



ARKANSAS STATE MEDICAL BOARD

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 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 and BOTH Address sections. ALL sections must be completed even if information for one section has not changed. *Return this form by Mail, Email (PDF only) or Fax as listed at the top of this page.*

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 printed reports, mailing lists, the Online Directory, the Online License Verification system, and credentialing organizations utilizing the ASMB website for license and/or credentials verification.
(It IS available to the general public under FOI.)

◆Number and Street, or PO Box			Apt # or Ste #
◆City	◆State	◆ZIP	Country (if <i>Foreign</i>)
Phone #		Fax #	

PRIVATE ADDRESS

Your Private Address is for use by the Arkansas State Medical Board ONLY. It is used to send Renewal reminders and other Board correspondence.
(It is NOT available to the general public under FOI)

◆Number and Street, or PO Box			Apt # or Ste #
◆City	◆State	◆ZIP	Country (if <i>Foreign</i>)
◆Phone #		Fax #	

◆Personal Email Address

◆Required Items

 ◆Licensee's Signature (Required)
No Rubber Stamps

 ◆Date Signed (Required)