

Maryland Department of Health  
Board of Examiners for Audiologists, Hearing Aid Dispensers  
and Speech-Language Pathologists  
4201 Patterson Avenue, Baltimore, Maryland 21215-2299  
Phone 410-764-4725 Fax 410-358-0273  
Maryland Relay Service 1-800-735-2258

## Notification of Change of Mailing Address

It is the responsibility of the licensee to report any change of mailing address to the Board within 30 days of the change. Do not use this form to report a name change – please use the Name Change Form.

I, \_\_\_\_\_, submit that my official  
mailing address has been changed to:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

The address change was/is effective on: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
AUD/HAD/SLP license #

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

**This form may be sent to the Board in one of two methods:**

- 1) via online application
- 2) via mail: 4201 Patterson Ave  
Baltimore, MD 21215  
3rd Floor, Board of AHS