

OREGON BOARD OF MEDICAL EXAMINERS  
1500 S. W. 1ST AVENUE, #620  
PORTLAND, OR 97201-5847  
PH: (971) 673-2700 (8:00 AM – 5:00 PM)  
FAX: (971) 673-2672

ATTN: MD/DO/DPM LICENSING

**CHANGE OF ADDRESS FORM - APPLICANT FOR LICENSURE**

- PLEASE BE SURE TO NOTIFY THE BOARD IMMEDIATELY CONCERNING ADDRESS CHANGES SO THAT YOU WILL RECEIVE ALL INFORMATION CONCERNING YOUR APPLICATION.

PLEASE CHANGE MY ADDRESS/PHONE NUMBER AS FOLLOWS:

PRINT NAME
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NEW BUSINESS ADDRESS		
CITY	STATE	ZIP CODE
NEW BUSINESS PHONE NUMBER		
EFFECTIVE DATE	<input type="checkbox"/> USE FOR MAILING	

NEW RESIDENCE ADDRESS		
CITY	STATE	ZIP CODE
NEW RESIDENCE PHONE NUMBER		
EFFECTIVE DATE	<input type="checkbox"/> USE FOR MAILING	

EMAIL ADDRESS
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SIGNATURE	DATE SIGNED
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**NOTE: DO NOT USE THIS FORM TO PROVIDE ADDRESS CHANGES AFTER YOU BECOME LICENSED. THIS FORM IS FOR USE DURING THE APPLICATION PROCESS ONLY.**