



## Arizona Board of Psychologist Examiners

1740 W. Adams St., Suite 3403

Phoenix, Arizona 85007

Phone (602) 542-8163 Fax (602) 542-8279

<https://psychboard.az.gov>

### Change of Address and/or Change of Name Form

1. The Board will use your business address & phone number for public records. You are required to maintain an address & phone number available to the public. If you DO NOT provide a business address & phone number, your home address & phone number will become public by default. You may use a PO Box if you do not have a business address.
2. If you wish to change your name, the Board requires a copy of the official name change document such as a marriage license, divorce decree or other court document.
3. According to A.R.S. § 32-2066(B), a licensee must inform the Board of any address change within 30 days. Failure to provide an address change within 30 days may result in a civil penalty up to \$100.00 and assessment of costs incurred by the Board in locating a licensee.
4. Please email this completed form to Krishna Poe at [Krishna.Poe@psychboard.az.gov](mailto:Krishna.Poe@psychboard.az.gov).

Current Name:	
If Applicable, Change Name To:	
License No.:	

HOME Address:	
HOME Apt/Unit Number:	
HOME City, State Zip:	
HOME Phone Number:	
PERSONAL Email Address:	

BUSINESS NAME:		
BUSINESS Address:		
BUSINESS Suite/Unit Number:		
BUSINESS City, State Zip:		
BUSINESS Phone Number:	Ext:	Fax:
BUSINESS Email Address:		

**MAILING ADDRESS:** From which address would you like to receive Board materials?

Check One: Home Address

Business Address

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_