

**TEXAS STATE BOARD OF PHARMACY**  
**1801 Congress Ave, Suite 13.100, Austin TX 78701**

**Pharmacist Name Change**

The Board's records and a pharmacist's renewal certificate must accurately reflect the legal name used in pharmacy practice by that pharmacist. Pharmacists who change the name under which they practice, through a legal name change, e.g., marriage or divorce, must notify the Board of the change within 10 days. Changing your name on your license (wall certificate) is optional. Following your name change with TSBP, if you wish to obtain a new license (wall certificate) reflecting your new name, you must **RETURN** your current license (wall certificate) with a fee of **\$35**.

Complete this fillable pdf form, sign it, and save a copy for your records. Email the form with a scanned copy (no photos) of your name change documentation (marriage certificate, divorce decree, or court ordered name change document - SSN card and drivers license are **NOT** accepted) to [pharmacist@pharmacy.texas.gov](mailto:pharmacist@pharmacy.texas.gov) OR mail to TSBP at the address above.

You will receive an email when your name has been changed. A renewal certificate (and preceptor certificate) should be printed from the TSBP website following the name change.

<b>License number:</b>	
<b>Expiration date:</b>	
<b>Current FIRST name:</b>	
<b>Current MIDDLE name:</b>	
<b>Current LAST name:</b>	
<b>New FIRST name:</b>	
<b>New MIDDLE name:</b>	<b>Check to include Yes or No middle name</b>
<b>New LAST name:</b>	
<p>MAIN address to be used by the board - Address where you receive mail. You must provide a mailing address and an address which may be provided to the public. You may enter the same address in both address types.</p>	
<b>Main street address:</b>	
<b>City, State, Zip code:</b>	
<p>PUBLIC address, Sec. 555.001, Texas Pharmacy Act - a licensee <u>must</u> provide the board with an address subject to disclosure. This address may be a post office box, business or alternate address.</p>	
<b>Public street address:</b>	
<b>City, State, Zip code:</b>	
<b>Email for board use:</b>	
<b>Contact phone number:</b>	
<b>Reason for change:</b>	

I affirm that the information provided on this form, and submitted in connection with this form, is true, correct, and complete. I will return my current license (wall certificate) with \$35 if I want to order a new license.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Allow two weeks for your name change request to be processed.**

**INCOMPLETE name change requests will NOT be processed and will expire in one year from receipt.**