

Maryland Board of Chiropractic Examiners

4201 Patterson Ave., Suite 301

Baltimore, MD 21215

www.dhmh.maryland.gov/chiropractic

NOTIFICATION OF CHANGE OF ADDRESS/NAME

Please type or print all information.

This form is to be used to provide the Board with updated name and/or address information.

*Pursuant to Maryland law, written notification of name and/or address changes must be made to the Board within **60 days** of the applicable change.*

Licensee's Name: _____ License No.: _____

Address: _____

Street

City

State

Zip

Phone: _____ Email: _____

SSN: _____ Date of Birth: _____

Are you reporting: Address Change Name Change Both

Address Change: Address Currently on Record New Address

Street

Street

City State Zip

City State Zip

Name Change: Please include the following with this form:

1. Original license (required); **and**
2. Copy of the court order/document authorizing name change and a copy of a photo ID with new name **OR two (2)** of the following:
 - Copy of valid U.S. Military Photo ID
 - Copy of new driver's license
 - Copy of new SS card
 - Copy of Certificate of Citizenship/Naturalization/Passport

I attest that the above statements are true to the best of my knowledge. I understand that any false or misleading information in this notification may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature

Date