MARYLAND STATE BOARD OF DENTAL EXAMINERS SPRING GROVE HOSPITAL CENTER ● BENJAMIN RUSH BUILDING 55 WADE AVENUE/TULIP DRIVE ● CATONSVILLE, MARYLAND 21228

Phone: (410) 402-8501 • Fax: (410) 402-8505 • www.dhmh.maryland.gov/dental/SitePages/Home.aspx

CHANGE OF INFORMATION REQUEST

The law requires that dentists, dental hygienists, and dental radiation technologists shall notify the Board in writing within 60 days of any change of home and/or office address. This is very important since the Board is required only to attempt to contact you at the address you have on file.

The Board is authorized to proceed with its duties, including discipline, after it has attempted to contact you at the address on file, with or without your participation. Failure to notify the Board of an address change may result in your failure to receive a renewal application, which may in turn lead to disciplinary action for practicing on an expired license or certification.

The Board must by law have a valid address for you. The address that you provide is the "address of record" that is available for public information requests. The Board does not send licenses, certifications, or registrations to post office boxes. Please provide a full mailing address and a phone number at which you can be reached during the day.

Untimely notification to the Board of an address change will result in a late fee of \$10.

Name of Record:		License Number:	
amend, and correct this information and State law. The Board may sell	ne purposes of the Board's functions u	of this information or make it availal and addresses to professional associa	
	<u>PLEASE DARKEN</u>	THE APPROPRIATE BOX	
What information has changed? □ Name □ Home Phone Number	□ Home Address □ Work Phone Number	□ Work Address	□ E-mail Address
	NAM	IE CHANGE	
Previous Name:		New Name:	
If you are requesting a change of	f name, please submit a copy of a leg	al name change document, marriag	re certificate, or divorce decree.
	ADDR	ESS CHANGE	
Old Mailing Address		New Mailing Address	
Is this your □ work or □ home address? Street:		Is this your □ work or □ home address? Street:	
City:		City:	
State:	Zip:	State:	Zip:
	PHONE N	UMBER CHANGE	
Old: ()	<u>er</u>	Old: ()	
New: ()		New: ()	
	E-MAIL A	DDRESS CHANGE	
New E-Mail Address:			
I affirm that the contents of this do records to reflect this information.		est of my knowledge and belief. Furt	hur, I authorize the Board to update their
Signature:		Date:	
Date Received:	For Of	fice Use Only: Date Processed:	