



Janice K. Brewer  
Governor

State Of Arizona Board of Podiatry Examiners  
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Sarah Penttinen  
Executive Director

**CHANGE OF ADDRESS**

**PLEASE SELECT ONE:** \_\_\_\_\_ Office change of address                      \_\_\_\_\_ Home change of address

FULL NAME: \_\_\_\_\_

LICENSE # : \_\_\_\_\_

OLD address: \_\_\_\_\_

Street address and unit number

\_\_\_\_\_  
City, State and Zip Code

(\_\_\_\_\_) \_\_\_\_\_

Phone number

(\_\_\_\_\_) \_\_\_\_\_

Fax or alternate number

NEW address: \_\_\_\_\_

Street address and unit number

\_\_\_\_\_  
City, State and Zip Code

(\_\_\_\_\_) \_\_\_\_\_

Phone number

(\_\_\_\_\_) \_\_\_\_\_

Fax or alternate number

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

**(Remember:** You must notify the Board of your change of address within 30 days of the change.)

\_\_\_\_\_  
Signature of Physician

(Must be signed by the Physician only)

\_\_\_\_\_  
Date

Please fax your change of address to the fax number listed above or send by regular mail to the Board's office.