



For Kansas Department of Health
and Environment Use Only

<input type="checkbox"/> Updated
<input type="checkbox"/> Notified

Uniform Stamp: Change of Address

Physician Name: _____

Kansas medical license number: _____ DEA number: _____

Agency (if applicable): _____

Former Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

New Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Effective Date of Change: _____

Applicant's Signature _____

_____ Date