MARYLAND BOARD OF PHYSICIANS

P.O. BOX 37217, BALTIMORE, MD 21297

410-764-4777; 1-800-492-6836

APPLICATION FOR NAME CHANGE FOR ALLIED HEALTH PRACTITIONERS

FOR BANK USE ONLY

DATE:_____/_____/ 200___

CHECK NUMBER:_____

AMT PAID: $ _____

NAME CODE:_____

APPID: 51

License fee: $25
Wall certificate fee: $75

Instructions: (1) Complete the application.
(2) Include a check or money order made payable to the Maryland Board of Physicians in the appropriate amount.
(3) Attach a copy of proof of name change: marriage certificate, divorce decree, or court order.
(4) Attach the document you wish to change - license and/or wall certificate. Be sure to include both portions of your license.
(5) Have the application notarized.

License Number

Social Security Number (For identification purposes only) - -

Last Name and Generational Indicator (Jr., III, etc.)

First Name and Middle Name/ Initial

Street Address

Address (Apartment number, suite number, or C/O)

City

State

Zipcode

Date of Birth

Telephone Number - -

Sex- M F

CHANGED NAME TO READ AS FOLLOWS:

Last Name and Generational Indicator (Jr., III, etc.)

First Name and Middle Name/Initial

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true and correct to the best of my knowledge, information and belief.

_____ Signature

_____ Date

MBP FORM 51 09/2007

THIS FORM MUST BE NOTARIZED