Change of Address for Applicants/Current Licensees

*Did you know you can **update your address online**? Current licensees can update their address at http://flhealthsource.gov/mqa-services.*

*Profession and License Number:		
*Name (as printed on license):		
*Date of Birth (MM/DD/YYYY):	*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):		
Home Telephone Number:	Work Telephone Number:	
Email Address:		
Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.		
*Signature:	Date (MM/DD/YYYY):	

***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 Dentistry
4052 Bald Cypress Way, Bin C-04
Tallahassee, Florida 32399-3258
Telephone: (850) 245-4474

For Current Licensees:

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