

## Change of Practice/Location

You are obligated to inform the ND Board of Medicine of any employment change that falls outside of your current certification. You must ensure that the certification you provided to us on your application and/or renewal is current and matches your current employment.

I certify that I am practicing at: (please check all that apply)

- A licensed health care facility;  
 facility with a credentialing and privileging system; or  
 physician-owned facility/practice.

The name, address and phone number of the facility/facilities certified above is/are:

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**OR**

I will be petitioning the Board for approval to practice at a facility that is NOT a licensed health care facility, facility with a credentialing or privileging system, or physician owned facility/practice

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
ND License Number