



# 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 or Applicant: [ ] DC or [ ] CA

#### MAIN OFFICE

Check here if this is your official mailing address [ ]

Clinic Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email for renewal: \_\_\_\_\_

Duplicate Annual Certificate (\$5) [ ] Email for OBCE news: \_\_\_\_\_

#### SECOND/ADDITIONAL OFFICE

Check here if this is your official mailing address [ ]

Clinic Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Duplicate Annual Certificate (\$5) [ ]

#### HOME ADDRESS

Check here if this is your official mailing address [ ]

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Duplicate Annual Certificate (\$5) [ ] Preferred Email for OBCE: \_\_\_\_\_

#### PREVIOUS CONTACT INFORMATION

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

#### NAME CHANGE *(Please submit documentation proving the name change, e.g. marriage license, divorce decree, etc.)*

Prior Name: \_\_\_\_\_

New Name: \_\_\_\_\_

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

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