

Maryland Board of Examiners of Psychologists

4201 Patterson Avenue

Baltimore, Maryland 21215

410-764-4787

Fax: 410-358-7896

www.health.maryland.gov/psych

NAME CHANGE

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. Enclosed, you will find my license, with its disposition to be handled by the Board of Examiners of Psychologists and a check made out to the Board of Psychologists of \$30.00 for a wallet size license.

Signature _____

Old Name:			
New Name:			
License Number:			
Address:			
	Street	City	State Zip Code

Notary

State of _____ County of _____

Sworn before me this _____ day of _____, 20__ __.

Notary Public Signature _____

Notary Stamp

Expiration date _____ / _____ / _____.