Maryland Board of Examiners in Optometry



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Website: www.health.maryland.gov/optometry Email: mdh.optometry@maryland.gov

	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				
Email address				
Email address		HANGE FORM		
Email address			License Number	
Name First	NAME C	HANGE FORM		
Name First Changed to:	NAME C	HANGE FORM		
Name First	NAME C	HANGE FORM		

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.