

## OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA 1300 National Drive, Suite #150 SACRAMENTO, CA 95834-1991 TELEPHONE: (916) 928-8390 FAX (916) 928-8392



## ADDRESS CHANGE NOTIFICATION FORM

California Code of Regulations, Title 16, Division 16, Article 1, Section 1604. Filing of Addresses by Licensees: requires all licensees to immediately report all changes of address. Please complete this form to report your address changes.

## IF A PUBLIC ADDRESS IS NOT GIVEN, YOUR CONFIDENTIAL MAILING ADDRESS WILL BE POSTED ON OUR WEBSITE.

| Old Public Address                                  | New Public Address   |
|---|--|
| Facility Name (Optional)                            | Facility Name (Optional)                                     |
| Street Address                                      | Street Address   |
| City State Zip                                      | City State Zip   |
| Telephone Number (Optional)                         | Telephone Number (Optional)                                  |
| Fax Number (Optional)                               | Fax Number (Optional)  |
| Old Mailing Address (confidential - for Board use o | nly) New Mailing Address (confidential – for Board use only) |
| Name  | Name   |
| Street Address                                      | Street Address   |
| City State Zip                                      | City State Zip   |
| Telephone Number                                    | Telephone Number   |
| Email Address                                       | Email address  |
|   | 1  |
| Physician Name (Printed)                            | Signature  |
| License Number (Required)                           | Date   |