



Arkansas State Medical Board

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Change of Address Form

IMPORTANT – Please read the second page of this form for clarification of the different address types BEFORE completing this form.

Please complete ALL sections and return this form to our office by mail, fax or email.

AR License #: _____ **Effective Date:** _____

Name: _____
(Last) (First) (Middle)

Renewal Address: _____
(Street) (Suite, Apt. #)

(City) (State) (Zip code) (Country)

Renewal Phone: _____ **Renewal Fax:** _____ **Renewal Email:** _____

Mailing Address: _____
(Street) (Suite, Apt. #)

(City) (State) (Zip code) (Country)

Mailing Phone: _____ **Mailing Fax:** _____ **Mailing Email:** _____

Directory Address: _____
(Street) (Suite, Apt. #)

(City) (State) (Zip code) (Country)

Directory Phone: _____ **Directory Fax:** _____ **Directory Email:** _____

Home Address: _____
(Street) (Suite, Apt. #)

(City) (State) (Zip code) (Country)

Home Phone: _____ **Home Fax:** _____ **Home Email:** _____

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 for the purposes of the Freedom of Information Act (FOI) and may be accessible to anyone requesting the opportunity to view documents in your file under the Freedom of Information Act.

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 (FOI), and all other reports available to credentialing organizations utilizing the ASMB website for license and/or credentials verification.

DIRECTORY ADDRESS: This address appears on the ASMB website's Online Directory and is available to the public (FOI).

HOME ADDRESS: This is your home address for use by the Arkansas State Medical Board only. It is NOT available to the public (FOI) UNLESS you also use this address as your Directory, Mailing or Renewal address.