DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Board of Examiners for Audiologists, Hearing Aid Dispensers
and Speech-Language Pathologists
4201 Patterson Avenue- Baltimore, Maryland 21215-2299
Phone – 410-764-4725- Fax 410-358-0273
Maryland Relay Service 1-800-735-2258

It is the responsibility of the licensee to report any change of name or address to the Board within 30 days after the change.

I _____ submit that my official

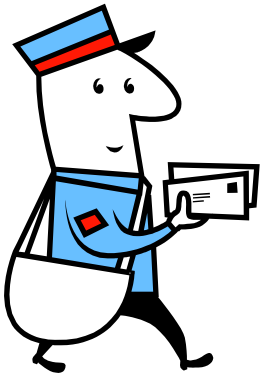
mailing address is changed to:

_____ _____ _____
Street City/State Zip Code

The address change was/is effective on :_____

_____ _____ _____
Signature AUD/HAD/SLP license # Date

_____ _____
e-mail address Phone



To change your name you must mail a copy of the official document with your correspondence. Mail all changes to Board of AUD/HAD/SLP, 4201 Patterson Avenue, Baltimore, Maryland 21215-2299. Fax to 410-358-0273.
e-mail www.mdboardaudhadslp.org