

**Alabama Medical Licensure Commission and Alabama Board of Medical Examiners
CHANGE OF ADDRESS FORM**

You may email, fax, or mail this form to the Alabama Board of Medical Examiners.

Either method is acceptable and **only one** method is required.

MAIL

Alabama Board of Medical Examiners
P.O. Box 946
Montgomery, AL 36101

EMAIL

request@albme.org

FAX

(334) 242-4155

You must choose either your mailing, home or practice address as your public address, which is the only address we disclose to those requesting it.

NOTE: Mailing address will be the address that appears on your certificate(s).

MAILING ADDRESS (For Correspondences)

Street: _____

Apt/Suite: _____

Additional _____

City, State, Zip: _____

County: _____

Phone: _____

Email Address: _____

Make mailing address public

PHYSICAL PRACTICE ADDRESS (NO PO BOXES)

Street: _____

Apt/Suite: _____

Additional: _____

City, State, Zip: _____

County: _____

Practice Phone: _____

Practice Fax: _____

Email Address: _____

Make practice address public

PHYSICAL HOME ADDRESS (NO PO BOXES)

Street: _____

Apt/Suite: _____

Additional: _____

City, State, Zip: _____

County: _____

Home Phone: _____

Email Address: _____

Make home address public

Please **print legibly** your first, middle, and last name, along with your license number, to help find your records in our system.

First Name

Middle Name

Last Name

License #

Submitted by: _____

Effective Date: _____