



Oregon

Kate Brown, Governor

Oregon Board of Chiropractic Examiners

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CHANGE OF ADDRESS FORM

According to OAR 811-010-0015, ALL practice address changes must be submitted in writing and within 30 days of the change.

If the US Postal Service does not deliver to your physical address, provide both a practice address AND a "mailing address." If you are not currently practicing, you may provide your home or mailing address (PO Box).

DC Applicants and Chiropractic Assistants* may also use this form to notify the board of HOME address changes. ***For Chiropractic Assistant employment changes, submit an Employment Verification form ONLY (found on OBCE website [Forms and Publications]).** See instructions below if you wish to have a new certificate.

INSTRUCTIONS: PRINT OR TYPE all information in the appropriate spaces below. Return form to the OBCE by mail, fax or email. **If you wish to have a new certificate printed submit a check payable to the OBCE for \$5, or attach a Credit Card Authorization form authorizing a \$5 payment. Cash is not accepted.**

Check Your OBCE Status:

Licensed Chiropractor <input type="checkbox"/>	Certified Chiropractic Assistant <input type="checkbox"/> *	DC Applicant <input type="checkbox"/>
* HOME Address change ONLY		

Print your PREVIOUS Clinic or Home address and telephone # below

Your Name:		Lic#:	
Clinic Name:			
Street:			
City:		State:	Zip:
Telephone:			

Print NEW Address, telephone and fax number/s **AND** Check ONE box to indicate Home/Practice

Clinic Name, if applicable:		Main Office <input type="checkbox"/>	2 nd Office <input type="checkbox"/>	Home <input type="checkbox"/>
Street:				
City:	County:	ST:	Zip:	
Telephone:		Fax:		

Print MAILING Address, if different than NEW Address above

Street Address or POB:			
City:	County:	ST:	Zip:

Email – If your email address has changed recently, please update it below:

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Signature: _____ Effective Date of Change: _____