

MARYLAND BOARD OF PHYSICIANS

P.O. BOX 37217

Baltimore, MD 21297

410-764-4705 or 1-800-492-6836, ext. 4705

Certificate of Authorization for Corporate Name Application

Use this application *only* if:

- The majority of stockholders are **NOT** physicians licensed by the Maryland State Board of Physicians **AND**
- The name of the professional corporation does **NOT** contain the surname of one or more stockholders of the corporation.

Instructions and Important Information

1. Before completing this application, please contact the Maryland Department of Assessments and Taxation for information on how to create your business structure and select your business name. <http://dat.maryland.gov/Pages/default.aspx>
2. If you need a Certificate of Authorization for your corporation, please complete the attached application form. Once complete, send the application form, a check/money order for \$50.00, made payable to the Maryland Board of Physicians, and copies of the American Board of Medical Specialty or American Osteopathic Association specialty certificates (if applicable), to the Board of Physicians at, P.O. Box 37217, Baltimore, MD 21297.
3. Upon receipt of the application, supporting documentation, and fee, the Board will consult with and obtain approval from MedChi, the Maryland Medical Society, who will review the application in accordance with the "Guidelines for Professional Corporation Names." MedChi can be reached through the Legal Division at 1211 Cathedral Street, Baltimore, MD 21201 or at 410-539-0272.
4. Following approval by MedChi, the Board will issue a Certificate of Authorization with a registration number and the professional corporate name to the corporation or its incorporator.
5. If you have additional questions about the application process, please contact Rhonda Anderson, Customer Service Supervisor, at 410-764-5972 or by email at rhonda.anderson@maryland.gov.

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FOR BANK USE ONLY

Date: _____

Check Number: _____

Amt Paid: _____

Name Code: _____

App ID: 42

Fee: —\$50.00

Application For Certificate of Authorization For Corporate Name

You do not need to complete this application if the majority of stockholders are physicians licensed by the Maryland State Board of Physicians OR the name of the professional corporation contains the surname of one or more stockholders of the corporation. Please contact the Maryland Department of Assessments and Taxation at <http://dat.maryland.gov/Pages/default.aspx> to register your corporate name.

1. Proposed Name of Corporation:

2. Address of Principal Office:

3. Name and Address of Resident Agent:

4. Reason for Adopting Name of Corporation (e.g. new group, new service):

5. List the Majority Stockholder(s) Names:

6. List number of practitioners the corporation will employ in Maryland when incorporated:

7. List the names and license numbers of all stockholders (legally, one stockholder may incorporate). If the corporation name refers to a certain specialty, please indicate which stockholders are certified in the specialty and attach a copy of the American Board of Medical Specialties or American Osteopathic Association specialty certificate. Attach an extra page if necessary.

Stockholder Name	State License Number	Medical Specialty

8. Contact information of corporation or incorporator (where certificate will be mailed):

Name: _____ Telephone number: _____

Street Address: _____

City: _____

State: _____ Zip code: _____