



Board of Physical Therapy Examiners

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

CHANGE OF ADDRESS & NAME FORM

- **Name change requests cannot be processed without a legal document showing the updated name i.e. marriage certificate, divorce decree, etc.**
- Requests cannot be processed without completion of all relevant fields
- If emailing, send to mdh.bphte@maryland.gov

Date of Request: _____ Maryland License #: _____

FIRST & LAST NAME AS IT APPEARS ON YOUR LICENSE:

ADDRESS AS IT APPEARS ON YOUR LICENSE:

UPDATED ADDRESS:

UPDATED FIRST & LAST NAME:

Duplicate license Needed: Include payment of \$75.00 (credit card or debit card receipt)

Current Email: _____

Primary Telephone #: _____

Signature: _____ Date: _____

**Penalty for failure to maintain a correct address
with the Board will result in a \$100.00 fee
(COMAR 10.38.07.02(10))**

4201 Patterson Avenue – Baltimore, Maryland 21215-2299
410-764-4718 • Fax 410-358-1183 • TTY 800-542-4964
Maryland Relay Service 1-800-735-2258 • Web Site: www.health.maryland.gov/bphte
Email mdh.bphte@maryland.gov

OFFICE USE ONLY

Date Stamp / Staff Initial:

--