



Certified Healthcare Internal Audit Professional™

Name Change Form

Part I. Current Legal Name

Name:

Address:

Telephone:

Email Address:

I am applying for Certification and the name on my education documents (Diploma, Transcript, etc.) is no longer my legal name. Upload a signed copy of this form and proof of legal name change (Court document, Marriage License, etc.) for each previously used name notated on the form along with your education documents in the online AHIA Certification Management System while submitting your application.

I am a Certified Healthcare Internal Audit Professional™ (CHIAP™) and have changed my legal name since my certification date. Email a signed copy of this form along with a copy of your current government-issued photo ID to certification@ahia.org.

Part II. Previously Used Names

Previous Name:

Date of Legal Name Change:

Reason for Change:

Previous Name:

Date of Legal Name Change:

Reason for Change:

Previous Name:

Date of Legal Name Change:

Reason for Change:

Additional Comments:

Print this form to sign and date.

Signature

Date