

**Maryland Department of Health
Board of Examiners for Audiologists, Hearing Aid Dispensers,
Speech-Language Pathologists and Music Therapist**

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HEARING AID DISPENSER – PLACE OF BUSINESS

Return a legibly completed form to the Board via mail, fax, or e-mail (.pdf format only).

Use additional forms if necessary.

Any questions regarding this regulation or form may be directed to the
Board's Executive Director at 410-764-4725.

Name: _____ License Number: _____

1. Place of business: _____

Street Address: _____

City/State/Zip: _____

Date Effective: _____

2. Place of Business: _____

Street Address: _____

City/State/Zip: _____

Date Effective: _____

3. Place of Business: _____

Street Address: _____

City/State/Zip: _____

Date Effective: _____

Your Signature

Date