



EFFECTIVE DATE: _____

INSTRUCTIONS

Check (✓) and complete all sections that apply. Once completed this form may be mailed or emailed to the College. Please enclose applicable information for legal name change. (PLEASE PRINT)

PERSONAL INFORMATION

Legal Last Name: _____ Legal First Name: _____

Registration Number: _____ Email: _____

CLINIC ADDRESS

Clinic Name: _____

Address: _____ Phone Number: _____

City: _____ Province: _____ Postal Code: _____

HOME ADDRESS

Address: _____ Phone Number: _____

City: _____ Province: _____ Postal Code: _____

CHANGE OF LEGAL FIRST OR LAST NAME

New Last Name: _____ New First Name: _____

SUPPORTING DOCUMENTS

- Copy of Alberta change of name certificate
- Copy of Alberta marriage certificate
- Copy of Alberta divorce certificate
- Copy of Government issued driver's license/identification card