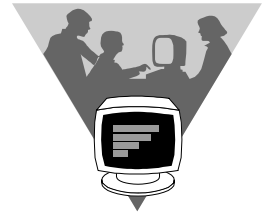




OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite #150
SACRAMENTO, CA 95834-1991
TELEPHONE: (916) 928-8390
FAX (916) 928-8392



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.

<p>Old Public Address</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Facility Name (if any)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>(Telephone Number – Optional)</p>	<p>New Public Address</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Facility Name (if any)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>(Telephone Number – Optional)</p>
<p>Old Mailing Address (<i>confidential – for Board use only</i>)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Facility Name (if any)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>Telephone Number (<i>confidential- for Board use only</i>)</p> <p>_____</p> <p>Fax Number</p> <p>_____</p>	<p>New Mailing Address (<i>confidential – for Board use only</i>)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Facility Name (if any)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>Telephone Number (<i>confidential for Board use only</i>)</p> <p>_____</p> <p>Fax Number</p> <p>_____</p> <p>E-mail address</p> <p>_____</p>

Signature of Physician _____

License Number _____

Date _____