Change of Address for Applicants/Current Licensees

Did you know you can update your address online? You can at http://www.doh.state.fl.us/mqa/howdoi.htm

| *Profession and License Number: |
| *Name (as printed on license): |
| *Date of Birth |
| *Last Four Digits of Social Security Number |

**NEW** Mailing Address:

City/State/Zip
Country (other than US)

**NEW** Practice Location Address:

City/State/Zip
Country (other than US)

Telephone  □ Home:  □ Work:

E-Mail Address:

*Signature:  
Date:

*Required field. For your protection, we ask for specific information to verify your identity. Incomplete requests will not be processed.

For Applicants:

Department of Health  
Medical Quality Assurance  
Board of Nursing  
4052 Bald Cypress Way, Bin C-02  
Tallahassee, Florida 32399-3252  
Telephone: (850) 245-4125

For Current Licensees:

Department of Health  
Medical Quality Assurance  
Licensure Services Support Unit  
P.O. Box 6320  
Tallahassee, Florida 32314  
Telephone: (850) 488-0595