



Virginia Department of
Health Professions
 Board of Pharmacy

9960 Mayland Drive, Suite 300
 Henrico, Virginia 23233
 (804) 367-4456 (Tel)
 (804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

NAME CHANGE FORM FOR INDIVIDUALS

All name changes are completed in the order received. Please allow approximately 5-7 business days for processing. The name change form may be faxed, emailed or mailed to the board office.

If you wish to receive a license reflecting this change prior to the next renewal, you may request it using the Duplicate Request process at <https://www.license.dhp.virginia.gov/license/>. Address changes are required within 14 days of change and can be made online at www.license.dhp.virginia.gov using your previously established User ID and password or PIN.

CURRENT INFORMATION ON LICENSE OR REGISTRATION:

Last Name	First Name	M.I.	Maiden or Other
License or Registration Number		Last four digits of your Social Security Number XXX-XX- ____ _	

****You must submit a copy of a legal document verifying your new name. The following are acceptable name change verification documents:**

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|--|---|
| (1) Marriage certificate; | (3) Other legal document indicating the retaking of your maiden name; |
| (2) Divorce decree which indicates the retaking of your maiden name; | (4) Copy of court documents |

NEW NAME:

Last	First	Middle
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Current e-mail address: _____

Signature of Licensee: _____ **Date:** _____