



Texas Medical Board

MAILING ADDRESS: P.O. BOX 2029 • AUSTIN TX 78768-2029
PHONE: (512) 305-7010

SURGICAL ASSISTANT CHANGE OF ADDRESS FORM

At this time surgical assistants are not able to use the online Change of Address option, and will be required to submit a hard copy form. In order to assure that you receive all communications from this office, please notify us of all address changes.

1. Please check your status with the board and print your license number clearly if you have one.

- I am currently licensed with the Board, Surgical Assistant License # _____.
- I have an application in progress.
- Other (explain): _____

3. Please print or type your new information.

Name: _____
Same name as used on your application

New Mailing Address:

Street

Suite, Apt or Unit #

City, State & Zip

New Practice Address:

Street

Suite, Apt or Unit #

City, State & Zip

Date change becomes effective: _____

4. Signature (Required): _____
Signature **Date**

5. Mail or Fax to: Texas Medical Board
P.O. Box 2029, MC 245
Austin, Texas 78768-2029
Fax: (888) 512-2581