

# NOTIFICATION OF ADDRESS CHANGE

NRS 630.254 provides that:

1. A licensee who changes his permanent mailing address shall notify the Board of his new permanent mailing address within 30 days after the change.

2. Any licensee who changes the location of his office in this State shall notify the Board of the change before practicing at the new location.

3. Any licensee who closes his office in this State shall:

(a) Notify the Board of this occurrence within 14 days after the closure; and

(b) For a period of 5 years thereafter keep the Board apprised of the location of the medical records of his patients.

Please mail this Notification of Address Change to:

Nevada State Board of Medical Examiners  
P.O. Box 7238, Reno, NV 89510-7238

Name: \_\_\_\_\_  
(first) (m.i.) (last)

Nevada License #: \_\_\_\_\_

### *\*NEW Mailing Address*

\_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)

County: \_\_\_\_\_

\*Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

### *PREVIOUS Mailing Address*

\_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND DATED BY THE LICENSEE.**

\*PLEASE NOTE: The address and phone number you provide will be available to the public.