

**MARYLAND BOARD OF CHIROPRACTIC AND
MASSAGE THERAPY EXAMINERS**

**CHANGE OF ADDRESS FORM
CHIROPRACTOR / CHIROPRACTIC ASSISTANT**

OLD ADDRESS	NEW ADDRESS
STREET:	STREET:
CITY:	CITY:
ZIP CODE:	ZIP CODE:
	LIC. / REG. NO.:
	CONTACT NUMBER:

I, _____ submit that my official mailing address is
(Print Full Legal Name)

changed and that change is reflected in the form above. The address change was/is effective on:

(Date)

(Signature)

**Mail to: Bernice Berger, Licensing Coordinator
MD Board of Chiropractic and Massage Therapy Examiners
4201 Patterson Avenue, Suite 301
Baltimore, Maryland 21215-2299
(410) 764-4726**