

NAME CHANGE FOR EMERGENCY MEDICAL SERVICES

This form is to be used for legal name changes. Please ensure a copy of all required documentation is included in your submission as outlined on the required item checklist below.

NEW INFORMATION: (Print legibly in black or blue ink)

MA CERTIFICATION NUMBER: (Starting with level: E, A, or P)

NAME:

FIRST

MIDDLE

LAST

MAILING ADDRESS:

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER:

EMAIL ADDRESS

FORMER INFORMATION: (Print legibly in black or blue ink)

FORMER NAME:

FIRST

MIDDLE

LAST

FORMER MAILING ADDRESS:

STREET

CITY

STATE

ZIP CODE

Checklist for Name Change:

- Complete and accurate Name Change or Duplicate Wallet Card Form
- Court documentation (i.e. such as marriage certificate, legal name change form, Driver's License, etc.)

PLEASE RETURN THIS DOCUMENT TO MASSACHUSETTS OEMS BY EITHER MAIL, FAX OR EMAIL

FAX: 617-753-7320

ATTN: EMS CERTIFICATION

MAIL: Department Of Public Health
Office of Emergency Medical Services
67 Forest Street, Suite 100
Marlborough MA 01752