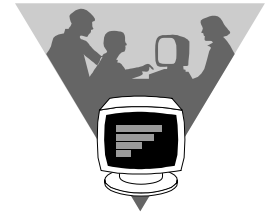




OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
 1300 National Drive, Suite #150
 SACRAMENTO, CA 95834-1991
 TELEPHONE: (916) 928-8390
 FAX (916) 928-8392



ADDRESS CHANGE NOTIFICATION FORM

California Code of Regulations, Title 16, Division 16, Article 1, Section 1604. Filing of Addresses by Licensees: requires all licensees to immediately report all changes of address. Please complete this form to report your address changes. IF A PUBLIC ADDRESS IS NOT GIVEN, YOUR CONFIDENTIAL MAILING ADDRESS WILL BE POSTED ON OUR WEBSITE.

<p>Old Public Address</p> <p>_____ Name</p> <p>_____ Facility Name (if any)</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ (Telephone Number – Optional)</p>	<p>New Public Address</p> <p>_____ Name</p> <p>_____ Facility Name (if any)</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ (Telephone Number – Optional)</p>
<p>Old Mailing Address (<i>confidential – for Board use only</i>)</p> <p>_____ Name</p> <p>_____ Facility Name (if any)</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Telephone Number (<i>confidential- for Board use only</i>)</p> <p>_____ Fax Number</p>	<p>New Mailing Address (<i>confidential – for Board use only</i>)</p> <p>_____ Name</p> <p>_____ Facility Name (if any)</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Telephone Number (<i>confidential for Board use only</i>)</p> <p>_____ Fax Number</p> <p>_____ E-mail address</p>

Signature of Physician

License Number

Date