



4835 Riveredge Cv, Snellville, GA 30039

NAME Change Form

This completed form must accompany all name change requests. ALL FIELDS REQUIRED. Scan and submit to help@bcctpc.org.

Certification Number(s):

FORMER NAME:

Last Name

First

Middle Name

Date of Birth (MM/DD/YYYY):

Email Address

NEW INFORMATION:

Last Name

First

Middle Name

Address

City

State

Zip Code

Email Address

Primary Telephone Number

Type

Home

Office

Cell

SIGNATURE

DATE

To ensure the integrity of the credential, name changes must be submitted directly to the IBSC accompanied by the completed Name Change Form. Documentation must include a copy of your paramedic license/certificate from either the NREMT or a State or Country showing the name change. The completed form and required documentation can be scanned and submitted to help@bcctpc.org.

Upon receipt, the candidate/certificant will be notified that the change request has been received. A confirmation of the change will be returned to the candidate/certificant within 10 business days of receipt.