



**DEPARTMENT OF HEALTH**

*Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary*

**State Board of Long-Term Care Administrators  
4201 Patterson Avenue, 3rd Floor  
Baltimore, MD 21215-2299**

**NOTICE OF CHANGE OF HOME ADDRESS**

**DATE:** \_\_\_\_\_

**LICENSEE NAME:** \_\_\_\_\_

**LICENSE NO.:** \_\_\_\_\_

**This is to advise the Board Office that effective as of \_\_\_\_\_, my home address will be changed as follows:**

**OLD ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**MOBILE PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_