

**Maryland Board of Chiropractic Examiners**

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[www.dhmh.maryland.gov/chiropractic](http://www.dhmh.maryland.gov/chiropractic)

**NOTIFICATION OF CHANGE OF ADDRESS/NAME**

*Please type or print all information.*

*This form is to be used to provide the Board with updated name and/or address 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.*

Licensee's Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Are you reporting:**    **Address Change**                       **Name Change**         **Both**

**Address Change:**     **Work**             **Home**             **Both**

Address Currently on Record                      Home Address                      Work Address

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Office Name*

\_\_\_\_\_  
*City                      State      Zip*

\_\_\_\_\_  
*City                      State      Zip*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City      State      Zip*

**Name Change:** Please include the following with this form:

1. Original license (required); **and**
2. Copy of the court order/document authorizing name change and a copy of a photo ID with new name **OR two (2)** of the following:
  - Copy of valid U.S. Military Photo ID
  - Copy of new driver's license
  - Copy of new SS card
  - Copy of Certificate of Citizenship/Naturalization/Passport

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*