



**STATE BOARD OF PHARMACY**

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Topeka, Kansas 66612-1244  
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**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