



**NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
NOTIFICATION OF ADDRESS CHANGE**

In accordance with NAC 633.260, each person who holds a license to practice osteopathic medicine in this State shall file with the Board their proper and current mailing address and report immediately to the Board any change of address, giving both the old and the new address.

Please mail this to: Nevada State Board of Osteopathic Medicine
901 American Pacific Drive, Unit 180
Henderson, NV 89014

Name: _____
(First) (Last)

Nevada License# _____

NEW MAILING ADDRESS:

NEW PRACTICE ADDRESS:

(Street)

(Street)

(City) (State) (Zip Code)

(City) (State) (Zip Code)

PREVIOUS MAILING ADDRESS:

PREVIOUS PRACTICE ADDRESS:

(Street)

(Street)

(City) (State) (Zip Code)

(City) (State) (Zip Code)

Work Telephone #: _____ **Fax #:** _____

Private E-Mail: _____ **Public E-Mail Address:** _____

Cell Phone #(Private): _____

THIS FORM MUST BE SIGNED AND DATED BY THE LICENSEE.

Printed Name

Signature

Date