



South Carolina Department of Labor, Licensing and Regulation

South Carolina Panel for Dietetics

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llr.sc.gov/diet

NAME CHANGE REQUEST FORM

Please provide the Panel Office with a copy of the legal documentation of name change (i.e. marriage license, court order, or divorce decree) with this form. *No fee required.*

License No.: _____ **Name on License:** _____

Name be changed to: _____

Contact Update: *(if no change, please leave blank)*

Mailing Address: _____
Street City State Zip Code

Home Phone: _____ Phone: _____

Email Address: _____

Signature: _____ **Date:** _____

Certificate Reprint

If you wish to receive a new pocket card and/or wall certificate, complete the section below and mail in form with a check or money order in the appropriate amount. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

	Quantity	Cost per document	Total
Pocket Card		\$10.00	
Wall Certificate		\$15.00	
<i>Total Amount Enclosed</i>			

*You can print a copy of the pocket card only at no charge by clicking on “Print copy of your license” at <http://www.llr.sc.gov/POL/Dietetics/>.