



# Board of Physical Therapy Examiners

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

## DUPLICATE LICENSE REQUEST

- Complete all fields for processing
- Payment by credit/debit card to: Maryland Board of Physical Therapy Examiners
- Email: Attach form and credit/debit card receipt and email to [mdh.bphte@maryland.gov](mailto:mdh.bphte@maryland.gov)
- Mail: Enclose form and credit/debit card receipt to the Attn: Licensing Manager 4201 Patterson Avenue, Baltimore, MD 21215-4964

**Duplicate license fee: \$75.00 (credit/debit card only)**

Date of Request: \_\_\_\_\_ Maryland License #: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*(as it appears on your license)*

Home Address: \_\_\_\_\_  
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Home Email: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Secondary Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REMINDER: Penalty for failure to maintain a correct address with the Board will result in a \$100.00 fee (COMAR 10.38.07.02(10))**

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|------------------------------|
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| Date Stamp / Staff Initials: |