**NAME CHANGE FOR EMERGENCY MEDICAL SERVICES**

**PERSONNEL CERTIFICATION**

200-45

11/2021

**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 |