

# Name Change Form



**CAPR**  
Canadian Alliance  
of Physiotherapy  
Regulators

**ACORP**  
Alliance canadienne des  
organismes de réglementation  
de la physiothérapie

I am: \_\_\_\_\_ In Credentialling  
\_\_\_\_\_ Registered for an exam

Name on file: \_\_\_\_\_  
Surname / Family Name Given Name(s)

Client ID: \_\_\_\_\_

## NAME CHANGE

New Name: \_\_\_\_\_  
Surname / Family Name Given Name(s)

NOTE: You must enclose a copy of a legal document that has both your former name and your new name on it (for example, a marriage license). For those in Credentialling, a Supporting Identification Document showing your new name is required.

I authorize the Canadian Alliance of Physiotherapy Regulators (CAPR) to change my personal information as noted above.

Signature: \_\_\_\_\_

Date (dd/mm/yy): \_\_\_\_\_

You can submit this form and supporting documentation to email@alliancept.org.

### For Office Use Only

Date received: \_\_\_\_\_

Date entered: \_\_\_\_\_

Entered by: \_\_\_\_\_