

NOTIFICATION OF ADDRESS CHANGE

NRS 630.254 provides that:

1. A licensee who changes his or her permanent mailing address shall notify the Board in writing of the new permanent mailing address within 30 days after the change.
2. Any licensee who changes the location of his or her office in this State shall notify the Board in writing of the change before practicing at the new location.
3. Any licensee who closes his or her office in this State shall:
 - (a) Notify the Board in writing of this occurrence within 14 days after the closure; and
 - (b) For a period of 5 years thereafter, unless a longer period of retention is provided by federal law, keep the Board apprised in writing of the location of the medical records of the licensee's patients.

Please mail this Notification of Address Change to: Nevada State Board of Medical Examiners
9600 Gateway Drive, Reno, NV 89521

Name: _____
(First) (Middle) (Last)

Nevada License No.: _____

**NEW Mailing Address*

(Street)

(City) (State) (Zip)

*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.