



Maryland State Board of Chiropractic Examiners

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

410-764-4726

www.health.maryland.gov/chiropractic

NOTIFICATION OF ADDRESS CHANGE

Please type or print all information. Pursuant to Maryland law, written notification of name and/or address changes must be made to the Board within **60 days** of the applicable change. **Submit proof of address change with this form. Example: copy of State Driver's License or State Identification Card.**

Licensing Status with the Board (Check one):

Licensee

Registrant

Applicant

**CURRENT ADDRESS ON
FILE WITH THE BOARD**

Name: _____ License/Registration Number: _____

Address:

_____ *Street*

_____ *City*

_____ *State*

_____ *Zip*

Phone: _____

Email: _____

SSN: _____

Date of Birth: _____

Indicate type of address (check one):

Home

Business

Other

NEW ADDRESS

Residence:

_____ *Street*

_____ *City*

_____ *State*

_____ *Zip*

Business Name and Address: _____

_____ *Street*

_____ *City*

_____ *State*

_____ *Zip*

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Fax: _____

I attest that the above statements are true to the best of my knowledge and beliefs. I understand that any false or misleading information in this notification may be cause for denial or loss of licensure/registration and may result in administrative prosecution.

Signature

Date