



ADDRESS OF RECORD CHANGE FORM

Pursuant to ARS § 32-1800(2) and 32-1803(4), the Board maintains a directory of osteopathic physicians licensed to practice in Arizona. The directory is to include each licensee's current or last known Address of Record.

If PDF, this form can be filled out electronically & emailed to the board at questions@azdo.gov or faxed to 480-657-7715

Physician Name AZ License Number

Signature (not valid without physician's handwritten or electronic signature) Today's Date

New PRACTICE/EMPLOYMENT Address: This address will be your mailing address unless you designate otherwise in the residential address box below.

Practice Name: _____

Address: _____

City, State, Zip: _____

Office Phone: _____

Fax Number: _____

Email: _____

New RESIDENTIAL Address: **Yes, use my Residential address as my mailing address. (This address/phone number is confidential and will never be available to the public unless it is the only address/phone number provided - §32-3801)**

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____