NAME CHANGE FORM

Rev. 07/2026

Complete and return form with marriage certificate to:

Kentucky Board of Respiratory Care
1714 Perryville Rd. Ste 200
Danville, KY 40422

859-246-2747 859-246-2750 (fax)

Original information

Name_____

Address_____

_____

Email_____

Employer/Address_____

_____

Certificate #_____ **Social Security #**_____

New information (Name Change)

Last Name_____ **FirstName**_____

New information (Address Change)

Address_____

_____

New information (Employer Change)

Employer/Address_____

_____

Signature_____

It is a violation of Administrative Regulation 201 KAR 29:020 Section 2 (15) Code of ethics; unprofessional conduct, if you do not notify the board in writing of any changes to your permanent address or place of employment within twenty (20) days.