



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

410-764-4726

www.health.maryland.gov/chiropractic

NOTIFICATION OF ADDRESS CHANGE

Please type or print all information. Pursuant to Maryland law, 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:

Street City State Zip

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: