CHANGE OF INFORMATION REQUEST

All licensed professional counselors and therapists may use this form to notify the Board of name, address, and/or contact information changes. Name changes must include documentation such as a copy of marriage certificate/divorce decree, official court documents, etc. The Board requires that these changes be reported in order to ensure that its records are accurate.

Licensee Full Name: 
License Number: 

PLEASE CHECK THE APPROPRIATE BOX

What information has changed?
☐ Name ☐ Home Address ☐ Work Address ☐ E-mail Address
☐ Home Phone Number ☐ Work Phone Number

NAME CHANGE

Previous Name: 
New Name: 

If you are requesting a change of name, please submit a copy of a legal name change document, marriage certificate, or divorce decree.

ADDRESS CHANGE

Old Mailing Address 
New Mailing Address 

Is this your ☐ work or ☐ home address?
Street: 
City: 
State: 
Zip: 

Is this your ☐ work or ☐ home address?
Street: 
City: 
State: 
Zip: 

PHONE NUMBER CHANGE

Old: ( ) New: ( )
Home Number Work Number

E-MAIL ADDRESS CHANGE

New E-Mail Address: 

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Further, I authorize the Board to update their records to reflect this information.

Signature: ______________________________ Date: ______________________________

For Office Use Only: 
Date Received: ______________________________ Date Processed: ______________________________