



Louisiana Board of Pharmacy

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NOTIFICATION OF CHANGE OF NAME

- 1) **TYPE OR LEGIBLY PRINT INFORMATION REQUESTED.** (Except Signature)
- 2) **ATTACH A LEGIBLE COPY OF THE DOCUMENT THAT LEGALLY CHANGED YOUR NAME.** A new driver's license or social security card does not meet this requirement. Acceptable documents include: marriage license, marriage certificate, or court documents
- 3) **MAIL COMPLETED FORM AND SUPPORTING DOCUMENT(S) TO THE BOARD OFFICE AT THE ABOVE ADDRESS.**
- 4) **DUPLICATES.** A replacement credential is not required, nor is one automatically issued. If you would like to purchase a duplicate annual renewal certificate, registration, or training permit, check the box below and include a check or money order in the amount of \$5.00 payable to **Louisiana Board of Pharmacy**.

- Please mail a duplicate Renewal Certificate, Registration, or Training Permit. Enclosed is the required fee of \$5.00. Your duplicate will be mailed to your current mailing address.

NOTE: Your new name will only appear on future renewal certificates, renewal applications, and general office correspondence. No changes will be made to your "Initial Licensure Name." Therefore, new permanent wall certificates will not be issued to reflect your new name.

_____	_____
(License/Certificate/Registration #)	(Type of Credential)
Current Name:	
_____	_____
(First)	(Middle)
_____	_____
(Last)	(Suffix)
New Name:	
_____	_____
(First)	(Middle)
_____	_____
(Last)	(Suffix)
_____	_____
(signature)	(date)

For Board Use Only		
Serial #:	Amount Rec'd:	<input type="checkbox"/> No Duplicate Requested/Issued

January 2004