

**Maryland Board of Professional Counselors and Therapists**  
**4201 Patterson Avenue**  
**Baltimore, Maryland 21215**  
**410-764-4732**  
**Fax: 410-358-1610**

**NAME CHANGE**

I \_\_\_\_\_ do hereby state, that my license in Maryland, issued to me is no longer correct due to legal changing of my name by court procedure.  
Enclosed, you will find my license, with its disposition to be handled by the Board of Professional Counselors and Therapists.

Signature \_\_\_\_\_

License Number:			
Address:			
Street	City	State	Zip Code

**Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.

Notary Public Signature \_\_\_\_\_

Notary Stamp

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.