

**Maine Board of Licensure in Medicine**  
**CHANGE OF ADDRESS FORM**

**You may also change your address online at [www.maine.gov/md](http://www.maine.gov/md)**

**It is the obligation of an applicant or licensee to inform the Board of an address change.**

In accordance with 32 MRSA, §3300-A: You must provide the Board with 2 addresses and telephone numbers – a current professional address and phone number and a personal residence address and phone number. You may designate which of the two you wish to be used for mailings from the Board, but that default address is the home address, unless you specify otherwise (by checking the box next to 'professional address'). Unless you specify otherwise, your business address will be the address circulated by the Board in listings and publications available to the general public, including the Internet. If you currently have no business address and you do not wish for your home address to be on the Internet, you must provide an alternate address, such as a Post Office box, or a mail drop.

You may inform the Board of an address change in a letter or by using this form.

Address changes may be faxed to (207)287-6590.

**Maine License Number:** \_\_\_\_\_

**Licensee Name:** \_\_\_\_\_  
(Type or Print)

**Licensee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERSONAL RESIDENCE ADDRESS:**

(Old Address) \_\_\_\_\_

\_\_\_\_\_  
City/Town State Zip Code

(New Address) \_\_\_\_\_

\_\_\_\_\_  
City/Town State Zip Code

New Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**PROFESSIONAL ADDRESS:**

(Old Address) \_\_\_\_\_

\_\_\_\_\_  
City/Town State Zip Code

(New Address) \_\_\_\_\_

\_\_\_\_\_  
City/Town State Zip Code

New Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Please have the board send me all mailings and contact me at my (check one):

Professional Address

Home Address

(One box MUST be checked!)