

NAME CHANGE FORM

MEDICAL APPLICANT

If your name has changed at any point since you first registered with the American Medical Association, taken any exams or attended a college/university, please note below in order for us to correctly file your supplemental documents with your application.

PREVIOUS NAME(S):

1. _____, _____, _____
Last Name First Name Middle Initial
2. _____, _____, _____
Last Name First Name Middle Initial
3. _____, _____, _____
Last Name First Name Middle Initial
4. _____, _____, _____
Last Name First Name Middle Initial
5. _____, _____, _____
Last Name First Name Middle Initial



HPLA ONLY

Applicant Name:

_____, _____, _____
Last Name First Name Middle Initial

Batch #: _____

Application Date: _____

Social Security Number: _____ - _____ - _____