



Department of Health

Maryland State Board of Massage Therapy Examiners

4201 Patterson Avenue, Suite 301

Baltimore, Maryland 21215

Office Main Telephone: 410-764-4738 • Office Fax: 410-358-1879

OFFICIAL NOTIFICATION OF NAME CHANGE

Please type into this fillable PDF or print all information. Attach Fee \$40 AND original Board license. Mail directly to this Board. This form is to be used to provide the Board with updated name changed information. Pursuant to Maryland law, written notification of name or address changes must be made to the Board within **60 days** of the actual change (*The Board may request additional documentation of the change as applicable*).

CURRENT INFORMATION ON FILE WITH BOARD	BOARD FILE - NAME (FIRST, MIDDLE, LAST)	HOME PHONE:
	BUSINESS NAME (IF APPLICABLE)	CELL PHONE:
	BOARD FILE - STREET ADDRESS (If applicable, include Unit #, Apt.#, or Floor)	WORK PHONE:
	CITY STATE ZIP	FAX NUMBER:
	WHAT IS YOUR STATUS WITH THIS BOARD? (Check One) <input type="checkbox"/> LMT <input type="checkbox"/> RMP or <input type="checkbox"/> Applicant	
	WHAT DATE DID YOUR NAME LEGALLY CHANGE? (Board Requires Official Documentation) ____/____/____	
	WHY HAS YOUR NAME CHANGED? Check appropriate box. <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> LEGAL <input type="checkbox"/> OTHER	

FOR PROCESSING NAME CHANGE: PLEASE INCLUDE THE FOLLOWING WITH THIS FORM:

1. Original License/Registration (required) **AND \$40 Fee**
2. Copy of the court order/legal document authorizing name change and a copy of a valid photo ID (not expired) with the new name **OR two (2)** of the following reflecting the new name:
 - Copy of the new driver's license or State Photo ID
 - Copy of the new social security card
 - Copy of a valid U.S Military Photo ID
 - Copy of Certificate of Citizenship/Naturalization/Passport

Note regarding Marriage Certificates – Copy of the marriage certificate which was filed with your jurisdiction (a marriage license is not acceptable).

NEW LEGAL NAME	NEW LEGAL FULL NAME YOU ARE REPORTING:	HAD YOUR ADDRESS CHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO
	GO TO www.health.maryland.gov/massage to access Board Forms IF YOUR ADDRESS HAS CHANGED IN ADDITION TO YOUR NAME; THEN YOU MUST ATTACH THE COMPLETED ADDRESS CHANGED FORM –	DID YOU COMPLETE THE ADDRESS CHANGED FORM? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>FAILURE TO COMPLETE AND SUBMIT ALL CHANGES AT ONE TIME CAN RESULT IN SIGNIFICANT DELAY IN OBTAINING YOUR CORRECTED LICENSE OR REGISTRATION.</i>	
	<i>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/registration and may result in criminal prosecution.</i>	
	Signature:	Date:

BOARD OFFICE USE ONLY: DATE RECD:

CHECK NO:

CHECK DATE:

CHECK AMT:

INT: