NSRMLS
Nova Scotia Regulator of
Medical Laboratory Sciences

Notification Form for Name Change

This form is a requirement for all medical laboratory professionals who have changed their name. Please submit the request to info@nscmlt.org with proof of your new name, such as a marriage certificate or a valid government-issued photo ID (passport or Driver's license) that contains your new legal name.

CURRENT NAME WITH NSRMLS:

FIRST NAME: _____

LAST NAME: _____

NSRMLS REGISTRATION #: _____

I REQUEST THAT MY NAME BE CHANGED ON RECORD AS FOLLOWS:

FIRST NAME: _____

LAST NAME: _____

DATE OF NAME CHANGE (YYYY/MM/DD): _____

HOME ADDRESS: _____

PHONE NUMBER: _____

☐ By checking this box, I confirm that the above information is valid and I provided proof of name change by uploading the required document under supporting documents in my NSRMLS database profile.

Email the completed form to NSRMLS - info@nscmlt.org