



Oregon Board of Naturopathic Medicine Change of Address Form



850-050-130 Change of Address: Each licensee of the Board shall notify the Board in writing within 30 days of any change of residence address, practice location, or mailing address.

Please print clearly – Complete all sections of this form (put N/A where not applicable).

Licensee Name and License Number

Effective Date of Change

Preferred Mailing Address (check one only) Main Practice Location Residence Mail (P.O. Box)

WHAT IS CHANGING? (check all that apply) Primary Practice Location Residence Mail / P.O. Box
 Second Practice Location Other _____

NEW INFORMATION (only) - - Enter Changes; Put N/A if no change

Practice Name

Practice Address
(include street, city, state, zip)

Practice Phone and FAX

Public email

Web Address

Is this your primary Practice Location? Yes No Secondary? Yes No

If this is an additional (third) location, please note that.

Residence

Address
(include street, city, state, zip)

Phone and FAX

Private email*

Keep your email address current so you can receive important OBNM mailings including newsletter, license renewal forms, meeting updates, etc.

*A private email address to be used only by the Board for Board business

Mail Address

Name

Address
(include street, city, state, zip)

Signature _____

date _____

Fax or mail this signed form to the fax number or address listed below:

Oregon Board of Naturopathic Medicine
800 NE Oregon Street, Suite 407, Portland OR 97232
Phone: 971-673-0193 Fax: 971-673-0226