

NAME CHANGE REQUEST FORM

(For Dialysis Technicians Only)

Please type or print using CAPITAL LETTERS and black ink.

**\$25 FEE
(NON-REFUNDABLE)**

Section 1: Old Biographical Data (Dialysis Technician)

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

Last 4 Digits of Social Security # (print clearly)

Date of Birth (print clearly)

KY Credential # (print clearly)

Section 2: New Name Change (Dialysis Technician)

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

Street (print clearly)

City (print clearly)

State

Zip Code (print clearly)

County of Residence (print clearly)

Country, if not U.S.A. (print clearly)

International Postal Code (print clearly)

Email Address (print clearly)

Home Phone (print clearly)

Daytime Phone (print clearly)

Signature

Date

You must enclose a copy of one of the following:

- Marriage Certificate
- Divorce Decree
- Social Security Card
- Legal Name Change Document

NOTE: KBN DOES NOT ISSUE PLASTIC LICENSE CARDS.

Fax or Mail Completed Form To:

Credentials Branch, Attn: DT Credential
Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222
Fax #: 502-429-3336