MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217 Baltimore, MD 21297 410-764-4705 or 1-800-492-6836 www.mbp.state.md.us

Name Change Application for Physicians

Maryland Annotated Code, Health Occupations Article §14-314 COMAR 10.32.01.15 and 16

In order to receive a name change the Maryland Board of Physicians requires the licensee to submit:

- 1. The enclosed application completed and signed. Sign and date the application in the presence of a notary public after you have affixed a recent passport quality photo or clear photocopy of a valid driver's license with photo to the application.
- 2. Return the two portions of the <u>current original</u> license that contains your name, license number and expiration date.
- 3. A certified copy of a marriage license, divorce decree, court order, or other document indicating the name change, date and place of change.
- 4. A *passport quality photograph* taken within 60 days of the application and affixed to the application. Licensee may attach a clear photocopy of a valid driver's license with photo.
- 5. \$25 fee for replacement license.
- 6. Check or money order made payable to the Maryland Board of Physicians.

Please be aware that Health Occupations Article §14-314(b) states that, "A licensee may practice medicine using only the name in which the license is issued." Regulation .11 under COMAR 10.32.01 General Regulations states that the Board will charge a \$25 fee for a replacement license.

Revised: February 12, 2015

MARYLAND BOARD OF PHYSICIANS

P.O. BOX 37217, BALTIMORE, MD 21297 410-764-4777; 1-800-492-6836

FOR BANK USE ONLY
DATE:// 20
CHECK NUMBER:
Амт Paid: \$
NAME CODE:
AppID: 52

APPLICATION FOR PHYSICIAN NAME CHANGE	AMT PAID: \$			
nstructions: For complete instructions refer to cover sheet.	NAME CODE:			
A. Name change requested on (Please circle one or both):1. License2. Wall Certificate				
 B. Reason name change is requested (Please circle one): 1. Marriage 2. Divorce 3. Court order 4. Other (Please specify) 				
C. Identifying Information (Name originally licensed)				
License Number Social Security Number (For identification purposes only)				
	-			
ast Name and Generational Indicator (Jr., III. etc.)				
First Name and Middle Name/ Initial				
Address (Argettesent Neuroben Swite Neuroben au CO)				
Address (Apartment Number, Suite Number or C/O)				
Address (Street Address)				
City State	Zipcode			
Date of Birth Telephone Number	Sex- M F			
Changed Name to Read as Follows:				
Last Name and Generational Indicator (Jr., III. etc.)				
First Name and Middle Name/Initial				

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.

Date____ Signature

IDENTIFICATION CARD

This space to contain a clear permanent recent photograph of the applicant.

Photo must be securely pasted in place.

Newspaper photograph, copies of photo, photos of multiple people, etc., not acceptable.

PLEASE DO NOT STAPLE