

# Name Change Form - DME



*Please complete and return this form to:*

North Carolina Board of Pharmacy  
6015 Farrington Road, Suite 201  
Chapel Hill, North Carolina 27517  
Phone: (919) 246-1050  
or Fax to: (919) 246-1056  
or email to Wendy Watson, [wwatson@ncbop.org](mailto:wwatson@ncbop.org)

*Please complete this form 7 - 10 business days prior to the DME name change. The change will be processed on the effective date.*

North Carolina DME Permit #:

Current name:

New name:

Effective Date:

Has any change in ownership taken place? (YES/NO):

Reason for name change:

Form completed by:

Email:

Phone #: