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. 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.

_________________________________________  AUD/HAD/SLP license #  ____________

Signature       Date

_________________________________________

E-mail Address                  Phone