



State of Arizona Board of Psychologist Examiners
CHANGE OF ADDRESS/INFORMATION FORM

- 1) The Board will use your business address for public records. You are required to maintain an address available to the public.
- 2) If you wish to change your name, the Board requires a copy of 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.

Current Name: _____

Σ Change Name To: _____

License #: _____

HOME Address: _____

Phone: _____ Fax: _____

email: _____

BUSINESS Address: _____

Phone: _____ ext: _____

Fax: _____

email: _____

* PLEASE NOTE: Our database allows for two address fields. Unless otherwise noted below, your business address will be the PUBLIC address.

Σ Use my HOME address as my PUBLIC address.

Signature of Licensee: _____

Return Form To: **Arizona Board of Psychologist Examiners**
1740 West Adams St., Suite 3403
Phoenix, AZ 85007

Fax: (602) 542-8279