



**Arizona Board of Osteopathic Examiners In Medicine & Surgery**

9535 E. Doubletree Ranch Road, Scottsdale, AZ 85258

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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: