STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene
Larry J. Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue ● Baltimore, Maryland 21215-2299
Mitra Gavgani, Board President - Deena Speights-Napata, Executive Director

REQUEST FOR ADDRESS / EMPLOYER CHANGE

Use this form to change your pharmacist or technician address or employer information.
Do not use this form to request a Duplicate License or Registration.
Please allow 7-10 days for processing. Return the completed form by mail, fax or e-mail to:

Maryland Board of Pharmacy
P O Box 2051
Baltimore, MD 21203-2051

Fax: (410) 358-6207
E-mail: dhmh.mdbop@maryland.gov

LICENSE, REGISTRATION or CANDIDATE NUMBER: _____

NAME: _____

NEW HOME ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME TELEPHONE: (___) ____-_____

MOBILE TELEPHONE: (___) ____-_____

EMPLOYER MARYLAND PHARMACY PERMIT NUMBER: _____
(Example: P04055 or PW0123)

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER CITY: _____

EMPLOYER STATE: _____

EMPLOYER ZIP: _____

BUSINESS TELEPHONE: (___) ____-_____

BUSINESS FAX: (___) ____-_____

EMAIL THE CONFIRMATION TO: _____