

CORRECTION FORM

PERSONAL DATA CORRECTION FORM

Please check carefully your name and address on the enclosed license renewal notice. If you wish to change, please indicate the correction in the space below and return with your check, and continuing education folder.

NAME: (Mr. Mrs. Ms. Dr.) _____

STREET ADDRESS: _____
(Required)

(CITY) (STATE) (ZIP)

P.O. BOX _____

(CITY) (STATE) (ZIP)

TELEPHONE: Residence: _____

Office: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

SECTION 8.3

(a) REQUIREMENT TO KEEP CURRENT ADDRESSES ON FILE

All persons holding a license issued by this Board are required to provide the Board with information so that the Board can remain in contact and provide notice of complaints and/or hearings. The licensee holder is required to provide written notice to the Board of any change in business and/or residence within ten (10) working days of the change. Service of notices of hearing sent by mail will be addressed to the latest address on file with the Board.

Please copy this form to submit address or other communication changes as they occur.