



Arizona Regulatory Board of Physician Assistants

1740 W. Adams St. Ste. 4000 • Phoenix, AZ 85007-2664
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704
Website: www.azpa.gov • E-Mail: licensingreport@azmd.gov

NAME CHANGE FORM

License #: _____

Full Legal Previous Name: _____

Full Legal NewName: _____

Reason for name change: (please attach a copy of the legal documents)

Mail, Email or fax this form to:

Arizona Regulatory Board of Physician Assistants
1740 W Adams St. Ste. 4000
Phoenix, AZ 85007
Fax: 480-551-2704
Email: Licensingreport@azmd.gov

(Signature)

(Date)