

OREGON BOARD OF PHARMACY  
800 NE OREGON ST., SUITE 150  
PORTLAND OR 97232  
PHONE: (971)673-0001  
[oregon.gov/pharmacy](http://oregon.gov/pharmacy)



FOR BOARD USE ONLY [0337] \$5.00

RECEIPT # \_\_\_\_\_

CHECK # \_\_\_\_\_

ENTERED BY \_\_\_\_\_

## NAME CHANGE REQUEST FORM

ALL FEES ARE NONREFUNDABLE

Complete this form and return it to the Board. In order to process your name change, **copies of one item from each column must** be included with this form. The name on your legal documentation and identification must match each other as well as the new name that you list below.

**Legal Documentation**

Marriage License  
Divorce Decree  
Court Order

**&**

**Acceptable Identification**

Driver's License or ID card (front and back)  
Passport  
Social Security card

All licensees must display their license or a certified copy of their license at their workplace. If you need copies of your Board license with your new name on it, the fee is \$5.00 for each sheet of 2 Certified Copies. This fee is payable by check or money order **only**. (**No** credit/debit cards or cash.) Free copies are **not** available with a name change.

Your completed request form must be submitted with copies of your legal documentation, acceptable identification, and check or money order for certified copies to the Board at the address listed above. Checks and money orders should be made payable to Oregon Board of Pharmacy.

Certified Copies pages requested \_\_\_\_ (2 copies per page) Amount enclosed \$\_\_\_\_ (\$5.00 per page)

LICENSEE **FORMER** NAME \_\_\_\_\_

LICENSEE **NEW** NAME \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS [ ] (Check if new) \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

**Please Mail to:** [ ] *check here if same as address above*

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE  
PURSUANT TO ORS 30.701(5)