



Maryland State Board of Chiropractic Examiners

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

410-764-4726

www.health.maryland.gov/chiropractic

NOTIFICATION OF NAME CHANGE

Please type or print all information. Written notification of name change must be made to the Board within 60 days of the applicable change. Submit the \$40 application fee and the original license/registration with this form.

Licensing Status with the Board (Check one):

Licensee

Registrant

Applicant (no fee due)

**CURRENT
INFORMATION ON FILE
WITH THE BOARD**

Name: _____ License/Registration Number: _____

Address:

Street

City

State

Zip

Phone: _____

Email: _____

SSN: _____

Date of Birth: _____

NEW LEGAL NAME

Legal Name: _____

Date Name Changed: ____ / ____ / ____

Reason for name change (check one):

Married

Divorced

Legal

Other

Please include the following with this form:

1. Copy of the court order/legal document authorizing name change and a copy of a valid unexpired photo ID with the new name

OR two (2) of the following reflecting the new name:

1. Copy of the new driver's license or State Photo ID
2. Copy of the new social security card
3. Copy of a valid U.S Military Photo ID
4. Copy of Certificate of Citizenship/Naturalization/Passport

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 _____

Board Use Only: Check # _____ Check Amt. _____ Date: _____