



**Application
for
Name Change
Alabama Physician Assistant/Anesthesiologist Assistant License**

License Number: _____

Name changed from: _____

Name changed to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Change Due to: _____
(Marriage, Divorce, Court Order, etc.)

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Signature: _____

Date: _____

A copy of the legal document verifying name change must be submitted with this application.

Please submit this application along with legal documentation to [Ms. Kimie Buley](#).