



Arizona Naturopathic Physicians Medical Board  
 1400 W Washington Ste. 230 Phoenix AZ 85007

**ADDRESS / NAME CHANGE FORM**

Email: info@aznd.gov Fax: 602/542/3093

**32-1507. Change in status; assessment of costs** Each person who holds a license or certificate pursuant to this chapter shall inform the board in writing, within thirty days, of any change in status of that person's initial application including any change of name, residence, practice address and telephone number and of each subsequent change of status. A licensee's or a certificate holder's residential address and residential telephone number or numbers are not available to the public unless they are the only address and numbers of record. The board may assess the costs incurred by the board in locating a person who is licensed or certified pursuant to this chapter to that person.

**32-1508. Display of licenses and certificates** a person who holds a license or certificate pursuant to this chapter shall display that document in a conspicuous place that is accessible to view by the public. A person who practices, conducts affairs or is employed at more than one location and who maintains a continuing activity as authorized by the license or certificate shall display a duplicate of that document issued by the board at each location.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

License No. \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 (if applicable) (if applicable)

Email \_\_\_\_\_

Practice Name: \_\_\_\_\_  
 (If applicable)

Street Address \_\_\_\_\_  
 (include suite # if applicable)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This is my: Primary Location \_\_\_\_\_ Additional Location \_\_\_\_\_ Residence \_\_\_\_\_ Use as mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Please remove my affiliation with the following location:**

Practice Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NAME CHANGE: MARK ONE:** Marriage \_\_\_\_\_ Divorce \_\_\_\_\_ Legal Name Change \_\_\_\_\_

Provide a copy of the legal paperwork reflecting change: Marriage Certificate, Divorce Decree, Legal Name Change Document. You will need to include the scanned document for this change if you are emailing the request.

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

Office use:	Date Changed In System:
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