



ARKANSAS STATE MEDICAL BOARD

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone (501) 296-1802 - Fax (501) 603-3555

CHANGE OF ADDRESS FORM

IMPORTANT - Please complete Practitioner Information and ALL FOUR (4) address sections and return this form to our office by mail or fax.

PRACTITIONER INFORMATION

Name (Last, First, Middle, Suffix, Degree)	AR License #
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DIRECTORY ADDRESS

This address appears on the ASMB website's Online Directory and is available to the public under the Freedom of Information Act (FOI).

Number and Street, or PO Box			Suite/Room/Apt
City	State	ZIP Code	Country, if foreign
Directory Phone #	Directory Fax #	Directory E-mail Address	

MAILING ADDRESS

This address appears on all printed reports and bulk data listings, including the free, online license verification and is available to the public under FOI, and all other reports available to the credentialing organizations utilizing the ASMB website for license and/or credentials verification.

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City	State	ZIP Code	Country, if foreign
Phone #	Fax #	E-mail Address	

RENEWAL ADDRESS

This address is utilized only for mailing your annual license renewal packet. While it is not published on our website or included in any of our standard reports or documents available to the public, it is considered public under FOI, and may be accessible to anyone requesting the opportunity to view documents in your file under FOI.

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City	State	ZIP Code	Country, if foreign
Renewal Phone #	Renewal Fax #	Renewal E-mail Address	

HOME ADDRESS

This is your home address for use by the Arkansas State Medical Board ONLY. It is NOT available to the public under FOI unless you also use this address as your Mailing, Directory, or Renewal address.

Number and Street, or PO Box			Suite/Room/Apt
City	State	ZIP Code	Country, if foreign
Home Phone #	Home Fax #	Home E-mail Address	