

MARYLAND BOARD OF PHYSICIANS
P.O. BOX 2571, BALTIMORE, MD 21215-2222
Phone 410-764-4777, 1-800-492-6836
TDD for Disabled, MD Relay Service 1-800-735-2258

CHANGE OF ADDRESS FORM

COMPLETE THIS FORM, SIGN THE BOTTOM AND MAIL TO THE ADDRESS ABOVE

(You may also update your demographic information on our website. Go to the Board's website at <http://www.mbp.state.md.us/bpqapp> to change your address online.)

Your Name: _____

License/Certification #: _____

Social Security Number (For identification purposes only): _____

Email Address: _____

CHANGES TO YOUR NON-PUBLIC, PUBLIC OR PRIMARY PRACTICE ADDRESS:

NON-PUBLIC/MAILING ADDRESS: (This address, usually your home, is for Board use only and is used in corresponding with you. However, if no public address is listed, this address will become your address of record, made available to the public. **Photocopy and fax not accepted for non-public address change.**)

Address: _____

City: _____ State: _____ Zipcode: _____

Foreign Country: _____

PUBLIC ADDRESS: (Your public address of record. This address, usually the facility/employer address, is available to the public and is posted on the Internet.)

Organization Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Foreign Country: _____

PRIMARY PRACTICE ADDRESS/OFFICE LOCATION: (This address is available to the public and is posted on the Internet.)

Organization Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Please allow 10 business days to process your address change request. A confirmation letter will be mailed to you upon completion.

SIGNATURE: _____
(Original signature required for non-public address change)