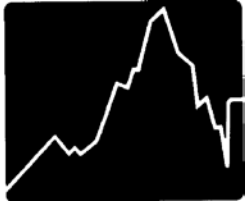


**COMMONWEALTH OF VIRGINIA
BOARD OF PSYCHOLOGY**

	<p>Department of Health Professions 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463 (804) 367-4697</p> <p>Website - http://www.dhp.virginia.gov/psy</p>
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PSYCHOLOGY NAME/ADDRESS CHANGE FORM

All name/address changes are completed in the order received. Please allow approximately 5-7 business days for processing. You will receive written notification through the mail when the name/address change is completed. The address/name change may be faxed, scanned and emailed, or mailed to the board office.

If you wish to receive a license with this change prior to the next renewal, please mail this form with a check or money order in the amount of \$5.00. The check or money order should be made payable to the "Treasurer of Virginia."

CURRENT INFORMATION:

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

CHANGE OF NAME

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

- | | |
|--|---|
| 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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CHANGE OF ADDRESS

OLD ADDRESS:

Street Address		
City	State	Zip

NEW ADDRESS:

Street Address	
City	State Zip
Email Address	
Should this new address be used as both your public and private address? YES NO	If not, please provide a public address to add to our records: Business Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____

SIGNATURE OF LICENSEE _____ DATE _____