

## ADDRESS CHANGES

You must inform the Board of any change in your **office or home** address within 30 days of the change, per Ohio Administrative Code 4734-6-07.

You are prohibited from filing a post office box address without also disclosing the actual physical location of the address you are reporting.

Failure to receive a license renewal application due to your failure to file a change of address with the Board does not exonerate you from making timely renewal of your license.

**You may use this form to submit a change of address to the Board.**

**Your Name:** \_\_\_\_\_ **License No.** \_\_\_\_\_

**I am reporting a change of address for:**    **Office**                       **Home**                       **Both**

Clinic Name: \_\_\_\_\_

Clinic Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is this number unlisted?                       Yes     No

**Mail, fax or email to:**                      Ohio State Chiropractic Board  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215  
Fax: (614) 752-2539  
[oscb.chirobd@chr.state.oh.us](mailto:oscb.chirobd@chr.state.oh.us)  
Phone (614) 644-7032