

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

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 in order 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?

Street: _____

Is this your work or home address?

Street: _____

City: _____

City: _____

State: _____

Zip: _____

State: _____

Zip: _____

PHONE NUMBER CHANGE

Home Number

Old: () _____

New: () _____

Work Number

Old: () _____

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: _____