

Maryland Board of Pharmacy

4201 Patterson Avenue
 Baltimore MD 21215-2299
 Phone: 410-764-4755
 Fax: 410-358-6207
 www.dhmf.maryland.gov/pharmacy



CHANGE OF INFORMATION FORM

Pharmacists, Pharmacy Technicians, and Pharmacy Interns should use this form to notify the Board of Pharmacy of any name, address, employment, telephone, and all pertinent informational changes. Name changes must include documentation such as, but not limited to, a copy of a marriage certificate, official court documents, etc.

Requests for a duplicate license before your renewal must be submitted with the correct fee payment:

- Technicians and Interns: \$10
- Pharmacists: \$30

Your check or money order must be made payable to The Maryland Board of Pharmacy.

Please check here if you are requesting a duplicate license:

The Board requires this change of information to be reported in order to ensure that the licensee will continue to receive Board information. Failure to provide the Board with certain up-to-date and accurate information may constitute grounds for action under HO 12-313(b), (1), (6), (7) and/or (24), Annotated Code of Maryland.

PLEASE COMPLETE THE ENTIRE FORM

Effective Date of Change:	
Licensee Name:	
License/Registration Number:	
Previous Name:	
Previous Address:	
Previous City, State, Zip:	
New Address:	
New City, State, Zip:	
Telephone #:	
Email Address:	

Employer Name:	
Employer Permit Number:	
Employer Address:	
Employer City, State, Zip:	
Employer County:	
Employer Telephone #:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other	

Mail, Fax or Email this form to: MARYLAND BOARD OF PHARMACY
P.O. BOX 2051, BALTIMORE, MD 21203-2051
Telephone: (410) 764-4755 Fax: (410) 358-6207
Email Address: DHMH.MDBOP@maryland.gov