

INSTRUCTIONS FOR NAME CHANGE

To request a change of name on a license, the following is required:

- Change of Name Form-complete this form, to include signature and date
- Legal document that effects the name change (copy of marriage certificate, divorce decree, etc.)
- Check made payable to: SC Board of Counselors in the amount of \$10.00
- If a license pocket card is requested in the new name, please include an additional \$10.00 fee
- If a new wall certificate is requested in the new name, please include an additional \$25.00 fee
- Include a short note specifying exactly what is needed
- The above documentation should be mailed to:

**SC Board of Professional Counselors
P O Box 11329
Columbia, SC 29211-1329**

SC DEPARTMENT OF LABOR, LICENSING AND REGULATION, POL DIVISION
BOARD OF EXAMINERS FOR THE LICENSURE OF PROFESSIONAL
COUNSELORS, MARRIAGE AND FAMILY THERAPISTS, AND
PSYCHO-EDUCATIONAL SPECIALISTS
Post Office Box 11329
Columbia, SC 29211-1329
(803) 896-4658

CHANGE OF NAME AND ADDRESS FORM

To change your name and address, complete this form and return to the above address with a **copy of the legal document** effecting the name change.

Current Name _____
Last First Middle

Previous Name _____
Last First Middle

License Number/s _____

New Office Address

_____ Street Address

_____ City State Zip

_____ Phone Number Fax Number E-mail Address

New Home Address

_____ Street Address

_____ City State Zip

_____ Phone Number Fax Number E-mail Address

New Mailing Address

(the address where you prefer to receive all correspondence)

_____ Address

_____ City State Zip

_____ Effective Date of Change Signature