

Alabama Medical Licensure Commission and Alabama Board of Medical Examiners CHANGE OF ADDRESS FORM

You may email, fax, or mail this form to the Alabama Board of Medical Examiners. **Either** method is acceptable and **only one** method is required.

MAIL
Alabama Board of Medical Examiners
P.O. Box 946
Montgomery, AL 36101

EMAIL
request@albme.org

FAX
(334) 242-4155

You must choose either your home or practice address as your mailing address, where all licenses, notices and letters will be mailed, and either your home or practice address as your public address, which is the only address we are authorized to disclose to those requesting it. You may not choose more than one address to be either mailing or public, but they may be the same address. For example, your practice address may be both for mailing and public, but you cannot designate both your practice and home addresses to be mailing addresses. If you do not have a practice address, then your home address will be public. **NOTE: Mailing address will be the address that appears on your certificate(s).**

OLD PRACTICE ADDRESS

Street 1: _____
Street 2: _____
Street 3: _____
City, State, Zip: _____
County: _____
Practice Phone: (____) _____
Practice Fax: (____) _____
Email Address: _____

OLD HOME ADDRESS

Street 1: _____
Street 2: _____
Street 3: _____
City, State, Zip: _____
County: _____
Home Phone: (____) _____
Email Address: _____

NEW PRACTICE ADDRESS

Street 1: _____
Street 2: _____
Street 3: _____
City, State, Zip: _____
County: _____
Practice Phone: (____) _____
Practice Fax: (____) _____
Email Address: _____

NEW HOME ADDRESS

Street 1: _____
Street 2: _____
Street 3: _____
City, State, Zip: _____
County: _____
Home Phone: (____) _____
Email Address: _____

- Make practice address public
- Make practice my mailing address

- Make home address public
- Make home my mailing address

Please **print legibly** your first, middle, and last name, along with your license number, to help find your records in our system.

First Name	Middle Name	Last Name	License #
Submitted by: _____		Effective Date: _____	