



**NORTH CAROLINA BOARD**  
*of* **LICENSED CLINICAL**  
**MENTAL HEALTH**  
**COUNSELORS**

PHONE: 844-622-3572

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WEB: [ncblcmhc.org](http://ncblcmhc.org)

EMAIL: [LCMHCinfo@ncblcmhc.org](mailto:LCMHCinfo@ncblcmhc.org)

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**Instructions for Name Change Request Form**  
**PROFESSIONAL CORPORATION**

1. Provide the current name of your Professional Corporation:

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2. Provide the new Professional Corporation name:

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3. Professional Corporation number, if applicable: \_\_\_\_\_

Please send this form to NCBLCMHC:

Via Email to:

[LCMHCinfo@ncblcmhc.org](mailto:LCMHCinfo@ncblcmhc.org)

or Via U.S. mail to: PO Box 77819

Greensboro, NC 27417

Upon receipt and approval by the Board of this document, an official document will be issued to the applicant. You must forward the document to the Secretary of State Corporation Division. Once approval is received from the Secretary of State Office, send a copy to the North Carolina Board of Licensed Clinical Mental Health Counselors so that a new Certificate of Registration can be issued for the entity. The Certificate of Registration is your license to do business as a Professional Corporation.