



Oregon

Theodore R. Kulongoski, Governor

Board of Medical Examiners

1500 S.W. First Ave., Suite 620

Portland, OR 97201

Voice (971) 673-2700

FAX (971) 673-2670

Web: www.oregon.gov/BME

NAME CHANGE AFFIDAVIT

Please check the appropriate selection:

- I am currently in the application process.
- I currently hold a Limited License and will submit my previous registration certificate.
- I currently hold an unlimited Oregon license and will submit my previous 8 1/2 x 11 inch license, wallet card (for MD/DO/DPM), and registration certificate.

(PLEASE TYPE OR PRINT)

Profession: MD/DO/DPM Physician Assistant Acupuncturist

A) Former Name:

First Name(s)	Middle Name(s)	Last Name(s)

B) New Name:

First Name(s)	Middle Name(s)	Last Name(s)

C) Signature:

--

Name used as your business signature

D) Address:

Street	City	State	Zip Code

- E) Reason for name change:**
- 1) **Marriage** Attach copy of marriage certificate
 - 2) **Divorce** Attach copy of divorce decree
 - 3) **Court Order** Attach copy of court order
 - 4) **Naturalization** Date _____ Number _____ City/State _____
 - 5) **Other Reason** Provide written statement in space below

--

(SEAL) Applicant Signature _____

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Signature _____

Notary Public for: _____

My commission expires: _____