

**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

**Name Change Form**

It is the responsibility of the licensee to report any change of name to the Board within 30 days after the change.

I, \_\_\_\_\_, submit that my official  
(name as it appears on license)

name has been changed to:

\_\_\_\_\_  
(name as it should appear in licensure database and/or on new license)

The name change was effective on: \_\_\_\_\_

Official proof of the name change must be provided to the Board:

\_\_\_\_\_ Marriage Certificate

\_\_\_\_\_ Divorce Decree

\_\_\_\_\_ Court Order Issued for Name Change

A fee of \$5.00 is required for issuance of a replacement license with a new name and the licensee must submit the fee in the form of a check or money order payable to the Board of AUD/HAD/SLP along with this form and supporting documentation.

A licensee requesting a name change without a corrected duplicate license may fax this form with supporting documentation to 410-358-0273.

A change in mailing address should be noted on a separate document or use the Board's Change of Address Form sent with the Name Change Form.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone