STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS 3605 MISSOURI BLVD., P.O. BOX 4
JEFFERSON CITY, MO 65102
TELEPHONE (573) 751-0098
FAX (573) 751-3166

NAME AND/OR ADDRESS CHANGE FORM

Name (Last, First, Middle)	Profession	License Number	Effective Date of Change

Please indicate which address you would like to have correspondence mailed to:

☐ Business Address ☐ Home Address

Please complete this form and return it by email to licensure@pr.mo.gov, mail or fax as indicated above, along with a copy of your name change documentation.

PREVIOUS	NEW/CURRENT
Name (Last, First, Middle)	Name (Last, First, Middle)
Business Address	Business Address
Business Address	Business Address
Business City, State and Zip Code	Business City, State and Zip Code
Business Phone Number	Business Phone Number
Email Address	Email Address
Home Address	Home Address
Home City, State and Zip Code	Home City, State and Zip Code
Home Phone Number	Home Phone Number