



Name Change Request Form

National Certification Commission for Acupuncture and Oriental Medicine

This form is to be used to submit a change or correction to your legal name. Please complete this form and submit it along with a photocopy of a government issued photo ID and legal documentation of your name change.

NCCAOM ID Number

Previous Name and Contact Information

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Email		
Home Phone	Cell Phone	

Current Name and Contact Information

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Email		
Home Phone	Cell Phone	

Submit This Form along with:

- Photocopy of a government issued photo ID
- Legal documentation of your name change

Submit to:

NCCAOM
2025 M Street NW, Suite 800
Washington DC, 20036

Office Use Only:

Date Received: _____

Control A: _____

Control B: _____