



Name Change Request Form

- Form will only be processed if information below is legible and received with the appropriate supporting documentation.
- All foreign documentation must be translated and notarized.
- To view the identification requirements for admittance to the Pearson VUE testing center, please visit the following link ARDMS.org/CheckID.
- Address and contact information can be changed by accessing your MY ARDMS account; you may also verify completion of the name change at MY ARDMS.

ARDMS must receive the following within 48 business hours of completing the name change request form:

- Photocopy of a non-expired government issued photo identification with signature reflecting the new name (updates to just a middle name can be completed through your MY ARDMS account under the Profile page) **AND**
- Photocopy of marriage certificate, divorce decree, birth certificate, or name change decree

Scheduled test date (if applicable)_____ (Must receive change of name request no later than 96 hours prior to a scheduled examination.)

My former name: _____

My new name: _____

I, _____, am hereby requesting that my name of record with the ARDMS be changed to display my full current name as noted on the documentation provided. Further, I have read and understood the guidelines above regarding the name change process and the identification requirement necessary to gain admittance to the testing center upon eligibility.

Please sign and date below to authorize ARDMS to process the change.

Printed Name: _____

Date: _____

Certification Number: _____

Signature: _____

Name Change Request Form and legal documentation may be scanned and emailed to:

namechanges@ardms.org

or mailed to: ARDMS, Attn: Name Change, 1401 Rockville Pike, Suite 600 Rockville, MD 20852-1402