



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340 • Little Rock, AR 72201 • (501) 296-1802
 www.armedicalboard.org

If you have already established an online account, The Online Change of Address can be accessed after logging in at www.armedicalboard.org.

CHANGE OF ADDRESS FORM

IMPORTANT - Complete the Practitioner Information; complete BOTH address sections AND return this form to our office by mail, e-mail or fax. BOTH sections must be completed even if information for one section has not changed. This is required to ensure all information in the ASMB database is correct.

◆◆ THIS OFFICE WILL NOT PROCESS INCOMPLETE FORMS ◆◆

PRACTITIONER INFORMATION

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

This information appears on all printed reports, bulk data listings, the Online Directory and the free, online license verification system. It is also available to the general public under FOI, and all other reports available to the credentialing organizations utilizing the ASMB website for license and/or credentials verification.

Number and Street, or PO Box			Apt #
City	State	ZIP	Country (if foreign)
Phone #		Fax #	

PRIVATE ADDRESS

This is your Private Address for use by the Arkansas State Medical Board ONLY. This information will be used to send renewal reminders and other Board correspondence. It is NOT available to the public under FOI **unless** you also use it as your Public Address.

Number and Street, or PO Box			Apt #
City	State	ZIP	Country (if foreign)
Phone #		Fax #	

Personal Email Address

Licensee's Signature (Required) No Rubber Stamps	Date Signed (Required)
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Completed forms can be submitted via:
Email: Support@armedicalboard.org (PDF format ONLY) or Fax: (501) 603-3555