



REQUEST FOR NAME CHANGE

Use this form only if you are applying to request an official name change for the purposes of all information contained in your registration file and on your license to practice. At all times the name appearing in our files and on your license must match your current legal name.

Current Name on License:

Registration #:

New Legal Name (as it will appear on license):

Effective Date of Change:

Phone:

Email:

I hereby confirm that I, _____ (print name) have legally changed my name and request that this change be reflected in all NSCCT registration records and displayed on my certificate of registration/licensure.

I further confirm that I have paid the fee of \$10 (e-transfer finance@nscct.ca or by cheque or money order payable to NSCCT) to cover the cost of production and delivery of the new Certificate.

Note: Replacement certificates will be issued with the original registration/licensure date. The original certificate must be returned to NSCCT within 30 days of this request.

Signature:

Date: