



## REQUEST FOR NAME CHANGE

Please email complete form to [medicalstaffservices@stcharleshealthcare.org](mailto:medicalstaffservices@stcharleshealthcare.org)

Practitioner Name: \_\_\_\_\_

Department & Specialty: \_\_\_\_\_

Current Cell Phone #: \_\_\_\_\_

Current Personal Email Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

Request Name be Change To: \_\_\_\_\_

### Required Documentation *Must submit for change to be made*

- Oregon Medical Board Documentation or License Showing Change (Required)
- Marriage License (Required if cause)
- Divorce Decree (Required if cause)
- Other

*The Oregon Medical Board requires that physicians keep their physician profile information, including their name, accurate. The failure to do so is a licensure violation. Because we require that physicians be in compliance with their licensure obligations, it would be inappropriate for us to make a name change prior to the physician making that change with the Oregon Medical Board.*

*Note: The Oregon Medical Board website indicates that name changes are updates within 5-7 business days.*

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date Signed

Incomplete Forms and Lack of supporting documentation can delay the request

May submit form and documentation in person to SMH Medical Staff Services, via email to [MedStaffServices@smh.com](mailto:MedStaffServices@smh.com), or via fax (941) 917-1555

Office Use Only:

\_\_\_\_\_  
Date Received In Medical Staff Services

<input type="checkbox"/> MSS Verification	<input type="checkbox"/> MSS Database	<input type="checkbox"/> AmPfm	<input type="checkbox"/> House Notice	<input type="checkbox"/> MSS Final/Scanned	<input type="checkbox"/> Badge
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Request for Name Change/#1