



American Board for Certification in Orthotic, Prosthetics and Pedorthics, Inc.

330 John Carlyle Street, Suite 210 * Alexandria, Virginia 22314 * (703) 836-7114 * FAX (703) 836-0838

Change of Name Request Form

If due to marriage, divorce or legal name change, you wish to change your name on record with ABC, please complete the information below so that your ABC record can be updated correctly. All name change requests must be in writing but may also be submitted by e-mail to rboobsemp@abcop.org or by fax at 703-836-0838.

Please list your ABC Certification number(s): _____

Please list your name as it appears on your current ABC Certificate:

Please list your name as you would now like it to appear within ABC's records:

If you will need a new certificate listing your new name, there will be a \$25 replacement fee, payable in advance. To order, please contact Joan Dallas at 703-836-7114, ext 203 or download the "Certificate Reprint" form available on the ABC website.

To update your contact information, please complete the appropriate section below. For further inquiries, please contact us at info@abcop.org or 703-836-7114.

Professional address: Send all of my ABC mail here

Employer Name: _____

Address: _____

City/State/Zip: _____

Phone: Fax: _____

Email: _____

Home address: Send all of my ABC mail here

Address: _____

City/State/Zip: _____

Phone: Fax: _____

Email: _____