



# Oregon

Kate Brown, Governor

## Oregon Board of Chiropractic Examiners

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### CHANGE OF ADDRESS FORM

By Oregon law, ALL changes of address must be submitted in writing (OARs 811-010-0015 and 811-010-0110).

If the US Postal Service does not deliver to your physical address, provide both a practice address AND a "mailing address." If you are not currently practicing, you may provide your home or mailing address (PO Box).

DC Applicants and Chiropractic Assistants\* may also use this form to notify the board of HOME address changes. **\*For employment changes, CAs need to ONLY file an Employment Verification form (found on OBCE website [Forms and Publications]).**

**INSTRUCTIONS:** PRINT OR TYPE all information in the appropriate spaces below. Return form to the OBCE by mail, fax or email.

**Check Your OBCE Status:**

Licensed Chiropractor <input type="checkbox"/>	Certified Chiropractic Assistant <input type="checkbox"/> *	DC Applicant <input type="checkbox"/>
* HOME Address change ONLY		

**Print your PREVIOUS address and telephone # below**

Your Name:		Lic#:
Clinic Name:		
Street:		
City:	State:	Zip:
Telephone:		

**Print NEW Address, telephone and fax number/s AND Check ONE box to indicate Home/Practice**

Clinic Name, if applicable:		Main Office <input type="checkbox"/>	2 <sup>nd</sup> Office <input type="checkbox"/>	Home <input type="checkbox"/>
Street:				
City:	County:	ST:	Zip:	
Telephone:	Fax:			

**Print MAILING Address, if different than NEW Address above**

Street Address or POB:			
City:	County:	ST:	Zip:

**Email – If your email address has changed recently, please update it below:**

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**Signature:** \_\_\_\_\_ **Effective Date of Change:** \_\_\_\_\_