MEDICAL BOARD OF CALIFORNIA
Licensing Program

APPLICANT ADDRESS CHANGE REQUEST

This form may be used if you have a pending application on file for a Physician's and Surgeon's license or a Postgraduate Training Authorization Letter (PTAL). **Please Note**: The public address of record will be disclosed to all persons or entities in response to a written or verbal request. The address of record will be posted on the Medical Board's website once you have obtained a license.

(Please Check One) ☐ **U.S. or Canadian Medical School Graduate** ☐ **International Medical School Graduate**

Type or Print Legibly

PERSONAL INFORMATION

LEGAL NAME: **Last** **First** **Middle** **Suffix**

File#	Date of Birth (mm/dd/yyyy)	Telephone Numbers	Email Address
		Home # Cell #	

REQUEST FOR ADDRESS OF RECORD TO BE CHANGED

PREVIOUS ADDRESS OF RECORD:

Previous Address

City State/Province Zip/Postal Code Country

NEW ADDRESS OF RECORD:

This address will be used for all current correspondence during the review process and will be posted on the Board's website upon issuance of a license.

If you are using a Post Office Box please list a confidential street address below.

Mailing Address *(40 characters maximum per line, including spaces)*

Mailing Address continued *(40 characters maximum per line, including spaces)*

City State/Province Zip/Postal Code Country

CONFIDENTIAL STREET ADDRESS:

A confidential street address is only required if the public address of record is a Post Office Box.

Confidential Address *(40 characters maximum per line, including spaces)*

Confidential Address continued *(40 characters maximum per line, including spaces)*

City State/Province Zip/Postal Code Country

SIGN LEGAL NAME:_____ DATE:_____

Applicant's signature and date are required.

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2382 (800) 633-2322 FAX: (916) 263-2487 www.mbc.ca.gov