

Nevada State Board of Medical Examiners

9600 Gateway Drive, Reno, NV 89521

Phone: (775) 688-2559; (888) 890-8210 (Toll-Free)

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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.

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

Nevada License Number: _____

**** Which address are you changing?** **Public** **Mailing (not public)** **Email Address (not public)**

New Address: _____
Street/P.O. Box

City State Zip

Telephone #: _____
Public Direct/Mobile (not public)

Previous Address: _____
Street

City State Zip

New Email: _____

Previous Email: _____

Licensee Signature

Date