

**WV BOARD OF EXAMINERS OF PSYCHOLOGISTS  
Name Change Form**

**Mail To:**

WVBEP  
PO Box 3955  
Charleston, WV 25339

**Email:** [psychbd@wv.gov](mailto:psychbd@wv.gov)

**Fax:** (304) 558-0608

**Phone:** (304) 558-3040

**Please provide the Board with your change of name information and any new addresses.**

**Please attach one copy of legal documentation such as a marriage certificate, driver's license, divorce paper decree, etc.**

**You can email, fax, or mail to the address above. Mail or email driver's license info.**

**If you require a new license certificate, mail these materials with your check for \$25 to the address above.**

<b>Previous Name:</b>	<b>*Degree:</b>
<b>New Name:</b> (First M. Last)	
<b>License #:</b>	
<b>Email Address:</b>	

<b>Home Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home or Cell Phone:</b>		

<b>*Employer:</b>			
<b>*Employer's Address:</b>			
<b>*City:</b>	<b>*County:</b>	<b>* State:</b>	<b>*Zip:</b>
<b>*Work Telephone #:</b>			
<b>Work Fax #:</b>			