

ADDRESS CHANGE FORM

- You must notify the board in writing within 30 days of any change of office or home address and phone number
- Failure to do so may result in a monetary fine of \$100 plus the costs incurred by the Board to locate you
- Please print this form and provide all information on your address change as requested below. Please type or print legibly. Fax or mail the completed form to the Board
- In accordance with A.R.S. §32-3801 and A.R.S §32-2527 (for Medical Doctors and Physician Assistants, respectively), notwithstanding any law to the contrary, a professional's residential address and residential telephone number or numbers maintained by the professional board established pursuant to this title are not available to the public unless they are the only address and numbers of record.

EFFECTIVE DATE: _____

Please record the following address changes and check the No Change Box, if the address remains the same.

PRACTICE: _____ (If you do not have a practice address or name write the word "NONE")
(Company Name)

NO CHANGE

Street Address Only: _____
(Please list P.O. Box as Mailing Address below.)*

City: _____ State: _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Office E-Mail: _____

RESIDENCE ADDRESS: _____

NO CHANGE

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Residence E-Mail: _____

MAIL SHOULD BE SENT TO MY: Practice Residence Address Below

NOTE: If no mailing address is provided, all board correspondence will be sent to the practice address.

MAILING ADDRESS: _____

(If different from either above)

NO CHANGE

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

**If no practice address, do you want your home address listed on the website? Yes No

Name (Please print)

AZ License #

Signature

Today's Date

Please fax the Change of Address Form to: (480) 551-2707

OR

Mail to: Arizona Medical Board or Arizona Regulatory Board of Physician Assistants
9545 E Doubletree Ranch Road, Scottsdale, AZ 85258