



MARYLAND Department of Health

Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Dennis Schrader, Secretary

MARYLAND BOARD OF PHARMACY

4201, Patterson Avenue, Baltimore, Maryland 21215-2299

Mitra Gavvani, Board President • Deena Speights-Napata, Executive Director

REQUEST FOR ADDRESS / EMPLOYER CHANGE

Use this form to change your pharmacist or technician address or employer information.

Do not use this form to request a Duplicate License or Registration.

Please allow 7-10 days for processing. Return the completed form by mail, fax or e-mail to:

Maryland Board of Pharmacy

P O Box 2051

Baltimore, MD 21203-2051

Fax: (410) 358-6207

E-mail: dhmh.mdbop@maryland.gov

LICENSE, REGISTRATION or CANDIDATE NUMBER: _____

NAME: _____

NEW HOME ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME TELEPHONE: (____) ____-_____

MOBILE TELEPHONE: (____) ____-_____

EMPLOYER MARYLAND PHARMACY PERMIT NUMBER: _____

(Example: P04055 or PW0123)

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER CITY: _____

EMPLOYER STATE: _____

EMPLOYER ZIP: _____

BUSINESS TELEPHONE: (____) ____-_____

BUSINESS FAX: (____) ____-_____

EMAIL THE CONFIRMATION TO: _____