

State of Nevada
BOARD OF EXAMINERS FOR SOCIAL WORKERS
4600 Kietzke Lane Suite C121
Reno, NV 89502

CHANGE OF NAME FORM

Nevada License # _____ OR Social Security # _____

Old Name _____

New Name _____

YOU MUST ATTACH A COPY OF THE LEGAL DOCUMENT SHOWING THE CHANGE OF NAME, I.E. A MARRIAGE CERTIFICATE OR DIVORCE DECREE.

Address _____
(Street or PO Box)

(City) (State) (Zip)

Telephone _____
(Area Code) (Home Number)

Do you want a new wall certificate? Yes No

If yes, please enclose the fee of \$15.00.

Do you want a new wallet card? Yes No

If yes, please enclose a fee of \$5.00.

Please note: Any time a person engages in the practice of social work, the person shall carry evidence that is satisfactory to the Board that he holds a license issued by the Board (NAC 641B.075). A licensee shall display prominently at the primary place of employment or practice of the licensee, the license issued to him by the Board. At all other places of employment or practice of the licensee, a copy of the license issued to him that has been certified as a true copy by a notary public (NAC 641B.080).

Please complete and mail with the appropriate documents and fees to address listed above.