



# Oregon

Kate Brown, Governor

## Oregon Board of Chiropractic Examiners

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### CONTACT INFORMATION CHANGE FORM (address, name, email)

Per OARs 811-010-0015 and 811-010-0110, all changes of address must be submitted in writing. 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).

**\*\* You must check one address as your "Official Mailing Address" and provide one email address. \*\***

**Name (print):** \_\_\_\_\_

**License #** \_\_\_\_\_ [ ] DC or [ ] CA

**Applicant** [ ] DC or [ ] CA

#### **Main Office**

**Check here if this is your official mailing address** [ ]

Clinic Name:

Street:

City:

State:

Zip code:

Phone:

Fax

Business Email:

Duplicate Annual Certificate (\$5) [ ]

#### **Second/Additional Office**

**Check here if this is your official mailing address** [ ]

Clinic Name:

Street:

City:

State:

Zip code:

Phone:

Fax

Duplicate Annual Certificate (\$5) [ ]

#### **Home Address**

**Check here if this is your official mailing address** [ ]

Street:

City:

State:

Zip code:

Phone:

Personal Email:

Duplicate Annual Certificate (\$5) [ ]

#### **Previous Contact Information**

Clinic Name (if applicable):

Street:

City:

State:

Zip code:

Phone:

Fax

**Name Change** (Please submit documentation proving the name change, e.g. marriage license, divorce decree, etc.)

Prior Name:

New Name:

**Replacement Order: Remit total to the OBCE. We do not accept cash. TOTAL Enclosed: \_\_\_\_\_**

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