



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 NAME 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. **Submit proof of name change, the application form, and pay the \$50 application fee *online at: [Chiropractic Portal](#)***. Mail the original license/registration to the Board using the address above.

Licensing Status with the Board (Check one):

☐ Licensee

☐ Registrant

☐ Applicant (no fee due)

CURRENT INFORMATION
ON FILE WITH THE
BOARD

Name: _____ License/Registration Number: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

SSN/ITIN: _____ Date of Birth: _____

NEW LEGAL NAME

Legal Name: _____

Date Name Changed: ____ / ____ / ____ If more than 60 days, pay \$250 ***online at: [Chiropractic Portal](#)***

Reason for name change (check one):

☐ Married

☐ Divorced

☐ Legal

☐ Other

Please **include two** of the following with this form:

1. Copy of the Court Order/Marriage Certificate/Legal Document authorizing name change
2. Copy of the new driver's license or state photo ID
3. Copy of the new social security card
4. Copy of a valid U.S Military Photo ID
5. Copy of Certificate of Citizenship/Naturalization/Passport

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

Signature _____

Date _____

Board Use Only

Check # _____ Check Amt. _____ Check Date: _____ Initials: _____