



## ADDRESS CHANGE FORM

Licenses and applicants are required to report to the Physician Assistant Board (Board) any and all changes of their mailing address (address of record) within 30 days from the date the change occurred. An alternate address, such as a post office box or place of business, can be used as your address of record; however, the Board requests that you provide a confidential street address if choosing to use a post office box or place of business as your address of record.

The address you indicate as your address of record will be displayed on the Board’s website and disclosed to individuals making inquiries. All Board-related correspondence is automatically sent to the address of record.

Although it is not required, please consider providing an email address. Email addresses are confidential, are used by Board staff, and will not be displayed on the Board’s website or shared.

The completed form should be submitted to the Board by mail, fax, or email using the address, fax number, or email address listed above.

Full Legal Name		
Last	First	Middle
Email (Confidential—for office use only)	Telephone Number (required)	License Number PA

New Address of Record			
Number and Street			Apt. or Suite Number
City	State	ZIP Code	Country

**NOTE:** If a post office box is used as your address of record, please provide a confidential address below. The confidential address is for internal use only and will not be displayed on the Board’s website or shared.

Confidential Address (if required)			
Number and Street			Apt. or Suite Number
City	State	ZIP Code	Country

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_