



Pediatric Nursing Certification Board
800 South Frederick Avenue, Suite 204
Gaithersburg, MD 20877
1-888-641-2767 – FAX: 301-330-1504
www.pncb.org

Please complete information below and fax or mail to PNCB. Attestation statement must be signed and dated.

Name Change Attestation Statement

I hereby certify that I have completed the legal process in my state to change my name. I understand that falsification of name will result in suspension or revocation of my certification and loss of fees paid for certification.

Signature (required)

Date

SSN

Certification Type:

- CPNP
- CPN

Legal Process:

- Marriage
- Divorce
- Other _____

New Name (Print clearly—as you want it to appear on PNCB documents).

Former Name (Print clearly)

Address: _____

Home Phone: _____

Work Phone: _____

E-mail: _____