



**NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE  
NOTIFICATION OF ADDRESS CHANGE**

In accordance with NAC 633.260, each person who holds a license to practice osteopathic medicine in this State shall file with the Board their proper and current mailing address and report immediately to the Board any change of address, giving both the old and the new address.

**Please mail this to:** Nevada State Board of Osteopathic Medicine  
2275 Corporate Circle, Suite 210  
Henderson, NV 89074

**Name:** \_\_\_\_\_  
(First) (Last)

Nevada License# \_\_\_\_\_

**NEW MAILING ADDRESS:**

**NEW PRACTICE ADDRESS:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(City) (State) (Zip Code)

**PREVIOUS MAILING ADDRESS:**

**PREVIOUS PRACTICE ADDRESS:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Work Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Private E-Mail:** \_\_\_\_\_ **Public E-Mail Address:** \_\_\_\_\_

**Cell Phone #(Private):** \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND DATED BY THE LICENSEE.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date