

MARYLAND STATE BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS
4201 PATTERSON AVENUE • BALTIMORE, MARYLAND 21215
Phone: (410) 764-4732 • Fax: (410) 358-1610 • mdh.bopet@maryland.gov

CHANGE OF INFORMATION REQUEST

All licensed professional counselors and therapists may use this form to notify the Board of name, address, and/or contact information changes. Name changes must include documentation such as a copy of marriage certificate/ divorce decree, official court documents, etc. The Board requires that these changes be reported to ensure that its records are accurate.

Licensee Full Name: _____

License Number: _____

PLEASE CHECK THE APPROPRIATE BOX

What information has changed?

- Name Home Address Work Address E-mail Address
 Home Phone Number Work Phone Number

NAME CHANGE

Previous Name: _____

New Name: _____

If you are requesting a change of name, please submit a copy of a legal name change document, marriage certificate, or divorce decree.

ADDRESS CHANGE

Old Mailing Address

New Mailing Address

Is this your work or home address?

Is this your work or home address?

Street: _____

Street: _____

City: _____

City: _____

State: _____

Zip: _____

State: _____

Zip: _____

PHONE NUMBER CHANGE

Home Number

Work Number

Old: () _____

Old: () _____

New: () _____

New: () _____

E-MAIL ADDRESS CHANGE

New E-Mail Address: _____

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Further, I authorize the Board to update their records to reflect this information.

Signature: _____

Date: _____

For Office Use Only:

Date Received: _____

Date Processed: _____