Douglas A. Ducey Governor



Justin Bohall Executive Director

State of Arizona Poard of Chiropractic Examiners

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Address / Name Change Form

A.R.S.§32-923(A) Every person who is license pursuant to this chapter shall notify the Board in writing of any change in residence or office address and telephone number 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 record.

New Address						
*1 Please note	*1 Please note that if you select Mailing Address this address will be a public record and will appear on the Board's website.					
Name:		Lic #: Change Effective Date:				
Clinic Name: Telephone: ()						
Address: Suite / Apt. #:						
City, State: Zip:						
* ² Primary Email:						
This is my: Primary / Practice □ Additional □ Residence * ¹ Use as Mailing Address: □ Yes						
I am changing my legal name and will provide the Board the legal paper reflecting the change:						U Yes

Additional New Address							
Clinic Name:			Tel	ephone:	()	
Address:				Suite / A	.pt. #:		
City, State: Zip:							
This is my: Derimary / Practice Additional Residence Us				Use as	Mailing Address:	Yes	

Former Address								
		Please re	emove my affiliation	n with	the follow	ing loca	ation:	
Clinic Name:				Te	lephone:	()	
Address: Suite / Apt. #:								
City, State: Zip:								
Are you closing your practice: \Box Yes \Box NoAre you Transferring Records: \Box Yes \Box 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-reference licensee, and that the facts, statements, and answers given by me herein are true and correct.

Signature	Date

For Board Use- Date Changed in System:		
	For Board Use- Date Changed in System:	