



**REQUEST FOR CHANGE OF ADDRESS/NAME**

THE STATE OF ARIZONA/BOARD OF CHIROPRACTIC EXAMINERS

1740 West Adams Street, Suite 2430 | Phoenix, Arizona 85007

Telephone: (602) 864-5088 | Email: [forms@chiroboard.az.gov](mailto:forms@chiroboard.az.gov) | [www.chiroboard.gov](http://www.chiroboard.gov)

BOARD OFFICE USE ONLY

Type or print in blue or black ink. You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

A.R.S.§32-923(A) Every person who is licensed pursuant to this chapter shall notify the Board in writing of any change in **residence or office address, telephone number, and email within 30 days after that change.** The Board shall impose a penalty of fifty dollars on a licensee who does not notify the Board as required by this subsection.

\*2 Email addresses are not considered public records.

**New Address**

\*1 Please note that if you select Mailing Address, this address will be a public record and will appear on the Board's website.

Full Name:		Lic #:		Change Effective Date:	
Previous Name:		Telephone:			
Clinic Name:		Suite / Apt. #:			
Address:					
City, State:		Zip:			
*2 Primary Email:		*2 Secondary Email:			
This is my:	Primary/Practice Address		Secondary Practice Address		
	Additional Address		Residence		
*1 Use as Mailing Address:	Yes	No			
I am changing my legal name and will provide the Board the legal documents reflecting the change:					Yes

**Additional New Address**

Clinic Name:		Telephone:			
Address:		Suite / Apt. #:			
City, State:		Zip:			
This is my:	Primary / Practice	Additional	Residence	Secondary Practice Address	
*1 Use as Mailing Address:	Yes	No			

**Former Address**

Please remove my affiliation with the following location:

Clinic Name:		Telephone:			
Address:		Suite/Apt #			
City, State:		Zip:			
Are you closing your practice?	Yes	No	Are you transferring records?	Yes	No

If you said yes to either of the above questions regarding closing your practice, you will need to fill out the Notice of Records Transfer form and submit it to the Board.

I, the undersigned, do hereby attest that I am the above-referenced licensee and that the facts, statements, and answers given by me herein are true and correct.

Signature	Date
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