State of 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 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