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# CHANGE OF ADDRESS

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The American Osteopathic Board of Orthopedic Surgery recognizes that your address may change frequently during your training. It is extremely important that we are able to keep track of your address during the Board certification process.

Please return the enclosed form any time you have a change of address **OR** need to notify the Board of any new information.

Name \_\_\_\_\_, D.O. Date \_\_\_\_\_

AOA Number \_\_\_\_\_

**Former Address** \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Address** \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

**E-mail** \_\_\_\_\_

New address current as of \_\_\_\_\_

Please return this form to:

AOBOS  
800 Military Street  
Suite 307  
Port Huron, MI 48060

Fax: (810) 984-2530  
E-mail: [aobos@aobos.org](mailto:aobos@aobos.org)  
Web: [www.aobos.org](http://www.aobos.org)