



Pediatric Nursing Certification Board
 9605 Medical Center Drive, Suite 250
 Rockville, MD 20850
 1-888-641-2767 – FAX: 301-330-1504
 www.pncb.org

Please complete the information below and fax or email with supporting documentation to PNCB at service@pncb.org. This statement must be completed, signed, and dated by the applicant or certificant only.

Exam Candidates: The first and last name on your exam application must match the ID used to gain admittance to the exam. If it does not, you must submit this form with the required supporting documentation no less than 5 business days prior to your exam appointment or you will forfeit all fees.

Name Change Attestation Statement

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

 Signature (required)

 Date

 Last four digits of SSN only

Information Currently on File with PNCB (Print Clearly)

Name: _____

Address: _____

Certification Type

- CPNP
- CPN
- PMHS
- EXAM CANDIDATE

New Full Legal Name

Name: _____

Address (if different than above) _____

Home/Cell Phone: _____ **Work Phone:** _____

E-mail: _____

Legal Process (Provide supporting documents)

- Marriage Certificate
- Divorce Decree
- Other Legal Court Documentation _____