

CHANGE OF ADDRESS REQUEST

Whenever you change your home, business or mailing address the Acupuncture Regulations require that you notify the Acupuncture Unit of your new address within 30 days.

Complete the attached form and mail it to the address listed below or you can e-mail your address change to the Acupuncture Unit at <http://www.massmedboard.org/acupuncture>

Acupuncturist's Name: _____

License Number: _____

Acupuncturist's Signature: _____

Mailing Address

Street _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____

FAX Number: (_____) _____

E-mail Address _____

Home Address

Street _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____

Business Address

Street _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____