

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

## Change of Name for Applicants/Current Licensees

Name changes require legal documentation showing the name change. To change your name, please submit supporting documents, which must be one of the following: (Any one of these will be accepted unless the department has a question about the authenticity of the document)

1. A copy of a state issued marriage license that includes the original signature and seal from the clerk of the court.
2. A divorce decree restoring your maiden name.
3. A court order showing the name change (adoption, legal name change, federal identity change).
4. A copy of a certificate of naturalization or H1B Employment Visa (note: foreign applicants and/or licensees may not have state issued documents).

* Profession and license number:	
*Name (as printed on license)	
* Date of Birth	
*Last Four Digits of Social Security Number	
*NEW Name	
*Signature	Date:

**\*Required field. For your protection, we ask for specific information to verify your identity. Incomplete requests will not be processed.**

### For Applicants:

Department of Health Medical Quality Assurance  
Board of Respiratory Care  
4052 Bald Cypress Way  
Bin C-05  
Tallahassee, Florida 32305  
Telephone: (850) 245-4376

### For Current Licensees:

Department of Health Medical Quality Assurance  
Licensure Services Support Unit  
P.O. Box 6320  
Tallahassee, Florida 32314  
Telephone: (850) 488-0595