

ADDRESS CHANGE FORM

- You must notify the Board in writing within 30 days 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.
- In accordance with A.R.S. §32-3801, notwithstanding any law to the contrary, a professional's residential address and residential telephone number(s) maintained by the Board are not available to the public unless they are the only address and number(s) of record.

ADDRESSES:

Office Address: This is the office/principle place of business. The address and phone number will appear in the Medical Directory and on the Board's web site. Every physician must have an address available to the public. If only one address is provided, even if it is your home address, it will be available to the public. If you want your home address to be listed on your web site profile, please so indicate. Otherwise, no address will be provided on the profile, but it will be provided to the public if requested.

Mailing Address: Please provide a mailing address if different from Office or Home Address. If no mailing address is provided, all Board correspondence will be sent to the Office Address.

Home Address: You are required to provide a home address and telephone number. They will not be released to the public unless you fail to provide an Office Address.

Email: This address is optional. If you provide an email address, it will not be released to the public.

Practice Name:

Office Address:

City:

State:

Zip:

Email:

Office Phone:

Office Fax:

Mailing Address:

City:

State:

Zip:

Home Address:

City:

State:

Zip:

Home Phone:

Mobile Phone:

If no other address provided, please indicate if home address should appear on website.

Address Change Effective Date:

Please fax the Change of Address Form to: (480) 551-2704

or mail to:

9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

First Name:

Last Name:

License Number:

Signature:

Date: