

# PROFILE UPDATE AND CORRECTION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Practice Address \_\_\_\_\_  
\_\_\_\_\_

---

---

The physician may request a copy of the profile and may submit corrections to the Board. The Board shall verify corrections and make changes to the profile **within five business days** of receipt of the corrected information by the Board.

A Judgment, award, settlement, revocation, resignation, or disciplinary action shall be reported to the Board within ten days. The Board shall update the physician profile with such changes **within ten days** of receipt of such information. A copy of the award, settlement, revocation or disciplinary action must be mailed to the Board with this form. You cannot update information regarding these items via the Internet.

All other changes to the physician profile shall be reported by the physician to the Board **within 30 days** of the change, and the Board shall verify and update the physician profile with such new information **within 15 days**.

Please indicate question(s) number(s) you wish to correct. Please provide a detailed explanation of the inaccuracy. If space is insufficient for your response, attach an additional page, being sure to number the response to match the appropriate question.

Question # \_\_\_\_\_


Question # \_\_\_\_\_


Question # \_\_\_\_


Question # \_\_\_\_


Question # \_\_\_\_


Question # \_\_\_\_


I hereby swear or affirm that the information provided above is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_