



**CHANGE OF ADDRESS FORM
 FOR LICENSEES AND CERTIFICATE HOLDERS**

PART I: Licensee/Certificate-Holder Information

Full Name: _____ License/Certificate No(s): _____

E-mail address: _____ Phone Number: _____

PART II: Old Address(es)

Business Address:

Street Address

City County State Zip Code

Home Address:

Street Address/Apartment No.

City County State Zip Code

PART III: New Address(es)

Business Address: This address is your public address of record and will be made available to the public in response to a Maryland Public Information Act request for your licensure or certification records.

Street Address

City County State Zip Code

Home Address: This address will be used for Board mailings only. However, please be advised that if you do not provide a business address, the Board is required to disclose your home address in response to a Maryland Public Information Act request for your licensure or certification records.

Street Address/Apartment No.

City County State Zip Code

*If you are a registered nurse or licensed practical nurse and have moved to or from Maryland, you also must complete a [Declaration of Primary State of Residence](#) form.

 Signature

 Date