

Please check the appropriate statement:

- □ 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 8.5" x 11" license, wallet card, and registration certificate

Profession:	□MD/DO/DPM	□Physician Assis	stant 🗆	Acupuncturist	
Former Name:					
Last Name	First Name			Middle Name	
New Name:					
Last Name	First Name			Middle Name	
Mailing Address Street City, State, Zip Co			n Code		
	Signature – as used in your business signature				
	-	,	,		
Reason for name ch	-				
□ Marriage	Attach copy of marriage certificate				
Divorce Court Order	Attach copy of divorce decree Attach copy of court order				
Naturalization	••	nber	City/State		
□ Other Reason	Provide written explana				
Cignoturo			A ffiv	Notory Cool Horo	
Signature			AIIIX	Notary Seal Here	
Subscribed and sw	orn to before me this				
	day of	20			
Notary Signature					
Notary Public for:					
My commission Ex	pires:				

Oregon Medical Board | 1500 SW 1st Ave, Suite 620 | Portland, Oregon 97201 971.673.2700 or 877.254.6263 | www.Oregon.Gov/OMB