



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

If you are currently certified by PNCB, complete the Name Change Form which can be found in the Navigation Section of your portal.

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 by email to [exam@pncb.org](mailto:exam@pncb.org) or by fax to 301-330-1504 or you will forfeit all fees. It is your responsibility to confirm that PNCB receives this documentation and changes your name.

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### Name Change Attestation Statement Exam Candidates Only

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

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#### **Information Currently on File with PNCB** (Print Clearly)

Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

#### **Exam Type**

- CPNP
- CPN
- PMHS

#### **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