

MARYLAND BOARD OF PHYSICIANS
P.O. BOX 37217, BALTIMORE, MD 21297
410-764-4705; 1-800-492-6836, ext 4705

FOR BANK USE ONLY

DATE: ____/____/____

CHECK NUMBER: _____

AMT PAID: \$ _____

NAME CODE: _____

APPID: 52 Fee: \$25.

APPLICATION FOR PHYSICIAN LICENSE NAME CHANGE

Instructions:

1. Complete this application including notary. Affix passport quality photo to the back of this application.
2. Select reason for name change and attach copies of certified document(s) supporting the name change: (i.e., marriage certificate, divorce decree): a. Marriage b. Divorce c. Legal/Court Order
3. Include your check or money order for \$25.00 payable to the Maryland Board of Physicians. Mail application and fee to address at the top of this page.
4. In lieu of mailing a license, the Board will notify you by email once the name change has been processed and send you a link to print a digital copy of your license. Please provide a valid email address* in the space below.

Identifying Information:

License Number

Social Security Number (For ID purposes only)

Date of Birth (mmddyear)

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

First Name and Middle Name/ Initial

Address (Street Address 1)

Address (Street Address 2)

Telephone Number

Email Address*

City

State

Zipcode

Change Name To Read As Follows:

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

First Name and Middle Name/Initial

This Form MUST Be Notarized

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: _____

Affix passport quality photo to the back of this application. The Board will not accept a copy of a photo.

Notary Public

Date: ____/____/____

City/County of Residence: _____

Commission Expires: ____/____/____

Notary Signature: _____