



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

410-764-4738

Website: www.health.maryland.gov/chiropractic; Email: mdh.chiropractic@maryland.gov

OFFICIAL NOTIFICATION OF ADDRESS CHANGE

*Please type or print all information. Pursuant to COMAR 10.43.01.05F, written notification of name and/or address changes must be made to the Board within **60 days** of the applicable change. A \$200.00 penalty is assessed for failure to comply. Make check payable to the MD State Board of Chiropractic Examiners.*

Submit proof of address change with this form. Example: copy of State Driver's License or State Identification Card.

Licensing Status with the Board (Check one):

☐ Licensee

☐ Registrant

☐ Applicant

**CURRENT ADDRESS ON FILE
WITH THE BOARD**

Name: _____ License/Registration Number: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

SSN: _____ Date of Birth: _____

Indicate type of address (check one):

☐ Home

☐ Business

☐ Other

NEW ADDRESS

Residence: _____
Street City State Zip

Business Name and Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax: _____

I attest that the above statements are true to the best of my knowledge and beliefs. I understand that any false or misleading information in this notification may be cause for denial or loss of licensure/registration and may result in administrative prosecution.

Signature _____

Date _____

BOARD USE ONLY

Check Date: _____ Check #: _____ Check Amount: \$ _____ Initials: _____