



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301, Baltimore, MD 21215

410-764-4738

Website: www.health.maryland.gov/chiropractic; Email: mdh.chiropractic@maryland.gov

OFFICIAL NOTIFICATION OF ADDRESS CHANGE

Please type or print all information. Pursuant to COMAR 10.43.01.05F, written notification of name and/or address changes must be made to the Board within **60 days** of the applicable change. A \$200.00 penalty is assessed for failure to comply. **Pay the penalty online at: [Chiropractic Portal](#). Submit proof of address change with this form. After making payment, reply to the receipt email and attach this completed form.**

CURRENT INFORMATION ON FILE WITH BOARD	NAME (FIRST, MIDDLE, LAST)	CELL & HOME PHONE:	
	NON-PUBLIC (Home) ADDRESS	PERSONAL EMAIL ADDRESS:	
	PUBLIC (Business) ADDRESS	BUSINESS PHONE:	
		BUSINESS EMAIL ADDRESS:	
	WHAT IS YOUR STATUS WITH THIS BOARD? (Check One)	<input type="checkbox"/> Licensee <input type="checkbox"/> Registrant <input type="checkbox"/> Applicant	
	LICENSE/REGISTRATION NUMBER: _____		
	WHAT DATE DID YOUR ADDRESS CHANGE? (Must complete. Proof required) _____ / _____ / _____		
IF LONGER THAN 60 DAYS, PAY THE \$200.00 PENALTY ONLINE AT: CHIROPRACTIC PORTAL. AFTER MAKING PAYMENT, REPLY TO THE RECEIPT EMAIL AND ATTACH THIS COMPLETED FORM.			
FOR WHICH SPECIFIC ADDRESS ARE YOU REPORTING A CHANGE?	<input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> BOTH		

NEW ADDRESS FOR RESIDENCE OR BUSINESS	NEW NON-PUBLIC (Home) ADDRESS (include Apt #)	CELL & HOME PHONE:
		PERSONAL EMAIL ADDRESS:
	BUSINESS NAME	BUSINESS PHONE:
	NEW PUBLIC (Business) ADDRESS (include Suite #)	BUSINESS EMAIL:
	OWNER OF BUSINESS:	

ATTESTATION
I attest that the above statements are true to the best of my knowledge. I understand that any false or misleading information in this notification may be cause for denial or loss of licensure/registration.

Signature: _____ Date: _____

PROVIDE A COPY OF ONE OF THE FOLLOWING DOCUMENTS WITH THIS FORM WHICH REFLECTS THE NEW ADDRESS. CHECK WHICH DOCUMENT YOU ARE SUBMITTING.

MARYLAND or OUT-OF-STATE DRIVER'S LICENSE/IDENTIFICATION MAIL REFLECTING NEW BUSINESS ADDRESS
 LEASE AGREEMENT or MILITARY TRANSFER ORDER SETTLEMENT STATEMENT FROM PURCHASE OF HOME/BUSINESS

BOARD USE ONLY

Fee Payment Date: _____ Advice #: _____ Amount: _____ Initials: _____