



North Carolina Board of **Recreational Therapy** Licensure

PO Box 2655
Durham, NC 27715
(336) 212-1133

Web Address: www.ncbrtl.org

Name Change Form

_____ Please enclose copy of marriage certificate, divorce decree or other government document indicating name change.

_____ Please change address if necessary on your online profile.

_____ **Total Due: \$10.00 for License Reprint only.**

Make checks payable to: *The North Carolina Board of Recreational Therapy Licensure or NCBRTL*

New Name _____

Former Name _____

Last

First

Middle/Maiden

North Carolina Board of Recreational Therapy Licensure Number _____

Check Appropriate Level ___ Licensed Recreational Therapist ___ Licensed Recreational Therapy Assistant

Current Home Address _____

City _____ State _____ Zip Code _____

-----For Office Use Only-----

Date Received _____ Date Reviewed _____ Amount Paid _____ Date Paid _____ Computer Entry

Certification Level _____ License # _____ Expiration Date _____ Date Mailed _____

Reviewed by _____