**L**ouisiana **S**tate **B**oard of **M**edical **E**xaminers

***Statement of Legal Name (Allied Health)***

1. My name appears as follows on the following documents:

1. Birth Certificate:
2. State License(s): (Identify State)
3. Professional Diploma/ Training:
4. National Certification Certificate(s): (Identify Certification)
5. Certificate of Naturalization, Declaration of Intention, Valid Visa: (Specify)

2. I am also known as: (list all names under which you are known)

My legal name and the name under which I will be known by the Louisiana State Board of Medical Examiners is: (if different from that which appears in No. 1a-1e above, a certified copy of your Marriage Certificate, Divorce Decree or Court Order must accompany this statement)

First:       Middle:       Last:       Suffix:

I understand that the Louisiana State Board of Medical Examiners maintains all records in alphabetical order and that I will be listed alphabetically under my surname (last name) as stated in Item 1a of this Application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Subscribed and sworn on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, in the year \_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires

*SEAL*