

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.

Identifying Information:

License Number	Social Security Number (For ID purposes only)	Date of Birth (mmddyear)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:
<input type="text"/>	<input type="text"/>

City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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:	_____