



ARKANSAS STATE MEDICAL BOARD

1401 W. Capitol Ave., Suite 340
Little Rock, AR 72201
Phone (501) 296-1802 - Fax (501) 603-3555

***** If you have already established an online renewal account, changes can be made by accessing your online account at www.armedicalboard.org (Log In) *****

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)	AR License #
--	--------------

PUBLIC ADDRESS

This address 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		Suite/Room/Apt	
City	State	ZIP Code	Country, if foreign
Phone #		Fax #	

PRIVATE ADDRESS

This is your private address for use by the Arkansas State Medical Board ONLY. This address will be used to send renewal reminders and other Board correspondence. It is NOT available to the public under FOI unless you also use this address as your public address.

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

Personal E-mail Address

Licensee's Signature (Required) (No Rubber Stamps)

Date Signed (Required)

Completed forms can be submitted via email (PDF format ONLY) to support@armedicalboard.org or fax to (501) 296-1972