State of Louisiana Board of Chiropractic Examiners
8621 Summa Avenue, Baton Rouge, LA 70809
Phone: 225-765-2322 / **Fax:** 225-765-2640 / **Email**: lsbce@eatel.net

CHANGE OF ADDRESS FORM

Please fill out in its entirety, and form can be emailed or faxed to our board office.

Name: _____

License Number / Applicant / X-Ray Technician Certification #: _____

Email: _____

Phone: _____

New Physical Address Street: _____

City: _____ State: ____ Zip: _____

New Mailing Address: Street: _____

City: _____ State: ____ Zip: _____

Effective Date: _____

SIGNATURE I certify that the information provided above is accurate and that I am requesting an official update to my address on file.

Signature: _____ Date: _____