

**Department of Health and Mental Hygiene
Board of Examiners for Audiologists, Hearing Aid Dispensers
and Speech-Language Pathologists
4201 Patterson Avenue- Baltimore, Maryland 21215-2299
Phone – 410-764-4725 Fax 410-358-0273
Maryland Relay Service 1-800-735-2258**

Name Change Form

It is the responsibility of the licensee to report any change of name to the Board within 30 days after the change.

I, _____, submit that my official
(name as it appears on license)

name has been changed to:

(name as it should appear in licensure database and/or on new license)

The name change was effective on: _____

Official proof of the name change must be provided to the Board:

_____ Marriage Certificate

_____ Divorce Decree

_____ Court Order Issued for Name Change

A fee of \$5.00 is required for issuance of a replacement license with a new name. Licensee must submit the fee in the form of a check or money order payable to the Board of AUD/HAD/SLP along with this form and supporting documentation.

A licensee requesting a name change without a corrected duplicate license may fax this form with supporting documentation to 410-358-0273.

A change in mailing address should be noted on a separate document or use the Board's Change of Address Form.

Signature

AUD/HAD/SLP license #

Date

E-mail Address

Phone