

Oklahoma Board of Chiropractic Examiners

Name and/or Address Change Form

If you have changed your **name** or **address**, you must inform the Board in writing of the change per OK Rule 140:15-7-2. **All** information provided on this form is public information as required by statute and rule. **Name changes** require a certified copy of a certificate of marriage or court order authorizing the name change must be attached. Failure to notify the Board may create difficulties in receipt of renewal forms and other important notices and may potentially be considered a violation of the Practice Act.

New/Current Information

Name (First, Middle, Last)

NEW Street Address (include clinic name if applicable)

City

State

Zip

County

Country

Email Address

Fax Number (with area code)

License Number

Phone Number (with area code)

Signature

Date

Old Information

Former Street Address

City

State

Zip

Former Phone Number (with area code)

Former Fax Number (with area code)

PLEASE RETURN THIS FORM TO:
OKLAHOMA BOARD OF CHIROPRACTIC EXAMINERS
421 N.W. 13TH STREET, SUITE 180
OKLAHOMA CITY, OKLAHOMA 73103