



Texas Medical Board

MAILING ADDRESS: P.O. BOX 2029 • AUSTIN TX 78768-2029
PHONE: (512) 305-7010

CHANGE OF ADDRESS FORM

In order to assure that you receive all communications from this office, please notify us of all address changes.

1. Please check your profession.

- ☐ Acupuncturist
- ☐ Non-Certified Radiologic Technician
- ☐ Physician (M.D. or D.O.)
- ☐ Physician Assistant
- ☐ Physician in Training (Internship, Residency & Fellowship Training)
- ☐ Surgical Assistants
- ☐ Other (explain): _____

2. Please check your status with the board and print your license number clearly if you have one.

- ☐ I am currently licensed with the Board, License/Permit # _____.
- ☐ I have an application in progress.
Circle one application type: NEW RENEWAL REISSUANCE TELEMEDICINE
- ☐ Other (explain): _____

3. Please print or type your new information.

Name: _____
Same name as used on your application

New Mailing Address:

Street

Suite, Apt or Unit #

City, State & Zip

New Practice Address:

Street

Suite, Apt or Unit #

City, State & Zip

Date change becomes effective: _____

4. Signature (Required): _____

Signature

Date

5. Mail or Fax to: Texas Medical Board
 P.O. Box 2029, Austin, Texas 78768-2029
 Fax: (512) 463-9416 or (888) 790-0621