

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

**REGISTRATION APPLICATION:
Change of Name or Contact Info
Form LA-40**

INSTRUCTIONS

All forms must be typed, be complete, and include all supporting documentation (name change only) before they will be processed.

This form is for Pharmacists, Interns, and Technicians to report a legal name change or update contact information as required by the Board of Pharmacy. A change in employment should be submitted using Form LA-50 Change in Employment.

All name changes must be accompanied by a copy of the legal document authorizing or granting the change: marriage certificate, divorce decree, court order, or other legal document.

CURRENT LICENSE or REGISTRATION INFORMATION

First Name	Middle Name	Last Name
Kansas License/Registration Number		Type: <input type="checkbox"/> Pharmacist <input type="checkbox"/> Intern <input type="checkbox"/> Technician

LEGAL NAME CHANGE (If you are not using this form to change your name, leave this section blank.)

First Name	Middle Name	Last Name
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NEW CONTACT INFORMATION (If you are not using this form to change your contact info, leave this section blank.)

Address			
City	State	Zip	County
Home Phone	Cell Phone		Email

APPLICANT CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE_____
DATE SIGNED