



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

CHANGE OF ADDRESS FORM

If you are a registered nurse or licensed practical nurse and have moved to or from Maryland, you also must complete a Declaration of Primary State of Residence form. To have your address updated, this form must be completed in full. Submit this form via mail or email to mbon.infochange@maryland.gov. Processing time is 1-5 business days.

Part I: Licensee/ Certificate- Holder Information

Full Name: _____ License/ Certificate No: _____

E-mail address: _____ Phone Number: _____

Part II: Old Address(es)

Business Address:
(For business owners ONLY)

Street Address _____

City _____ County _____ State _____ Zip Code _____

Home Address:

Street Address _____

City _____ County _____ State _____ Zip Code _____

Part III: New Address(es)

Business Address: This is your address of public record and will be made available to the public in response to a Maryland Public Information Act request for your licensure or certification records.

Street Address _____

City _____ County _____ State _____ Zip Code _____

Home Address: This address will be used for Board mailing only.

Street Address _____

City _____ County _____ State _____ Zip Code _____

Signature

Date

4140 Patterson Avenue - Baltimore, Maryland 21215-2254
Toll Free: 1 (888) 202 – 9861 • Phone: (410) 585 – 1900 • TTY/TDD: 1 (800) 735 – 2258
www.health.maryland.gov/mbon

Interpreter Services are available upon request.