



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

**Licensing Program**  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-5401  
Phone: (916) 263-2382  
Fax: (916) 263-2487  
www.mbc.ca.gov

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			
		Telephone Numbers			Email Address			
		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</b>		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>								