



DOULA MODIFICATION APPLICATION ADDRESS/NAME CHANGE

BUREAU OF LICENSING FOR PROFESSIONS & OCCUPATIONS
150 N. 18TH AVENUE, SUITE 410
PHOENIX, AZ 85007

APPLICANT INFORMATION		
First Name on Certificate	Middle Name on Certificate	Last Name on Certificate
Certificate Number(s)		
Email Address on File with the Department	Phone Number (XXX) XXX-XXXX on File with the Department	
Street Address on File with the Department Apt, Unit, etc. #		
City on File with the Department	State on File	Zip Code on File
NEW ADDRESS (if applicable)		
Street Address Apt, Unit, etc. #		
City	State	Zip Code
New Email Address	New Phone Number (XXX) XXX-XXXX	
NEW LEGAL NAME (if applicable)		
NOTE: Applicant must include copy of legal document linking name on current certificate to new legal name. (ex: marriage certificate, divorce decree, court order, etc.)		
Legal First Name	Legal Middle Name	Legal Last Name
FEE INFORMATION		
There is no fee to amend your certificate; however, if you would like a new certificate that reflects your new name, please submit the attached Replacement/Duplicate Certificate Request form and enclose the required payment.		
APPLICANT ATTESTATION		
I, _____, attest that all information submitted as part of <div style="text-align: center; margin-left: 100px;">Printed First and Last Name</div> this application is true and accurate.		
_____ Signature of Applicant	_____ Date Signed	



DOULA REPLACEMENT/DUPLICATE CERTIFICATE REQUEST

BUREAU OF LICENSING FOR PROFESSIONS & OCCUPATIONS
150 N. 18TH AVENUE, SUITE 410
PHOENIX, AZ 85007

APPLICANT INFORMATION			
Legal First Name	Legal Middle Name	Legal Last Name	License Number
Email Address		Phone Number (XXX) XXX-XXXX	
Street Address Apt, Unit, etc. #			
City		State	Zip Code
REQUEST INFORMATION			
How many certificates are you requesting? _____			
Have you recently submitted a Name Change Application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PAYMENT INFORMATION			
The fee for a replacement/duplicate certificate is \$25 per certificate. Please include a check or money order made payable to the Arizona Department of Health Services.			
APPLICANT SIGNATURE			
_____		_____	
Signature of Applicant		Date Signed	