/DD/YYYY):

***Required field. For your protection, we ask for specific information to verify your identity. Incomplete requests will not be processed.**

For Applicants:

Department of Health
Medical Quality Assurance
Board of Athletic Training
4052 Bald Cypress Way, Bin C-08
Tallahassee, Florida 32399-3257
Telephone: (850) 245-4292

For Current Licensees:

Department of Health
Medical Quality Assurance
Licensure Services Support Unit
P.O. Box 6320
Tallahassee, Florida 32314
Telephone: (850) 488-0595