

CHANGE OF PRACTICE LOCATION

TO BE COMPLETED BY DENTISTS ONLY

INSTRUCTIONS: Fill out this form COMPLETELY to ensure that you maintain all current practice locations on file with the Louisiana State Board of Dentistry. Fill in your name and dental license number. Then select the appropriate box indicating which action should be taken regarding the office location. If you are removing ALL practice locations from your record, select the appropriate box and write "N/A" in the space allotted for the office address. If you wish to send a notice listing every office where you currently practice, check the appropriate box and give all of your practice locations. Provide the entire street address *as well as a direct telephone number for that location* for each office. Then sign and date the bottom of the form and fax or mail it to the board office.

LAC 46:XXXIII.304 requires that you notify the board of any change in your practice address(es) within 30 days of the change.

You may **NOT** use this form to update your official mailing address on file with the board. To update your official mailing address, you must submit the "Change of Mailing or Home Address" form.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME: _____ DENTAL LICENSE NO. _____

ONE BOX MUST BE CHECKED

- ☐ The office below is the **ONLY** location I practice in. Please remove all other offices from my record.
- ☐ Please **ADD** the practice location below to my record on file with the board. I understand that I may still have other practice locations in my record, and this is an additional one.
- ☐ I am working here temporarily. Start date _____ End date _____
- ☐ Please **REMOVE ONLY** the practice location below.
- ☐ My practice itself has moved. The new address is below. I understand that any office anesthesia permits associated with the former location are not transferable and that I may have to apply for a new office permit. I am submitting a separate change form requesting that you **REMOVE** the former address from my record.
- ☐ I am providing a list of **ALL** locations where I currently practice dentistry. I practice in a total number of _____ locations. Attach a list of all locations.
- ☐ Please **REMOVE ALL** practice locations from my record. I am no longer actively practicing dentistry.

Street address: _____

Suite number: _____

City State ZIP: _____

Telephone: _____

- ☐ Check if this location is a portable or mobile dental clinic.

IF YOU WORK IN A LARGE PRACTICE WITH MULTIPLE LOCATIONS, YOU MUST NOTIFY THE BOARD OF EACH SPECIFIC LOCATION IN WHICH YOU PRACTICE. ENTITY NAME AND CITY ARE NOT SUFFICIENT. FORMS WHICH DO NOT CONTAIN COMPLETE ADDRESS INFORMATION WILL NOT BE PROCESSED.

Dentist signature

Date