



NAME CHANGE REQUEST FORM

In order to ensure an accurate representation of those individuals currently certified with the Academy of Clinical Research Professional (the Academy), we require that the following documentation be supplied to complete an individual's name change in our records:

- Copy of an official court document ordering the name change
Examples – marriage certificate, divorce decree, court order for a name change
This document does not need to be notarized.
AND
- Copy of a government-issued ID showing either the old name or new name
Examples – driver's license, passport

Upon receiving this documentation, the name will be updated in the database. An updated certificate will ONLY be sent upon request.

- I would like a new electronic copy of my certificate emailed to me
- Please only change my name in the ACRP records. I do not need a new certificate.

By submitting this Name Change Request Form and documentation, I acknowledge and affirm that the information I have provided herein is true and correct to the best of my knowledge.

Former Name (printed): _____

New Name (printed): _____

Certificant Signature: _____

Date: _____

Email to: certification@acrpnet.org Fax to: 1.703.254.8102