



State of Maryland
Board of Examiners in Optometry
4201 Patterson Ave
Baltimore, MD 21215-2299

CHANGE OF NAME / ADDRESS FORM

Change of Address Form

Name _____ License Number _____
Current/Old Address _____ City _____ State _____ Zip _____
Telephone Number (H) _____ (C) _____
New Address _____ City _____ State _____ Zip _____
Telephone Number (H) _____ (C) _____
Email address _____

Name Change Form

Name _____ License Number _____
First Middle Last
Changed to:
Name _____
First Middle Last
Email address _____

****In order to complete the name change properly, please submit a copy of your Marriage Certificate or Divorce Decree.***

Please complete the form(s) that best suits the modification that you wish the Board to make and submit all of the required documentation via e-mail to: mdh.optometry@maryland.gov and we will make the change for you as soon as possible.