



**MARYLAND**  
Department of Health

**MARYLAND BOARD OF PHYSICAL THERAPY EXAMINERS**

**4201 PATTERSON AVE.  
BALTIMORE, MARYLAND 21215-2299  
Office: 410-764-4752 Fax: 410-358-1183  
[www.dhmh/maryland.gov/bphte](http://www.dhmh/maryland.gov/bphte)**

## Change of Address Form

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***Licensing Information:***

First Name	
Last Name	
License No.	
Type of License	

***Old Contact Information (Please use only Applicable/Old Information):***

Old Address	
Old City	
Old State	
Old Zip	
Old Telephone	

***New Contact Information:***

New Address	
New City	
New State	
New zip	
New Telephone	
New Email Address	