



Board of Examiners of Psychologists

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

NAME CHANGE

1. Download & Save copy of form
2. Complete all required fields & **save copy to be emailed**
3. To pay online a nonrefundable fee of \$30.00 (click link=> [Pay Name Change Fee](#)) **After payment, print a digital copy of the confirmation receipt. Tip: right-click/print as pdf.**
4. Email a copy of the completed form, confirmation receipt, and copy of legal documentation stating official name change to mdh.psychologyboard@maryland.gov with **Subject line** "Name Change Request"
5. Requests will not be processed without completed form, copy of confirmation receipt, & copy legal name change document

Name Change fee (if new wallet card is requested) : \$30.00 (credit/debit card only)

I do hereby state that my license in Maryland issued to me is no longer correct due to legal changing of my name by court procedure.

Date of Request: _____ Maryland License# _____

Old Name: _____

(As it appears on your license)

New Name: _____

Home Address: _____

CURRENT EMAIL: _____ Primary Telephone #: _____

Signature: _____

OFFICE USE ONLY

Payment #:

Amount: \$

Date Stamp/Staff
Initial: