



ARKANSAS STATE MEDICAL BOARD

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone (501) 296-1802 - Fax (501) 603-3555

CHANGE OF ADDRESS FORM

IMPORTANT – Complete the Practitioner Information and BOTH address sections and return this form to our office by mail or fax.

WE WILL NOT PROCESS REQUESTS WITH MISSING INFORMATION

PRACTITIONER INFORMATION

Name (Last, First, Middle, Suffix, Degree)

AR License #

PUBLIC ADDRESS

This address appears on all printed reports, bulk data listings, the Online Directory and the free, online license verification system. It is also available to the general public under FOI, and all other reports available to the credentialing organizations utilizing the ASMB website for license and/or credentials verification.

Number and Street, or PO Box

Suite/Room/Apt

City

State

ZIP Code

Country, if foreign

Phone #

Fax #

PRIVATE ADDRESS

This is your private address for use by the Arkansas State Medical Board ONLY. This address will be used to send renewal reminders and the Board's quarterly Newsletter. It is NOT available to the public under FOI unless you also use this address as your public address.

Number and Street, or PO Box

Suite/Room/Apt

City

State

ZIP Code

Country, if foreign

Phone #

Fax #

Personal E-mail Address

Licensee's Signature (Required) (No Rubber Stamps)

Date Signed (Required)