



# Oregon

Kate Brown, Governor

## Oregon Board of Chiropractic Examiners

3218 Pringle Road SE #150

Salem, OR 97302-6311

Phone: (503) 378-5816

FAX: (503) 362-1260

E-mail: [oregon.obce@oregon.gov](mailto:oregon.obce@oregon.gov)

[www.oregon.gov/obce](http://www.oregon.gov/obce)

### 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, CAs need to file an Employment Verification form ONLY (found on OBCE website [Forms and Publications]).

**INSTRUCTIONS:** PRINT OR TYPE all information in the appropriate spaces below. Return form to the OBCE by mail, fax or email.

#### 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 <sup>nd</sup> 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:

--

Signature: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_