

MARYLAND BOARD OF PHARMACY



CHANGE OF INFORMATION FORM

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

The Board requires that these changes be reported in order to ensure that its records are accurate. Failure to provide the Board with up-to-date information may constitute grounds for action under HO 12-313(b), Annotated Code of Maryland. Failure to notify the Board of a change of address within 30 days may result in a \$25.00 fee.

Maryland requires a physical resident address. If you wish to have your license/registration mailed to a PO Box address please indicate on form.

PREVIOUS INFORMATION

Licensee/Registrant Name:	
License/Registration Number:	
Address:	
City, State, Zip:	

CURRENT INFORMATION: Effective Date of Change _____

Maryland requires a physical resident address. If you wish to have your license/registration mailed to a PO Box address please indicate on form.

New Name:	
New Address:	
City, State, Zip:	
License/Registration Number:	
Telephone Number:	
Email Address:	

Employer Name:	
Employer Permit Number:	
Employer Address:	
Employer City, State, Zip:	
Employer County:	
Employer Telephone Number:	

Mail, Fax or Email this form to: MARYLAND BOARD OF PHARMACY
P.O. BOX 1991, BALTIMORE, MD 21203-1991
Telephone: (410) 764-4755 Fax: (410) 358-6207
Email Address: DHHM.MDBOP@maryland.gov

(Revised 8/2017)