



Arizona Board of Osteopathic Examiners In Medicine and Surgery

9535 E. Doubletree Ranch Road, Scottsdale, AZ 85258

Ph : 480-657-7703 | Fx: 480-657-7715 | www.azdo.gov | questions@azdo.gov

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.

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: _____