

TEXAS STATE BOARD OF PHARMACY
333 Guadalupe Street, Suite 3-500, Austin TX 78701

Pharmacist-Intern Name Change

A pharmacist-intern must notify the board within 10 days of a change of name. Complete this fillable pdf form, sign it, and save a copy for your records. Email the form with a copy of your name change documentation (marriage certificate, divorce decree, or court ordered name change document - SSN card and drivers license are **NOT** accepted) to intern@pharmacy.texas.gov OR mail to TSBP at the address above.

You will receive an email when your name has been changed. A pharmacist-intern certificate for a student will be available for printing from the TSBP website within two business days following the name change. An extended pharmacist-intern will receive documentation by email reflecting the name change.

Intern number:	
Expiration date:	
Current FIRST name:	
Current MIDDLE name:	
Current LAST name:	
New FIRST name:	
New MIDDLE name:	Include with change?
New LAST name:	
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.	
Main street address:	
City, State, Zip code:	
PUBLIC address, Sec. 555.001, Texas Pharmacy Act - a licensee must provide the board with an address subject to disclosure. This address may be a post office box, business or alternate address.	
Public street address:	
City, State, Zip code:	
Email for board use:	
Contact phone number:	
Reason for change:	

I affirm that the information provided on this form, and submitted in connection with this form, is true, correct, and complete.

Signature: _____ Date: _____

INCOMPLETE name change requests will NOT be processed.