

Request to Change Mailing or Email Address



(All address and email changes must be submitted in writing, either by mail or facsimile, including an authorization signature and candidate ID number.)

You may use this form to request that DAANCEAC enter a change of practice address, including email address, into our database once you have registered for the examination. To protect your confidential record and ensure that no unauthorized person is able to alter your record, we require that all address changes be submitted in writing and include your authorizing signature. Do not use your home address.

DAANCEAC will forward your address change to the testing agency PSI/AMP. If you have questions, contact DAANCEAC at 847-678-6200 or toll free 800-822-6637.

Mail or fax your request to: DAANCE Advisory Committee
AAOMS
9700 West Bryn Mawr Ave.
Rosemont, IL 60018
Fax: 847-678-4619

Print your NEW name and practice address

Name _____

Candidate/DAANCE ID _____

Sponsoring Doctor _____ Practice Name _____

Practice Address _____

City _____ State/Prov. _____ ZIP/Postal Code _____

Country _____

Work Telephone _____ Other Telephone (i.e., mobile) _____

Email _____

Print your OLD information as it appeared on your application form

Name _____

Sponsoring Doctor _____ Practice Name _____

Practice Address _____

City _____ State/Prov. _____ ZIP/Postal Code _____

Country _____

Work Telephone _____ Other Telephone (i.e., mobile) _____

Email _____

Examination Date _____ Test Site _____

I hereby authorize DAANCEAC and PSI/AMP to change my address in the examination database as shown above.

Candidate signature Date

detach here 