



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

**Licensing Program**  
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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

## 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			
<b>LEGAL NAME:</b>		Last	First	Middle	Suffix			
<b>File#</b>	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Telephone Numbers</b>			<b>Email Address</b>			
		Home #	Cell #					
REQUEST FOR ADDRESS OF RECORD TO BE CHANGED								
<b>PREVIOUS ADDRESS OF RECORD:</b>		Previous Address						
		City	State/Province	Zip/Postal Code	Country			
<b>NEW ADDRESS OF RECORD:</b>  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			
<b>CONFIDENTIAL STREET ADDRESS:</b>  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: _____								
<b>Applicant's signature and date are required.</b>								