

NORTH CAROLINA MEDICAL BOARD CHANGE OF ADDRESS FORM

You may fax **or** mail this form to the North Carolina Medical Board. **Either** method is acceptable.
It is **not** necessary to both fax and mail the form.

MAIL THIS FORM TO:

North Carolina Medical Board
1203 Front Street
Raleigh, NC 27609-7546

FAX THIS FORM TO:

919-326-1131
OR
919-326-1130

You must designate only one address below as the address at which you wish to receive mail from the North Carolina Medical Board. You cannot designate both addresses as your mailing address. This will be the address that appears on your registration certificate.

You must designate only one address below as the address that you wish to make public. You cannot designate both addresses as your public address. This will be the address which is published on our Web site and is the only address we are authorized to disclose to callers.

You may choose to designate one address as being both the address at which you receive mail and the address that you wish to make public.

PRACTICE ADDRESS

HOME ADDRESS

(Company name) _____
(Street 1) _____
(Street 2) _____
(City, State, Zip) _____
(County) _____
(Country) _____

(Street 1) _____
(Street 2) _____
(Street 3) _____
(City, State, Zip) _____
(County) _____
(Country) _____

- Make this address public
- Make this my mailing address

- Make this address public
- Make this my mailing address

Practice Office Phone () _____

Home Phone () _____

Practice FAX Line () _____

E-mail Address _____

E-mail Address _____

A certificate will be e-mailed to you at no charge. Please double check your e-mail for accuracy. If you prefer a hard copy, mail this form along with a check for \$15.00 to the above address. Your registration certificate will be printed with the address you select as your mailing address.

- I have included a check for \$15.00 and wish to obtain a registration certificate reflecting my address change.

This form **must** be signed by the practitioner in order to be processed.

Signature

Date

Please print your first, middle, and last name, along with your license number, to help in finding your records in our database *(It is also helpful, but not required, to include the number in the upper right corner of your certificate or wallet card.)*

The Board requests all licensees maintain a current address on file with the Board office. Changes of address should be submitted within 60 days of a move.

