



Katie Hobbs,
Governor

Arizona State Board of Podiatry Examiners

“Protecting the Public’s Health”

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CHANGE OF ADDRESS

Last Name: _____ First Name: _____ M.I. _____

Please select which best applies:

Applicant

Licensed Podiatrist License # _____

BUSINESS ADDRESS UPDATE:

Authority: Pursuant to A.R.S. § 32-829(D), “each licensee shall promptly and in writing inform the board of the licensee’s current office address and of each change in office address within thirty days.”

Name of Business: _____

Street Address: _____
(Include suite number, if applicable)

City: _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Email: _____

RESIDENTIAL ADDRESS UPDATE:

Street Address: _____
(Include suite number, if applicable)

City: _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Email: _____

EFFECTIVE DATE OF CHANGE(S): _____

ADDRESS OF RECORD:

Which one of the above addresses would you like to be your “Address of Record” (address that will be shared with the public, upon request and where all Board correspondence will be mailed) If you do not have a business address, you can “opt” out of having your home address listed on the Board’s website pursuant to A.R.S. §32-3226(E). If you choose to “opt” out of disclosing your home address you must provide a phone number and/or email address that the Board can disclose to the public? Residential OR Business

Under penalty of perjury, I declare the aforementioned to be true and accurate and that I have the legal authority to make the change.

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.

Signature: _____ Date: _____